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COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

www.cb2manhattan.org

P: 212-979-2272 F: 212-254-5102 E: info@cb2manhattan.org

Greenwich Village ♦ Little Italy ♦ SoHo ♦ NoHo ♦ Hudson Square ♦ Chinatown ♦ Gansevoort Market

COMMUNITY BOARD 2 APPLICATION FOR A LIQUOR LICENSE

Please fill out this questionnaire, including the date, and return to the Community Board 2 office by email to arrive **no later than the month's due date** which can be found on CB2 Manhattan's website (<https://cbmanhattan.cityofnewyork.us/cb2/resources/sla-questionnaire/>). When meetings return to in person, please also provide an additional 5 copies plus supporting material requested to the SLA committee meeting.

Failure to complete and return the questionnaire and supporting materials on time will result in your item being removed from the agenda.

Failure to provide a completed questionnaire or failure to present before CB2 will result in notifying the State Liquor Authority (SLA) of your noncompliance with the community review process.

If you need to reschedule, please notify the Community Board 2 office no later than the Friday prior to the scheduled meeting. Speak to Florence Arenas at the Board Office. **A maximum of 1 layover request will be granted per application. Failure to reappear without notification will result in a recommendation to deny this application.**

The following supporting materials are **required** for this application:

- ✓ 1. A list of all other licensed premises (including Beer and Wine) within 500 ft. of this location.
- N/A 2. If the license being applied for is subject to the 500 ft. rule, please provide a copy of the public interest statement that will be submitted to the SLA.
- ✓ 3. Floor plans of the premise, clearly indicating the location of all entrances and exits, windows, bars, tables and chairs, patron and employee bathroom(s) and kitchen layout to be licensed. Please include seat and table counts on the plans for each area. **If outdoor seating of any kind is included in the application please download and complete CB2 SLA's Addendum for Outdoor Seating.** For any multi-floor, multi-room or hotel applications, please provide detailed plans for each floor and/or separate areas to be included in the licensed premises that are clearly labeled.
- ✓ 4. Proposed menu with general price ranges, if applicable.
- ✓ 5. Certificate of Occupancy or Letter of No Objection for the premises showing that the proposed use is permitted, including specific use of all outdoor areas within the property line.
- N/A 6. If unable to show the proposed use is permitted, including for outdoor areas within the property line, please provide a detailed explanation for how the proposed use sought will be permitted and please provide any plans filed or to be filed with the Buildings Department.
- N/A 7. Letter of Understanding or Letter of Intent from the Landlord.

- ✓ 8. Provide proof of community outreach to area block associations and immediately impacted residents in the building and surrounding area to notify them of your pending application and Community Board meeting information. Copies of any mailings to, and signatures or letters from Residential Tenants at location and from surrounding buildings may be submitted with home address and contact information. (i.e. a letter from the neighborhood block association or petition in support with home address and contact information.)
- Pending 9. A copy of your NYS Liquor Authority application as it will be submitted to the SLA (excluding financial information).
- N/A 10. If this is for a **Corporate Change**, please provide the **Current Approved Corporate Set-Up and the Proposed Corporate Set-Up** along with existing executed stipulations with CB2 if applicable.
- N/A 11. If this is for any type of **Alteration Application**, please provide detailed information regarding the current situation and the proposed changes outlined as an addendum. If adding or subtracting space, please provide current and proposed diagrams.
- N/A 12. If this application is for a **Change in Method of Operation**, please provide the current method of operation and the proposed changes in method of operation as an addendum.

Meeting Date: July 11, 2023

APPLICANT INFORMATION:

Name of applicant(s): Italia Like Locals Inc.

Trade name (DBA): Same

Premises address: 171 Canal Street, Third Floor

Cross Streets and other addresses used for building/premise:
Elizabeth Street & Mott Street

CONTACT INFORMATION:

Principal(s) Name(s): Samuel Akiba

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone #: [REDACTED]

Landlord Name / Contact: Raber Enterprises LLC

Landlord's Telephone and Fax: 175 Canal Street, New York, NY 10013

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>Samuel Akiba</u>	<u>N/A</u>
<u>Andrea Belfiore</u>	<u>N/A</u>
<u> </u>	<u> </u>

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
This establishment is an event space which features cooking classes.

WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY):

a new liquor license (Restaurant Tavern / On premise liquor Other)

an UPGRADE of an existing Liquor License

an ALTERATION of an existing Liquor License

a TRANSFER of an existing Liquor License

a HOTEL Liquor License

a DCA CABARET License

a CATERING / CABARET Liquor License

a BEER and WINE License

a RENEWAL of an existing Liquor License

an OFF-PREMISE License (retail)

OTHER : _____

If upgrade, alteration, or transfer, please describe specific nature of changes:
(Please include physical or operational changes including hours, services, occupancy, ownership, etc.)

NOT APPLICABLE

If this is for a new application, please list previous use of location for the last 5 years:

Similar event space

Is any license under the ABC Law currently active at this location? yes no

If yes, what is the name of current / previous licensee, license # and expiration date: _____

NOT APPLICABLE

Have any other licenses under the ABC Law been in effect in the last 10 years at this location?

yes no

If yes, please list DBA names and dates of operation:

NOT APPLICABLE

PREMISES:

By what right does the applicant have possession of the premises?

Own Lease Sub-lease Binding Contract to acquire real property other: _____

Type of Building: Residential Commercial Mixed (Res/Com) Other: _____

Number of floor: 5 Year Built : 1910

Describe neighboring buildings: Mixed

Zoning Designation: C6-1G

Zoning Overlay or Special Designation (applicable) None

Block and Lot Number: 204 / 29

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? yes no

Is the premise located in a historic district? yes no

(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? yes no, please explain : N/A

Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space) no yes : explain _____

What is the proposed Occupancy? Event space/club

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?

no yes

If yes, what is the maximum occupancy for the premises? 74

If yes, what is the use group for the premises? 6

If yes, is proposed occupancy permitted? yes no, explain : _____

If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? yes no N/A

Do you plan to file for changes to the Certificate of Occupancy? yes no
(if yes, please provide copy of application to the NYC DOB)

Will the façade or signage be changed from what currently exist at the premise? no yes

(if yes, please describe: N/A

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 800

If more than one floor, please specify square footage by floors: N/A

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?
N/A

If more than one floor, what is the access between floors? N/A

How many entrances are there? 1 How many exits? 1 How many bathrooms? 2

Is there access to other parts of the building? no yes, explain: Premises is on the 3rd floor

OVERALL SEATING INFORMATION:

Total number of tables? 2 Total table seats? 32 (This is a default set-up of seating which varies depending on the size and nature of the event)

Total number of bars? 1 Total bar seats? 7

Total number of "other" seats? N/A please explain: N/A

Total OVERALL number of seats in Premises: 39

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 7

How many service bars are being applied for on the premises? 0

Any food counters? no no yes, describe: _____

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: N/A

* A stand-up bar is any bar or counter (whether seating or not) over which a member of the public can order, pay for and receive food and alcoholic beverages.

PROPOSED METHOD OF OPERATION:

What type of establishment will this be? (check all that apply)

 Bar Bar & Food Restaurant Club/ Cabaret Hotel Other: Event space for cooking classes

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:

9AM to 11PM 9AM to 11PM 9AM to 11PM 9AM to 11PM 9AM to 11PM 9AM to 11PM 9AM to 11PM

Will the business employ a manager? no ___ yes, name / experience if known : N/A

Will there be security personnel? no ___ yes(if yes, what nights and how many?) N/A

Do you have or plan to install French doors, accordion doors or windows that open? no ___ yes

If yes, please describe : N/A

Will you have TV's ? no ___ yes (how many?) N/A

Type of MUSIC / ENTERTAINMENT: ___ Live Music Live DJ ___ Juke Box Ipod / CDs ___ none

Expected Volume level: Background (quiet) ___ Entertainment level ___ Amplified Music
(check all that apply)

Do you have or plan to install soundproofing? no ___ yes

IF YES, will you be using a professional sound engineer? N/A

Please describe your sound system and sound proofing: Mostly background music with Ipod/Sonos

On limited occasions the person or entity having the event may also hire a DJ.

Will you be permitting: ___ promoted events ___ scheduled performances ___ outside promoters

___ any events at which a cover fee is charged? private parties (this is an event space-only private events)

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? no ___ yes (if yes, please attach plans) (Most people will arrive via public transportation. There are parking lots)

Will you be utilizing ___ ropes ___ movable barriers ___ other outside equipment (describe) ___

Are your premises within 200 feet of any school, church or place of worship? no ___ yes

If there is a school, church or place of worship within 200 feet of your premises or on the same block, please submit a block plot diagram or area map showing its' location in proximity to your applicant premises (no larger than 8 ½ " x 11").

