

Manhattan Community Board 4

Liquor License/Sidewalk Cafe Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME		DOING BUSINESS AS (DBA)	
Pollo Campero of New York LLC		n/a	
STREET ADDRESS		CROSS STREETS	ZIP CODE
601 8th Avenue		W 39th Street // W 40th Street	10018
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: José Antonio Medrano	ATTORNEY/ REPRESENTATIVE	NAME: Arelia Taveras
	PHONE: +502 5295-3254		PHONE: 518-763-5400
	EMAIL: jose.medrano@somoscmi.com		EMAIL: arelia@nybusinesslicensing.com
MANAGER	NAME: Esmeralda Flores	LANDLORD	NAME: Ashkenazy Acquisitions Corp.
	PHONE: 516-703-9102		PHONE: 646-214-0260
	EMAIL: ny-heraldsquare@somoscmi.com		EMAIL:
APPLICATION TYPE (<input checked="" type="checkbox"/> <i>Liquor License</i> <input type="checkbox"/> <i>Unenclosed Sidewalk Cafe</i>)			
<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	What is/was the name and address of establishment?		
	What were the dates applicant was involved with this former premise?		
<input type="radio"/> 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
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input type="radio"/> Alteration	What is the current license # and expiration date?		
	<i>Please list/describe the nature of all the changes and attach the plans:</i>		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input type="radio"/> Liquor/Wine/Beer & Cider <input type="radio"/> Beer & Cider <input checked="" type="radio"/> Wine/Beer & Cider		
ESTABLISHMENT TYPE	<input checked="" type="radio"/> Restaurant <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input type="radio"/> Bar/Tavern <input type="radio"/> Catering Establishment <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Club (Fraternal Organization – Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	<input type="checkbox"/> YES	<input checked="" 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 type="checkbox"/> YES	<input checked="" 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	10am - 10pm	10am - 10pm	10am - 10pm	10am - 10pm	10am - 10pm	10am - 10pm	10am - 10pm
	Kitchen	10am - 10pm	10am - 10pm	10am - 10pm	10am - 10pm	10am - 10pm	10am - 10pm	10am - 10pm
	Music	10am - 10pm	10am - 10pm	10am - 10pm	10am - 10pm	10am - 10pm	10am - 10pm	10am - 10pm
If you plan to have music, what type(s)? (Circle all that apply)			<input checked="" type="checkbox"/> BACKGROUND	<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> DJ	<input type="checkbox"/> JUKE BOX	<input type="checkbox"/> 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	220	45	14	38	0	1	0
OUTSIDE <i>(Other than sidewalk café)</i>	n/a	n/a	n/a	n/a	n/a	n/a	n/a
DCA APPROVED UNENCLOSED SIDEWALK CAFÉ	n/a	n/a	n/a	n/a			

How many floors are there? What is the capacity for each floor?

2 floors, Capacity of 110 each floor

How frequently will the owner(s) be at the establishment?

Management will be present during all hours of operation

Will there be dancing?

YES NO

Will applicant have bottle or table service for beverage alcohol?

YES NO

Will applicant be hosting private; promotional or corporate events?

YES NO

Will outside promoters be used on a regular basis? If yes please describe.

YES NO

Will applicant have a security plan? If, yes please attach.

YES NO

Will security plan be implemented?

YES NO

Will State certified security personnel be used?

YES NO

Will New York Nightlife Association and NYPD Best Practices be followed?

YES NO

Does applicant agree to notify MCB4 prior to making changes to its method of operation?

YES NO

Will applicant be using delivery bicycles? If yes, how many?

