

Meeting Date: MARCH 2026

APPLICANT INFORMATION:

Name of applicant(s): LEVANTO LLC

Trade name (DBA): LEVANTO

Premises address: 148 GRAND ST NEW YORK NY 10013

Cross Streets and other addresses used for building/premise:

CONTACT INFORMATION:

Principal(s) Name(s): JACOPO BORGALLI

Office or Home Address: [REDACTED]

City, State, Zip: NEW YORK NY 10023

Telephone # [REDACTED]

email: [REDACTED]

Landlord Name / Contact: 147-149 GRAND STREET OWNER LLC

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

JACOPO BORGALLI

N/A

NICCOLO' CURRARINO

N/A

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

UPSCALE ITALIAN TRATTORIA

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.)

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

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: 4 Year Built : 1920

Describe neighboring buildings: LOW RISE MIXED COMMERCIAL / RESIDENTIAL BLDGS

Zoning Designation: M1-5B

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 233 / LOT 15

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? TBD

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? TBD

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? 2,450

If more than one floor, please specify square footage by floors: 1,450 first floor 1,000 basement

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? 1 How many bathrooms? 1

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

OVERALL SEATING INFORMATION:

Total number of tables? 20 Total table seats? 45

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: 49

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?

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

12pm to 10pm 11.30 to 10pm 1130 to 10pm 11.30 to 10pm 1130 to 10pm 1130 to 10.30pm 1130 to 10.30pm

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? _____

Please describe your sound system and sound proofing: _____

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 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: Jaopo BORGACCI Phone: _____

Address: _____

Email: _____

Application submitted on behalf of the applicant by:

Jaopo Borgacci
Signature

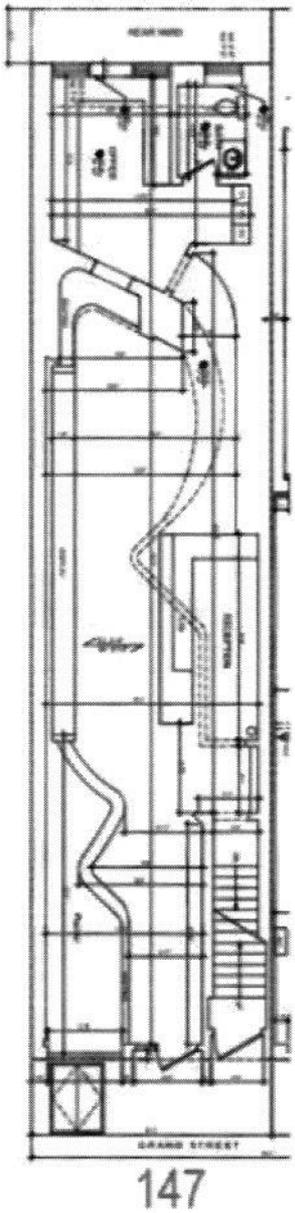
Print or Type Name _____

Title _____

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.



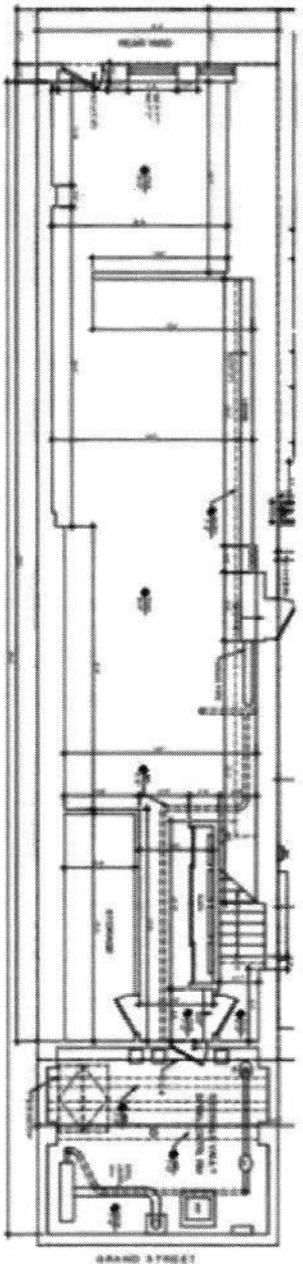
Community Board 2,
Manhattan SLA Licensing
Committee Donna Raftery, Chair



147 Grand St
1st Floor
RETAIL



1



147 Grand St
1st Floor
RETAIL



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RETAIL 1
149 GRAND ST

THE CITY OF NEW YORK DEPARTMENT OF BUILDINGS 160 W. 100th St. NEW YORK, NY 10018 (212) 312-3123 www.dobos.cityofny.gov	XC-1
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MENU LEVANTO

TERRA DI MEZZO (FOR SHARING)

GATAFIN

Fried ravioli stuffed with stewed herbs, served with aioli sauce

FOCACCIA DI RECCO

Thin focaccia filled with soft cheese

FARINATA PANCAKE

Savory chickpea flour pancakes with stracchino cheese and black truffle

AVOTOZZO

Small sandwich filled with guacamole and tomato

APPETIZER

POLPETTE

Veal meatballs slowly cooked in tomato sauce

BURRATA E PROSCIUTTO

24-month Parma ham, burrata, and cherry tomatoes

BACCALA MANTECATO

Creamy cod and potatoes on crispy bread wafers

PIZZA SOUFFLE

Bowl of tomato sauce and mozzarella baked in the oven, covered with pizza dough

BATTUTA E MIDOLLO

Veal tartare served with its marrow

UOVO MORBIDO TARTUFO E PARMIGIANO

Poached egg with parmesan sauce and black truffle

PASTA

PANSOTTI IN SALSA DI NOCI () /

mezzelune ravioli stuffed with herbs, served with walnut sauce

RISOTTO CAVOUR

Creamy risotto with cheese fondue and veal demi-glace

RAVIOLI AL RAGU ()

Herb-stuffed ravioli with slow-cooked veal ragù

CORZETTI AL LIMONE ()

Pasta discs sautéed in a lemon and butter sauce

SPAGHETTO SULLO SCOGLIO () () ()

Spaghetti with seafood and cherry tomato sauce

GNOCCHI AL PESTO ()

Potato gnocchi with basil and pine nut sauce

PENNE ALLA LEVANTESE () /

Penne with pesto sauce and creamy cherry tomato sauce

MAIN COURSE

COTOLETTA ALLA VALDOSTANA

Breaded veal cutlet fried with mozzarella and cooked ham

PESCATO DEL GIORNO ALLA LIGURE () /

Fish of the day baked with potatoes, cherry tomatoes, olives, and pine nuts

BISTECCA E VERDURE –

Ribeye cooked on a plank, served with seasonal vegetables

TONNO SICILIA ()

Fried tuna fillet with tomato, capers, and onions

POLLO ALLA LIGURE () /

Chicken cooked in its sauce with pine nuts and Taggiasca olives

ZUPPA DI PESCE () () ()

Mixed seafood soup served with toasted bread

DESSERTS

PANNA COTTA

Cooked cream with pistacchio sauce

TIRAMISU'

A classic Italian dessert made with layers of coffee-soaked ladyfingers, creamy mascarpone cheese

GELATO & FRIENDS

Vanilla gelato made at the moment which can be finished with various toppings and nuts to your taste

"Please inform our staff of any food allergies or intolerances. We will be happy to offer variations to our dishes to accommodate your needs; however, as we do not have dedicated preparation areas, we cannot guarantee the absence of cross-contamination."

list of allergens

-  = Gluten
-  = Dairy
-  = Eggs
-  = Tree nuts
-  = Fish
-  = Shellfish
-  = Soy