

# Manhattan Community Board 4

## Liquor License/Sidewalk Cafe Stipulations Application

(All Fields Must Be Completed)

<b>CORPORATION NAME</b>		<b>DOING BUSINESS AS (DBA)</b>	
315 W. 48th St Restaurant Corp		Pending	
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>	<b>ZIP CODE</b>
315 W. 48th Street		8th and 9th ave	10019
<b>OWNER</b> <i>(Attach a list of all the people that will be associated/listed with the license)</i>	<b>NAME:</b>	Patrick Lima	<b>NAME:</b> Sandra Hung Fong
	<b>PHONE:</b>	917-647-9725	<b>PHONE:</b> 917-535-5051
	<b>EMAIL:</b>	patricklima@yahoo.com	<b>EMAIL:</b> restaurant.total@gmail.com
<b>MANAGER</b>	<b>NAME:</b>	Magda Lima	<b>NAME:</b> 315 W 48 ST RLTY CP
	<b>PHONE:</b>	917-647-9725	<b>PHONE:</b> 646-654-0722
	<b>EMAIL:</b>	limamagda@hotmail.com	<b>EMAIL:</b> N/A
<b>APPLICATION TYPE</b> ( <input checked="" type="checkbox"/> <i>Liquor License</i> _____ <i>Unenclosed Sidewalk Cafe</i> )			
<input checked="" type="checkbox"/> <b>New</b>	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?	CAP Restaurant Corp at 303 W. 48th St Rachels on Ninth Corp at 608 9th Ave 606 8th Ave Restaurant Corp at 606 8th Ave	
	What were the dates applicant was involved with this former premise?	03/2019 - Present at 303 W. 48th St 04/2007 - Present at 608 9th Ave 03/11/2021 - Present at 606 8th Ave	
<input type="checkbox"/> <b>Corp</b> <b>Change/Class</b> <b>Change/Removal</b>	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="checkbox"/> <b>Alteration</b>	What is the current license # and expiration date?		
	<i>Please list/describe the nature of all the changes and attach the plans:</i>		
<b>METHOD OF OPERATION</b>			
<b>TYPE OF ALCOHOL</b>	<input type="checkbox"/> Liquor/Wine/Beer & Cider <input type="checkbox"/> Beer & Cider <input checked="" type="checkbox"/> Wine/Beer & Cider		
<b>ESTABLISHMENT TYPE</b>	<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?	YES	<input checked="" type="checkbox"/>	
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.	YES	<input checked="" type="checkbox"/>	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	<input checked="" type="checkbox"/>	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	YES	<input checked="" 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
	<b>Operation</b>	7am - 12am	7am - 12am	10am -12am	10am - 12am	10am - 1am	10am - 1am	10am - 12am
	<b>Kitchen</b>	7am -12am	7am - 12am	10am -12am	10am -12am	10am - 1am	10am -1am	10am - 12am
	<b>Music</b>	10am - 11pm	10am- 11pm	10am - 12am	10am -12am	10am - 1am	10am-1am	10am -12am
If you plan to have music, what type(s)? (Circle all that apply)			<del>BACKGROUND</del>	<del>LIVE</del> 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	
<b>INSIDE</b>	74	64	11	38	0	1	5	
<b>OUTSIDE</b> <i>(Other than sidewalk café)</i>		12	6	12				
<b>DCA APPROVED UNENCLOSED SIDEWALK CAFÉ</b>								

How many floors are there? What is the capacity for each floor?	2		
How frequently will the owner(s) be at the establishment?	5 days a week		
Will there be dancing?	YES	<del>NO</del>	
Will applicant have bottle or table service for beverage alcohol?	YES	<del>NO</del>	
Will applicant be hosting private; promotional or corporate events?	YES	<del>NO</del>	
Will outside promoters be used on a regular basis? If yes please describe.	YES	<del>NO</del>	
Will applicant have a security plan? If, yes please attach.	<del>YES</del>	NO	
Will security plan be implemented?	<del>YES</del>	NO	
Will State certified security personnel be used?	YES	<del>NO</del>	
Will New York Nightlife Association and NYPD Best Practices be followed?	<del>YES</del>	NO	
Does applicant agree to notify MCB4 prior to making changes to its method of operation?	<del>YES</del>	NO	
Will applicant be using delivery bicycles? If yes, how many?	YES	<del>NO</del>	
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
1ST FL	DINING AREA	46		11	38	0	1 bar w/ 5 seats	Recorded and Live
Front Yard	Outdoor Dining	12		6	12	0	0	No Music
Basement	STORAGE	1						
KITCHEN 1ST FL	KITCHEN / PREP	5						

