

Meeting Date: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name of applicant(s): TOURBILLON 47 LLC

Trade name (DBA): ESTELA

Premises address: 47 E. HOUSTON ST.

Cross Streets and other addresses used for building/premise:  
MULBERRY ST - MOTT ST.

**CONTACT INFORMATION:**

Principal(s) Name(s): IGNACIO MATTOSNOYA

Office or Home Address: 47 E HOUSTON ST.

City, State, Zip: NY NY 10012

Telephone #: [REDACTED] email: [REDACTED]

Landlord Name / Contact: P.G. EAST HOUSTON CORP

Landlord's Telephone and Fax: \_\_\_\_\_

| NAMES OF ALL PRINCIPAL(s): | NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD            |
|----------------------------|--|
| <u>THOMAS CARTER</u>       | <u>applicant - OP - 6/4/13 - Present</u>                     |
| <u>IGNACIO MATTOSNOYA</u>  | <u>Cafe Altro Paradiso 234 Spring St 21st fl - Present</u>   |
|                            | <u>Nine Orchard 9 Orchard St Ly, Ny 12022 - Present</u>      |
|                            | <u>Caffe Lodi 1 Rockefeller Plaza Ly, Ny 12021 - Present</u> |

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):  
WE ARE A FAMILY RESTAURANT THAT FOCUSES ON AMERICAN  
FOOD. WE HAVE BEEN OPERATING AT THIS LOCATION SINCE 2013  
WITH AN OP LICENSE.

**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 : CHANGE OF METHOD OF OPERATION

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

WE ARE LOOKING TO EXPAND OUR HOURS OF OPERATION. WE ARE ASKING THAT OUR OPENING TIME BE 12 PM 7 DAYS A WEEK. WE WILL KEEP OUR CLOSING TIME THE SAME AS IT HAS BEEN

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

N/A

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:

TOURBILLIN 47 LLC OP # 1268098 SINCE 6/4/13 EXP. 5/31/25

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:

N/A

**INTERIOR OF PREMISES:**

What is the total licensed square footage of the premises? 1810 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?  
NO

If more than one floor, what is the access between floors? \_\_\_\_\_

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? 21 Total table seats? 46

Total number of bars? 1 Total bar seats? 13

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

Total OVERALL number of seats in Premises: 59

**BARS:**

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 13

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: \_\_\_\_\_

**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: 1800

Describe neighboring buildings: MIXED USE

Zoning Designation: C6-3

Zoning Overlay or Special Designation (applicable) SPECIAL LITTLE ITALY DISTRICT

Block and Lot Number: 509 / 21

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? RESTAURANT

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? 6A

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: \_\_\_\_\_)

What are the Hours of Operation?

Sunday: 12<sup>P</sup> to 1<sup>A</sup> Monday: 12<sup>P</sup> to 1<sup>A</sup> Tuesday: 12<sup>P</sup> to 1<sup>A</sup> Wednesday: 12<sup>P</sup> to 1<sup>A</sup> Thursday: 12<sup>P</sup> to 2<sup>A</sup> Friday: 12<sup>P</sup> to 2<sup>A</sup> Saturday: 12<sup>P</sup> to 2<sup>A</sup>

Will the business employ a manager? \_\_\_ no  yes, name / experience if known: KATE DeRocha 12/12/1  
Lauren Miller 7/12/21  
3 YEARS

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: IPAD

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: \_\_\_\_\_

Address: \_\_\_\_\_ Distance: \_\_\_\_\_

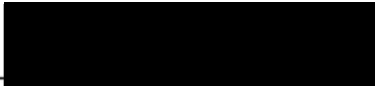
Name of School / Church: \_\_\_\_\_

Address: \_\_\_\_\_ Distance: \_\_\_\_\_

Name of School / Church: \_\_\_\_\_

Address: \_\_\_\_\_ Distance: \_\_\_\_\_

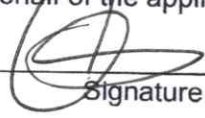
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: IGNACIO MATOSNOYA Phone: 

Address: 47 E HOUSTON ST. NY NY 10012

Email: 

Application submitted on behalf of the applicant by:

  
Signature

Print or Type Name Michael Kenny

Title Representative

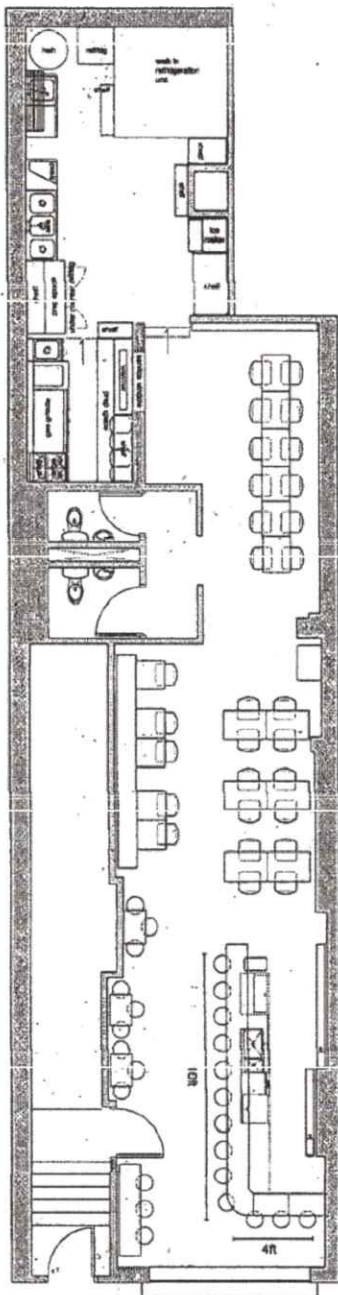
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.





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

TOURBILLON47 LLC  
47 E Houston Street  
New York, NY 10012



PLAN

1/8" = 1'-0"

CRANTON DESIGN STUDIO  
181 HOULTON AVENUE  
BRIDGEPLATE, NY 11211  
917-36-3113 TEL/FAX  
917-726-9987 FAX

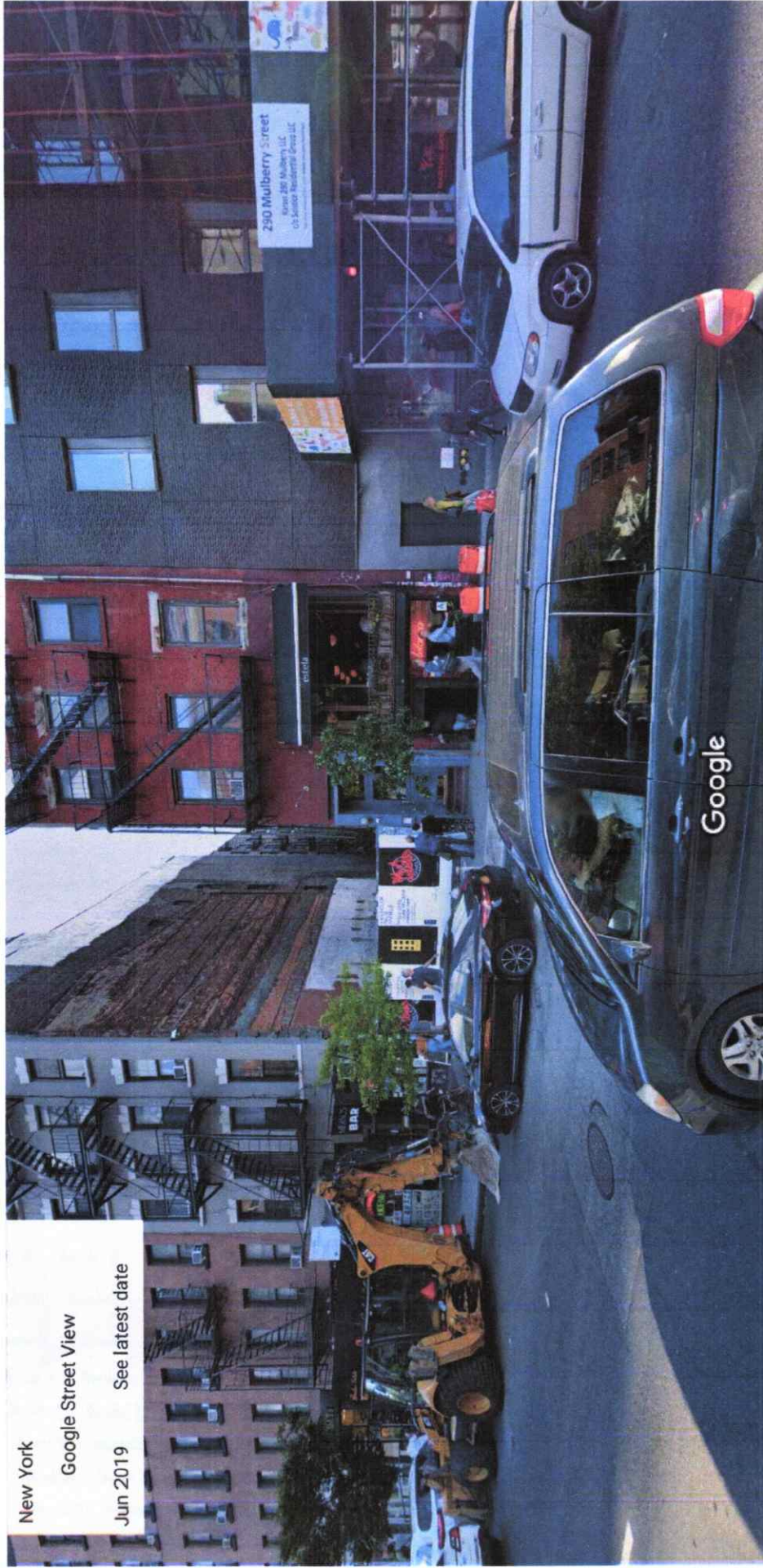
47 EAST HOUSTON STREET  
NEW YORK, NY 10012

