

Manhattan Community Board 4

(All Fields Must Be Completed)

NYS Liquor License/DOT Dining Out Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)	
316 WEST 49TH RESTAURANT CORP		CHURRASCARIA PLATAFORMA	
STREET ADDRESS		CROSS STREETS	ZIP CODE
316 W 49TH STREET, NEW YOR, NY 10019		8TH AND 9TH AVENUES	10019
Applicant <small>(Attach a list of all individuals that will be listed/associated with the license)</small>	NAME: ALBERICO CAMPANA JR	ATTORNEY/ REPRESENTATIVE	NAME:
	PHONE: 2122450505		PHONE:
	EMAIL: ALBERICOCAMPANA@AOL.COM		EMAIL:
MANAGER	NAME: SAME	LANDLORD	NAME: JAY DOMB
	PHONE:		PHONE: 2122457000
	EMAIL:		EMAIL: JDNYCHOTELS@GMAIL.COM
APPLICATION TYPE (<u> </u> <i>New York State Liquor License</i> <u> X </u> <i>Dept. of Transportation Dining Out</i>)			
<input type="radio"/> New	Has applicant owned or managed a similar business?		YES 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/Method of Operation Change/Removal	What is the license # and expiration date?		
	Is applicant making any alterations or operational changes?		YES NO
	If alterations or operational changes are being made, please describe/list all changes.		
<input checked="" type="radio"/> Alteration	What is the current license # and expiration date?		1026490 EXP: 8/31/2025
	Please list/describe the nature of all the changes and attach the plans: SIDEWALK CAFE		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input checked="" type="radio"/> Liquor/Wine/Beer & Cider <input type="radio"/> Beer & Cider <input 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 filed with the SLA? If yes, when? If no, when does applicant plan to file?		<input checked="" type="radio"/> YES <input type="radio"/> NO	1995
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 foot radius of the establishment and the Public Interest Statement.		YES <input checked="" type="radio"/> NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship within a 200 foot radius of the establishment.		YES <input checked="" type="radio"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?		YES <input checked="" type="radio"/> NO	

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

HOURS of Operation		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Indoors		4 to 9pm	4 to 9pm	12 to 10pm	12 to 10pm	12 to 11pm	12 to 11pm
Outdoors		"	"	"	"	"	"	"
Kitchen		"	"	"	"	"	"	"
Music (indoors)		"	"	"	"	"	"	"

If yes, what type(s)?
(Circle all that apply)

BACKGROUND

LIVE MUSIC

DJ

JUKE BOX

KARAOKE

OCCUPANCY

	Capacity Pursuant to Certificate of Occupancy	Maximum Occupancy (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	299	299	40	240	0	0	0
OUTSIDE <i>(Rooftop/Rear Yard/Patio/Terrace/Garden; within the premises)</i>	-	-	-	-	-	-	-
DOT Dining Out: Sidewalk Cafe	4	4	2	4			
DOT Dining Out: Roadway	-	-	-	-			

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

DAILY

Will there be dancing?

YES NO

Will applicant have bottle or table service for alcohol beverages other than wine?

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 MCB prior to making changes to its method of operation?

YES NO

Will applicant be using delivery bicycles? If yes, how many? Please describe where delivery bicycles will be parked when picking up deliveries?

YES NO

Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly marked with the name as described by NYC Law?	YES	<input checked="" type="radio"/> NO	.
Where will applicants' own delivery bicycles be parked when not making deliveries?	-		
If applicant is using third party delivery service, where will third party delivery bicycles park?	-		
Where will applicant store its garbage containers when not in use?	BASEMENT		
Where will applicant lay out garbage containers and at what time?	YES. EARLY AM HOURS		

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	
Does the building have a Certificate of Occupancy ("C of O") or a Letter of No Objection?	<input checked="" type="radio"/> YES	NO	
Is a Public Assembly permit required?	<input checked="" type="radio"/> YES	NO	
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	NO	
What is the zoning designation for this location?			

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	LIST ATTACHED	
	# 2		
	# 3		
	# 4		
	# 5		
When did applicant post the notice that was provided?	AUG 5, 2024		
Where did applicant post the notice that was provided?	IN FRONT OF RESTAURANT AND ACROSS THE STREET		
Please provide dates when applicant met with the groups listed above.	NOT YET		
Who was your contact person at each group you met with?	-		
Will applicant provide a cell phone number to neighbors and respond to complaints that arise? If yes, please provide.	YES	<input checked="" type="radio"/> NO	
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicant's jobs webpage?	YES	<input checked="" type="radio"/> NO	

