

Meeting Date: Dec 5, 2023

APPLICANT INFORMATION:

Name of applicant(s): Capo Del Cibo Inc.

Trade name (DBA): _____

Premises address: 213 6th Avenue New York, NY 10014.

Cross Streets and other addresses used for building/premise:
* King Street and Prince St/Charlton St.

CONTACT INFORMATION:

Principal(s) Name(s): Frank DiMattina.

Office or Home Address: _____

City, State, Zip: _____

Telephone #: _____ email: _____

Landlord Name / Contact: 213 Operating LLC

Landlord's Telephone and Fax: _____

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>Frank DiMattina.</u>	<u>Ariana's South Corp 605 Bridge St SIN 410309</u>
_____	<u>Sen # 1285112</u>
_____	_____

* Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
Family Restaurant That will specialize in
Italian Fusion and Sushi. There will also be
a selection of Steaks and Chops along with other
seafood cuisine.

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.)

N/A

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

7/1/2022 - 6/30/2024 Soho Market & Beer Merchants Inc (OP License)
6/2017 - 5/3/2021 Soho Market & Beer Merchants Inc (OPW)

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:

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: 6 Year Built : 1996

Describe neighboring buildings: Mixed Use

Zoning Designation: _____

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 519 / 30

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 : _____

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 sidewalk cafe

What is the proposed Occupancy? 49 inside / 20 outside

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? 49

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: Name of Licensee will be new signage

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? Approx 600 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?

Approx x 300 sq. Ft, 150 on each side of Entrance

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

How many entrances are there? 01 How many exits? 01 How many bathrooms? 01

Is there access to other parts of the building? no yes, explain: _____

OVERALL SEATING INFORMATION:

Total number of tables? 10-12 Total table seats? 20-24

Total number of bars? 1 Total bar seats? 6

Total number of "other" seats? 0 please explain: _____

Total OVERALL number of seats in Premises: 26-30

BARs:

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

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: _____

What are the Hours of Operation? 7 Days week noon till midnight

Sunday: 12 to 12 Monday: 12 to 12 Tuesday: 12 to 12 Wednesday: 12 to 12 Thursday: 12 to 12 Friday: 12 to 12 Saturday: 12 to 12

Will the business employ a manager? no yes, name / experience if known: * owner will work full time * wife will also work Full Time to Business

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? N/A

Please describe your sound system and sound proofing: N/A

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 ropes movable barriers other outside equipment (describe) fencing

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: _____

Address: _____ Distance: _____

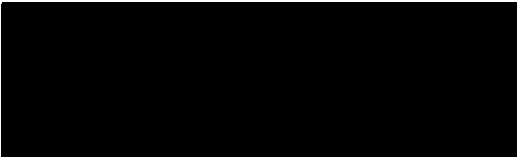
Name of School / Church: _____

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: Frank DiMATTINA (owner) Phone: 

Address: _____

Email : _____

Application submitted on behalf of the applicant by:

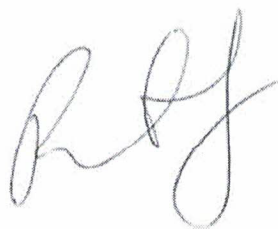

Signature

Print or Type Name Neil Visoky

Title ATTORNEY

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

Jeanine Kiely, Chair
 Susan Kent, First Vice Chair
 Valerie De La Rosa, Second Vice Chair
 Mark Diller, District Manager



Antony Wong, Treasurer
 Amy Brenna, Secretary
 Ritu Chattree, Assistant Secretary

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 STATE LIQUOR AUTHORITY LICENSE ADDENDUM FOR OUTDOOR SEATING

For a Liquor License Application that includes any outdoor areas, please complete the following:

- Submit a diagram of outdoor seating indicating length and width of area(s) and location of all tables and chairs. Include all obstructions (trees, fire hydrants, proximity to bus stops, bike racks, signs, etc.).
- Submit photos of the premises where the sidewalk café and/or roadbed will be located. Required photos show one frontal, one left and one right side view of proposed sidewalk café and/or roadbed.
 - Photos must show complete sidewalk and/or roadway area where sidewalk café and/or roadbed will be including views to curb and neighboring properties.
 - For rear yard, show photos of yard and surrounding area, including upper view of adjacent buildings.

