

Manhattan Community Board 4

Liquor License/Sidewalk Cafe Stipulations Application

(All Fields Must Be Completed)

| | | | |
|---|--|---|---|
| CORPORATION NAME | | DOING BUSINESS AS (DBA) | |
| VIA TOSCANA LLC | | | |
| STREET ADDRESS | | CROSS STREETS | ZIP CODE |
| 344 W 52ND ST., NEW YORK, NY | | 8TH AND 9TH AVENUES | 10019 |
| OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i> | NAME: | ANDREAD DELLA PINA | NAME: John Springer |
| | PHONE: | 646-270-6179 | PHONE: 631-331-3334 |
| | EMAIL: | andrea.chef@yahoo.com | EMAIL: john@nybarguy.com |
| MANAGER | NAME: | | NAME: 344-52 Realty LLC |
| | PHONE: | | PHONE: |
| | EMAIL: | | EMAIL: |
| APPLICATION TYPE (<u>OP/252</u> <i>Liquor License</i> _____ <i>Unenclosed Sidewalk Cafe</i>) | | | |
| <input checked="" type="checkbox"/> New | Has applicant owned or managed a similar business? | | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| | What is/was the name and address of establishment? | | Patrizia's Williasburg, 35 Broadway, BK |
| | What were the dates applicant was involved with this former premise? | | 2015-present as manager |
| <input type="checkbox"/> Corp Change/Class Change/Removal | What is the license # and expiration date? | | |
| | Is applicant making any alterations or operational changes? | | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| | If alterations or operational changes are being made, please describe/list all changes. | | |
| <input type="checkbox"/> Alteration | What is the current license # and expiration date? | | |
| | Please list/describe the nature of all the changes and attach the plans: | | |
| METHOD OF OPERATION | | | |
| TYPE OF ALCOHOL | <input checked="" type="checkbox"/> Liquor/Wine/Beer & Cider <input type="checkbox"/> Beer & Cider <input type="checkbox"/> Wine/Beer & Cider | | |
| ESTABLISHMENT TYPE | <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Club (Fraternal Organization – Members Only) | | |
| Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file? | | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement. | | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule. | | <input type="checkbox"/> YES | <input checked="" type="checkbox"/> NO |
| Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments? | | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)

| HOURS* <i>(Indoor Only)</i> | | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|---|-----------|--|---------|------------|----------|----------|----------|--------|
| | Operation | 12p-2a | 12p-2a | 12p-2a | 12p-2a | 12p-2a | 12p-2a | 12p-2a |
| | Kitchen | 12p-2a | 12p-2a | 12p-2a | 12p-2a | 12p-2a | 12p-2a | 12p-2a |
| | Music | 12p-2a | 12p-2a | 12p-2a | 12p-2a | 12p-2a | 12p-2a | v |
| If you plan to have music, what type(s)? (Circle all that apply) | | BACKGROUND <input checked="" type="checkbox"/> | | LIVE MUSIC | DJ | JUKE BOX | KARAOKE | |

OCCUPANCY

| | Capacity (Certificate of Occupancy) | Maximum # of Persons Occupying Premises (Including Employees) | Number of Tables | Number of Seats | Number of Service Only Bars | Number of Stand-Up Bars | Number of Seats at Stand-Up Bar |
|---|--|---|------------------|-----------------|-----------------------------|-------------------------|---------------------------------|
| INSIDE | 74 | 65 | 12 | 48 | 0 | 1 | 12 |
| OUTSIDE <i>(Other than sidewalk café)</i> | n/a | n/a | n | / | a | n | / a |
| DCA APPROVED UNENCLOSED SIDEWALK CAFÉ | n | / | a | | n/a | | |