MULTIPLE SPACES/FLOORS 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

BUILDING DESIGN			
State the name and type of business previously located in the space.	<i>NOT APPLICABLE</i>		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	
Has the applicant/owner(s) read MCB4 ADA Guidelines Memo?	YES	NO	
Is the entrance ADA Compliant?	YES	NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	
Will applicant have a vestibule within the establishment?	YES	NO	
Will applicant use a storm enclosure?	YES	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?	YES	NO	
Will applicant comply with the NYC noise code?	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	
Will applicant close all windows, French doors, garage doors by 11 p.m. Friday and Saturday and 10 p.m. on all other days even if no music or amplified sound is played inside the establishment?	YES	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	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?	YES	NO	
Will the kitchen exhaust system extend to the roof?	YES	NO	
Will the establishment have an illuminated sign?	YES	NO	
Will the establishment have a pole-supporting canopy extending over the sidewalk?	YES	NO	
Where will the air conditioner be located? What type is it?			
When was the air conditioner installed?			

OUTDOOR PRIVATE PROPERTY – ROOFTOP, REAR YARD, TERRACE			
Has the applicant/owner(s) read MCB4 Rear Yard Rooftop Policy?	YES	NO	
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck, gazebo? If yes, which one(s)?	YES	NO	
Are the floorplans for the outdoor space(s) included?	YES	NO	
Will applicant close and vacate the outdoor space(s) by 11 p.m. on Friday & Saturday and 10 p.m. on all other days?	YES	NO	
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	
Will applicant prohibit patrons from drinking in any outdoor space(s)?	YES	NO	
Will there be no amplified music, as per the law?	YES	NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	
Will applicant agree to post signs outside asking customers to respect the neighbors?	YES	NO	
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants; apartments)	YES	NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	

DEPARTMENT OF TRANSPORTATION DINING OUT: SIDEWALK			
Has the applicant read MCB4 Sidewalk Café Policy?	<input checked="" type="radio"/> YES	NO	
Will applicant be applying for sidewalk seating now or in the future?	<input checked="" type="radio"/> YES	NO	now
If you answered no to the question above, jump to the next page			
Did applicant submit an application and dimension site plan at scale to NYC Dept. of Transportation? Please attach a copy of application and plans.	<input checked="" type="radio"/> YES	NO	
Will applicant close and vacate the sidewalk and roadway seating by 11 p.m. on Friday & Saturday and 10 p.m. on all other days?	<input checked="" type="radio"/> YES	NO	
Will applicant respect trees and tree pits and insure the health of the tree?	<input checked="" type="radio"/> YES	NO	
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	<input checked="" type="radio"/> YES	NO	
Will applicant prohibit patrons from drinking in any outdoor space(s) or adjacent sidewalk?	<input checked="" type="radio"/> YES	NO	
Will applicant permit NO wait lines or smoking outside?	<input checked="" type="radio"/> YES	NO	
Will there be no amplified music, as per the law?	<input checked="" type="radio"/> YES	NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	<input checked="" type="radio"/> YES	NO	
Will there be a staff person responsible to ensure no loitering, noise or crowds outside?	<input checked="" type="radio"/> YES	NO	
Will applicant agree not to use propane heaters?	<input checked="" type="radio"/> YES	NO	
Will applicant agree to abide by all applicable fire codes, including not blocking fire escapes?	<input checked="" type="radio"/> YES	NO	
Will the outdoor dining deposit its garbage in a container on the parking lane?	YES	<input checked="" type="radio"/> NO	NOT APPLICABLE
Will the café have a 3 foot-wide serving aisle running the entire length of the sidewalk seating?	<input checked="" type="radio"/> YES	NO	
Will the sidewalk seating have a platform?	YES	<input checked="" type="radio"/> 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="radio"/> YES	NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	<input checked="" type="radio"/> NO	NOT APPLICABLE
Will the sidewalk seating block subway grate, utility hardware or Siamese water connection?	YES	<input checked="" type="radio"/> 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?			NO CONSTRUCTION