Name of Applicant: CAPO DEL CIBO INC

Address of Premises: 213 6th Avenue N.Y. NY 10014

Sidewalk café will have no more than (If premises is located on a corner please indicate for both streets):

10 tables and 20 seats on 6th Avenue Street
 _____ tables and _____ seats on _____ Street

Hours of sidewalk café: Noon to Midnight

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): _____

Fire Hydrant, Light Pole

Roadbed will have no more than (If premises is located on a corner please indicate for both streets):

_____ tables and _____ seats on _____ Street
 _____ tables and _____ seats on _____ Street

Hours of roadbed: _____ to _____ .

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): _____

Rear yard / Rooftop (circle) will have no more than _____ tables and _____ seats N/A
 Hours of rear yard / rooftop: _____ to _____ .

Does seating extend beyond the business frontage? ___ No ✓ Yes (8 ft)

Will outdoor dining structures **on the sidewalk** be enclosed on three (3) or more sides? ___ No ___ Yes

Will outdoor dining structures **on the roadbed** be enclosed on three (3) or more sides? ___ No ___ Yes

Is there any outdoor music, speakers or TVs? ___ No ✓ Yes, please describe: _____

Will heating elements be used? ✓ No ___ Yes, please describe: _____

600 SQUARE FEET

KITCHEN: 1 Stove 48 inches

1 Grill 24 inches

1 fryer 18 inches

INTERIOR PREMISE

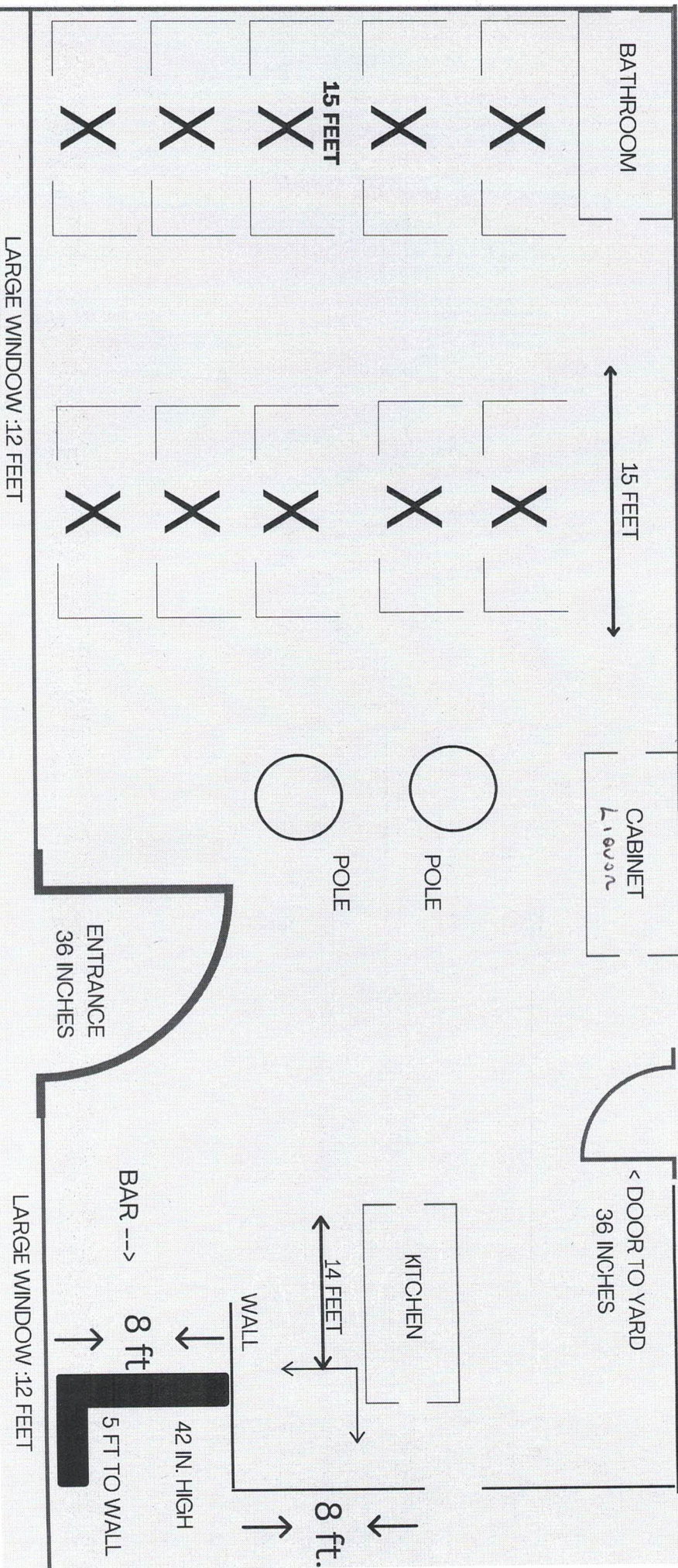
CAPO DEL CIBO

213 6th Ave NY, NY 10014

BAR: 8 ft Long by 5 ft Side

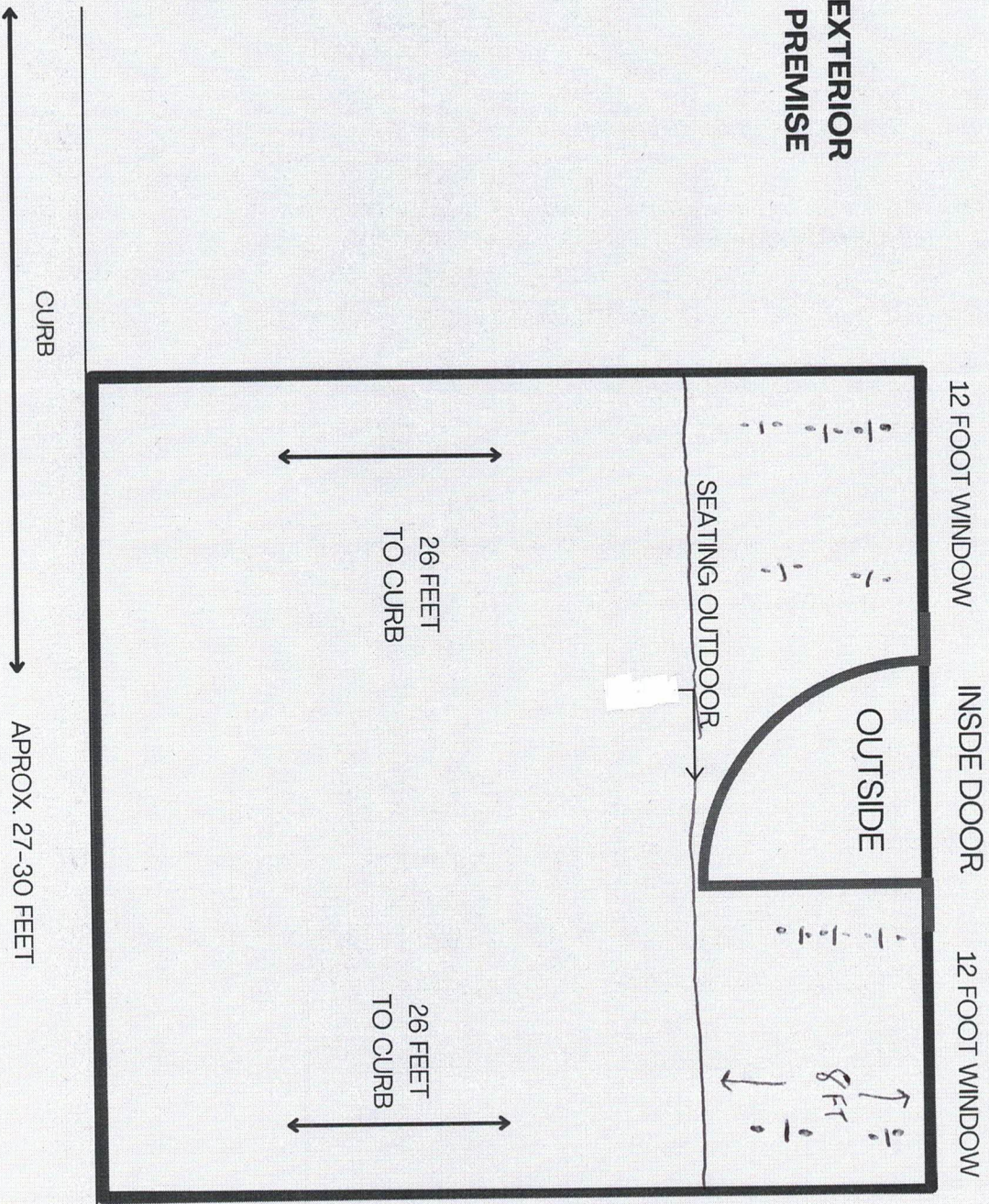
10 to 12 Tables x2 = 20-24 Chairs

Outside* Additional 20 Chairs



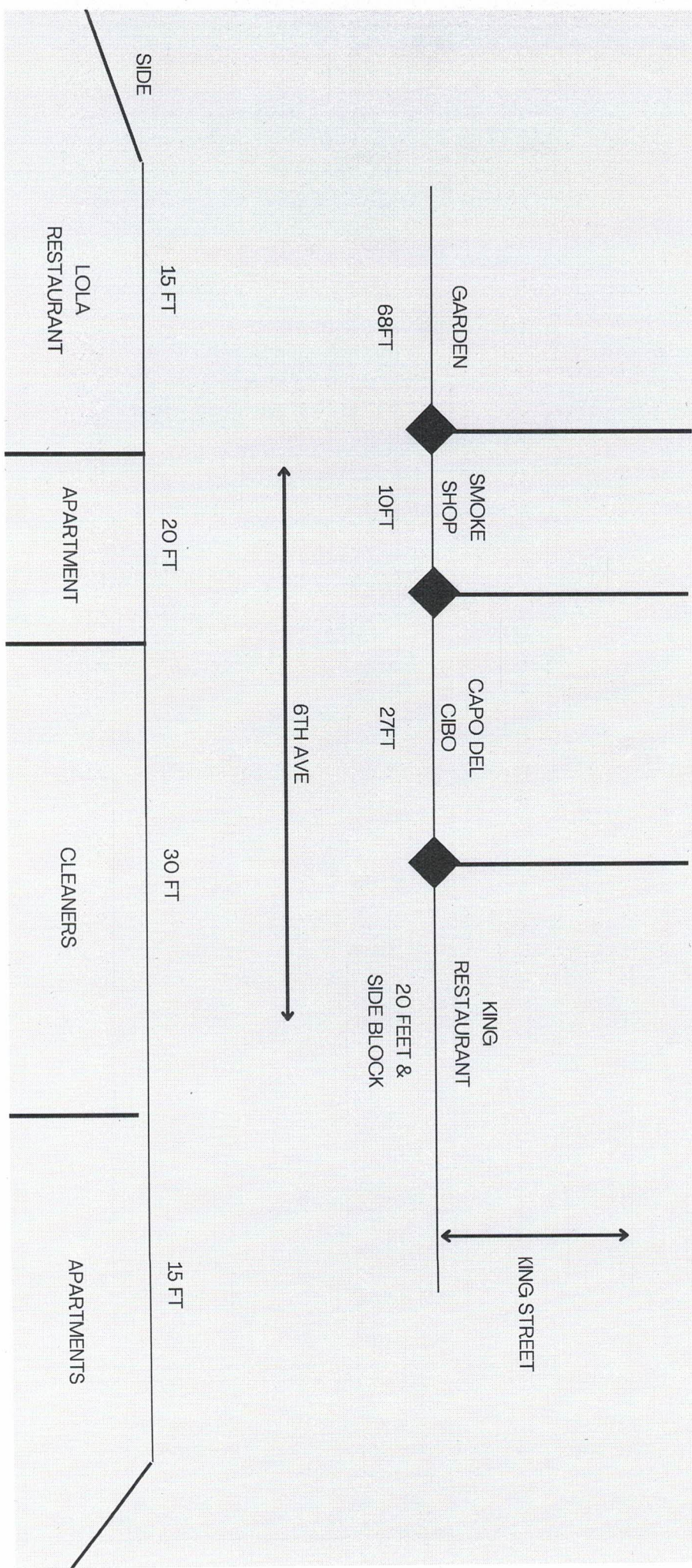
CAPs Del C.130
213 6th Ave, NY, NY 10014