| | | |
|--|---|--|
| How many floors are there? What is the capacity for each floor? | ground floor and basement - 74 total | |
| How frequently will the owner(s) be at the establishment? | daily | |
| Will there be dancing? | YES | NO <input checked="" type="checkbox"/> |
| Will applicant have bottle or table service for beverage alcohol? | YES | NO <input checked="" type="checkbox"/> |
| Will applicant be hosting private; promotional or corporate events? | YES <input checked="" type="checkbox"/> | NO (6-8 per year max for family, corporate events) |
| Will outside promoters be used on a regular basis? If yes please describe. | YES | NO <input checked="" type="checkbox"/> |
| Will applicant have a security plan? If, yes please attach. | YES | NO <input checked="" type="checkbox"/> |
| Will security plan be implemented? | YES | NO <input checked="" type="checkbox"/> |
| Will State certified security personnel be used? | YES | NO <input checked="" type="checkbox"/> |
| Will New York Nightlife Association and NYPD Best Practices be followed? | YES <input checked="" type="checkbox"/> | NO |
| Does applicant agree to notify MCB4 prior to making changes to its method of operation? | YES <input checked="" type="checkbox"/> | NO |
| Will applicant be using delivery bicycles? If yes, how many? | YES | NO <input checked="" type="checkbox"/> |
| Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law? | YES | NO n/a |
| Where will delivery bicycles be stored during the day when not in use? | n/a | |

MULTIPLE SPACES/FLOORS CAPACITY BREAKDOWN

| Space/Floor | Description/Use of Space | Capacity | Hours | # of Tables | # of Seats | # of Service Only Bars | # of Stand-Up Bars/Seats at Bar | Music |
|-------------|--------------------------|----------|-------|-------------|------------|------------------------|---------------------------------|-------|
| | n/a | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

LOCATION & ZONING

| | | | |
|---|---|--|---------|
| Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards? | YES <input checked="" type="checkbox"/> | NO | CLINTON |
| Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection? | YES <input checked="" type="checkbox"/> | NO | |
| Is a Public Assembly permit required? | YES | NO <input checked="" type="checkbox"/> | |
| Are your plans filed with DOB? | YES | NO <input checked="" type="checkbox"/> | |

Community Notification/Relations

| | | | |
|--|---|--|--------------|
| NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted | # 1 | ALL CB 4 GROUPS. MET WITH HK49-51 ALLIANCE | |
| | # 2 | | |
| | # 3 | | |
| | # 4 | | |
| | # 5 | | |
| Please provide dates when applicant met with the groups listed above. | 10/27/2022 | | |
| Who was your contact person at each group you met with? | STEVE BELIDA | | |
| When did applicant post the notice that was provided? | 10/27/2022 (REVISED NOTICE POSTED) | | |
| Where did applicant post the notice that was provided? | WINDOWS ON DOOR | | |
| Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided. | YES <input checked="" type="checkbox"/> | NO | 646-270-6179 |
| Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage? | YES <input checked="" type="checkbox"/> | NO | |

| BUILDING DESIGN | | | |
|---|--|--|---|
| State the name and type of business previously located in the space. | MONTBLANC 52 | | |
| Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business. | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | MONTBLANC 52 |
| Do you plan any changes to the existing façade? If yes, please describe. | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | |
| Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | |
| Is the entrance ADA Compliant? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | |
| Do you plan any changes to the existing façade? If yes, please describe. | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | |
| Will applicant have a vestibule within the establishment? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | |
| Will applicant use a storm enclosure? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | |
| Does applicant agree to keep the sidewalk clear of all items or obstructions, such as sandwich boards, sidewalk signs, freestanding menus and plants, as per the law? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | |
| Will applicant comply with the NYC noise code? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | |
| Will the establishment have any of the following: (circle all that apply) | FRENCH DOORS <input checked="" type="checkbox"/> | GARAGE DOORS <input type="checkbox"/> | WINDOWS THAT CAN BE OPENED <input type="checkbox"/> |
| Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | |
| Will applicant close all windows, French doors, garage doors by 11 PM Friday and Saturday and 10 PM on all other days even if no music or amplified sound is played inside the establishment? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | |
| Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | |
| Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | |
| Will the kitchen exhaust system extend to the roof? | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | |
| Will the establishment have an illuminated sign? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | |
| Will the establishment have a canopy extending over the sidewalk? | YES <input type="checkbox"/> | NO <input checked="" type="checkbox"/> | |
| Where will the air conditioner be located? What type is it? | UNKNOWN | | |
| When was the air conditioner installed? | UNKNOWN | | |

| OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ | | | |
|---|-----|----|-----|
| Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy? | YES | NO | N/A |
| Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck, gazebo or open dining in the parking lane? If yes, which one(s)? | YES | NO | N/A |
| Are the floorplans for the outdoor space(s) included? | YES | NO | N/A |
| Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days? | YES | NO | n/a |
| Will the service and consumption of alcohol in any outdoor space only be via seated food service? | YES | NO | N/A |
| Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s) or on the sidewalk? | YES | NO | N/A |
| Will there be no amplified music, as per the law? | YES | NO | N/A |
| If amplified sound is played inside the establishment, will windows and doors be closed? | YES | NO | N/A |
| Will applicant agree to post signs outside asking customers to respect the neighbors'? | YES | NO | N/A |
| Will applicant agree to train staff to encourage a peaceful environment? | YES | NO | N/A |
| Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments) | YES | NO | N/A |
| Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors? | YES | NO | N/A |
| If open dining in the parking lane, will applicant agree to leave the sidewalk free of any furniture? | YES | NO | N/A |
| If open dining, will you comply with all NYC DOT guidelines? | YES | NO | N/A |
| If open dining, will the installation be year-round? | YES | NO | N/A |

DCA APPROVED UNENCLOSED SIDEWALK CAFÉ

| | | | |
|---|-----|----|-----------------------|
| Has the applicant/owner(s) read MCB4 Sidewalk Café Policy? | YES | NO | N/A |
| Will applicant be applying for a sidewalk café now or in the future? | YES | NO | N/A |
| Is applicant in this application seeking to include a sidewalk café in its liquor license? | YES | NO | N/A |
| If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans. | YES | NO | N/A |
| Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days? | YES | NO | N/A |
| Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service? | YES | NO | N/A |
| Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe? | YES | NO | N/A |
| Will applicant mark the perimeter of the café on the sidewalk? | YES | NO | N/A |
| Will the service and consumption of alcohol in the sidewalk café only be via seated food service? | YES | NO | n/a |
| Will the sidewalk café not provide standing space for drinking or smoking? | YES | NO | n/a |
| Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department? | YES | NO | N/A |
| Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors? | YES | NO | n/a |
| Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours? | YES | NO | N/A |
| Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows? | YES | NO | N/A |
| Will applicant use umbrellas? | YES | NO | N/A |
| If construction or construction protection has reduced the sidewalk width, will applicant always maintain an 8 foot clear path of sidewalk between the perimeter of the café and the closest obstruction including construction barricades? | YES | NO | Type text here N/A |
| If open dining is in the parking lane, will applicant agree to remove its sidewalk café? | YES | NO | N/A |

ADDITIONAL STIPULATIONS: (Office Use Only)

- No outdoor space shall be used or occupied by patrons or staff at any time.

To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

ADDITIONAL STIPULATIONS: (Office Use Only), *Continued*

To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

Manhattan Community Board 4 (MCB4) recommends:
 (MCB4's recommendation is based on a vote taken at its
 December 7, 2022 full board meeting, with 43 members voting in favor
 of the recommendation, 0 members opposed, 0 members
 abstaining and 0 present but not eligible)

Denial unless all stipulations agreed to by applicant/owner are part of the method of
 operation

Denial Approval

CB4 REPRESENTATIVES

| | | |
|---|---|---|
|  Nelly Gonzalez <i>CB4 Assistant District Manager</i> |  Frank Holozubiec <i>CB4 BLP Committee Co-Chair</i> |  Burt Lazarin <i>CB4 BLP Committee Co-Chair</i> |
|---|---|---|

APPLICANT AGREEMENT WITH THE COMMUNITY

Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of operation of its liquor license. The stipulations in this application constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 and applicant. These stipulations supersede any oral statements or representations in connection with this application.

| | | | |
|---------------------------|--|--|--------------------------------------|
| <p>SIGN HERE →</p> | <p>ANDREA DELLA PINA</p> <p>PRINT NAME OF APPLICANT</p> | <p><i>Andrea Della Pina</i></p> <p>SIGNATURE OF APPLICANT</p> | <p>11/08/2022</p> <p>DATE</p> |
|---------------------------|--|--|--------------------------------------|

SENT VIA USPS PRIORITY MAIL WITH SIGNATURE REQUESTED

John Springer
PO Box 497
Port Jefferson, NY 11777
(631) 331-3334 | john@nybarguy.com

Nelly Gonzalez
Manhattan Community Board 4
424 W 33rd St., Rm 580
New York, NY 10001

Amended 30-day notice – Via Toscana LLC, 344 W 52nd St., New York, NY 10019

Oct. 27, 2022

Dear Ms. Gonzalez:

I hope this letter finds you well. Based on my client's 10/26 Zoom meeting with the HK 49-53 Block Alliance and because of method of operation errors I made on the original 30 day notice, attach please find an amended 30-day notice for Via Toscana LLC.