DEPARTMENT OF TRANSPORTATION DINING OUT: ROADWAY

NOT APPLICABLE

Did applicant submit an application and dimension site plan at scale to NYC Dept. of Transportation? Please attach a copy of application and plans.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
If you answered no to the question above, jump to the next page			
Will the roadway structure extend on top of the curb or pedestrian refuge? By how much?	YES	NO	
Will the roadway structure have an ADA compliant ramp (not in the bike lane)?	YES	NO	
Will the roadway structure extend in the striped zone along the bike lane? By how much?	YES	NO	
Will the electric wires be brought over at the roof level?	YES	NO	
Will applicant dismantle and dispose of a shed that is no longer in use, along with its furniture?	YES	NO	
Will there be no music or amplified sound in any outdoor seating, as per law?	YES	NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	
Will applicant close and vacate the sidewalk and roadway seating by 11 p.m. on Friday & Saturday and 10 p.m. on all other days?	YES	NO	
Will the Outdoor Dining Sidewalk & Roadway provide no standing space for drinking or smoking?	YES	NO	
Will the service and consumption of alcohol in the Outdoor Dining Sidewalk/Roadway only be via seated food service?	YES	NO	
Will applicant prohibit patrons from drinking in any outdoor space(s) or adjacent sidewalk?	YES	NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	
Will applicant permit NO wait lines or smoking outside?	YES	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?	YES	NO	
Will applicant respect trees and tree pits and insure the health of the tree?	YES	NO	
Will applicant permit NO wait lines or smoking outside?	YES	NO	
Will there be a staff person responsible to ensure no loitering, noise or crowds outside?	YES	NO	
Will applicant agree not to use propane heaters?	YES	NO	
Will the outdoor dining deposit its garbage in a container on the parking lane?	YES	NO	

ADDITIONAL STIPULATIONS: (Office Use Only)

To the extent any additional stipulation on pages 9 and 10 of this application conflicts with any response on pages 1 – 11 of this application, the stipulations on pages 9 and 10 control.

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

To the extent any additional stipulation on pages 9 and 10 of this application conflicts with any response on pages 1 – 11 of this application, the stipulations on pages 9 and 10 control.

Manhattan Community Board 4 (MCB4) recommends:
 (MCB4's recommendation is based on a vote taken at its
 September 4, 2024 full board meeting, with 37 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

MCB4 REPRESENTATIVES

 Nelly Gonzalez MCB4 Assistant District Manager	 Frank Holozubiec MCB4 BLP Committee Co-Chair	 Burt Lazarin MCB4 BLP Committee Co-Chair
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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 representatives and applicant. These stipulations supersede any oral statements, representations, or prior iterations in connection with this application.

<p>SIGN HERE →</p>	<p>ALBERIGO CAMPANA</p> <p>PRINT NAME OF APPLICANT</p>	<p>AMC</p> <p>SIGNATURE OF APPLICANT</p>	<p>8/6/2024</p> <p>DATE</p>
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SECTION 1: Site Plan

- This Site Plan form is required to be uploaded in the "Sidewalk Site Plan" field of your online application.
- Refer to the [How to Apply](#) page in the Dining Out NYC website for more information about the application process.

Identify Clear Path Requirements:

Clear path requirement for your sidewalk cafe can be found by identifying your corridor type on the DOT's Pedestrian Mobility Plan [Pedestrian Demand Map](#).

- C1- Global Corridor (12 feet Clear Path)
- C2- Regional Corridor (10 feet Clear Path)
- C3- Neighborhood Corridor, Community Connector, or Baseline Street (8 feet Clear Path)