PROJECT  
47 HOUSTON STREET

PLAN

A100.00

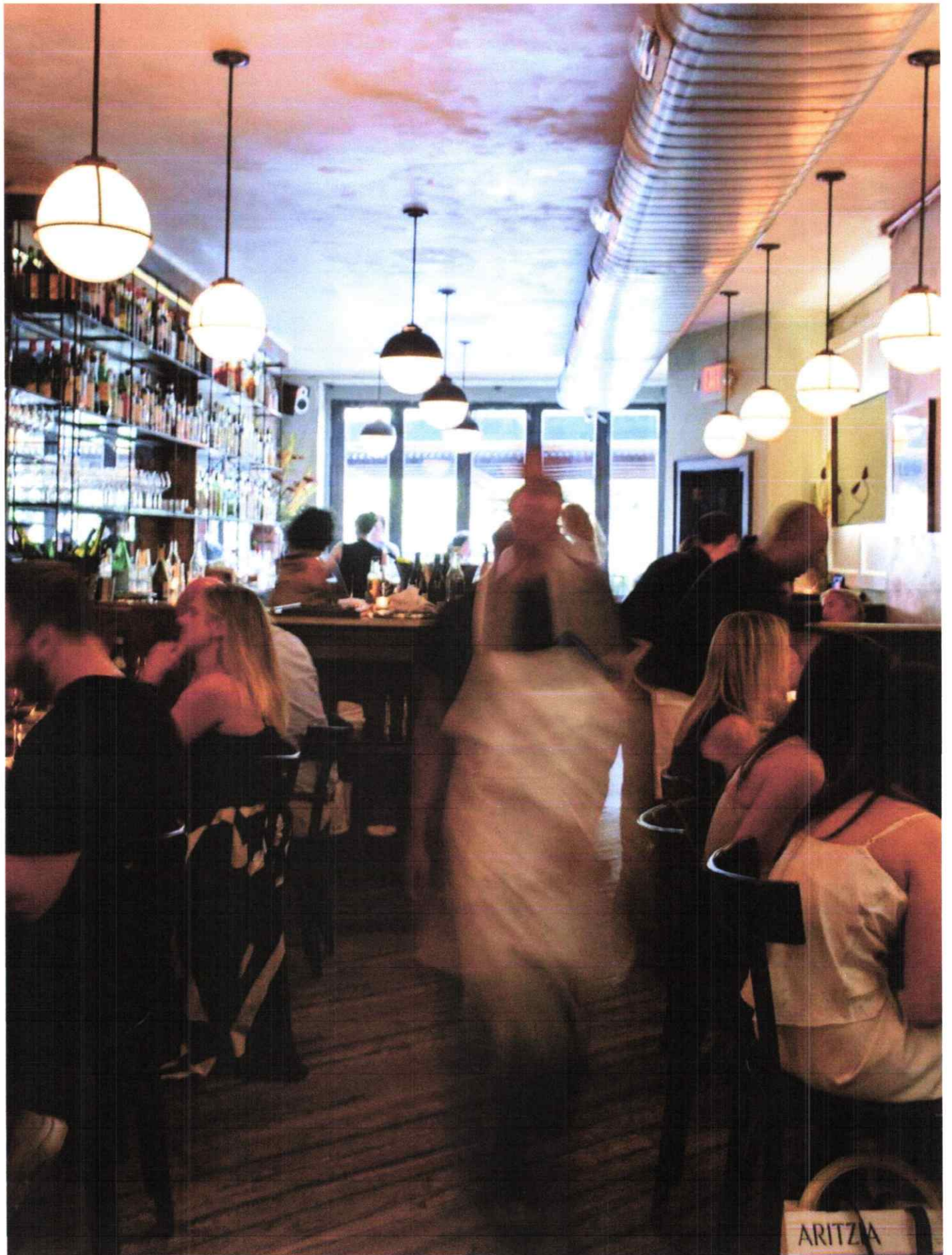
Google Maps 47 E Houston St

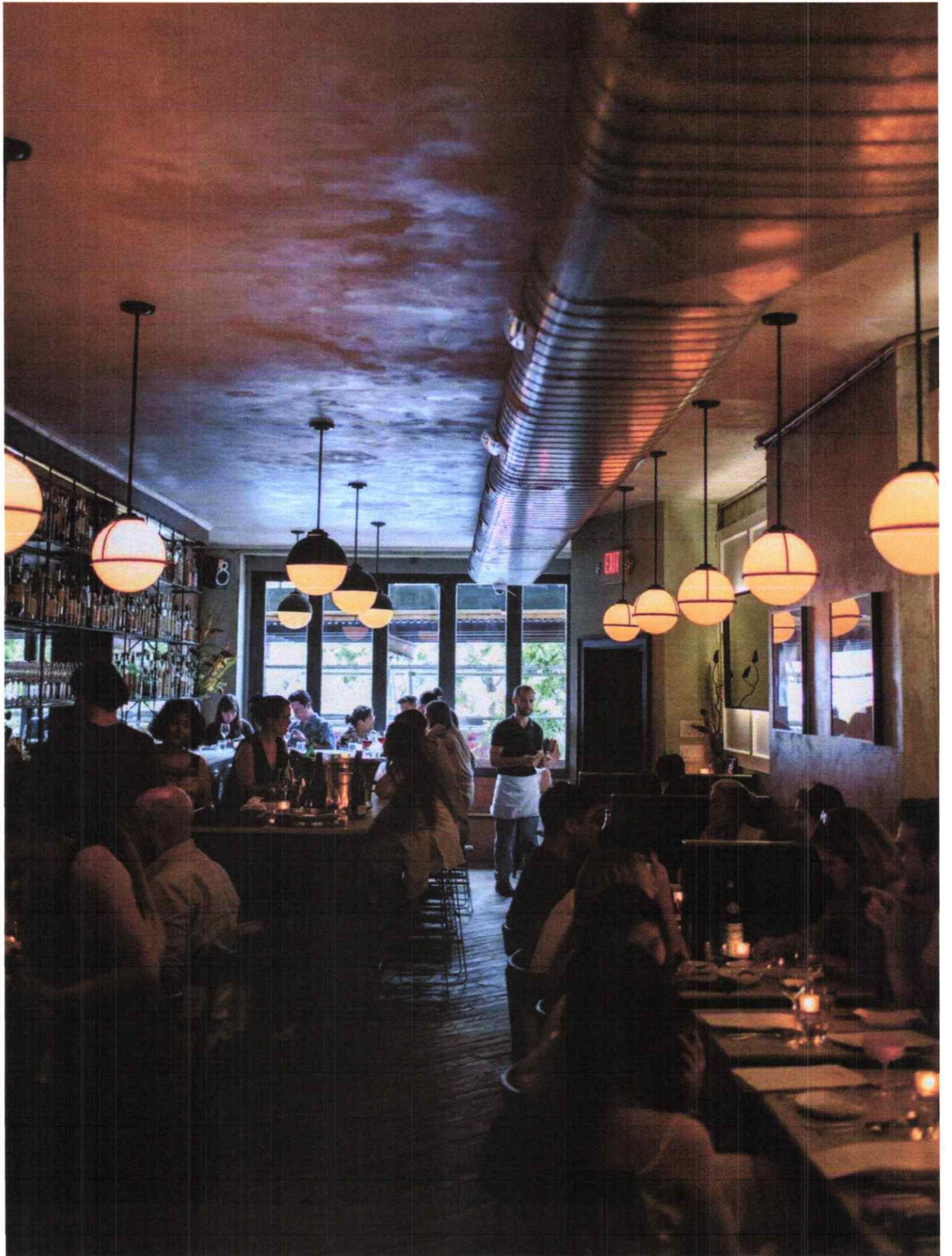


New York  
Google Street View  
Jun 2019 See latest date









# estela

*Sourdough miche with butter* 5

*Marinated olives* 11

Jamón Ibérico 39

Oysters with yuzu kosho mignonette\* 30

Scallops with brown butter and golden potatoes \* 32

Beef tartare with elderberries and sunchoke\* 27

Persimmon with kohlrabi and pine nuts 26

Endive with walnuts, anchovy, and ubriaco rosso\* 28

Crab with celeriac and dulse\* 33

Foie gras grilled in grape leaves\* 37

Fried arroz negro, squid, and romesco\* 35

Ricotta dumplings with mushrooms and pecorino Sardo 35

Hamachi with cabbage and matsutake\* 43

Venison with grapes and lardo\* 48

Hanger steak with brussels sprouts and taleggio\* 52

Please inform us of any food allergies or dietary restrictions

\*Consuming raw or undercooked meats, poultry, shellfish, or eggs may increase your risk of foodborne illness