YES NO

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

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
Ground Floor	Dining Area Register Area Kitchen in the back	110	10am-10pm Everyday	14	38	0	1	recorded
Basement	Manager's office Storage	110	10am-10pm Everyday		0	0	0	Recorded

LOCATION & ZONING

Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="checkbox"/> YES	NO	125th Street District
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/> YES	NO	
Is a Public Assembly permit required?	YES	<input checked="" type="checkbox"/> NO	
Are your plans filed with DOB?	<input checked="" type="checkbox"/> YES	NO	

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	Manhattan Community Board 4 - Nelly Gonzalez
	# 2	Hell's Kitchen Neighborhood Association - Kathleen Treat
	# 3	Hudson Tenants Association - Peggy Chane
	# 4	West Side Neighborhood Alliance - Jorgy Flecha , Leah James
	# 5	West 47th/48th Streets Block Association - Elke Fears, Lorry Roberts, Jim Bogues
Please provide dates when applicant met with the groups listed above.		June 26th, via email
Who was your contact person at each group you met with?		See above
When did applicant post the notice that was provided?		July 3rd
Where did applicant post the notice that was provided?		Door of the establishment
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.		<input checked="" type="checkbox"/> YES NO 347-399-1788
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		<input checked="" type="checkbox"/> YES NO

BUILDING DESIGN			
State the name and type of business previously located in the space.	Golden Krust Restaurant		
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	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="checkbox"/> NO	
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	<input checked="" type="checkbox"/> YES	NO	
Is the entrance ADA Compliant?	<input checked="" type="checkbox"/> YES	NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="checkbox"/> NO	
Will applicant have a vestibule within the establishment?	YES	<input checked="" type="checkbox"/> NO	
Will applicant use a storm enclosure?	YES	<input checked="" type="checkbox"/> NO	
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?	<input checked="" type="checkbox"/> YES	NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/> YES	NO	
Will the establishment have any of the following: (circle all that apply)	FRENCH DOORS	GARAGE DOORS	WINDOWS THAT CAN BE OPENED
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	YES	NO	n/a
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	NO	n/a
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	<input checked="" type="checkbox"/> YES	NO	
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?	<input checked="" type="checkbox"/> YES	NO	
Will the kitchen exhaust system extend to the roof?	YES	<input checked="" type="checkbox"/> NO	
Will the establishment have an illuminated sign?	<input checked="" type="checkbox"/> YES	NO	
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="checkbox"/> YES	NO	
Where will the air conditioner be located? What type is it?	Central		
When was the air conditioner installed?	9/22/2017		

OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	<input checked="" type="checkbox"/> YES	NO	
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	<input checked="" type="checkbox"/> NO	
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?	<input checked="" type="checkbox"/> YES	NO	
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?	<input checked="" type="checkbox"/> YES	NO	there will not be standing space for patrons to drink or smoke
Will there be no amplified music, as per the law?	<input checked="" type="checkbox"/> YES	NO	
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'?	<input checked="" type="checkbox"/> YES	NO	
Will applicant agree to train staff to encourage a peaceful environment?	<input checked="" type="checkbox"/> YES	NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<input checked="" type="checkbox"/> YES	NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="checkbox"/> YES	NO	
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?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant be applying for a sidewalk café now or in the future?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	n/a
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	n/a
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	n/a
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	n/a
Will applicant mark the perimeter of the café on the sidewalk?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	n/a
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	n/a
Will the sidewalk café not provide standing space for drinking or smoking?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	n/a
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	n/a
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	n/a
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	n/a
Will applicant use umbrellas?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	n/a
If open dining is in the parking lane, will applicant agree to remove its sidewalk café?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	n/a

ADDITIONAL STIPULATIONS: (Office Use Only)

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
 July 26, 2023 full board meeting, with 36 members voting in favor
 of the recommendation, 0 members opposed, 1 members
 abstaining and 0 present but not eligible)

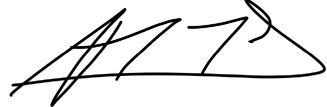
Denial unless all stipulations agreed to by applicant/owner are part of the method of operation
 Denial Approval

