

**Meeting Date:** 1/2/24 or 1/4/24

**APPLICANT INFORMATION:**

Name of applicant(s): IACCAS CORP.

Trade name (DBA): OLD FASHION CAFE

Premises address: 110 THOMPSON STREET, NEW YORK, NY 10012

Cross Streets and other addresses used for building/premise:  
SPRING STREET AND PRINCE STREET

**CONTACT INFORMATION:**

Principal(s) Name(s): ANTONIO IACCA and PIETRO IACCA

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone #: [REDACTED] email : [REDACTED]

**Landlord Name / Contact:**

PERRY THOMPSON THIRD LLC, c/o WARREN WOLFSON OF CORNERSTONE MANAGEMENT

Landlord's Telephone and Fax: [REDACTED]

<b>NAMES OF ALL PRINCIPAL(s):</b>	<b>NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD</b>
<u>ANTONIO IACCA</u>	<u>N/A</u>
<u>PIETRO IACCA</u>	<u>N/A</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):

CARE/BISTRO; COFFEE AND LIGHT BREAKFAST IN A.M.; BISTRO LUNCH AND DINNER.

**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 IN HOURS OF OPERATION (STAY OPEN ONE HOUR LATER EACH NIGHT)

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

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

N/A

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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: \_\_\_\_\_

IACCAS CORP. , SERIAL # 1348100; EXPIRES 3/31/2025

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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:

COCOTTE - UNKNOWN

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**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 : UNKNOWN

Describe neighboring buildings: GENERALLY SIX STORY ATTACHED

Zoning Designation: MIXED

Zoning Overlay or Special Designation (applicable) UNKNOWN

Block and Lot Number: 502 / 12

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 : NO EXTERIOR CHANGES

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? 35

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

no  yes LETTER OF NO OBJECTION

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

If yes, what is the use group for the premises? EATING & DRINKING ESTABLISHMENT USE GROUP #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: \_\_\_\_\_

## INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 750 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? 1

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

## OVERALL SEATING INFORMATION:

Total number of tables? 10 Total table seats? 31

Total number of bars? 1 Total bar seats? 4

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

Total OVERALL number of seats in Premises : 35

## BARs:

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 4

How many service bars are being applied for on the premises? NONE

Any food counters?  no  yes, describe : \_\_\_\_\_

**For Alterations and Upgrades:** N/A

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?

Sunday:      Monday:      Tuesday:      Wednesday:      Thursday:      Friday:      Saturday:  
9 am to 1 am    9 am to 1 am    9 am to 1 am    9am to 1 am      9am to 1 am      9 am to 2 am    9 am to 2 am

Will the business employ a manager?  no    \_\_\_ yes, name / experience if known : \_\_\_\_\_

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: BAFFLING ON CEILING

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 ½ " x 11").***

Indicate the distance in feet from the proposed premise:    N/A

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: ANTONIO IACCA Phone: [REDACTED]

Address: 110 THOMPSON STREET, NEW YORK, NEW YORK 10012

Email : [REDACTED]

Application submitted on  
behalf of the applicant by:

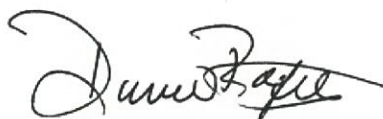


\_\_\_\_\_  
Signature

Print or Type Name ANTONIO IACCA

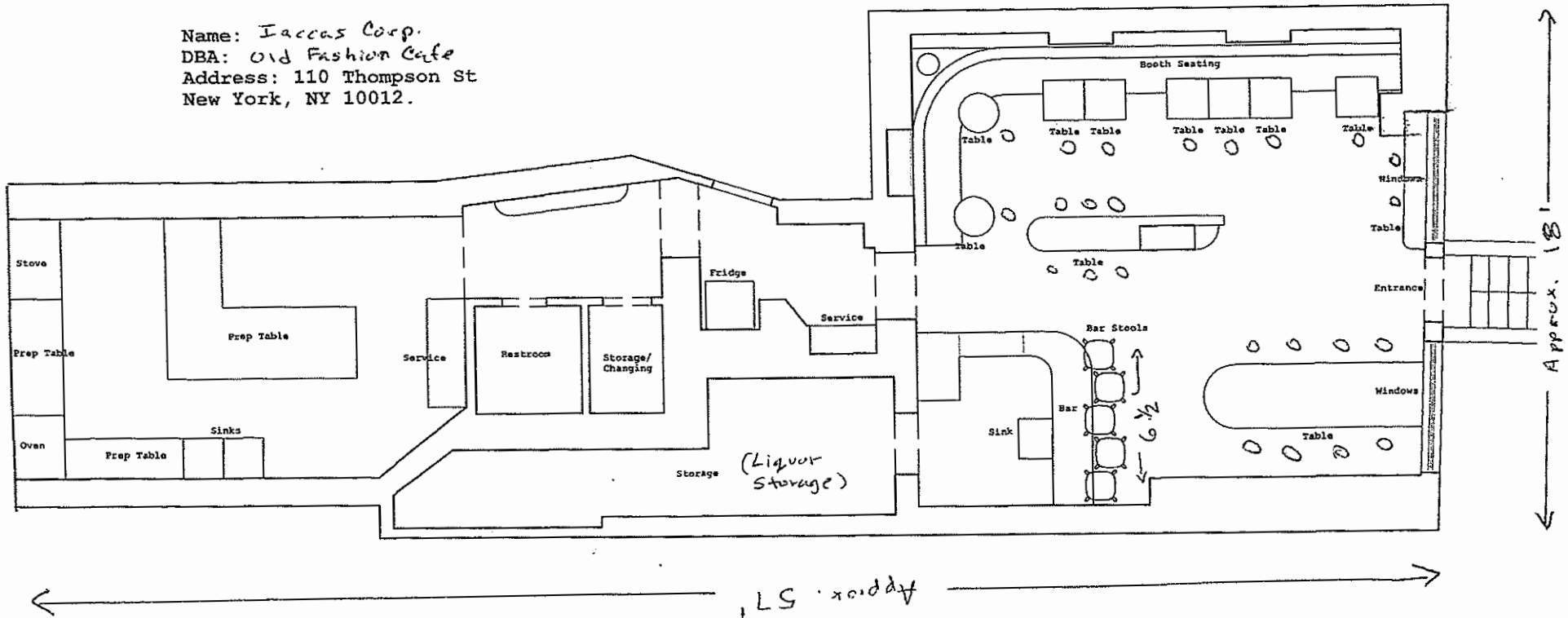
Title PRESIDENT OF APPLICANT

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

Name: Iaccas Corp.  
DBA: Old Fashion Cafe  
Address: 110 Thompson St  
New York, NY 10012.





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d/b/a OLD FASHION CAFÉ  
110 THOMPSON STREET  
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## OLD FASHION CAFE

### COFFEE & MORE

CAPPUCCINO - LATTE - TEA	5
MATCHA	6
FRESH FRUITS JUICE	9
CHOCOLATE LATTE	7
<b>SIGNATURE</b>	
OLD FASHION SHAKE SHAKE	9
Coffee, almond syrup, happy shake	
COCO-LOCO MATCHA	9
Matcha powder, coconut syrup, milk	

### BREAKFAST

GRANOLA YOGURT	12
Granola, plain yogurt, fresh fruits	
AVOCADO TOAST	13
Avocado, tomatoes, egg, basil	
OMELETTE	15
Eggs, spinach, parmigiano	
OLD FASHION BREAKFAST	21
Eggs, bacon, sausage, tomato, mixed greens, white toast	
FRENCH TOAST	15
Brûlée french toast, maple syrup, mix fruits, berries sauce	
PANCAKES	14
Buttermilk pancakes, maple syrup, fresh fruits	

### DESSERTS

TIRAMISU	13
PEAR CHEESECAKE	13

### SNACK

OLIVES	5
Cerignola Italian olives	
ALMONDS	5
Salted almonds	
CRUDITES	6
Carrots, cucumbers, celery	

### APPETIZERS

CHEESE PLATE	15
Chef's selection cheese	
PROSCIUTTO	18
Prosciutto crudo San Daniele DOP, Burrata cream, basil oil	
BRUSCHETTA	16
Guacamole Italian style, cherry tomatoes, stracciatella	
SCALLOPS	19
Scallops, Catalan salad, lime mayonnaise	
TUNA TARTARE	19
Tuna tartare, croutons, guacamole	
PIZZA ROMANA	20
#1 CAPRESE	
Stracciatella, cherry tomatoes, tomato basil	
#2 PROSCIUTTO	
Pesto, prosciutto, burrata	

### SALADS

BURRATA	14
Tomatoes, basil, bread	
MIXED GREENS SALAD	14
Mixed greens, arugula, parmigiano reggiano, black pepper, prosciutto, balsamic vinegar, EVO	
CAESAR SALAD	17
Lettuce, chicken, parmigiano reggiano, croutons, caesar dressing	
BABY SPINACH SALAD	14
Baby spinach, avocado, walnuts, apple, honey vinegar, lime	

### PASTA

ORECCHIETTE AL POMODORO	18
Fresh tomatoes, basil, pecorino cheese	
TAGLIATELLE AL PESTO E BURRATA	24
Homemade genovese pesto, burrata cream.	
BOLGNESE	24
Beef ragu, parmigiano reggiano	

### MAINS

OLD FASHION BURGER	22
Signature grass-fed short rib beef, bacon, provolone cheese, lime mayonnaise, caramelized onions, mixed greens, roasted potatoes	
NY STRIP STEAK	35
1oz strip steak, roasted potatoes, mixed greens	
SALMON	25
Pan Seared Salmon citrus, asparagus sauce, aioli sauce	
SOUP	20
Lentils, Shiitake mushrooms and vegetables	
SIGNATURE	
APULIAN SEA SANDWICH	22
Tuna, stracciatella, arugula, dry tomatoes	
SIDES	
SALMON	12
CHICKEN	10
SPINACH	8
POTATOES	8
EXECUTIVE CHEF	
GABRIELE ROTUNNO	