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="checkbox"/> NO	
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?	YES	<input checked="" type="checkbox"/> NO	

Community Notification/Relations			
<b>NOTIFICATION:</b> 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	Hudson Yards Hell's Kitchen Alliance - Bob Benfatto	
	# 2	HKNA (incl. Dog Run) - Kathleen Treat	
	# 3	West 36th Street - Frank Strock	
	# 4	Chekpeds - Christine Berthet	
	# 5	CHDC - Joe Restuccia	
Please provide dates when applicant met with the groups listed above.		June 24, 2024 - sent an email to all of them	
Who was your contact person at each group you met with?		Noted on notification boxes	
When did applicant post the notice that was provided?		June 4th, 2024	
Where did applicant post the notice that was provided?		Entrance door	
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
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



<b>BUILDING DESIGN</b>			
State the name and type of business previously located in the space.	MARIA'S MONT BLANC RESTAURANT CORP		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	MARIA S MONT BLANC RESTAURANT CORP
Do you plan any changes to the existing façade? If yes, please describe.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Is the entrance ADA Compliant?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant have a vestibule within the establishment?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant use a storm enclosure?	<input type="checkbox"/> 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	<input type="checkbox"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have any of the following: (circle all that apply)	<input type="checkbox"/> FRENCH DOORS	<input type="checkbox"/> GARAGE DOORS	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
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?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	The restaurant is not yet open to do such report. The building is originally soundproofed
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 type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will the kitchen exhaust system extend to the roof?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have an illuminated sign?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	I am planning to keep the existing awning structure
Where will the air conditioner be located? What type is it?	Not yet installed		
When was the air conditioner installed?	N/A		

## OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	<del>YES</del>	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)?	<del>YES</del>	NO	Only the front yard within the building property.
Are the floorplans for the outdoor space(s) included?	<del>YES</del>	NO	
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	<del>YES</del>	NO	
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	<del>YES</del>	NO	
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s) or on the sidewalk?	<del>YES</del>	NO	
Will there be no amplified music, as per the law?	<del>YES</del>	NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	<del>YES</del>	NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<del>YES</del>	NO	
Will applicant agree to train staff to encourage a peaceful environment?	<del>YES</del>	NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<del>YES</del>	NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<del>YES</del>	NO	
If open dining in the parking lane, will applicant agree to leave the sidewalk free of any furniture?	<del>YES</del>	NO	I will intend to apply in the future once opened for business and will follow DOT guidelines
If open dining, will you comply with all NYC DOT guidelines?	<del>YES</del>	NO	
If open dining, will the installation be year-round?	<del>YES</del>	NO	

## DCA APPROVED UNENCLOSED SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<input checked="" type="checkbox"/> YES	NO	
Will applicant be applying for a sidewalk café now or in the future?	<input checked="" type="checkbox"/> YES	NO	FUTURE
Is applicant in this application seeking to include a sidewalk café in its liquor license?	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.	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?	<input checked="" type="checkbox"/> YES	NO	not yet applied, I will in the future
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input checked="" type="checkbox"/> YES	NO	Alcohol consumption will be intended once applied
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?	<input checked="" type="checkbox"/> YES	NO	
Will the sidewalk café not provide standing space for drinking or smoking?	<input checked="" type="checkbox"/> YES	NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	<input checked="" type="checkbox"/> NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="checkbox"/> YES	NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	<input checked="" type="checkbox"/> YES	NO	
Will all furniture be stored inside between December 21 <sup>st</sup> and March 21 <sup>st</sup> , and any other day when it rains or snows?	<input checked="" type="checkbox"/> YES	NO	
Will applicant use umbrellas?	<input checked="" type="checkbox"/> YES	NO	
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	N/A
If open dining is in the parking lane, will applicant agree to remove its sidewalk café?	<input checked="" type="checkbox"/> YES	NO	I will evaluate whether to apply for roadway or sidewalk in the future

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

- All live music will end by 11pm

***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.***

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Manhattan Community Board 4 (MCB4) recommends:  
 (MCB4's recommendation is based on a vote taken at its  
July 24, 2024 full board meeting, with 40 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