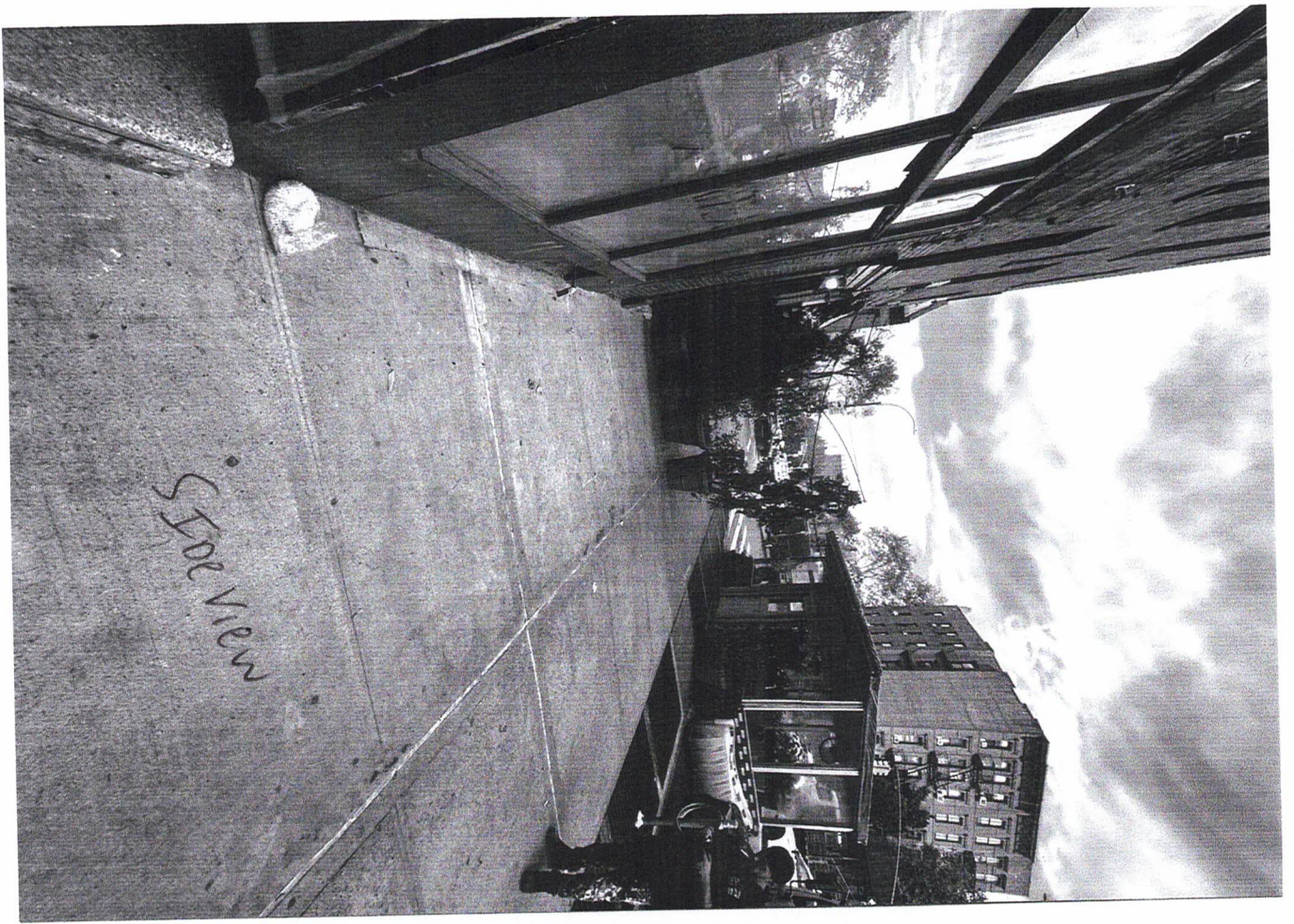
**EXTERIOR
PREMISE**