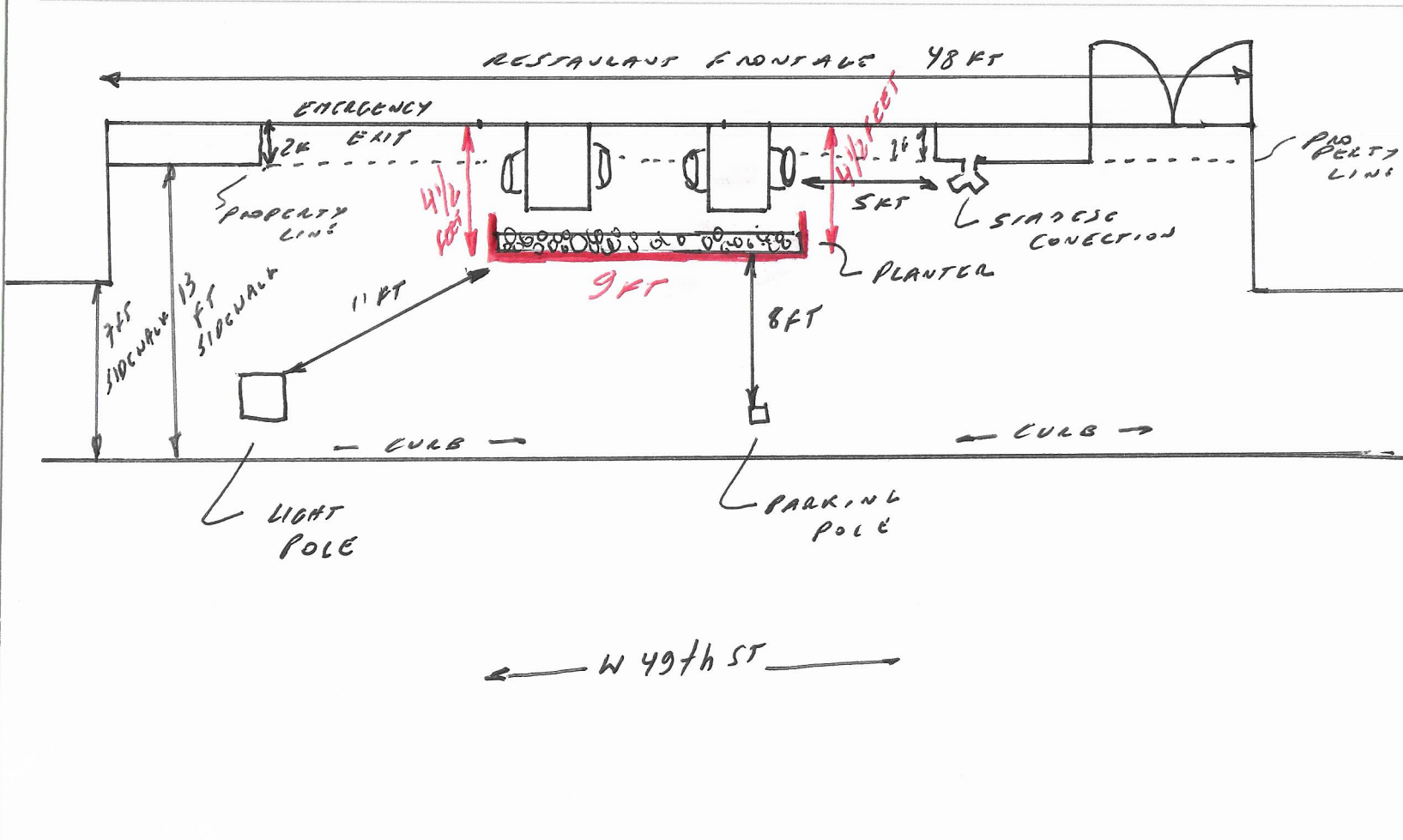
Setup Area Identification :

- Please check this box if you plan to have outdoor dining located partially within private property. If you are uncertain, please request records from your property owner/manager.
- Please check this box if all or part of your sidewalk cafe is in a sidewalk widening area, developed pursuant to the NYC Zoning Resolution. If so, indicate the property line in the site plan drawing below.

Sidewalk Cafe Site Plan Form

Applicant Name: 316 W 49th St
 Restaurant Name: REST COLP CHURRAS CANA PLATAFORMA
 FSEP Number: 40546098

Use the space below to draw or upload your Site Plan representing your cafe perimeters, furniture, and clearances.



Drawing Requirements

- Food service establishment frontage shown by:**
 - Line representing the establishment's space facing the sidewalk
 - Length
 - Labels
- Private Property shown as:**
 - Dashed line
- Street names:**
 - Labels on each street
- Sidewalk shown as:**
 - Line representing street curb
 - Width measured from building line to curb line
- Building entrances shown as:**
 - Label
- Cafe perimeter shown as:**
 - Lines indicating perimeter
 - Length and width
- Set-up furniture (tables, chairs, etc.) shown as:**
 - Lines or symbols at approximate location within setup
- Elements (in Section 2 of this form) within 15 feet of cafe perimeter, shown as:**
 - Lines or symbols
 - Distance from cafe perimeter
 - Labels
- Utility coverings (water/gas valves, and pull boxes) shown as:**
 - Symbols representing the location within the setup

Length of sidewalk cafe: 9 feet Width of sidewalk cafe: 4 1/2 feet

North arrow

SECTION 2: Required Clearances

Please provide distances from the following objects.
Only provide a distance if the listed object is within 15 feet of your proposed setup.
Refer to the [Setup Guides](#) in the Dining Out NYC website for more information regarding clearances.

Elements with minimum 15 feet clearance from sidewalk cafe:

S01- Subway Stair: Open End _____ feet

Elements with minimum 10 feet clearance from sidewalk cafe:

S02- Subway Elevator Entrance _____ feet

S04- MTA Curb Cut _____ feet

S03- Exhaust Duct _____ feet

S05- FDNY Curb Cut _____ feet

Elements with minimum 8 feet clearance from sidewalk cafe:

S06- Street Tree Bed _____ feet

S13- Newsstand _____ feet

S07- Mailbox _____ feet

S14- Streetlight 13 feet

S08- LinkNYC Kiosk _____ feet

S15- Bus Stop Pole _____ feet

S09- Wayfinding Kiosk _____ feet

S16- Fire Hydrant _____ feet

S10- E-charging Station _____ feet

S17- Bus Stop Shelter _____ feet

S11- Parking Meter _____ feet

S18- Traffic Signal _____ feet

S12- SBS Fare Machine _____ feet

Elements with minimum 5 feet clearance from sidewalk cafe:

S19- CitiBike/Bike Share Station _____ feet

S24- Emergency Exit Hatch _____ feet

S20- Bike Corral _____ feet

S25- Subway Stair: Closed End _____ feet

S21- Micromobility Station _____ feet

S26- Subway Elevator: Non-Entry _____ feet

S22- Primary Building Entrance _____ feet

S27- Siamese Connection 5 feet

S23- Curb Cut _____ feet

Elements with minimum 3 feet clearance from sidewalk cafe:

S28- Elevated Train Infrastructure _____ feet

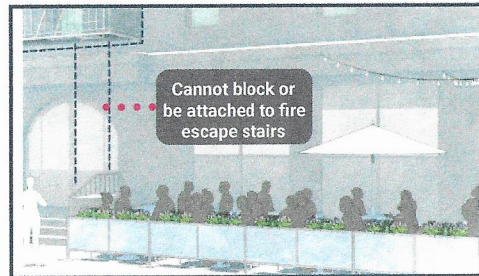
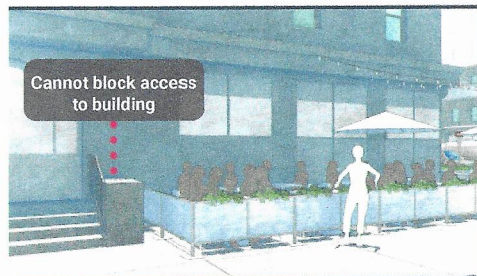
S29- Transformer Vault _____ feet

Elements with minimum 1 foot 6 inches clearance from sidewalk cafe elements:

S30- Vent Infrastructure: _____ inches
utility vent poles, vent
grates, subway grates

S31- Manholes _____ inches

Check this box if none of the objects listed above are within 15 feet of the proposed setup.



SECTION 3: Material Requirements

- Please indicate which of the following materials will be part of your sidewalk cafe by checking the box next to the category. If applicable, please confirm the materials comply with the Dining Out NYC requirements by checking the box next to the associated requirement.
- Refer to the [Setup Guides](#) in the Dining Out NYC website for more information regarding materials.

Materials Checklist:

Required

Perimeter Demarcation (All of the following must be met)

- Perimeter demarcation must be clear and visible by using a lightweight and removable self-supporting base wall, railing, planter, fence, or stanchion and rope.
- Maximum height is 2 feet 6 inches (excluding planting(s)).
- Not affixed to the sidewalk.

Optional- Only check the material categories you intend to use in your sidewalk cafe

Furnishings (if using, the first two below must be met)

- Lightweight and easily movable.
- Not affixed to the sidewalk.
- Check here if you plan to place tables/chairs on top of a cellar or basement door. If so, please complete the [Cellar or Basement Door Certification](#)

Awnings Physically Attached to the Building (if using, all of the following must be met)

- Minimum 8 feet height from the ground and does not exceed 10 feet height.
- Easily removable, comprised of fire-grade and wind resistant materials.
- Does not extend beyond the perimeter of the sidewalk cafe.
- Complies with the New York City Building Code. Please note that this may require additional permits from DOB, and/or approval from the Landmarks Preservation Commission (LPC) as applicable.

Overhead Coverings/ Umbrellas (if using, all of the following must be met)

- Minimum 7 feet height from the ground and does not exceed 10 feet height.
- Easily removable, comprised of fire-grade and wind resistant materials.
- Does not extend beyond the perimeter of the sidewalk cafe.
- The umbrella/overhead covering has a weighted base and any supports are not affixed to the sidewalk.
- Any support structures are of sufficient size and strength, made of durable materials, and free of defects.

Lighting and Electrical Connections (if using, all of the following must be met)

- Any lighting is outdoor rated, properly secured, and lightweight.
- Connection is directly connected to ground floor restaurant's power source and within the perimeter of the cafe.
- Does not extend beyond the perimeter of the sidewalk cafe.
- Does not exceed 10 feet in height.
- Not attached to any City property, including street trees.
- Electrical work complies with the applicable requirements set forth in DOT's rules and the New York City Electrical Code. Please note that this may require additional permits from DOB or FDNY, and/or approval from the Landmarks Preservation Commission (LPC) as applicable.



Add Restaurant

Food Service Establishment Permit (FSEP)

FSEP #*

40546098



If you received your Food Service Establishment Permit Number or brought your FSEP status current within the last business day, you will not be able to add the restaurant today. Please return tomorrow to add the restaurant to your profile.