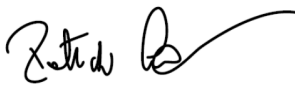
Denial  Approval

**CB4 REPRESENTATIVES**

 <b>Nelly Gonzalez</b> <i>CB4 Assistant District Manager</i>	 <b>Frank Holozubiec</b> <i>CB4 BLP Committee Co-Chair</i>	 <b>Burt Lazarin</b> <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><b>SIGN HERE</b> →</p>	 <b>PRINT NAME OF APPLICANT</b>	<p>PATRICK LIMA  <b>SIGNATURE OF APPLICANT</b></p>	<p>06/24/2024  <b>DATE</b></p>
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OFFICE USE ONLY

Original   
  Amended   
 Date \_\_\_\_\_

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

1. Date Notice Sent: 04/25/2024

1a. Delivered by: Certified Mail Return Receipt Requested

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

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: 315 W.48 St Restaurant Corp.

6. Trade Name (if any): Pending

7. Street Address of Establishment: 315 W. 48th Street

8. City, Town or Village: New York, NY Zip Code: 10036

9. Business Telephone Number of applicant/ Licensee: 917-647-9725

10. Business E-mail of Applicant/Licensee: patricklima@yahoo.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: (check all that apply)     Live Music (give details i.e., rock bands, acoustic, jazz, etc.): JAZZ MUSIC

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): FRONT YARD WITHIN THE PROPERTY LINE

Manhattan Community Board #4

RECEIVED

Date: 5/1/24

Time: \_\_\_\_\_

By: Jamir

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:  
 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:

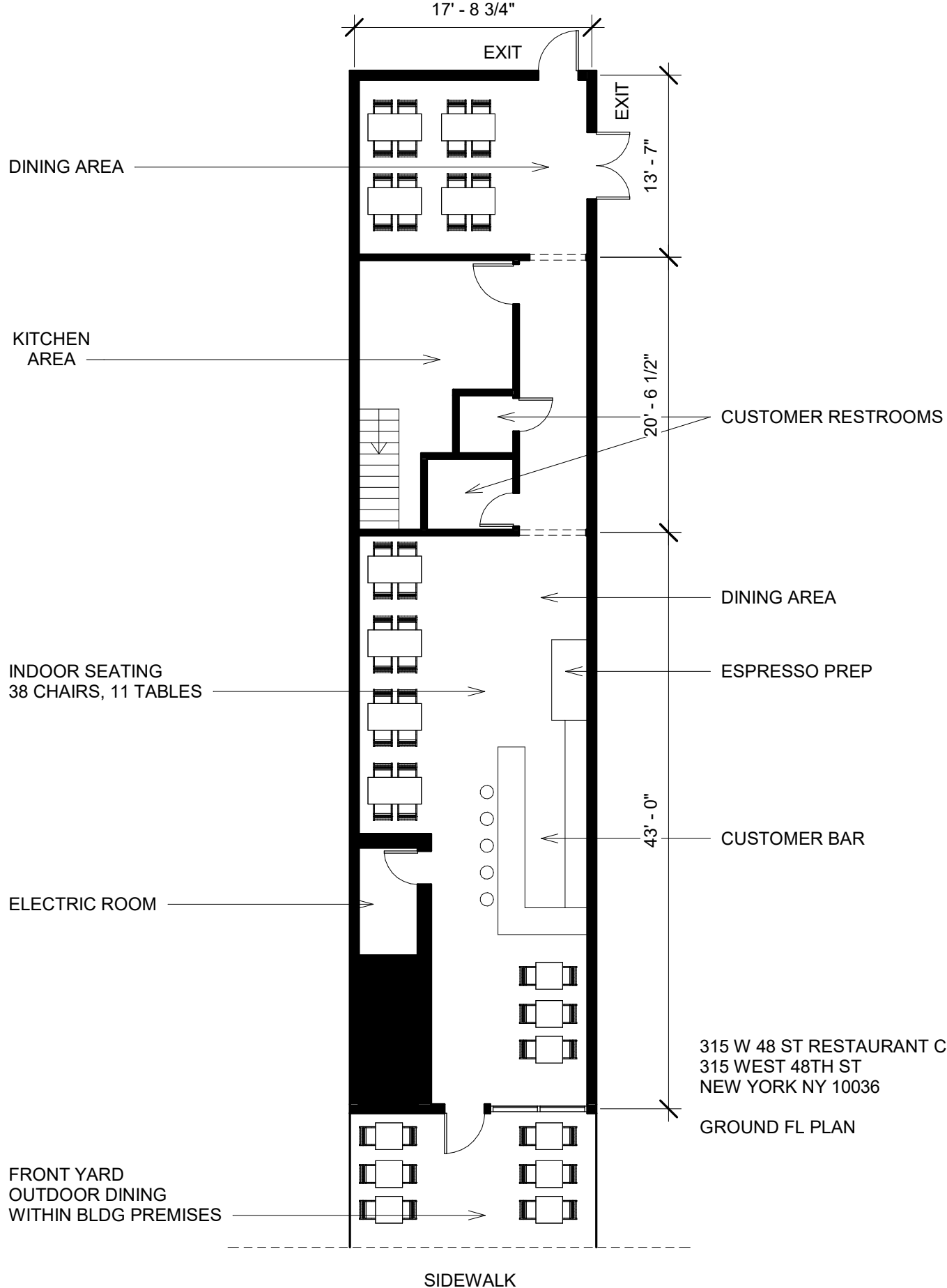
I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations 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:

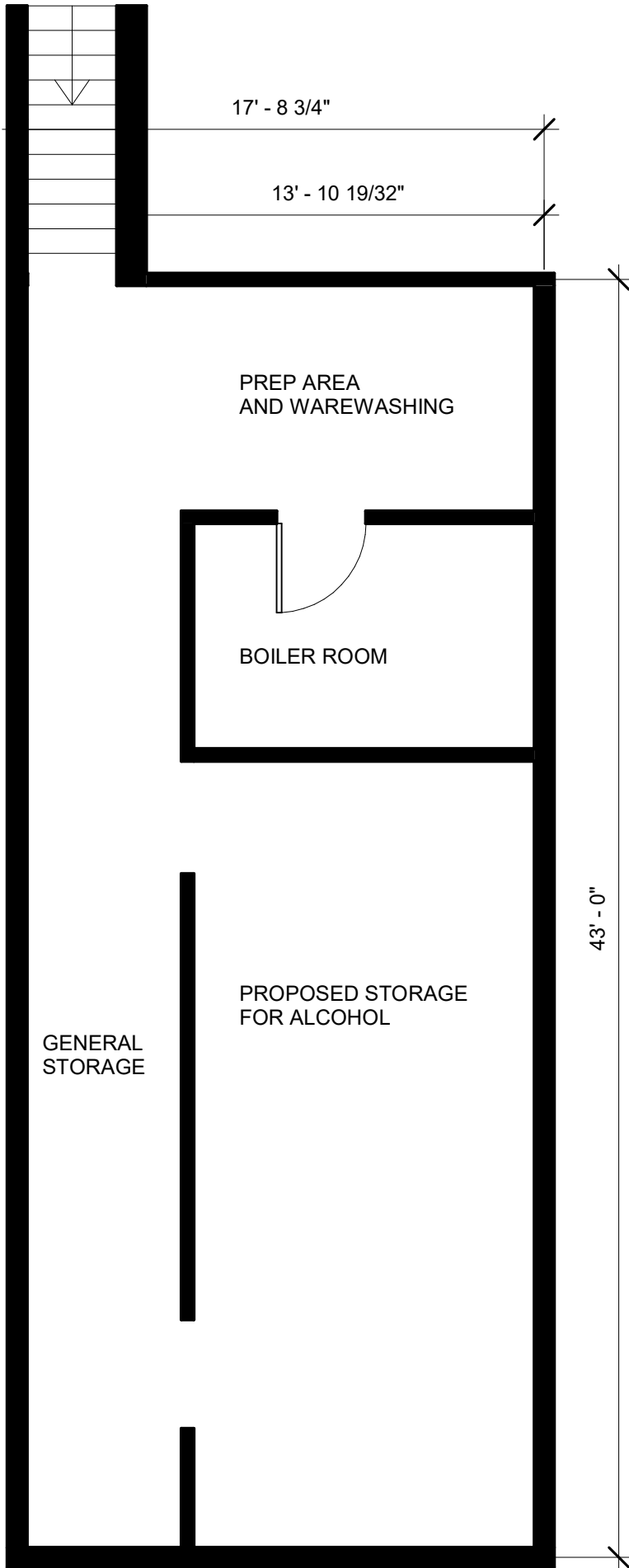
Principal Signature: 





