

225Pizza LLC
LTD Pizza
225 Hudson Street
New York, New York 10013
Application for a Class Change

Manhattan Community Board 2
3 Washington Square Village
New York, NY 10012
May 2025 SLA Licensing Committee Meeting

CB2 Questionnaire

- Floor Plans
- Menu
- Area Survey
- Photographs
- SLA Application
- Outreach

BERNSTEIN REDO & SAVITSKY, P.C.
1177 Avenue of the Americas, 5th floor
New York, NY 10036
Tel. 212.651.3100
www.brpclaw.com

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 : Class Change (Full Liquor)

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

Class Change from Restaurant Wine to On-Premise License

Removing courtyard from licensed space

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

225 Pizza LLC (0240-24-120410)

Concept Clothing Store

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: _____

225 Pizza LLC (0240-24-120410) exp. 6/30/2025

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: 5 Year Built : 1910

Describe neighboring buildings:
Mixed, Commercial

Zoning Designation: C6-2A

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 594 / 105

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 _____

What is the proposed Occupancy? 74

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? _____

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: _____

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1,380 SF

If more than one floor, please specify square footage by floors: First: 980 SF: Basement: 400 SF

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? Stairs

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

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

OVERALL SEATING INFORMATION:

Total number of tables? 4 Total table seats? 33

Total number of bars? 2 Total bar seats? 9

Total number of "other" seats? 2 please explain: counter stools

Total OVERALL number of seats in Premises: 44

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 9

How many service bars are being applied for on the premises? 1

Any food counters? no yes, describe: pizza counter

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: No Changes

1) Ground Floor Customer Bar with 9 bar stools 2) Basement Service Bar

* 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:
11am to 2am 11am to 2am 11am to 2am 11am to 2am 11am to 2am 11am to 2am 11am to 2am

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

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?) 1

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: Sonos Speakers

Sound proof wool and wood insulation, mass loaded vynl, green glue, 2 layers 5/8 sheetrock

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

___ any events at which a cover fee is charged? 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) _____

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: _____

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: John Villa Phone: ()

Address: _____

Email: _____

Application submitted on
behalf of the applicant by:



Signature

Print or Type Name John Villa

Title Principal

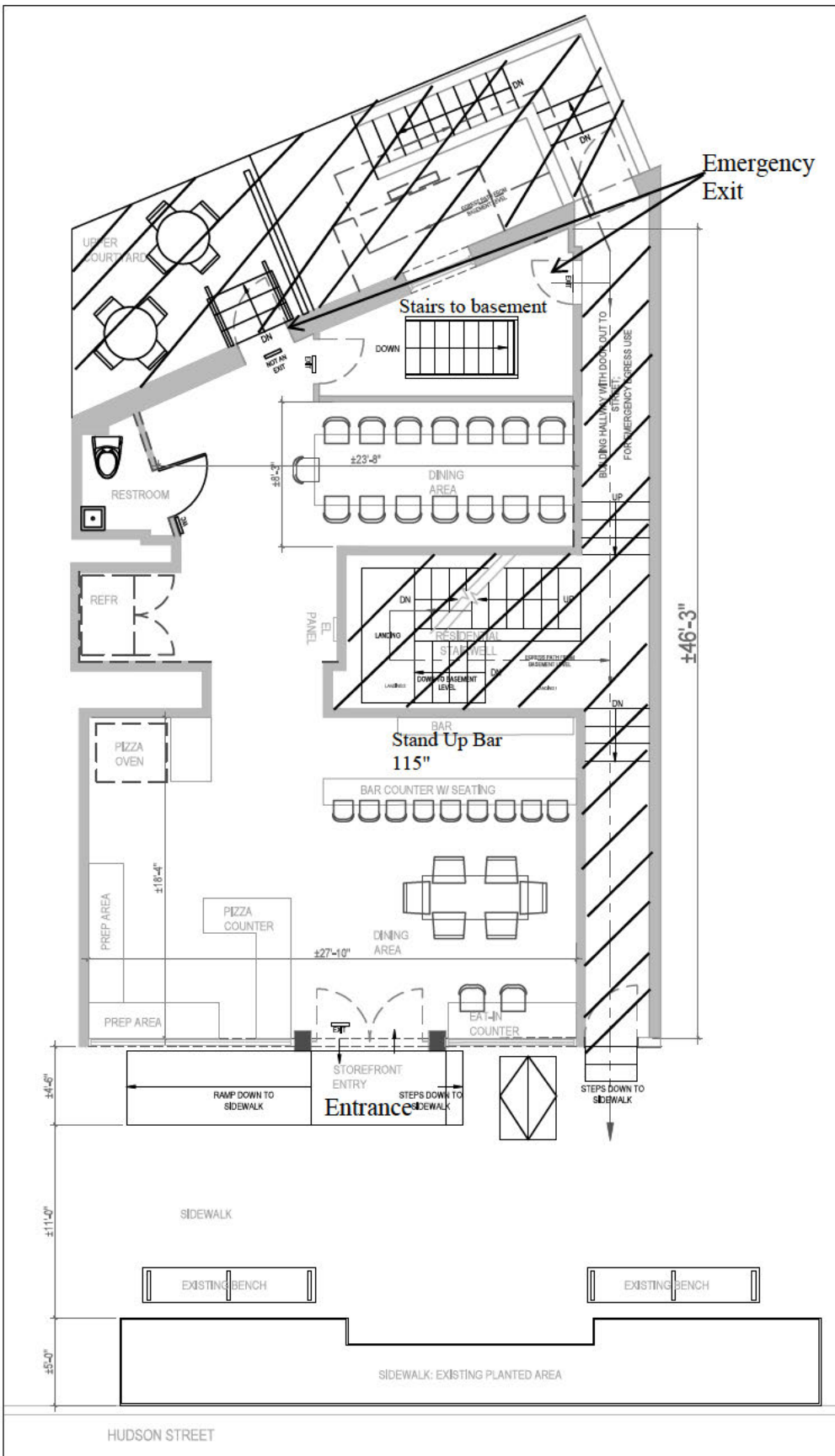
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.