BLOCK PLOT DIAGRAM

CAPO DEL CIBO
213 6TH AVE NY, NY 10014



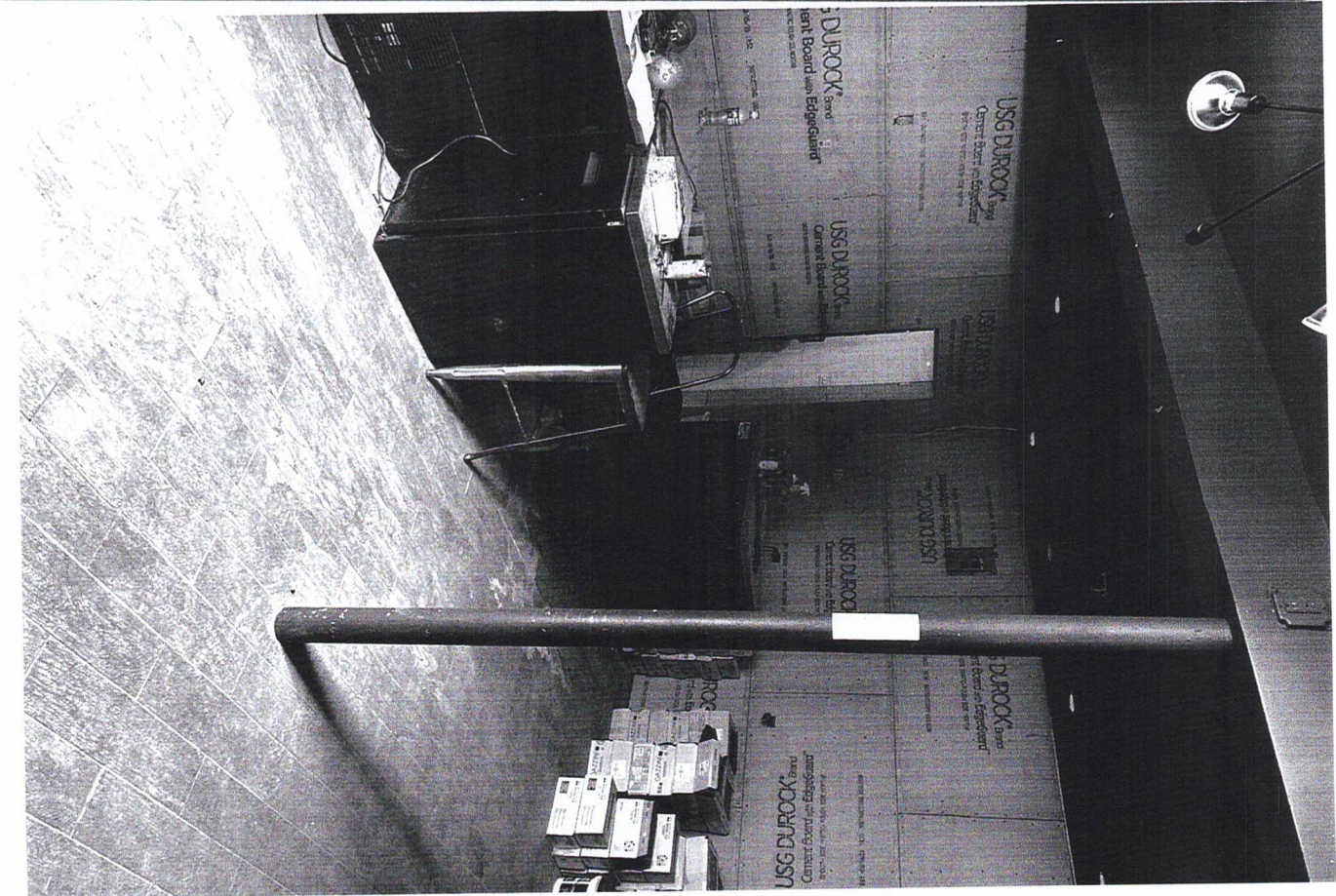
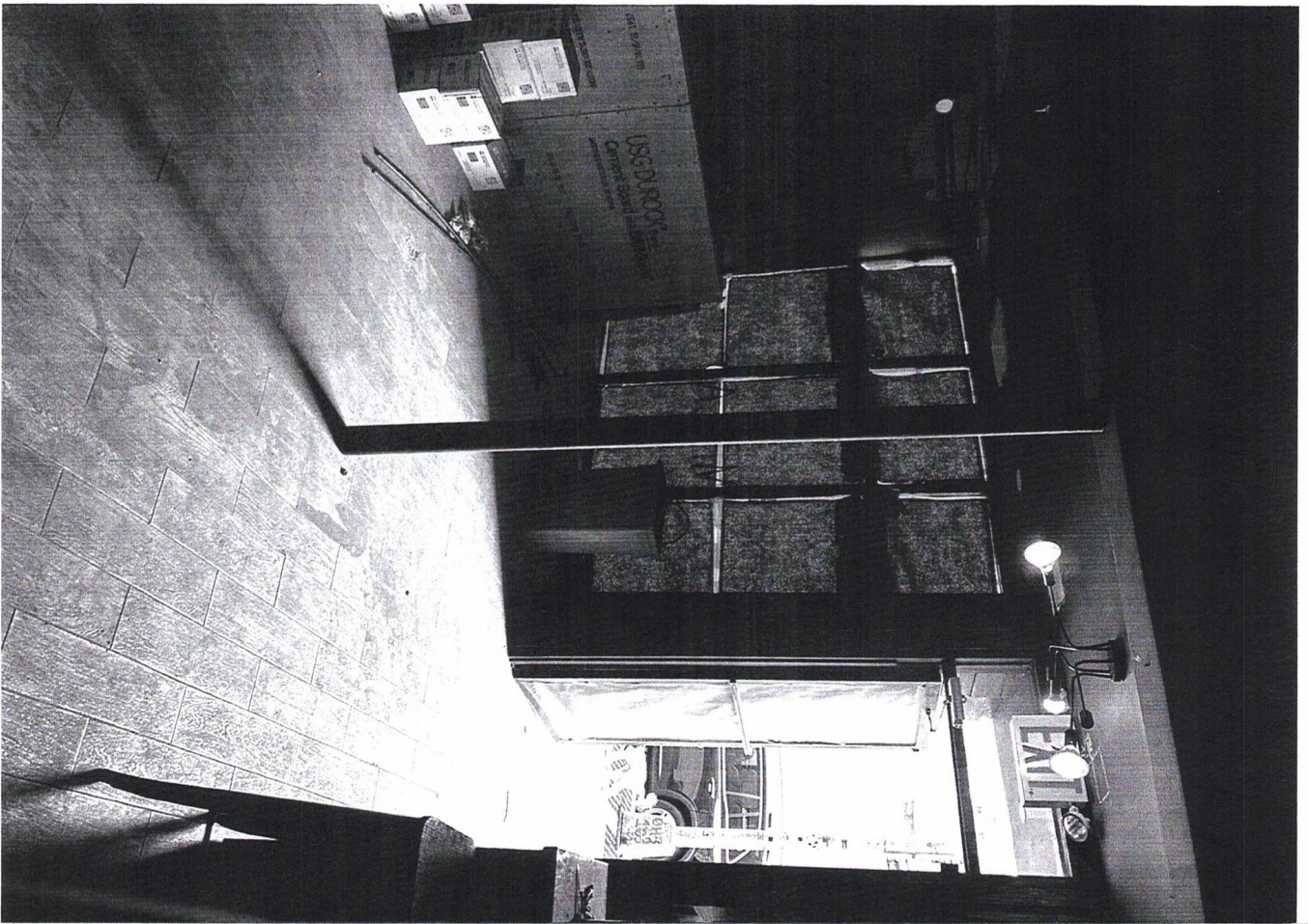