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>
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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>Jose Antonio Medrano</p> <p>PRINT NAME OF APPLICANT</p>	 <p>SIGNATURE OF APPLICANT</p>	<p>7/5/2023</p> <p>DATE</p>
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OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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

1. Date Notice Sent: 1a. Delivered by:

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 Application Removal Class Change

For premises in the City of New York:

New Application New Application and Temporary Retail Permit Temporary Retail Permit Removal
 Class Change Method of Operation Corporate Change Renewal Alteration

Manhattan Community Board 4

RECEIVED

Date: 6/2/23
 Time: _____
 By: _____

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:

Applicant/Licensee Information:

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

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , NY Zip Code:

9. Business Telephone Number of applicant/ Licensee:

10. Business E-mail of Applicant/Licensee:

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:

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
 (check all that apply) Sidewalk Cafe Other (specify): _____

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

16. List the floor(s) of the building that the establishment is located on:

17. List the room number(s) the establishment is located in within the building, if appropriate:

18. Is the premises located within 500 feet of three or more on-premises liquor establishments? Yes No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:

<input type="text"/>	<input type="text"/>
Name	Serial Number

21. Does the applicant or licensee own the building in which the establishment is located? Yes (if YES, SKIP 23-26) No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name:

23. Building Owner's Street Address:

24. City, Town or Village: State: Zip Code:

25. Business Telephone Number of Building Owner:

Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice

26. Representative/Attorney's Full Name:

27. Representative/Attorney's Street Address:

28. City, Town or Village: State: Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

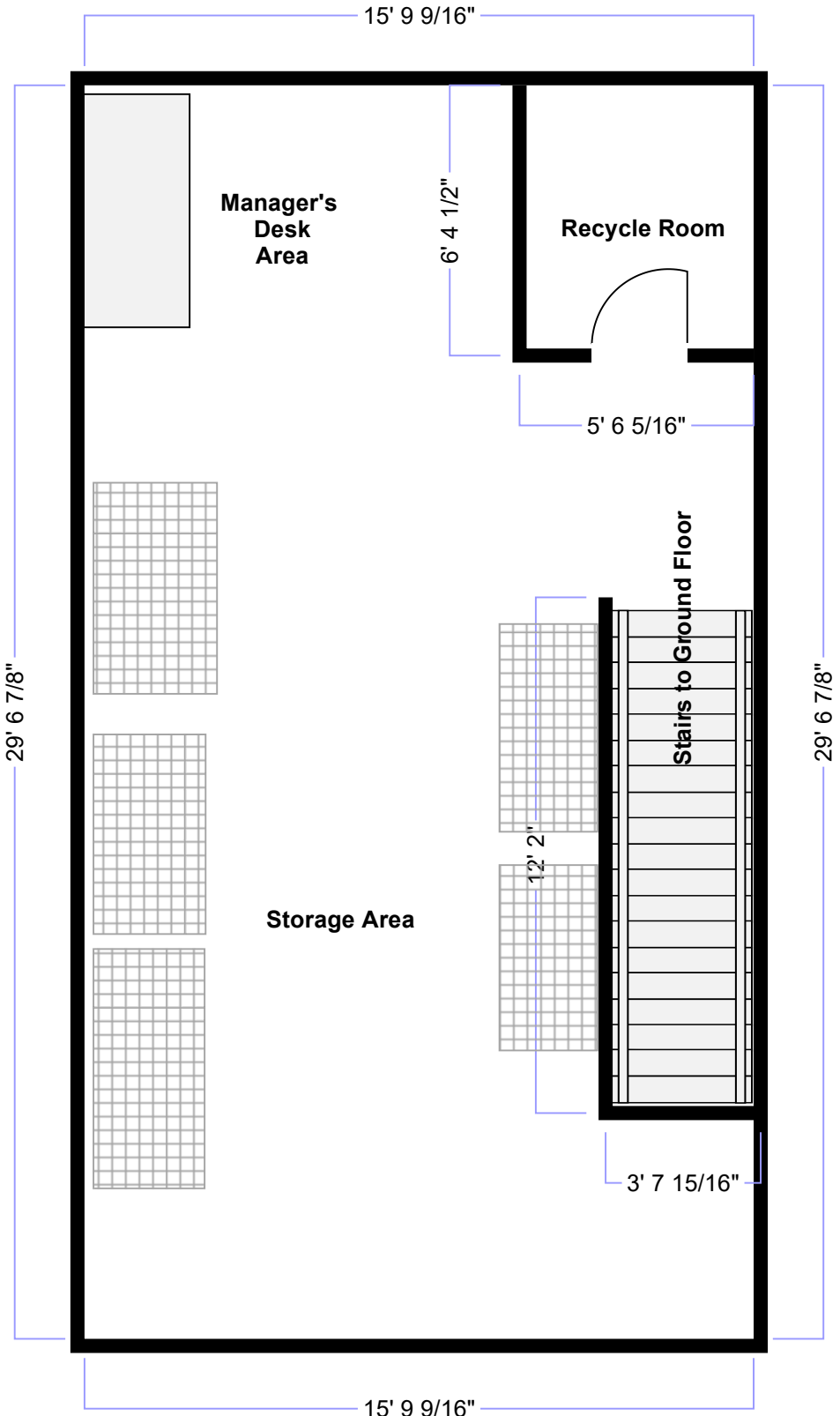
I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