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

Ground Floor:
 2 tables, 21 seats
 1 counter stools
 1 stand-up bar, 9 bar stools



225 HUDSON STREET
 NEW YORK, NY 10013

GROUND FLOOR LAYOUT

DATE:

2/9/2023

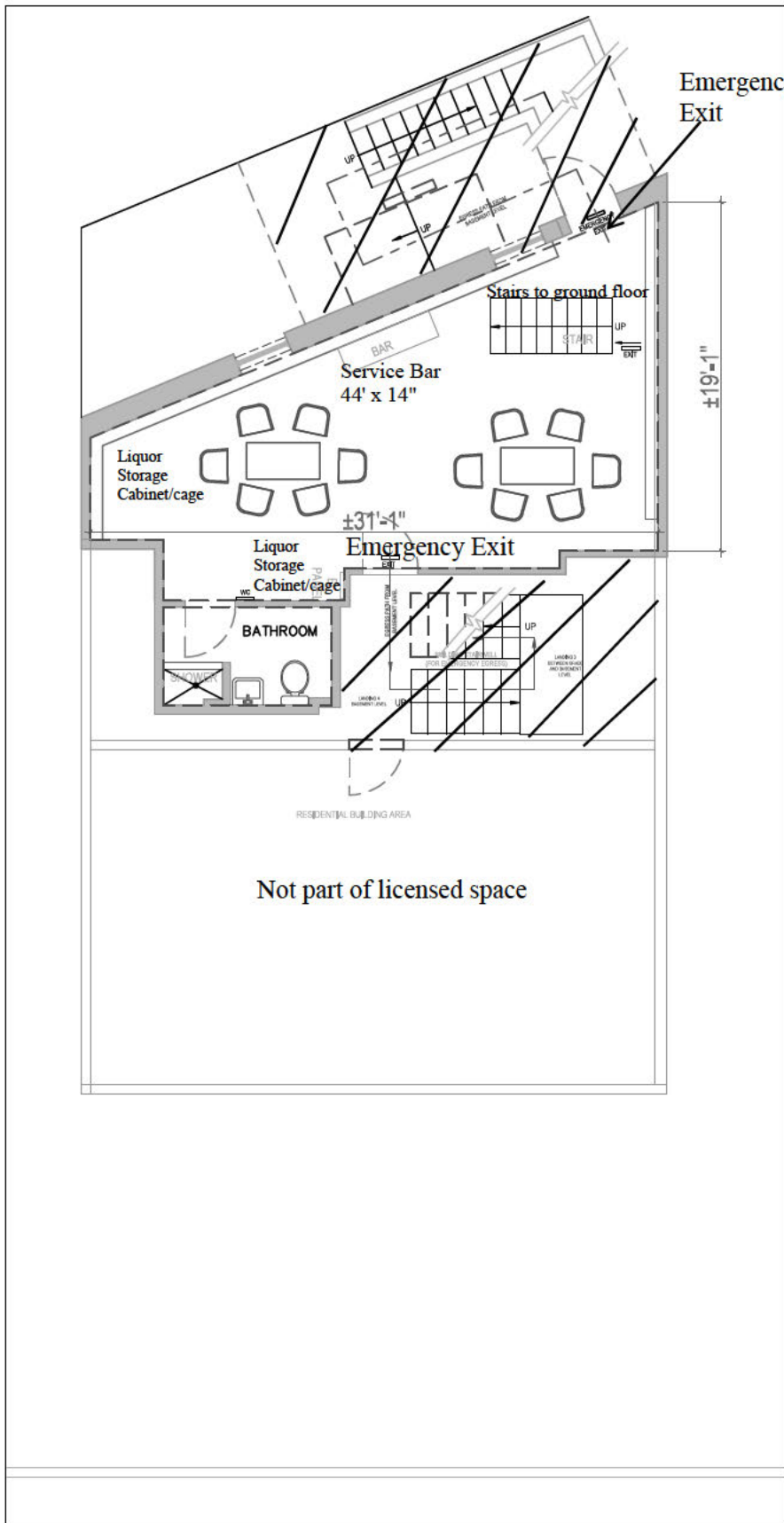
REV 3-24-23

REV 12-19-23

LAY-101.0

FLOOR PLANS: LAYOUTS

01 GROUND FLOOR LAYOUT



225Pizza LLC
 Basement:
 2 tables, 12 seats
 1 Service Bar

225 HUDSON STREET
 NEW YORK, NY 10013

GROUND FLOOR LAYOUT &
 BASEMENT LAYOUT

DATE:

2/9/2023

REV 3-24-23

REV 12-19-23

LAY-102.0

FLOOR PLANS: LAYOUTS

02 BASEMENT LAYOUT

FOR MORE
INFO REGARDING

PRIVATE
EVENTS
OFFSITE
CATERING
SPECIAL
REQUESTS

PLEASE REACH OUT TO
INFO@LTDPIZZA.COM

WE
CAN
ACCOMMODATE
MOST
SPECIAL
REQUESTS
SO
NEVER
HESITATE
TO
ASK!!

WELCOME TO A NEW TYPE OF PIZZA CONCEPT

LTD PIZZA IS A NEW YORK STYLE
PIZZERIA & SLICE SHOP SERVING
BOTH THE CLASSICS AND MORE
MODERN CULINARY HITS.

LTD has a menu with much more than just pizza,
however the slice will be elevated and take center
stage with numerous combinations available from
our "Pizza Toppings" section.

In addition to our delicious pizza and food menu,
we will be offering craft beers and a sommelier's
selection of wine in a unique space to be utilized for