Business Legal Name

316 WEST 49TH RESTAURANT CORP.

Assumed Name (Doing Business As)

CHURRASCARIA PLATAFORMA

Business Address

316 WEST 49 STREET, NEW YORK, NY

Company Role*

Owner ▾

Restaurant Information

Entity Type*

Corporation ▾

Employer Identification Number*

13-3849850

Phone*

(212) 245-0505

Email Address*

albericcampana@aol.com

Emergency Contact Information

First Name*

alberico

Last Name*

campana

Phone*

(917) 513-7451

Email Address*

albericcampana@aol.com

Business hours

- All times must be entered in HH:MM AM/PM format.

	Open?	Open Time	Close Time
Sun:	<input type="checkbox"/>	12:00 PM	09:00 PM
Mon:	<input type="checkbox"/>	04:00 PM	09:00 PM
Tues:	<input type="checkbox"/>	04:00 PM	09:00 PM
Wed:	<input type="checkbox"/>	12:30 PM	10:00 PM
Thurs:	<input type="checkbox"/>	12:30 PM	10:00 PM
Fri:	<input type="checkbox"/>	12:00 PM	10:30 PM
Sat:	<input type="checkbox"/>	12:00 PM	10:30 PM

Department of State (DOS) Information

DOS ID * 1947410
Process Name* CHURRASCARIA PLATAFORMA
House Number* 316
Street* WEST 49TH STREET
City* NEW YORK
State* New York
Zip Code* 10019

New York State Liquor Authority (NYSLA) Information

Does your establishment serve or plan to serve alcohol in the outdoor seating area(s)? *

Yes No

NYSLA License ID * 1026490

License Type* On-Premises

Name of Licensee* 316 west 49th restaurant corp

Title of Representative* TREASURER OWNER

Name of Certificate Holder* 316 west 49th restaurant corp

Documents (Click or drag & drop a file on the link)

- Allowed file formats: jpg, jpeg, png, tiff, pdf. Max file size: 10MB

IRS 147-C Letter* [📎](#)

NYC Substitute W-9 Form* [📎](#)

Tax Affirmation Form* [📎](#)

Insurance Requirements Acknowledgement Form* [📎](#)

Address Verification Memo [📎](#)

Certificate of Broker Certificates [📎](#)

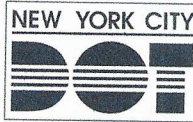
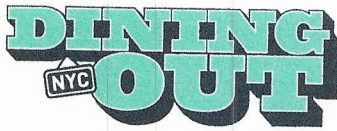
NYS Workers' Compensation Insurance Form [📎](#)

DB-120.1, Certificate of Disability Benefits Insurance [📎](#)

Add

Cancel

Upload All



Eric Adams
Mayor
Ydanis Rodriguez
Commissioner

PROPERTY OWNER'S CONSENT TO OPERATE A SIDEWALK CAFE OR ROADWAY CAFE

The owner ("Owner") or an authorized representative of the property management company ("Management") of the land and improvement ("Premises") where you plan to operate your sidewalk cafe or roadway cafe must complete this form.

I certify the following:

- I am the Owner of the Premises; or
- I am the Management of the Premises.

The Premises is located at:
316 W 49TH STREET, NY, NY 10019

(Address)
Borough of MANHATTAN

Further, I give my consent to 316 W 49TH RESTAURANT CORP (Name of Applicant / Lease Holder) to operate a sidewalk cafe or roadway cafe, pursuant to all applicable City approvals, in front of said Premises while I am the Owner or Management, unless sooner revoked by me. Such consent may only be terminated for purposes of license renewal and must be made to the NYC Department of Transportation by electronic mail at diningoutnyc@dot.nyc.gov

[Signature] 6/3/24
Signature of Owner or Management of Premises Date

JAY DOMB
Print Name
319 West 48th St New York, NY 10036
Address
212-245-7000
Telephone Number

Sworn to before me this 3rd Day
of JUNE, 2024

X [Signature]
Notary Public

NYC Department of Transportation
Office of Cityscape & Franchises
Outdoor Dining Unit
55 Water Street, 12th Floor
New York, NY 10041
T: 212.839.6550 F: 212.839.9895
nyc.gov/dot

NURYS COMPRES
Notary Public - State of New York
No. 01CO6373037
Qualified in New York County
My Commission Expires April 2, 2026

INTERNAL REVENUE SERVICE



FAX TRANSMISSION
Cover Sheet

Date: May 29, 2024

To: Alberico

Address/Organization: _____

Fax Number: 1-212-214-0594

Office Number: _____

From: Ms. Gullo

Address/Organization: Internal Revenue Service

Fax Number: 855-300-7815

Office Number: 800-829-4933

Number of pages:

Including cover page

Subject:

This communication is intended for the sole use of the individual to whom it is addressed and may contain confidential information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any dissemination, distribution or copying of this communication is strictly prohibited by the provisions of the Internal Revenue code. If you have received this communication in error, please contact the sender immediately by telephone. Thank you.