The changes are limited to the Method of Operation, which will be as follows:

1. Restaurant (Italian fare)
2. Recorded background music only

NOTE: There will no outside areas, no dancing, no DJ, no Karaoke, no security, no promoters. Applicant is seeking 2 am closing time all days.

Additionally, I have attached a copy of an amended CB 4 BLP meeting notice that will be posted at the premise today reflecting the new November meeting date and the method of operation described above. I will submit photos of the new notice posting with the other CB 4 materials next week.

Respectfully submitted,



John Springer

Rep

Cc: Stephen Belida, 49-53 Block Alliance

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Port Jefferson, NY 11777
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John Springer

Rep

Cc: Stephen Belida, 49-53 Block Alliance



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10/27/2022

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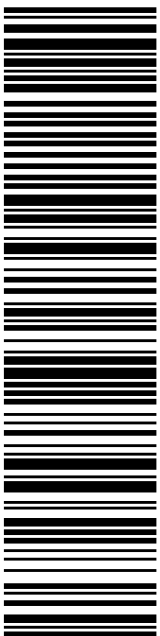
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MAHATTAN COMMUNITY BOARD 4
424 W 33RD ST RM 580
NEW YORK NY 10001-2643

USPS TRACKING #



9405 5036 9930 0381 9647 09

Electronic Rate Approved #038555749



Cut on dotted line.



Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice Sent: 10/27/2022

1a. Delivered by: Overnight Mail, Tracking Number and Pro

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:

New Applciation Removal Class Change

AMENDED

For premises in the City of New York:

New Application New Application and Temporary Retail Permit Renewal Alteration Removal

Class Change Method of Operation Corporate Change

For New and Temporary Retail Permit applicants, answer each question below using all information known to date

For Renewal applicants, answer all questions

For Alteration applicants, attach a complete written description and diagrams depicting the proposed alteration(s)

For Corporate Change applicants, attach a list of the current and proposed corporate principals

For Removal applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation

For Class Change applicants, attach a statement detailing your current license type and your proposed license type

For Method of Operation Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

3. Name of Municipality or Community Board: MANHATTAN COMMUNITY BOARD 4

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name: VIA TOSCANA LLC

6. Trade Name (if any):

7. Street Address of Establishment: 344 W 52ND ST.

8. City, Town or Village: NEW YORK, NY Zip Code: 10019

9. Business Telephone Number of applicant/ Licensee: 6313313334

10. Business E-mail of Applicant/Licensee: JOHN@NYBAGUY.COM

11. Type(s) of alcohol sold or to be sold: Beer & cider Wine, Beer & Cider Liquor, Wine, Beer & Cider

12. Extent of Food Service: Full Food menu; full kitchen run by a chef/cook Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: Restaurant (full kitchen and full menu required)

Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke

14. Method of Operation: Live Music (give details i.e., rock bands, acoustic, jazz, etc.):

Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment

Video/Arcade Games Third Party Promoters Security Personnel

Other (specify):

15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure Sidewalk Cafe Other (specify):



JEFFREY LEFRANCIOS
Chair

JESSE BODINE
District Manager

CITY OF NEW YORK

MANHATTAN COMMUNITY BOARD No. 4

424 W 33rd Street, Suite 580 New York, NY 10001

tel: 212-736-4536

<https://cbmanhattan.cityofnewyork.us/cb4/>

PUBLIC NOTICE

Business Licenses and Permits Committee
will discuss an application submitted by

Via Toscana LLC
344 W 52nd Street

**A New Liquor, Wine, Beer & Cider Application for a
Restaurant Establishment with Record Music**

| | |
|---------------|--|
| DATE: | Tuesday, November 15, 2022 |
| TIME: | 6:30 PM |
| PLACE: | Video/Phone Conference Registration: https://zoom.us/webinar/register/WN_66-6SX3vS_6HVC2bBstV3A |

We invite you to attend this meeting and learn more about this application. Alternately, you may email your comments by 12 p.m. Monday, November 14, 2022 or for more information, please email Assistant District Manager Nelly Gonzalez negonzalez@cb.nyc.gov.