intimate nights out, private events or small gatherings.

LTD

PIZZA • BAR

225 HUDSON ST.

LTDPIZZA.COM 212.419.1618

@LTDPIZZA

FOR INFO ON PRIVATE PARTIES

RESERVATIONS
PLEASE CALL US AT 212.419.1618

© 2014 LTD PIZZA
ALL RIGHTS RESERVED

OUR MOZZARELLA IS MADE
FRESH IN-HOUSE EVERYDAY

SANDWICHES & SALADS

ADD ROASTED CHICKEN TO ANY SALAD +5

CLASSIC CAPRESE / 12

Housemade Fior di Latte Mozzarella, Tomato, Basil, Balsamic, Extra Virgin

HOUSE CAESAR / 14

Housemade Croutons, Parm

GREEN SALAD / 15

Tomato, Cucumber, Onion, Vinaigrette

CHOPPED ITALIAN / 16

Radicchio, Gem, White Beans, Chick Peas, Onion, Tomato, Olive

PANZANELLA / 15

Peasant Bread, Tomato, Basil, Vinaigrette

CAPRESE SANDWICH / 12

Fresh Mozzarella, Roasted Tomato, Basil, Pesto, Extra Virgin, on Housemade Focaccia

SPICY SALAMI SANDWICH / 14

Soppressata, Spicy Salami, Calabrian Chili, Long Hots, Red Onion, Fresh Mozzarella, Arugula, Roasted Tomato, Balsamic, on Housemade Focaccia

PROSCIUTTO SANDWICH / 15

18 Month Prosciutto, Fresh Mozzarella, Arugula, Roasted Tomato, Balsamic, on Housemade Focaccia

MORTADELLA SANDWICH / 15

Mortadella, Stracciatella, Pistachio Spread, Chopped Pistachio, Basil, on Housemade Focaccia