**Department of the Treasury
Internal Revenue Service**

In reply refer to: 0254135151
5/29/2024 LTR 147C

Ogden, UT, 84409

316 WEST 49TH RESTAURANT CORP
% LUIS GOMES
316 W 49TH ST
NEW YORK, NY 10019-7391-162

Employer Identification Number: 13-3849850

Dear Taxpayer:

Thank you for your inquiry of 5/29/2024.

Your Employer Identification Number (EIN) is 13-3849850.
Please keep this letter in your permanent records. Enter your name and your EIN on all business federal tax forms and on related correspondence.

If you have any questions regarding this letter, you can call 1-800-829-0115. If you prefer, you may write to us at the address shown at the top of the first page of this letter. When you write, please include a telephone number where you may be reached and the best time to call.

Sincerely,
Ms. Gullo
1005070564
CSR

THE CITY OF NEW YORK
SUBSTITUTE FORM W-9:
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER & CERTIFICATION

FMS

TYPE OR PRINT INFORMATION NEATLY. PLEASE REFER TO INSTRUCTIONS FOR MORE INFORMATION.

Part I: Vendor Information

1. Legal Business Name: (As it appears on IRS EIN records, IRS Letter CP575, IRS Letter 147C -or- Social Security Administration Records, Social Security Card)

316 WEST 49TH RESTAURANT CORP

2. If you use DBA, please list below:

CHURRASCARIA PLATAFORMA

3. Entity Type (Check one only):

Church or Church-Controlled Organization

Personal Service Corporation

Non-Profit Corporation

Corporation/ LLC

Government

City of New York Employee

Individual/ Sole Proprietor

Trust

Joint Venture

Partnership/ LLC

Single Member LLC (Individual)

Resident/Non-Resident Alien

Non-United States Business Entity

Estate

Part II: Taxpayer Identification Number & Taxpayer Identification Type

1. Enter your TIN here: (DO NOT USE DASHES)

1	3	3	8	4	9	8	5	0
---	---	---	---	---	---	---	---	---

2. Taxpayer Identification Type (check appropriate box):

Employer ID Number (EIN)

Social Security Number (SSN)

Individual Taxpayer ID Number (ITIN)

N/A (Non-United States Business Entity)

Part III: Vendor Addresses

1. 1099 Address:

Number, Street, and Apartment or Suite Number

316 W 49TH STREET

City, State, and Nine Digit Zip Code or Country

NEW YORK, NY 10019

2. Account Administrator Address:

Number, Street, and Apartment or Suite Number

316 W 49TH STREET

City, State, and Nine Digit Zip Code or Country

NEW YORK, NY 10019

3. Billing, Ordering & Payment Address:

Number, Street, and Apartment or Suite Number

316 W 49TH STREET

City, State, and Nine Digit Zip Code or Country

NEW YORK, NY 10019

Part IV: Exemption from Backup Withholding and FATCA Reporting (See Instructions)

Exemption Code for Backup Withholding _____

Exemption Code for FATCA Reporting _____

Part V: Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct Taxpayer Identification Number, and
- I am not subject to Backup Withholding because: (a) I am exempt from Backup Withholding, or (b) I have not been notified by the IRS that I am subject to Backup Withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to Backup Withholding, and
- I am a US citizen or other US person, and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Sign

Here:

ALBERICO CAMPANA

2122450505

05/24/24

Signature

Phone Number

Date

ALBERICO CAMPANA

9175137451

ALBERICOCAMPANA@AOL.COM

Print Preparer's Name

Phone Number

Contact's E-Mail Address:

FOR SUBMITTING AGENCY USE ONLY

Submitting Agency Code: _____

Contact Person: _____

Contact's E-Mail Address: _____

Telephone Number: () _____

Payee/Vendor Code: _____

DO NOT FORWARD W-9 TO COMPTROLLER'S OFFICE. AGENCIES MUST ATTACH COMPLETED W-9 FORMS TO THEIR FMS DOCUMENTS.