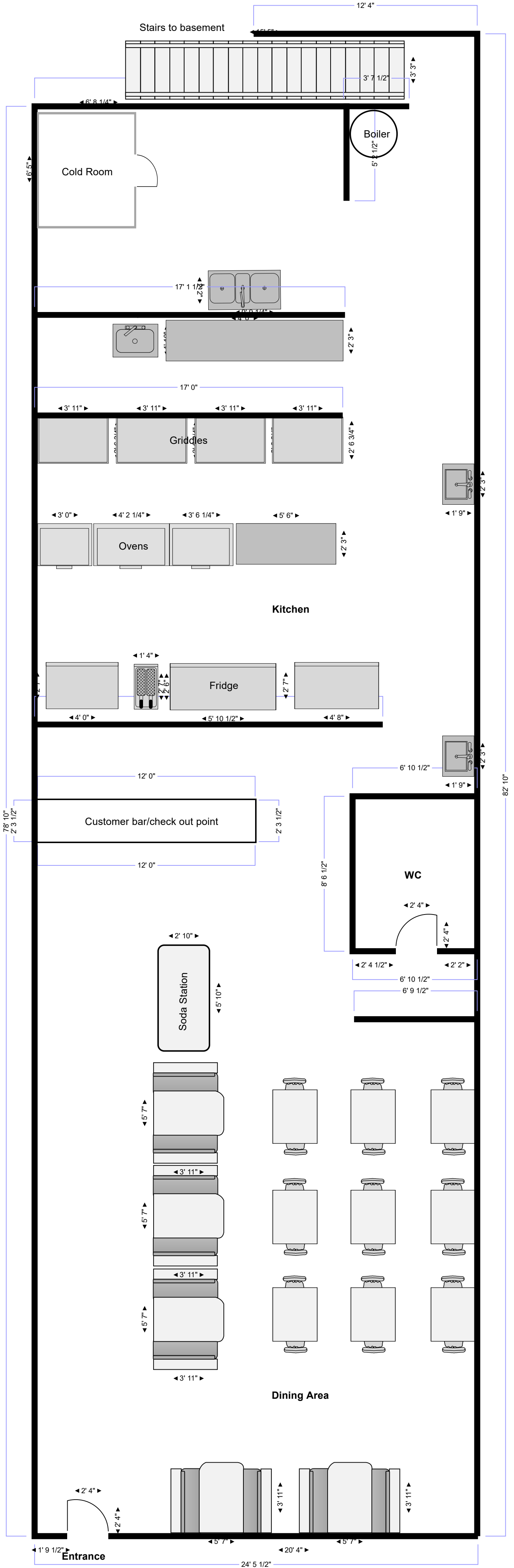
31. Printed Principal Name: Title:

Principal Signature: Arelija Taveras

**Pollo Campero of New York, LLC
Basement Diagram
601 8th Avenue,
New York, NY 10018**



Pollo Campero of New York, LLC
 Ground Floor Diagram
 601 8th Avenue,
 New York, NY 10018



Security Plan for Pollo Campero of New York LLC:

To ensure a secure environment for both staff and patrons, the following security measures would be implemented:

1. Security Cameras:

- A comprehensive surveillance system would be installed throughout the restaurant.
- High-resolution security cameras would be strategically positioned to cover critical areas such as the dining area, kitchen, entrances, exits, storage areas, and cash register.
- The cameras would provide clear visibility and effectively monitor activities within the premises, serving as a deterrent and aiding in the identification of potential security threats.

2. Manager on Site at All Hours of Operation:

- A responsible and dedicated manager would be present on-site during all hours of operation.
- The manager would oversee the implementation of security protocols and ensure their strict adherence.
- Their presence would provide reassurance to staff and customers, maintaining a vigilant environment and enabling prompt response to any incidents or emergencies.

3. ATAP Certification for Staff:

- All staff members would undergo certification in the Alcohol Training Awareness Program (ATAP).
- The training program would equip staff with knowledge and skills to handle situations involving alcohol responsibly.
- Staff would learn techniques for identifying fraudulent identification, preventing over-intoxication, and effectively managing challenging customer behaviors.

By implementing these security measures, Pollo Campero of New York LLC would create a robust security framework. The security cameras would effectively monitor the premises, deterring potential threats and aiding in incident identification. The manager's presence would ensure ongoing oversight and swift response to any security-related issues. Staff members being ATAP certified would promote responsible alcohol service and enhance the overall safety of the establishment.

INDIVIDUAL *Chicken* MEALS

FAVORITES



CAMPERO® FRIED
or GRILLED

2 PIECE MEAL

Leg & Thigh (+\$1.30 W/ BREAST)
+ 1 Side & Roll

10.00

472-1175 cal

3 PIECE MEAL

Legs & Thigh (+\$1.30 W/ BREAST)
+ 1 Side & Roll

12.25

650-1700 cal

4 PIECE SPECIAL

Breast, Wing, Leg & Thigh
+ 2 Sides & Roll

15.75

875-2250 cal

SIDES



CAMPERO® BEANS*
*contains pork



CAMPERO® RICE



FRENCH FRIES



NEW RECIPE!
COLESLAW



NEW! CAMPERO®
MAC & CHEESE



YUCA FRIES



SWEET PLANTAINS*
*subject to availability

INDIVIDUAL

150-325 cal

3.50

FAMILY

400-945 cal

5.75

CAMPERITOS®



CAMPERO® FRIED
100% WHITE MEAT
NUGGETS

6 COUNT MEAL
1 Side & Roll

11.50

476-1294 cal

9 COUNT MEAL
1 Side & Roll

13.00

545-1554 cal



CHOOSE YOUR DIPPING SAUCE:

Signature Campero® • Ranch • Buffalo • BBQ

EMPANADAS

FILLED WITH OUR
SIGNATURE CHICKEN



EMPANADA TRIO

Includes 1 Side

9.75

978-1167 cal

SINGLE EMPANADA

3.50

284 cal

CAMPERO® BOWL

TOPPED WITH CAMPERO®
FRIED CHICKEN

12.79

580-698 cal
contains pork



CAMPERO® SALAD

TOPPED WITH CAMPERO®
FRIED CHICKEN

11.79

460-711 cal

 DRESSINGS:

- Ranch • White Balsamic



CAMPERO® SANDWICH



CAMPERO® FRIED

Includes 1 Side

9.39

409-885 cal



CAMPERO® SPICY

Includes 1 Side

9.59

409-885 cal

DRINKS

FRESH DRINKS:

Horchata* • Mango • Jamaica

*contains nuts

PEPSI® FOUNTAIN DRINKS & BOTTLED WATER

MEDIUM

0-250 cal

2.79

LARGE

0-375 cal

3.29



Warning indicates that the sodium (salt) content of this item is higher than the total daily recommended limit (2,300 mg). High sodium intake can increase blood pressure and risk of heart disease and stroke. Additional nutrition information available upon request.

FLAVORS *to* SHARE



12 Piece Meal
Serves 6

FAVORITES

CAMPERO® FRIED *or* GRILLED

	MEAL	CHICKEN ONLY
 8 PC. MEAL  x4 2 Sides & 4 Rolls	33.50 2175-5375 cal	20.56 1080-2214 cal
 12 PC. MEAL  x6 3 Sides & 6 Rolls	46.50 3250-8050 cal	28.71 1620-3321 cal
 20 PC. MEAL  x10 4 Sides & 10 Rolls	65.00 5050-12475 cal	42.06 2700-5535 cal

CAMPERITOS®

CAMPERO® FRIED
100% WHITE MEAT
NUGGETS

30 COUNT

32.00

1900-2100 cal



CHOOSE YOUR DIPPING SAUCE: Signature Campero® • Ranch • Buffalo • BBQ

DESSERTS

COOKIES



FLAN

2.90

210
cal

1 for

1.30

250
cal

6 for

6.50

1500
cal

MOP COLLECTION YES NO
 Collection Days: SUN. MON. TUES. WED. THURS. FRI. SAT.
 Collection Time: _____

CARDBOARD/PAPER COLLECTION YES NO
 Collection Days: SUN. MON. TUES. WED. THURS. FRI. SAT.
 Collection Time: _____

SINGLE-STREAM COLLECTION YES NO
 Collection Days: SUN. MON. TUES. WED. THURS. FRI. SAT.
 Collection Time: _____



CITY OF NEW YORK
 MANHATTAN COMMUNITY BOARD No. 4
 424 W 33rd Street, Suite 580 New York, NY 10001
 Tel. 212-738-4536
<https://cbmanhattan.cityofnewyork.us/cb4/>

JEFFREY LEFRANCIOS
 Chair
 JESSE BODINE
 District Manager

PUBLIC NOTICE

Business Licenses and Permits Committee will discuss an application submitted by

Pollo Campero of New York LLC
601 8th Avenue

A New Wine, Beer & Cider Application for a Restaurant Establishment with Recorded Music

DATE: Tuesday, July 11, 2023
TIME: 6:30 PM
PLACE: Hybrid Meeting:
Video/Phone Conference Registration:
https://zoom.us/webinar/register/WN_66-6SX3vS_6HVC2bBstV3A
In-Person:
MCB4 Office
424 W 33rd Street, Suite 580
Due to limited space and to follow health and safety precautions, we encourage you to participate remotely via Zoom. If you would like to attend in person, please email Assistant District Manager Nelly Gonzalez at negonzalez@cb.nyc.gov by 11p.m. Friday, July 7th.

We invite you to attend this meeting and learn more about this application. Alternately, you should email your comments by 12 p.m. Monday, July 10, 2023 or for more information, to Assistant District Manager Nelly Gonzalez negonzalez@cb.nyc.gov.

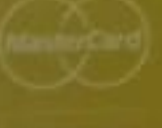
Posted according to the Administrative Code of the City of New York section 10-119. Please do not remove until after the above meeting date.

HOURS OF OPERATION

SKIP THE LINE & ORDER AHEAD

GIFT CARDS

Samsung Galaxy A14 5G



CAMPERO.COM