SIDES

GARLIC KNOTS 2 PIECES 3

PEPPERONI & HOT HONEY ROLLS 2 PIECES 6

DESSERTS

ALL DESSERTS ARE MADE IN-HOUSE

OLIVE OIL CAKE / 6

TIRAMISU / 7

HOUSEMADE COOKIES / 3

CHEESECAKE / 7

Add Italian Cherries +1

GELATO 4 / 6

PIZZA

OUR DOUGH IS MADE USING A SIGNATURE BLEND
OF IMPORTED AND LOCAL ARTISANAL FLOURS

	SLICE / PIE
CHEESE Mozzarella, Parmigiano, Tomato, Basil	4 / 25
PEPPERONI Mozzarella, Parmigiano, Tomato, Pepperoni Cups	5 / 28
MIKE'S WHITE 4 Cheeses, Lemon, Oregano	4 / 25
TRUFFLE CACIO E PEPE Fontina, Asiago, Pecorino, House Truffle Spread, Saba, Cracked Pepper	7 / 38
MARGHERITA Fior di Latte Mozzarella, Parmigiano, Tomato, Basil	5 / 28
PORK STORE Soppressata, Prosciutto, Spicy Salami, Mozzarella, Parmigiano, Tomato	6 / 32
ARRABBIATA Long Hots, Calabrian Chili, Vidalia Onion, Mozzarella, Parmigiano, Tomato	5 / 28
VEGAN Vegan Mozzarella, Tomato, Basil	4 / 25
PROSCIUTTO & ARUGULA Tomato, Mozzarella, Prosciutto, Arugula, Parmigiano, Saba	7 / 38
SAUSAGE & BROCCOLI Tomato, Mozzarella, Sweet Italian Sausage, Roasted Broccoli, Chili Flake, Pecorino	6 / 32
VODKA & PESTO House Vodka Sauce, Tomato, Sliced Mozzarella, Parm, Pesto	6 / 32
LTD EDITION Our Signature Pizza, Pepperoni Cups with Stracciatella and Hot Honey added on top	8 / 44
GLUTEN FREE SICILIAN STYLE (Please allow 30 min prep time for whole pies)	6 / 36

SQUARES

OUR SIGNATURE STYLE

CHURCH PIE House Tomato, Extra Virgin	4 / 27
CHEESE Mozzarella on Bottom, House Tomato, Parmigiano Reggiano	5 / 28
VODKA PESTO Mozzarella on Bottom, House Vodka Sauce, Pesto, Parmigiano Reggiano	6 / 34
CLASSIC SICILIAN SLICES	
CHEESE Mozzarella on Bottom, House Tomato, Parmigiano Reggiano	5 / 28
VODKA DOUBLE RONI Double Pepperoni, House Vodka Sauce, Parmigiano Reggiano	8 / 44