315 W 48 ST RESTAURANT CORP  
 315 WEST 48TH ST  
 NEW YORK NY 10036

GROUND FL PLAN



315 W 48 ST RESTAURANT CORP  
315 WEST 48TH ST  
NEW YORK NY 10036

BASEMENT DIAGRAM

# Mama Maria Dinner

## Salads

**House salad** Organic mixed greens, cherry tomatoes, onions, toasted almonds and marinated figs in an aged brandy. 7

**Caesar Salad** Classic Caesar salad with homemade croutons topped with shaved parmesan cheese. 7

**Warm goat cheese salad** Pistachio encrusted goat cheese, roasted beets and seasoning walnuts on bed of arugula, endive and radicchio. 9

**Caprese** Fresh mozzarella roasted peppers and arugula drizzled with truffle oil. 9

**Bianca Salad** Endive and fennel on bed of apples topped with walnuts and gorgonzola cheese tossed with white balsamic vinaigrette. 9

Add chicken 4, shrimp 7

## Appetizers

**Soup of the day.** 7

**Baked clams** Half dozen of top neck clams topped with seasoning bread crumbs over lemon sauce. 10

**Artichoke hearts** Sautéed with garlic, capers and roasted peppers in a lemon butter sauce. 9

**Calamari** Seasoning with calamari and deep fried served with spicy marinara sauce. 11

**Spicy shrimp** Sautéed jumbo shrimps with Ginger, garlic and chilies jalapeno in a lemon sauce served on garlic crostini. 11

**Baked Mozzarella** Topped with Sicilian oregano and olive oil infuse. 9

**Seared Tuna** Served with avocado roasted tomatoes and cilantro coulee. 12

## Risotto

**Seafood risotto** Sautéed shrimps, clams, mussels and calamari finished with a touch of tomato sauce. 20

**Asparagus and Mushrooms Risotto** Drizzled with truffle oil and topped with parmesan cheese. 19

## Pastas

**Spaghetti Pomodoro** Thin Spaghetti with tomato basil sauce. 13

**Capelline Primavera** Angel hair pasta with fresh seasonal vegetables. 15

**Fettuccine Melanzane** Homemade spinach fettuccine with roasted eggplant, cherry tomatoes, mushrooms in a garlic tomato sauce topped with ricotta cheese. 16

**Ravioli di Zucca** Homemade Stuffed with Roasted Pumpkin and ricotta in a roasted peppers sauce. 16

**Gnocchi con funghi** Potato dumplings with Portobello mushrooms, pine nuts and fresh herbs in a cream sauce. 16

**Lasagna a la Nona** Homemade meat lasagna with ricotta and fresh mozzarella. 17

**Trenette Scampi** Black pasta with sautéed shrimps, asparagus and cherry tomatoes in a garlic oil sauce. 17

**Linguini Vongole** Sautéed top neck clams with garlic, fresh tomatoes and capers in a white or red sauce. 17

**Rigatoni Bolognese** Classic meat sauce. 16.

**Fettuccine Verde** Spinach Fettuccine with peas, prosciutto, onions and parmesan cheese in a pesto light cream sauce. 16

**Capelline Fra Diavolo** Sautéed shrimps, calamari, clams, Mussels with garlic in a white wine light tomato sauce. 22

**Homemade Lobster Ravioli** With garlic white wine and truffle oil sauce. 18

**Linguini con Polo** Sautéed chunks of chicken with garlic and Herbs in a light cream sauce. 16

## Entrées

**Steak and Fries** Grilled to perfection 14 oz. NY Strip Steak served with French Fries. 25 add shrimp 7.

**Veal Piccata** Sautéed veal sliced with shallot onions and garlic in a capers lemon sauce. 23

**Pollo con Salsiccia** Sautéed chicken breast with Italian sausage, roasted peppers and peperoncini in a white wine sauce. 18

**Chicken Parmegiana** Topped with Parmesan Cheese, basil, fresh tomato sauce and melted Mozzarella, served with Spaghetti tomato sauce. 18

**Chicken Mama Maria** Sautéed with garlic, fresh and sundried tomatoes, capers and basil in a white wine sauce finished with a touch of smoked tomato sauce and topped with brie cheese. 17

**Veal Milanese Caldo Freddo** Breaded Veal cut less topped with arugula, roasted tomatoes and fresh mozzarella drizzled with balsamic reduction and truffle oil. 24