Posted according to the Administrative Code of the City of New York section 10-119. Please do not remove until after the above meeting date.

Scrivi per inserire testo

CHEESE

One 8 Three 22

Gorgonzola

Mozzarella

Parmigiano Reggiano

Pecorino Tartufato

Pecorino Toscano

Piave

Stacchino

Burrata

Caciotta

MEAT

One 7 Three 19

Prosciutto di Parma

San Daniele

Sopressata

Finocchiona

Capicollo

Prosciutto Cotto

Mortadella

Porchetta

Salame

Speak

TAPAS

Meat Ball 12

Grill Eggplant Rollantini. 13

Lobster Ravioli. 16



Focaccia & Contorni

Family Style

Typical Hot Focaccia
Dip Cheese
Mixed Meat
Fried Calamari
Eggplant Marinata
Spicy Sausage
Porchetta Toscana
Arrosticini

55
For Person

PIATTI UNICI

Florentina Steak 55 oz Porterhouse 107
Served with Chimichurri Sauce Roasted Potatoes

Grilled Swordfish 46
Served With Milanese rice

Stracotto al Barolo 45
Served with Asparagus

Lemon Pepper Chicken 38
Server with French Fries

SALAD 12

BRUSCHETTE 12

Goat Cheese - Figs - Chorizo

Mozzarella - Slice Fresh Tomato

Typical

Avocado - Tomato - Smoked Salmon

Butter - Prosciutto di Parma

Cream Artichoke - Tuna

PIZZA AL PADELLINO 15

Margherita

Pepperoni

Mushroom Ham

Gongorzola Ham

Arugula Tomato Prosciutto di Parma

Pesto & Burrata

FOCACCIA BREAD 17

Mozzarella Fresh Tomato Basil

Ham Arugula Mayo Tomato

Porchetta Mozzarella Lettuce

Speak Stracchino Cheese

Mortadella Cream Artichoke

Pesto Burrata Prosciutto di Parma

TAPAS

Gnocchi Pesto 13

Gambas Shrimp and Speak 16

Alici Marinate 14

VIA TOSCANA 16

DRAGON

Peach Schnapps, Lemon, Dragon Fruit, Rum

TIKI SLURP

Strawberry, Pineapple, Peach Schnapps, Vodka

TINI

Captain Morgan Rum, Coconut Rum, Cranberry, Lime, Mango Passion, Vodka

PASSIONED TEQUILLA

Passionfruit, Guava, Lemon, Lime, Tequila

SPICY MARGARITA

Lime, Jalapeno, Agave, Orange, Tequila

GIN BASIL SMASH

Tanqueray Gin, Lemon, Sweet Syrup, Basil, Gin

STRAWBERRY JALAPENO MARGARITA

Strawberry, Jalapeno, Lime, Cointreau, Tequila

FRENCH VANILLA SHOOTER

Chambord, Pineapple, Sweet Syrup, Vodka

SWEET POISON

Captain Morgan Rum, Pineapple, Lemon, Coconut Rum, White Time, Blue Curacao

HONEY FIG MARTINI

Fig, Fig Jam, Lemon, Honey, Vodka

SUNSET

Grapefruit Slice, Lemon, Empress 1908 Gin

PINAPPLE COCONUT MARGARITA

Pineapple, Coconut, Orange, Lime, Tequila

LIMONCELLO SPRITZ

Limoncello, Prosecco, Lemon, Rosemary

CHAMBORD & CHAMPAGNE

Chambord and Champagne

STRAWBERRY SHORTCAKE MARTINI

Barleys, Strawberry cream, Whipped Cream Vodka

MANGO MARTINI

Mango, Lime, Sweet syrup, Triple Sec, Rum Dry

WHITE LYCHEE MARTINI

Dry Vermouth, Lychee, Vodka

CHAMPAGNE BOTTLES

PROSECCO NINO FRANCO 50

PROSECCO CABARET 50

DON PÉRIGNON VINTAGE YEAR-2012 700

MOET & CHANDON IMPERIAL ROSÉ 120

DOM PERIGNON VINTAGE ROSÉ 700

VEUVE CLICQUOT BRUT 120

CHAMPAGNE BRUT FRANCE PERRIER

SOUET ROSÉ YEAR-1997 800

DOM PERIGNON VINTAGE GREEN 750

BOTTLES

TITOS 120

CIROC 140

Regular, Peach, Coconut, Apple, Mango

JACK 160

PATRON 200

CLASE AZUL 350

BLACK LABEL 200

BY THE SHOT

WHISKEY-SCOTCH

Macallan rare cask 45
Macallan 12-year 16
Macallan 18-year 40
Oban 14-year 20
Talisker 10-year 14
Johnnie walker double black 18
Johnnie walker blue 45
Chivas regal 18-year 20