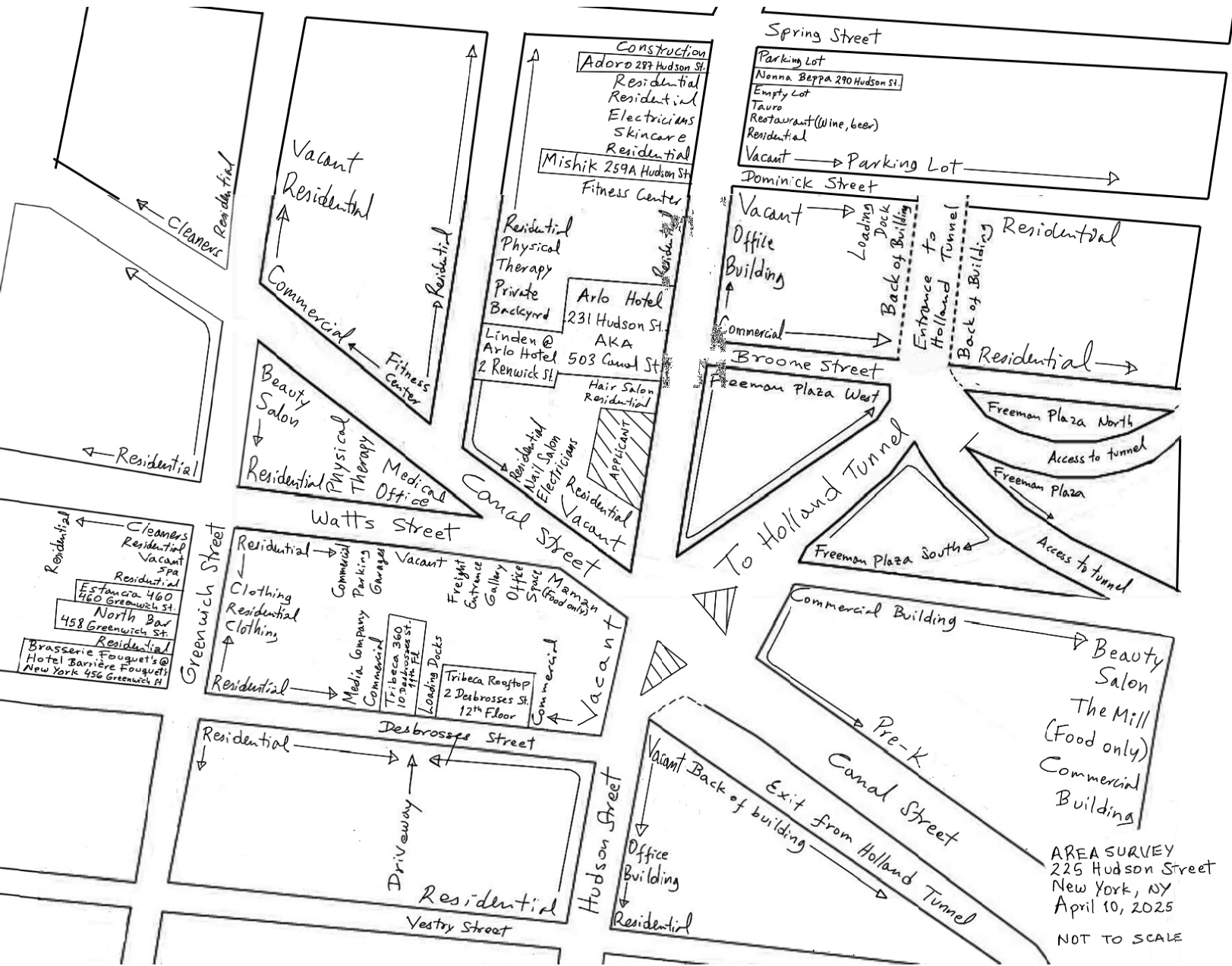
PIZZA TOPPINGS

	SLICE / PIE
ITALIAN LONG HOTS	1 / 6
HOT HONEY	1 / 6
STRACCIATELLA	2 / 10
SAN DANIELE PROSCIUTTO	3 / 12
IMPORTED ANCHOVIES	2 / 10
MUSHROOM	1 / 6
PESTO	1 / 6
ARUGULA	1 / 6
VEGGIE SUPREME	2 / 10
FIRE IT UP Everything Spicy	2 / 10

COFFEE & DRINKS

DRIP COFFEE / 3
LATTE / 4.5
CAPPUCCINO / 4.5
ESPRESSO single 3 / double 5
STILL WATER Acqua Panna / 3
SPARKLING WATER San Pellegrino / 3
CAN SODA Coke, Zero, Diet, Sprite, Fanta / 3
IMPORTED Mexican Coke, Sicilian Blood Orange / 4
BOYLAN'S Root Beer, Black Cherry / 4
ASK ABOUT OUR SELECTION OF WINE, BEER AND SPRITZ COCKTAILS

Please alert us of any allergies when placing your order



AREA SURVEY
 225 Hudson Street
 New York, NY
 April 10, 2025
 NOT TO SCALE

Landess-Simon, Inc.

Legal & Commercial Photography

45 Lawlins Park
Wyckoff, NJ 07481
Phone: (917) 975-5218
E-mail: landess@att.net
landessphotographers.com

Re: 225 Hudson Street

1. Nonna Beppa - 290 Hudson Street - (486')
2. Adoro - 287 Hudson Street - (497')
3. Mishik - 259A Hudson Street - (295')
4. Linden @ Arlo Hotel - 231 Hudson Street AKA 503 Canal Street & 2 Renwick Street - (87')
5. Tribeca Rooftop - 2 Desbrosses Street 12th Floor - (470')
6. Tribeca 360 - 10 Desbrosses Street - (350')
7. Brasserie Fouquet's - 456 Greenwich Street - (498')
8. North Bar - 458 Greenwich Street - (490')
9. Estancia 460 - 460 Greenwich Street - (479')

Schools & Churches

No schools and churches within 500' area.

Spring Street

Construction

Adoro 287 Hudson St.

Residential

Residential

Electricians

Skincare

Residential

Mishik 259A Hudson St.

Fitness Center



Residential

Linden @ Arlo Hotel
231 Hudson St. AKA
503 Canal St., 2 Penwick St.

Hair Salon

Residential

APPLICANT

Residential

Vacant

Canal Street

BLOCK PLOT
225 Hudson Street
New York, NY
April 10, 2025

Hudson Street

NOT TO SCALE

Spring Street

Parking Lot

Nonna Beppa 290 Hudson St.

Empty Lot

Tauro Restaurant
(wine, beer)

Residential

Vacant

Dominick Street

Vacant

Office

Building



Commercial

Broome Street

Freeman

Plaza

West

Canal Street





OFFICE USE ONLY

Original Amended Date _____

LICENSE 29

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.

1. APPLICANT

Name of Applicant: 225Pizza LLC
(e.g., Sole Proprietor, Partnership, Corporation, LLC, LLP, LP, etc.)