Side View

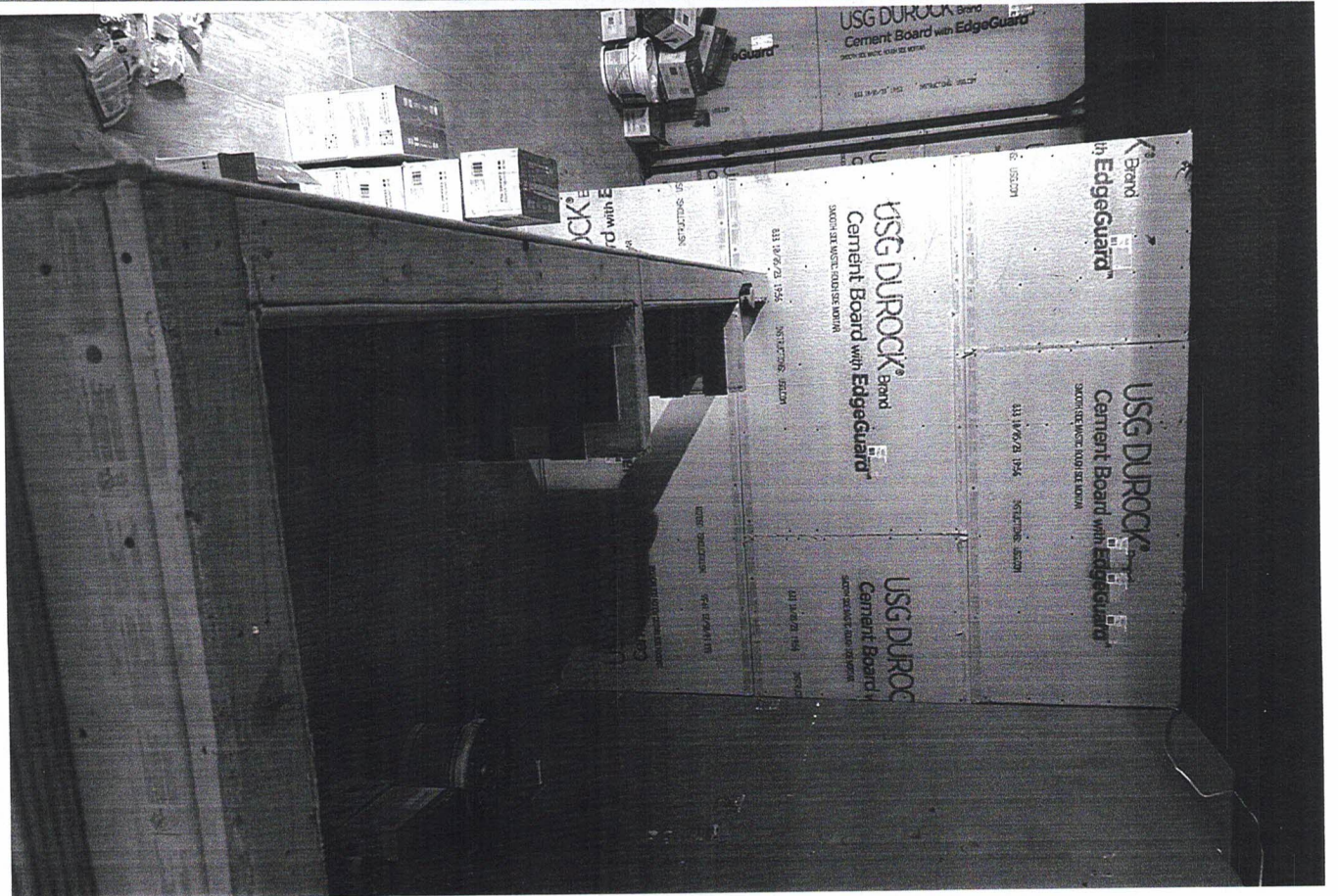


Front View

CARDOL CIRIO INC 213 6TH AVE NY NY



CARPO DEL CIBO INC 213 67 AVE NY NY



Carroll Cibo Inc 213 6th Ave NY NY