**Grilled Shrimp** Roasted Endives, Asparagus, Artichokes and roasted peppers, drizzled with Teriyaki sauce. 23

**Salmone** Pan Roasted Salmon served with Dijon glaze. 22

**Pan Roasted Tuna** Served with Garbanzo Beans Pure with Chipotle and grilled Asparagus. 22

## Sides

**French Fries.** 7

**Sautéed Spinach.** 8 **Mashed Potatoes.** 7

**Vegetables.** 7 **Pasta.** 6













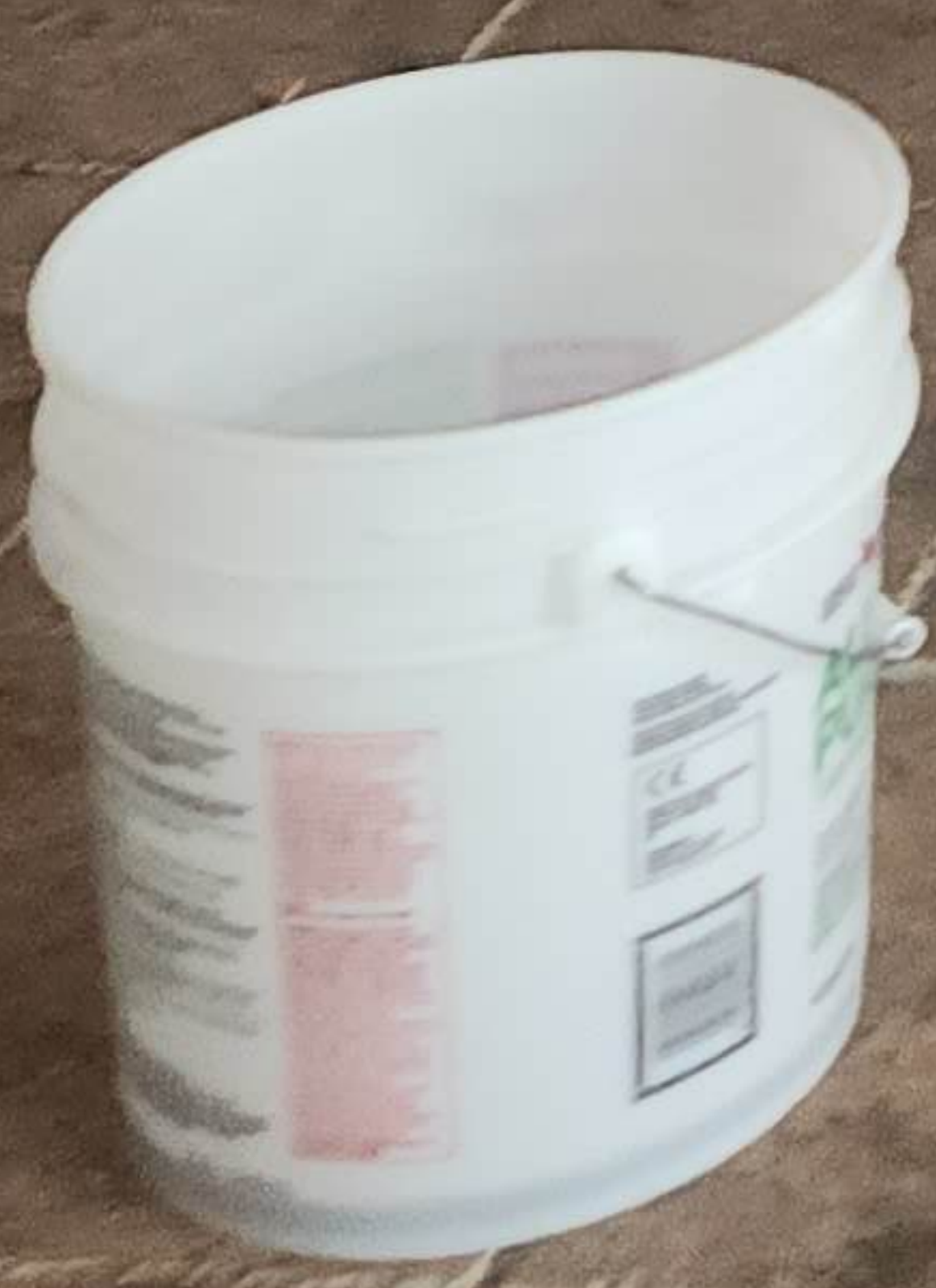
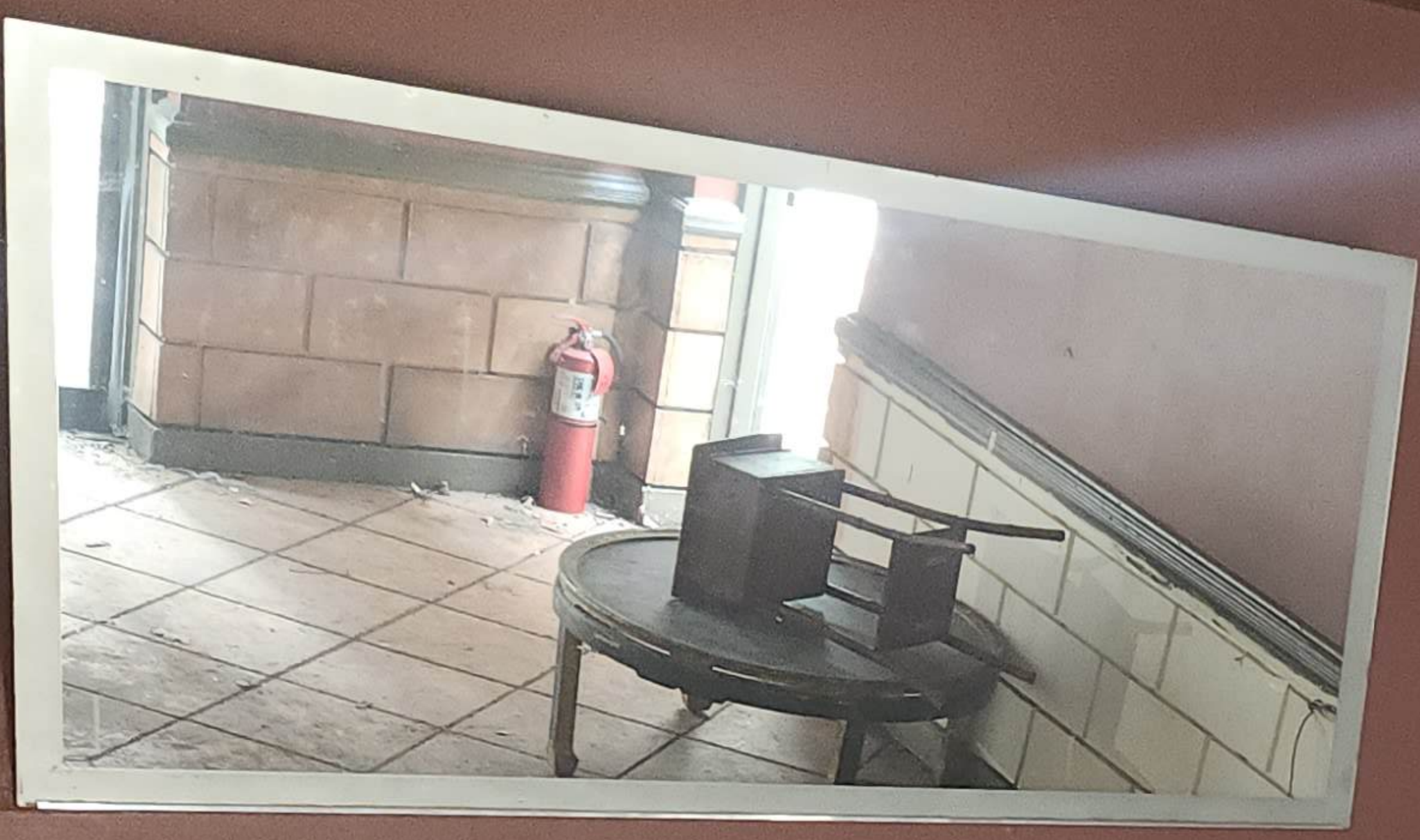




