Trade Name(DBA): (see instructions) ** must be provided if premises will be called by any name other than as listed in the "Name of Applicant" LTD Pizza

Premises Street Address: 225 Hudson Street

City: New York, NY Zip Code: 10013

County: New York Telephone Number of Premises (include area code): [REDACTED]

Mailing Address (if different than above):

City: State: Zip Code:

E-mail address (required): [REDACTED]

Business Website:

2. CONTACT (if different than applicant)

Name of Contact: Donald M. Bernstein Attorney Representative Contact Person

Office Address: c/o Bernstein Redo & Savitsky P.C.; 1177 Avenue of the Americas, 5th floor

City: New York State: New York Zip Code: 10036

Telephone Number of Office (include area code): [REDACTED]

E-mail address (required): [REDACTED]

3. For SEASONAL licenses only (select license date range): N/A to: N/A

4. Number of ADDITIONAL BARS (if any): None

5. Which season will the add bars operate: N/A

6. Federal Tax ID Number:

7. Certificate of Authority to Collect NYS Sales Tax:

[OFFICE USE ONLY]

DATE FILED: SERIAL #:

Approved Disapproved

License Board Member Date

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

8. TO BE FILLED IN ONLY BY SOLE PROPRIETOR OR PARTNERS (attach additional sheets if necessary)

Name of Individual/Partner	Residence	Social Security #:	Date of Birth
Name of Individual/Partner	Residence	Social Security #:	Date of Birth
Name of Individual/Partner	Residence	Social Security #:	Date of Birth
Name of Individual/Partner	Residence	Social Security #:	Date of Birth

9. TO BE FILLED IN ONLY BY CORPORATION OR LLC/LLP APPLICANTS (attach additional sheets if necessary)

Please list the names and addresses of Principals (Stockholders, Officers, Directors, LLC Members/Managers, LLP Partners)

Name of Principal	Residence	Social Security #:
John Villa		
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
Member		
Name of Principal	Residence	Social Security #:
Michael D'Armi		
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
Member		
Name of Principal	Residence	Social Security #:
Dennis Arakelian		
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
Member		
Name of Principal	Residence	Social Security #:
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth

Note:

Continued on following page

***If 10 or less shareholders,** list all stockholders, officers, directors, LLC members and LLC managers, if any. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for all.

***If more than 10 shareholders,** list all shareholders owning 10% or more of any class of its shares. Also, include any officers, directors, shareholders, LLC members, LLC managers and trustees. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for those individuals. Provide a listing of all other shareholders owning less than 10% interest. Include their name, home address, social security number, date of birth, shares or percentage of ownership, title, citizenship and any statutory disqualifications.

***Not-For-Profit Corporations,** list all principal officers and any director/trustee who is compensated on the license. Trustees/ Directors who are not compensated do not need to submit a Personal Questionnaire or fingerprints. However, the applicant must submit a list with the name and address of each such individual along with a statement that each such individual is eligible to hold a license. Applicants that have filed for a Club License only need to list a single individual as the Alcoholic Beverage Control Officer.

RIGHT TO PREMISES

1. RIGHT TO PREMISES

1a. By what right does the applicant have possession of the premises?

- Own
 Lease
 Sub-Lease
 Binding contract to acquire real property
 Written intent to lease
 Other (explain):

If leasing, the lease must run for the full term of the license period or at least be renewable to cover the full term. Month to month leases or month to month renewal terms are not acceptable. The tenant name on the lease must match the applicant name exactly.

1b. Do the terms of the lease or other arrangement require the applicant to provide any consideration based on a percentage of the receipts of the business? Yes No

If YES, please list the section/page of the lease this information can be found:

2. OTHER INTERESTED PARTIES

Does or will anyone other than the applicant/principals share on a percentage basis or in any way in the receipts, losses or deficiencies of the business to any extent whatsoever?

- Yes No

If YES, please state the names and addresses of such persons, the nature and percent of their share and date acquired.

Name	Address	Nature of interest	Date Acquired
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OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

LANDLORD IDENTIFICATION INFORMATION

In order to obtain the most accurate information this form should be completed by the Landlord. This form must be completed and submitted regardless of whether the property owner is a third party landlord or the applicant.

1. Name of Landlord (as it appears on lease and deed):

Ponte Equities, Inc.

2. Landlord Mailing Address

Street Address:

60 Vestry Street

City:

New York

 State:

NY

 Zip Code:

10013

3. Telephone Number of Landlord:

[REDACTED]

4. Landlord Principals (ALL landlord principals must be disclosed below)

Name	Address (if different than Landlord's mailing address above)
See attached list	

Name	Address (if different than Landlord's mailing address above)

Name	Address (if different than Landlord's mailing address above)

Name	Address (if different than Landlord's mailing address above)

5. Are any persons listed on this Landlord Identification Form currently or previously licensed under the ABC Law? Yes No

Serial Number	Licensee Name

Serial Number	Licensee Name

Serial Number	Licensee Name

6. Are any persons listed on this form police officers? Yes No

If yes, list names below:

Name

Name

7. List number of years real property has been owned or legally controlled by the landlord:

32 years

4. Landlord Principals

The Vincent M. Ponte Trust u/a Frank Ponte 2003 Family Trust;
The Vincent J. Ponte Trust u/a Angelo Ponte 2003 Family Trust;
The Alphonse J. Ponte Trust u/a Angelo Ponte 2003 Family Trust;
The Vincent F. Ponte Trust u/a Joseph Ponte 2003 Family Trust;
The Anthony D. Ponte Trust u/a Anthony F. Ponte 2003 Family Trust;
The Margaret Ponte McMahon Trust u/a Frank Ponte 2003 Family Trust;
The Margaret Ponte Florio Family Trust u/a Anthony F. Ponte 2003 Family Trust;
The Danielle Colazzo Trust u/a/ Joseph Ponte 2003 Family Trust;
The Nicholas Colazzo Trust u/a/ Joseph Ponte 2003 Family Trust;

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

500 FOOT LAW STATEMENT

Applicants for on premises liquor licenses must complete this section (Not required for on premises beer or wine applicants)

If the location is subject to the 500 Foot Law, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-b, 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within a 500 foot radius of three or more on premises liquor establishments and the population of the municipality is 20,000 or more. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

The Proposed Premises (*check the appropriate box below*):

- IS NOT WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.
- IS WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500 FOOT RADIUS, *UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.*)
- NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.
- NOT APPLICABLE - POPULATION OF CITY, TOWN OR VILLAGE IS UNDER 20,000
- NOT APPLICABLE - BEER, WINE AND CIDER ONLY

IMPORTANT:

YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS LOCATED WITHIN A 500 FOOT RADIUS OF THE PROPOSED PREMISES

For assistance, use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If a premises is within a 500 foot radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must **ATTACH A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.

OFFICE USE ONLY <input type="radio"/> Original <input type="radio"/> Amended Date
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STATEMENT OF AREA PLAN

200 Foot Law

THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE

1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH or PLACE OF WORSHIP WITHIN 300 FEET

2. Is the premises within 200 feet of **ANY SCHOOL, CHURCH or PLACE OF WORSHIP?**
 (exclusive use as a church or place of worship will be determined by this agency)
 (please respond "YES" if ANY school, church or place of worship is within 200 feet)

Yes No

3. Submit a BLOCK PLOT DIAGRAM (aerial view of the building, with nearby businesses and residences labeled) showing the location of any school, church or place of worship (8-1/2" x 11")

Indicate the distance in feet from the entrance of the proposed premises to the closest entrance of any school, church or place of worship.

Attach additional sheets if necessary.

ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN

1. Name of church/school:	
Address:	
Distance:	
2. Name of church/school:	
Address:	
Distance:	
3. Name of church/school:	
Address:	
Distance:	

For assistance use the "GIS MAPS - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If applying for a full liquor license (beer, wine and liquor) and the premises is within 200 feet of a school, church or place of worship, the application may be denied.

If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.

1. Zoning

1a. State what the area is zoned for:
(e.g., Residential, Business, Mixed etc.)

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits? Yes No Pending

* Letter of No Objection

2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address? Yes No

If YES, please specify:

If the address was changed due to a 911 update or other government action, please include documentation for the change.

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?
 Currently Licensed Previously Licensed Never Licensed Do Not Know

Name of Licensee: License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

Yes No Do Not Know

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed? Yes No

Name of Licensee: License Serial Number:

3. Premises (interior):

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?
If yes, show the means of access on the interior diagram(s). Yes No
Emergency Egress only

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?
(e.g., hallway, stairwells, common areas, etc.) Yes No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises: 3h. Number of tables?

3i. Number of seats at tables? 3j. Number of seats at bar or counter?

4. Bars:

*9 bar stools, 2 counter seats

4a. How many customer bars are located on the premises?
(a customer bar is where patrons may order, purchase or receive alcoholic beverages)

4b. How many service bars? (a service bar is for wait staff use exclusively)

4c. Describe each bar in the fields below:

Bar 1	Bar 2	Bar 3
Bar Type: <input style="width: 180px;" type="text" value="Costumer Bar"/>	Bar Type: <input style="width: 180px;" type="text" value="Service Bar"/>	Bar Type: <input style="width: 180px;" type="text"/>
Length: <input style="width: 180px;" type="text" value="115'"/>	Length: <input style="width: 180px;" type="text" value="48' x14"/>	Length: <input style="width: 180px;" type="text"/>
Shape: <input style="width: 180px;" type="text" value="Straight"/>	Shape: <input style="width: 180px;" type="text" value="Square/Rectangular"/>	Shape: <input style="width: 180px;" type="text"/>
Location: <input style="width: 180px;" type="text" value="Ground"/>	Location: <input style="width: 180px;" type="text" value="Basement"/>	Location: <input style="width: 180px;" type="text"/>

Attach additional sheets if there are more than 3 bars.

