

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): OFFICINA 1397 LLC

Trade name (DBA): BAR PISELLINO

Premises address: 92 7th AVE SOUTH

Cross Streets and other addresses used for building/premise:
BLEECKER ST — GROVE ST.

CONTACT INFORMATION:

Principal(s) Name(s): JODY WILLIAMS / RITA SODI

Office or Home Address: 92 7th AVE S

City, State, Zip: NY NY 10014

Telephone # [REDACTED] Email: [REDACTED]

Landlord Name / Contact: SZ LLC

Landlord's Telephone and Fax: _____

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>JODY WILLIAMS</u>	<u>Pisellino 100 7th AVE SOUTH 2019 - Present</u>
<u>RITA SODI</u>	<u>BUVETTE 42 GROVE ST. 2010 - Present</u>
	<u>I SODI 314 BLEECKER ST. 2006 - Present</u>
	<u>THE COMMERCIAL 50 COMMERC ST. 2021 - Present</u>
	<u>VIA CAROTA 57 GROVE ST. 2014 - Present</u>

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on...");
We will be a Tavern / Tapas Bar serving
An Italian cafe style menu.

WHAT TYPE(S) OF LICENSF(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.)

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

TAVERN / TAPAS BAR

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: _____

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:

PANCA - OP # 1183943 2006 - 2023 EXP - 4/30/23

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: 3 Year Built: 1933

Describe neighboring buildings: MIXED USE

Zoning Designation: C4-5

Zoning Overlay or Special Designation (applicable) N/A

Block and Lot Number: 591 / 10

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: WE WILL GET ANY LPC PERMITS NEEDED

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 WE WILL APPLY WHEN THE NEW RULES COME OUT

What is the proposed Occupancy? Tavern / Tavern Bar

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? 50

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

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: WE WILL ADD OUR OWN SIGN

What are the Hours of Operation?

Sunday: 7^{AM} to 12^{AM} Monday: 7^{AM} to 12^{AM} Tuesday: 7^{AM} to 12^{AM} Wednesday: 7^{AM} to 12^{AM} Thursday: 7^{AM} to 12^{AM} Friday: 7^{AM} to 1^{AM} Saturday: 7^{AM} to 1^{AM}

Will the business employ a manager? no yes, name / experience if known: CARLYE HAYNES
8 YRS HR & 10 YRS EXP. ACQUIRED IN THE APPLICANT'S OTHER PLACES. TRAVELER WITH LIMITED

Will there be security personnel? no yes (if yes, what nights and how many?) _____
Do you have or plan to install French doors, accordion doors or windows that open? no yes

If yes, please describe: _____

Will you have TV's? no yes (how many?) _____

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? NO

Please describe your sound system and sound proofing: IPOD / IPOD AND A FEW
SMALL SPEAKERS

Will you be permitting: NO promoted events NO scheduled performances NO outside promoters

NO any events at which a cover fee is charged? NO private parties

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)

Will you be utilizing NO ropes NO movable barriers NO 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 1/2" x 11").

Indicate the distance in feet from the proposed premise:

Name of School / Church: ST. JAMES (166 FT AS PER SLA C.A.M.P. NOT ON SAME BLOCK OR ADJACENT

Address: CANNOT FIND IT. Distance: 166 FT

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1200 sq. ft.

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: _____

OVERALL SEATING INFORMATION:

Total number of tables? 10 Total table seats? 20

Total number of bars? 1 Total bar seats? 0

Total number of "other" seats? _____ please explain: _____

Total OVERALL number of seats in Premises: 20

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 0

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

Any food counters? no yes, describe: _____

For Alterations and Upgrades:

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

* 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: _____

Name of School / Church: _____

Address: _____ Distance: _____

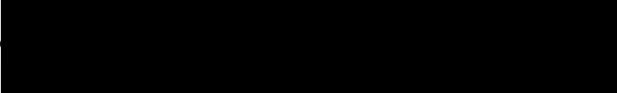
Name of School / Church: _____

Address: _____ Distance: _____

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

Contact Person: JODY WILLIAMS Phone: 

Address: 92 7th Ave South New York 10011

Email: 

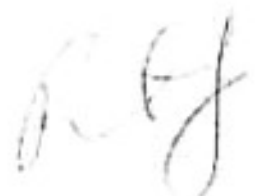
Application submitted on behalf of the applicant by:

Signature

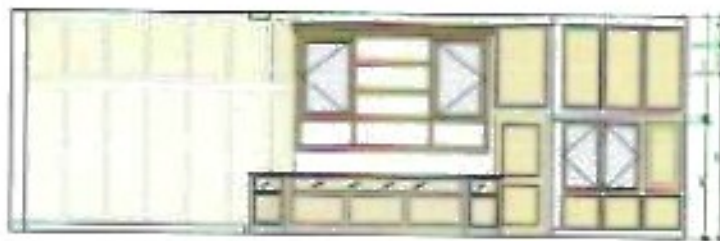
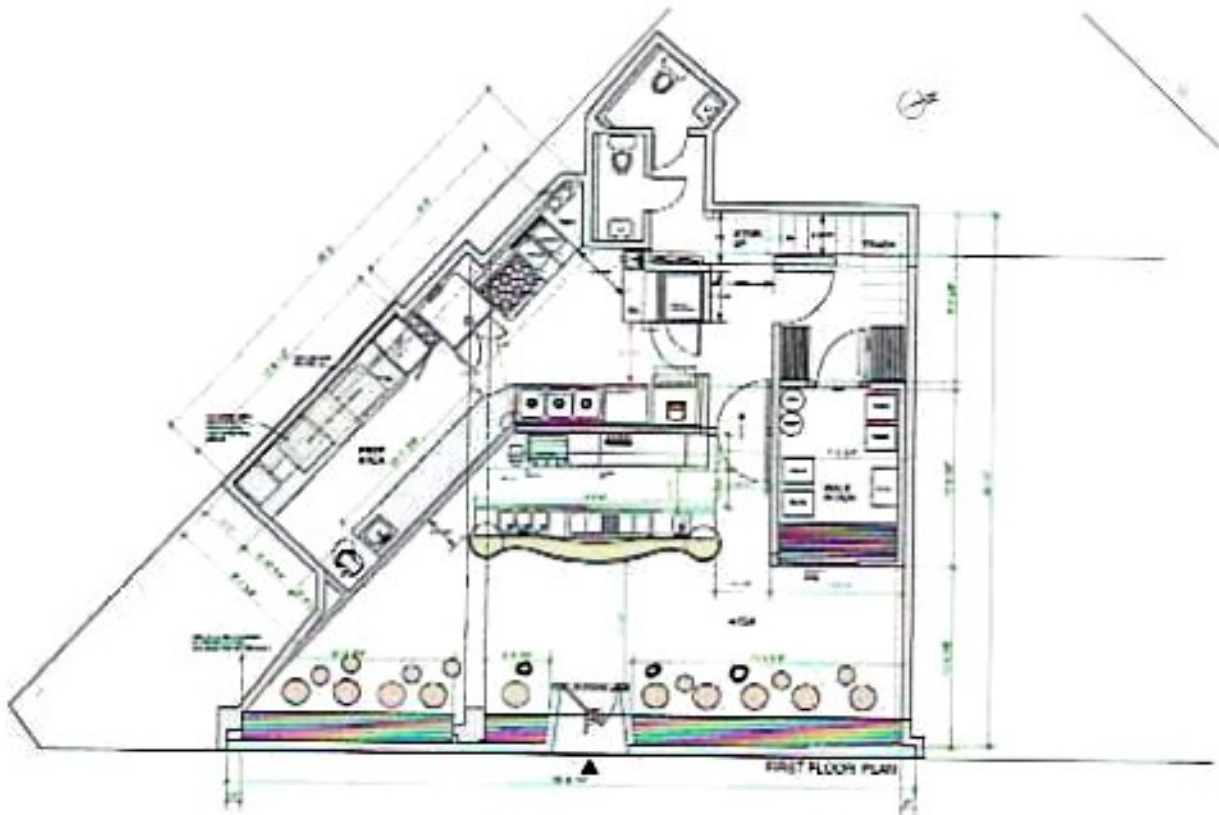
Print or Type Name Michael Kelly

Title Authorized Representative

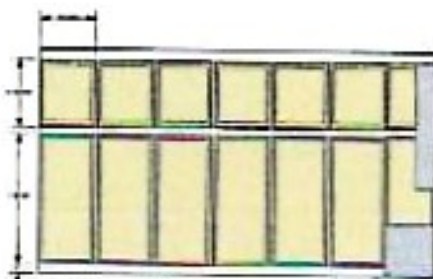
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.



Community Board 2, Manhattan
SLA Licensing Committee
Carter Booth, Co-Chair
Robert Ely, Co-Chair



FRONT BAR ELEVATION



SOUTH WALL ELEVATION

PISELLINO BAR ITALIANO
NEW YORK CITY
LISTINO PREZZI SEMESTRALE
APERTO TUTTI I GIORNI DELLA SETTIMANA

GENERI E QUALITÀ

CAFFÈ, CIOCCOLATA, THE'

.....ESPRESSO.....
.....CAPUCCINO.....
.....CAFFÈ LATTE.....
.....AMERICANO.....
.....BICERIN.....
.....CAFFÈ CORRETTO.....
.....ORZO.....
.....SHARKERATO.....
.....CIOCCOLATO in TAZZA.....
.....THE'.....
.....TISANA.....

BIBITE, SPREMIUTE, FRULLATI

... FRESH SQUEEZED ORANGE JUICE.....
... FRESH SQUEEZED GRAPEFRUIT JUICE...
..... FRESH SQUEEZED LEMONADE.....
..... CARROT TURMERIC ELIXIR.....
..... CUCUMBER MINT ELIXIR.....
..... GINGER LEMONGRASS COOLER.....

PASTE, PANINI, TOAST, TREMEZZINI

.....CORNETTI.....
.....BRIOCHEs.....
.....CIAMBELLA.....
.....BOMBOLONI.....
.....EGG TOAST.....

GASTRONOMIA, CICHETTI

.....SALATINI.....
.....OLIVE ASCOLANA.....
.....CAFFÈ LATTE.....
.....SALMIS CHEESES.....
.....SUPLI.....
.....PANINI.....
.....FOCCACIA.....
.....TREMMEZZINI.....
.....PROSCIUTTO TOASTS.....