Indicate the distance in feet from the proposed premise:

Name of School / Church: N/A

Address: N/A Distance: N/A

Name of School / Church: N/A

Address: N/A Distance: N/A

Name of School / Church: N/A

Address: N/A Distance: N/A

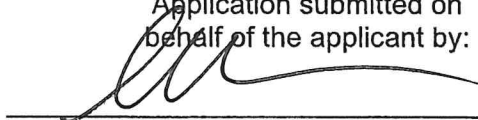
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: Samuel Akiba Phone: [REDACTED]

Address: [REDACTED]

Email : [REDACTED]

Application submitted on behalf of the applicant by:



Signature

Print or Type Name Anthony Caraballo

Title Representative

Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.






Community Board 2,
Manhattan SLA Licensing Committee
Donna Raftery, Co-Chair
Robert Ely, Co-Chair

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ITALIA LIKE LOCALS INC

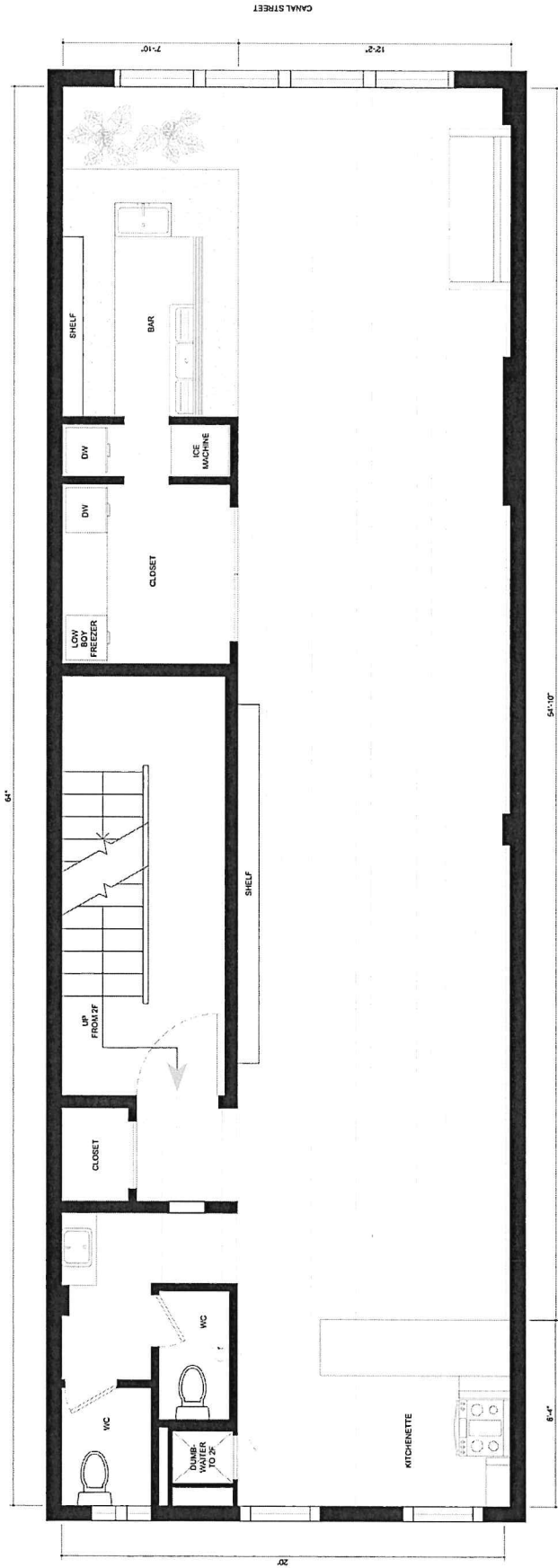
Certified Mail Fee	\$4.15	NEW	0354
Extra Services & Fees (check box, add fee as appropriate)	\$3.35	ALC	15
<input type="checkbox"/> Return Receipt (hardcopy)	\$0.00		
<input type="checkbox"/> Return Receipt (electronic)	\$0.00		
<input type="checkbox"/> Certified Mail Restricted Delivery	\$0.00		
<input type="checkbox"/> Adult Signature Required	\$0.00		
<input type="checkbox"/> Adult Signature Restricted Delivery	\$0.00		
Postage	\$0.63		
Total Postage and Fees	\$8.13		
Sent To MANHATTAN COMMUNITY BOARD 2 Street and Apt. No., or PO Box No. 3 WASHINGTON SQUARE VILLAGE #1A City, State, ZIP+4® NEW YORK, NY 10012			
PS Form 3800, April 2015 PSN 7530-02-000-9047		See Reverse for Instructions	