BOURBON

Angel's Envy 14
Bulleit 14
Maker's Mark 15
Woodford Reserve 16

COGNAC-BRANDY

Hennessy vosp 16
Remy Martin xo 30
Cardinal Mendoza 22

TEQUILLA

Clase Azul Anejo 32
Clase Azul Reposado 50
Clase Azul Platinum 165
Clase Azul Ultra 180
Don Julio Blanco 14
Don Julio 1942 Reposado 37
Don Julio 1942 Primavera 40
Hennessy vosp 16
Remy Martin xo 30
Cardinal Mendoza 22

BOTTLE LIST

TITOS 200

GREY GOOSE 200

DON JULIO 1942 440

CASA MIGOS 200

BULLET 240

JOHNNIE WALKER BLACK 220

PATRON 240

JACK DANIELS 180

BELVEDERE 220



| | | |
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| OFFICE USE ONLY | | |
| <input type="radio"/> Original | <input type="radio"/> 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:

(e.g., Sole Proprietor, Partnership, Corporation, LLC, LLP, LP, etc.)

VIA TOSCANA LLC

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"*

n/a

Premises Street Address:

344 W 52ND ST

City:

NEW YORK

, NY Zip Code:

10019

County:

MANHATTAN

 Telephone Number of Premises (include area code):

6313313334

Mailing Address (if different than above):

City: State: Zip Code:

E-mail address (required):

info@paternolaw.com

Business Website:

2. CONTACT (if different than applicant)

Name of Contact:

John Springer

 Attorney Representative Contact Person

Office Address:

PO Box 497

City:

Port Jefferson

 State:

NY

 Zip Code:

11777

Telephone Number of Office (include area code):

(631) 331-3334

E-mail address (required):

john@nybarguy.com

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

4. Number of ADDITIONAL BARS (if any):

5. Which season will the add bars operate:

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 |
|---|

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 6-8 times per year for corporate or family events

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

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

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| 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: NO LONGER REQUIRED PER DCL

Disability Insurance Carrier Name and Policy Number: NO LONGER REQUIRED PER DCL

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 applicant(s) will be hands-on operator and vigilant enforcers of ABCL, the Rules of the NYS Liquor Authority and their own zero-tolerance policy concerning violations of any law, regulation, rule or management policy. Servers will be monitored closely to ensure that minors, visibly intoxicated and unruly persons will not be served. All staff and customers will be monitored closely to ensure adherence to the temporary rules that may be put in place from time to time in response to public health, other emergencies, executive orders from the governor or mandates of the NYS Liquor Authority.

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>

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| 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.

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

STATEMENT OF AREA PLAN
200 Foot Law

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

| |
|--|
| <p>1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH or PLACE OF WORSHIP WITHIN 300 FEET</p> <p>2. Is the premises within 200 feet of <u>ANY SCHOOL, CHURCH or PLACE OF WORSHIP?</u> (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)</p> <p style="text-align: center;"><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>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")</p> |
|--|

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: | <input type="text"/> |
| Address: | <input type="text"/> |
| Distance: | <input type="text"/> |
| 2. Name of church/school: | <input type="text"/> |
| Address: | <input type="text"/> |
| Distance: | <input type="text"/> |
| 3. Name of church/school: | <input type="text"/> |
| Address: | <input type="text"/> |
| Distance: | <input type="text"/> |

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.

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

noon to close daily

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.

From: [HK5051 Neighborhood Association](#)
To: [Burt Lazarin](#); [Frank Holozubiec](#); [Jesse Bodine](#); [Nelly Gonzalez](#)
Subject: 344 West 52nd Street
Date: Friday, November 4, 2022 9:56:31 AM

Dear BLP Committee,

On Oct. 27, 2022 the applicant for a full liquor license located at 344 West 52nd street and his attorney attended our block association meeting to discuss his application with the community.