5. Kitchen:

5a. Does the premises have a full kitchen? Yes No

If NO, does the premises have a food preparation area? Yes No

Show Kitchen or Food Prep Area on the Interior Diagram

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU

5b. Is a chef/cook employed at the premises? Yes No

If YES, please list hours of day chef/cook will devote to the premises:

All hours of operation

6. Hotel or Bed & Breakfast:

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises? Yes No

7. Outdoor Areas:

7a. Are there any outside areas used for the sale or consumption of alcohol? Yes No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:
 (there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

- | | | | | |
|---|-------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Sidewalk Cafe | <input type="checkbox"/> Deck | <input type="checkbox"/> Patio | <input type="checkbox"/> Porch | <input type="checkbox"/> Gazebo |
| <input type="checkbox"/> Rooftop | <input type="checkbox"/> Yard | <input type="checkbox"/> Balcony | <input type="checkbox"/> Pavilion | <input type="checkbox"/> Tent |
| <input type="checkbox"/> Other (describe): <input style="width: 650px; height: 20px;" type="text"/> | | | | |

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? Yes No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- | | | | | |
|---|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Wall | <input type="checkbox"/> Shrubbery | <input type="checkbox"/> Roping | <input type="checkbox"/> Stanchions |
| <input type="checkbox"/> Other (describe): <input style="width: 650px; height: 20px;" type="text"/> | | | | |

7f. Is a permit required by the locality for outside area(s)? Yes No
 If yes, submit a copy of the permit.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

PROPOSED METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises? Yes No
(If YES, please provide details on a separate sheet)

1a. If the premises *is not* a catering establishment, will the premises periodically close to host private events? Yes No

If YES, how frequently? Approximately 1-2 per month

2. Will the premises have music? Yes No

2a. If YES, check all that apply: Recorded DJ Juke Box Karaoke

Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):

2b. Will the premises use the services of an Event Promoter? Yes No

3. Will the premises permit dancing? Yes No

3a. If dancing is permitted, who will be permitted to dance? Patrons Employees for Entertainment Both

3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No

4. Will there be topless entertainment? Yes No

5. Will the business employ a manager? Yes No

5a. If NO, will principal(s) manage? Yes No

6. How many employees? (excluding principals and security personnel) 8-15

6a. If answer is "0" please provide an explanation:

OFFICE USE ONLY <input type="radio"/> Original <input type="radio"/> Amended Date

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions). If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:

Disability Insurance Carrier Name and Policy Number:

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996

8. Will security personnel be used at the premises? Yes No

9a. If YES, how many?

9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

The Licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

The venue will serve as a full service restaurant and all employees engaged in the sale or service of alcoholic beverages will be trained and instructed to check the identification of any customer seeking to order a beverage and appearing to be under thirty years of age. In addition, there will be an on site manager or supervisor to oversee all sales. The staff on duty will monitor the premises for potentially intoxicated persons and to ensure that no alcoholic beverages are carried off the premises, unless otherwise permitted by law to do so, and that no visibly intoxicated persons are served. We are not intending to function as a bar for patrons to come and drink only, just for people to be able to order a beverage with their food.

10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

Yes No

10a. If NO, please explain:

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link:
<http://sla.ny.gov/provisions-for-county-closing-hours>

Emily Jedda

From: Emily Jedda
Sent: Thursday, April 24, 2025 10:16 AM
To: Donald Bernstein
Cc: John Villa
Subject: Notice to Our Neighbors- 225 Hudson Street

We are reaching out to let you know that our client, 225Pizza LLC d/b/a LTD Pizza, which currently has a restaurant wine license is applying to the New York State Liquor Authority for a class change application to upgrade to full liquor. The premises is located at 225 Hudson Street between Canal Street and Renwick Street and has been open and operating with beer, wine and cider since July 2024.

LTD Pizza is an upscale pizzeria and slice shop with small plates. The hours of operation are 11am-2am daily with background recorded music only. The premises initially had a licensed courtyard but that is being removed from the licensed premises with this application. The maximum occupancy of the premises is limited to 74.

The application for a class change is scheduled to be heard at the May 2025 Community Board No. 2 SLA Committee meeting.

If you have any questions or would like any additional information about LTD Pizza, please contact Donald Bernstein at Donald@brpclaw.com and John Villa at johnvilla@me.com

Thank you,

Emily R. Jedda | Licensing Specialist
BERNSTEIN REDO & SAVITSKY PC
1177 Avenue of the Americas, 5th floor
New York, NY 10036

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This transmittal is intended only for the use of the individual or entity to which it is addressed and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If the reader of this transmittal is not the intended recipient or the employee or agent responsible for delivering the transmittal to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately. Thank you.

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