7022 2410 0001 4231 7361

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <i>Carolyn Connor</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to: MANHATTAN COMMUNITY BOARD 2 3 WASHINGTON SQUARE VILLAGE #1A NEW YORK, NY 10012		B. Received by (Printed Name) C. Date of Delivery APR 14 2023	
2. Article Number (Transfer from service label) 7022 2410 0001 4231 7361		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)		<input checked="" type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
Barcode 9590 9402 6843 1074 7565 00		PS Form 3811, July 2020 PSN 7530-02-000-9053	

Domestic Return Receipt

3rd Floor



Aperitivo

**Charcuterie Board
Toasted Focaccia
Marinated Olives
Bruschetta w. Fresh Ricotta
Taralli**

Dinner

**Burrata Caprese
Fresh Tagliatelle w.
Fresh Cavatelli w. Pesto**

Dessert

**Olive Oil Cake Vanilla
Gelato**

GULLINARY EXPERIENCES WITH A TWIST

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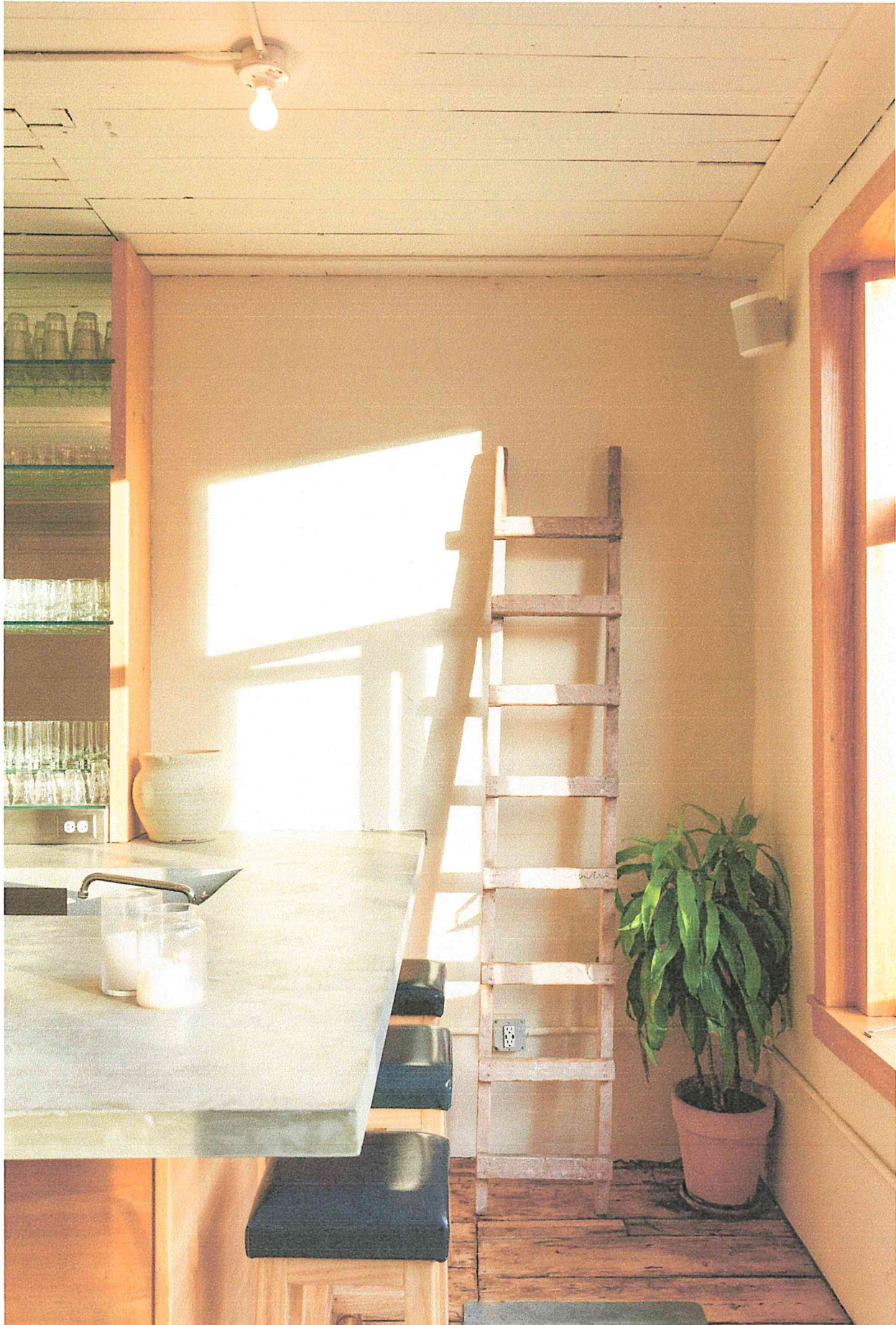
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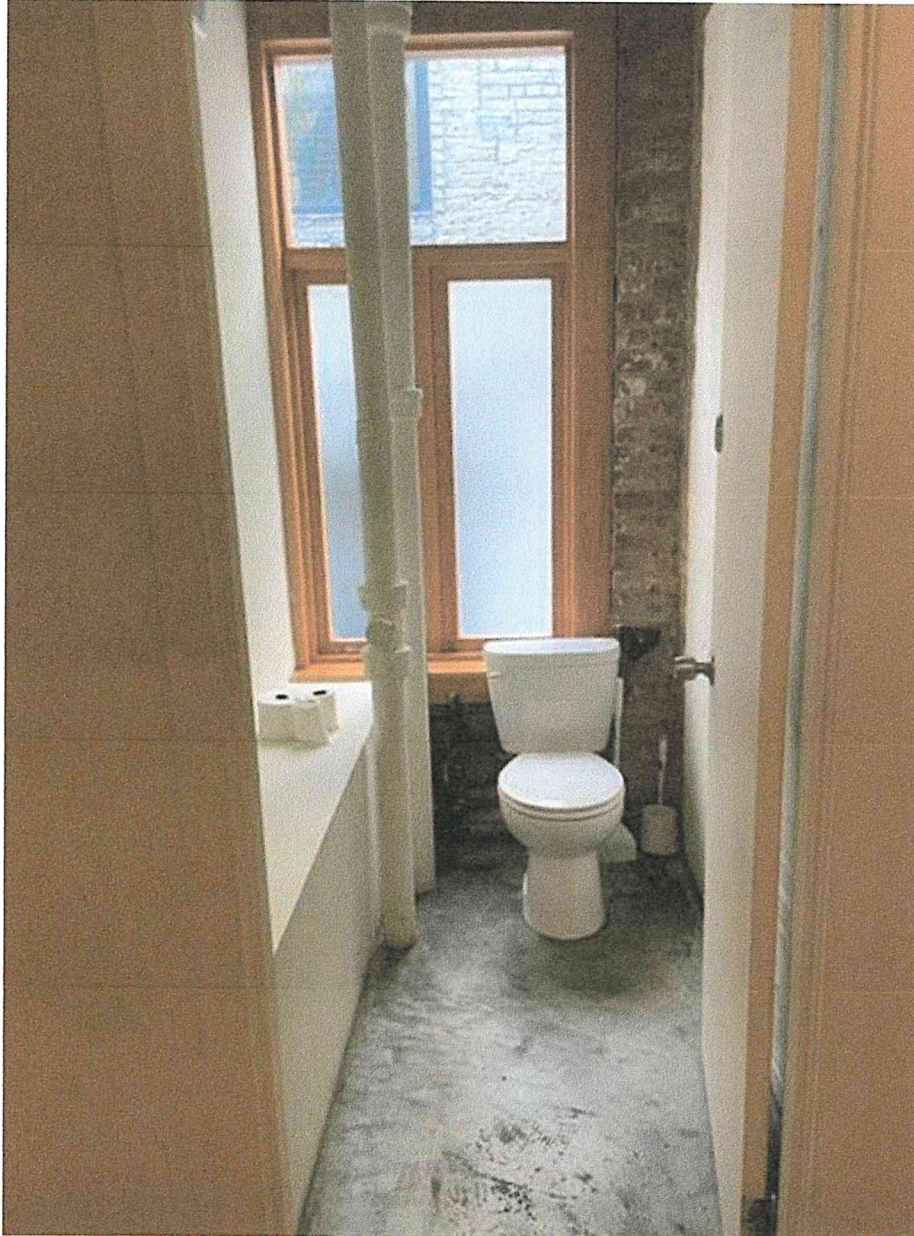
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