We were told that the original method of operation was posted in error and that they would be posting a corrected one.

The new method of operation was sent to us with the following changes:

The changes are limited to the Method of Operation, which will be as follows:

1. Restaurant(Italianfare)
2. Recordedbackgroundmusiconly

NOTE: There will no outside areas, no dancing, no DJ, no Karaoke, no security, no promoters. Applicant is seeking 2 am closing time all days.

We also ask that if a storm enclosure is used that it follow the current regulations in size.

We also ask that any A-frames not be placed in a way that obstructs pedestrian traffic on the sidewalk, but is placed against the building facade.

There was great concern to say the least with the original posted method of operation, but Mr. Springer, the applicant's attorney, was able to alleviate those concerns once the errors were addressed.

The neighbors living in the residential area surrounding this restaurant have had issues with previous bars and restaurants and not having a good working relationship.

The applicant promised to work closely with the community and follow the above method of operation.

Thank you,
Steve

Steve Belida & Catie Savage
Co- Chairs
HK 49-54 Block Alliance





EXIT

← →
P-11111111

← →



EXIT





CITY OF NEW YORK
 BOARD OF HEALTH
 111 W. 21ST STREET, 10TH FLOOR
 NEW YORK, NY 10011

ADMINISTRATIVE
 DIVISION

PUBLIC NOTICE
 Business Licenses and Permits Committee
 will discuss an application submitted by:

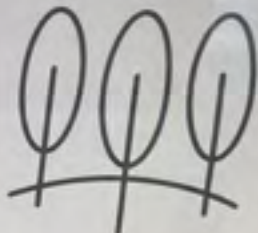
Via Toscana LLC
 344 W 52nd Street

**A New Liquor, Wine, Beer & Cider Application for a
 Restaurant Establishment with Record Music**

DATE: Tuesday, November 15, 2011
TIME: 6:30 PM
PLACE: 344 W. 52nd Street, Conference Registration

You should attend the meeting and learn more about the application.
 Information will also be available after the meeting by 11:00 AM Monday, November 14,
 2011 at the office of the Board of Health, 111 West 21st Street, 10th Floor, New York, NY
 10011.

For more information, please contact the Office of the City Clerk at 311-300-4300 or visit
 the City Clerk's website at www.cityclerk.nyc.gov.



Via Toscana
 WINE BAR NYC

ANDREA 6462706179

344 WEST 52ND STREET
MONT BLANC 52
SWISS-EUROPEAN CUISINE
772-91-9449

MONT BLANC 52 RESTAURANT
344 WEST 52ND STREET
772-943-9444

SWISS-EUROPEAN CUISINE





JEFFREY LEFRANCIOS
Chair

JESSE BODINE
District Manager

CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD No. 4
424 W 33rd Street, Suite 580 New York, NY 10001
tel. 212-736-4536

PUBLIC NOTICE

Business Licenses and Permits Committee
will discuss an application submitted by

Via Toscana LLC
344 W 52nd Street

**A New Liquor, Wine, Beer & Cider Application for a
Restaurant Establishment with Record Music**

| | |
|--------|---|
| DATE: | Tuesday, November 15, 2022 |
| TIME: | 6:30 PM |
| PLACE: | <u>Video/Phone Conference Registration:</u> |

We invite you to attend this meeting and learn more about this application.
Alternately, you may email your comments by 12 p.m. Monday, November 14,
2022 or for more information, please email Assistant District Manager Nelly
Gonzalez

Posted according to the Administrative Code of the City of New York section 10-
119. Please do not remove until after the above meeting date.

Area/Block

X = premium

| | | | |
|------|---------|----------|-----------|
| Apts | medical | Antiques | residence |
|------|---------|----------|-----------|

W 52nd St

| | | | | |
|-----------|-----|------|---|------|
| empty lot | bar | rest | X | USPS |
|-----------|-----|------|---|------|

FLOOR 1

reception
↓



GROSS INTERNAL AREA
 FLOOR 1: 1804 sq. ft. EXCLUDED AREAS:
 PATIO: 871 sq. ft.
 TOTAL: 1804 sq. ft.

Barment