CITY OF NEW YORK  
MANHATTAN COMMUNITY BOARD No. 4  
424 W 33<sup>rd</sup> Street, Suite 580 New York, NY 10001  
Tel: 212-726-4100  
[www.mcb4.com](http://www.mcb4.com)

Public Hearing  
Open House

## PUBLIC NOTICE

Business Licenses and Permits Committee  
will discuss an application submitted by

**315 W 48 St Restaurant Corp.**  
**315 W 48<sup>th</sup> Street**

A New Wine Beer & Cider License for a Restaurant  
Establishment with Recorded Music, Live Music (Jazz  
Music) & Front yard within the property line

DATE: Tuesday, June 11, 2024

TIME: 6:30 PM

PLACE: Hybrid Meeting:



Video/Phone Conference Registration:  
<https://tinyurl.com/mcb4-blp-committee>

In-Person:  
MCB4 Office  
424 W 33<sup>rd</sup> 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 [nelgonzalez@cb.nyc.gov](mailto:nelgonzalez@cb.nyc.gov) by 10am, Monday, June 10th.

We invite you to attend the meeting and learn more about the application. Alternatively, you should email your comments by 12 p.m. Monday, June 10th or for more information, to Assistant District Manager Nelly Gonzalez: [nelgonzalez@cb.nyc.gov](mailto:nelgonzalez@cb.nyc.gov)

Posted according to the Administrative Code of the City of New York section 10-110. Please do not remove until after the above meeting date.



**Security Plan for 315 W. 48<sup>th</sup> St, New York NY 10036**

**315 W 48 TH RESTAURANT CORP.**

Patrick Lima will be present in the establishment from opening to closing at least 5 days a week to supervise the business. Magda Lima as the partner and wife will also be at the establishment 5 days a week managing the business operations. A full-time manager will be hired when the restaurant opens to the public.

Alcoholic beverages will not be served to any customers who have not first presented their identifications certifying that they are at least 21 years of age to ensure there will be no underage drinking and /or are intoxicated or nearly intoxicated.

All the bartenders and service staff will be trained in proper alcoholic beverage service procedures in accordance with SLA rules, TIPS (Training and interventions Procedures for Alcohol Servers ), or similar certification program.

There will be surveillance cameras throughout the establishment in compliance with the NYPD which will be recording daily. An incident logbook will be maintained to keep detailed records of any incidents. Only recorded music will be played indoors every day and live music performance from Thursday to Sunday only at reasonable volumes to respect the residents in the neighborhood and will post signage asking that all the patrons limit their noise to a respectful level whether inside or outside of the establishment.



**Sandra Hung Fong, Representative**

DEPARTMENT OF HOUSING AND BUILDINGS

BOROUGH OF **MANHATTAN**, CITY OF NEW YORK **HVC**

No. **26698**

Date **October 3, 1940.**

**CERTIFICATE OF OCCUPANCY**

(Standard form adopted by the Board of Standards and Appeals and issued pursuant to Section 646 of the New York Charter, and Sections C.26-181.0 to C.26-187.0 inclusive Administrative Code 2.13.1: to 2.13.7. Building Code).

This certificate supersedes C. O. No.

To the owner or owners of the building ~~premises~~:

THIS CERTIFIES that the ~~new~~ ~~altered~~ ~~existing~~ ~~building~~ ~~premises~~ located at

**315- West 48th Street**  
**18'0" front**

Block **1039** Lot **24**

conforms substantially to the approved plans and specifications, and to the requirements of the building code and all other laws and ordinances, and of the rules and regulations of the Board of Standards and Appeals, applicable to a building of its class and kind at the time the permit was issued; and

CERTIFIES FURTHER that, any provisions of section 646 of the New York Charter have been complied with as certified by a report of the Fire Commissioner to the Borough Superintendent.

~~xxxx~~ Alt. No. **1600-1940**

Construction classification **non fireproof**

Occupancy classification **Mult. Dwelling Clubs B**  
**Converted** Height **4**

stories, **42'0"** feet.

Date of completion **September 24, 1940**

Located in **residence**

Use District.

**B** Area **1 1/2**

Height Zone at time of issuance of permit **2228-1940**

This certificate is issued subject to the limitations hereinafter specified and to the following resolutions of the Board of Standards and Appeals: (Calendar numbers to be inserted here)

**PERMISSIBLE USE AND OCCUPANCY**

STORY	LIVE LOAD: Lbs. per Sq. Ft.	PERSONS ACCOMMODATED			USE
		MALE	FEMALE	TOTAL	
Cellar					Boiler room and storage
1st Story	100			74	Restaurant
2nd "					One (1) Apartment
3rd "					Three (3) Furnished rooms
4th "					Four (4) Furnished rooms

Sprinkler system approved by Fire Department September 18, 1940.

*Phoster W. Campbell*  
BOROUGH SUPERINTENDENT  
Borough Superintendent.