A F F I R M A T I O N

The undersigned proposer or bidder affirms and declares that said proposer or bidder is not in arrears to the City of New York upon debt, contract or taxes and is not a defaulter, as surety or otherwise, upon obligation to the City of New York, and has not been declared not responsible, or disqualified, by any agency of the City of New York, nor is there any proceeding pending relating to the responsibility or qualification of the proposer or bidder to receive public contracts except

Full name of proposer or bidder

316 WEST 49TH RESTAURANT CORP

Address 316 W 49TH STREET

City NEW YORK State NY

Zip 10019

CHECK ONE AND INCLUDE APPROPRIATE NUMBER:

- () A Individual or Sole Proprietorship
SOCIAL SECURITY NUMBER _____
- () B Partnership, Joint Venture or other unincorporated organization
Employer Identification Number _____
- (X) C Corporation
Employer Identification Number 13-3849850

By: AMU
Signature

TREASURER - OWNER

Title

(Must be signed by an officer or duly authorized representative.)

If a corporation, place seal here:



Under the Federal Privacy Act the furnishing of Social Security Number is by bidders on City contracts is voluntary. Failure to provide a Social Security Number will not result in a bidder's disqualification. Social Security Numbers will be used to identify bidders, proposers or vendors to ensure their compliance with laws, to assist the City in enforcement of laws as well as to provide the City a means of identifying businesses which seek City contracts.



Eric Adams
Mayor
Ydanis Rodriguez
Commissioner

Dining Out NYC Insurance Requirements

Acknowledgement Form

[For restaurant to complete]

316 WEST 49TH RESTAURANT CORP

I, _____, *[Insert License Applicant Name]* hereby acknowledge that, if approved, the food service establishment will need to obtain and maintain:

- Commercial general liability (CGL) insurance for no less than One Million Dollars (\$1,000,000) per occurrence. In the event such insurance contains an aggregate limit, the aggregate shall apply on a per-location basis and shall be at least Two Million Dollars (\$2,000,000). This GCL policy must name the City of New York and its officials and employees as additional insured;
- Workers' Compensation insurance, Employers Liability insurance, and Disability Benefits in compliance with the laws of the State of New York;
- If alcohol is to be served within the sidewalk or roadway cafe, liquor law liability insurance that names the City of New York and its officials and employees as additional insured in the amount of One Million Dollars (\$1,000,000) per occurrence; and
- If automobiles are utilized, commercial automobile liability insurance in the amount of at least One Million Dollars (\$1,000,000) each accident (combined single limit) for claims arising out of the ownership, maintenance, or use of any owned, non-owned or hired vehicles.

I also acknowledge and understand that more detailed insurance and indemnification requirements will be set forth in the revocable consent agreement for a sidewalk or roadway cafe. If approved, prior to or upon signing the revocable consent agreement, the food service establishment shall provide to the New York City Department of Transportation (NYC DOT) proof of insurance in a form acceptable to NYC DOT.

Amv

Signature of License Applicant

ALBERICO CAMPANA

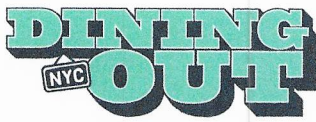
Print Name

MAY 21, 2024

Date

TREASURER - OWNER

Print Title / Position (if any)



Eric Adams
Mayor
Ydanis Rodriguez
Commissioner

Dining Out NYC Applicant Affirmation

[For restaurant to complete]

I am authorized to complete and submit this application and all attachments (together, the “Application”).

I have reviewed the entire Application. I declare, under the penalties of the New York Penal Law § 210.45, that statements contained in this Application are, to the best of my knowledge and belief, true and correct, and that I have not knowingly and willfully made a false statement or given information which I know to be false.

If any of the information in this Application changes, the applicant must inform the New York City Department of Transportation (“NYC DOT”) of those changes.

I understand and acknowledge that NYC DOT has not yet considered this Application. The applicant will not operate the sidewalk cafe or roadway cafe until receipt of an actual license document from NYC DOT or until / unless NYC DOT has given prior written permission to operate while this Application is pending.

I also understand and acknowledge that, if approved, the sidewalk cafe or roadway cafe must comply with all applicable laws, rules, and regulations including but not limited to the Dining Out NYC program requirements contained in chapter 5 of Title 34 of the Rules of the City New York.

I affirm that these statements are true and accurate.

Am ✓ ✓

Signature of License Applicant

MAY 29, 2024

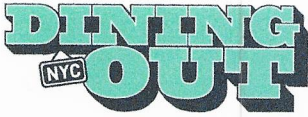
Date

ALBERICO CAMPANA

Print Name

OWNER - TREASURER

Print Title / Position (if any)



Eric Adams
Mayor
Ydanis Rodriguez
Commissioner

Pest Control Services Certification
[For restaurant to complete]

I ALBERICO CAMPANA *[Insert License Applicant Name]* hereby certify that, pursuant to section 5-04(c)(5) of Title 34 of the Rules of the City of New York, 316 W 49TH RESTAURANT CORP *[Insert Restaurant Name]* has entered into a contract with a licensed pest control professional that includes pest control services for the sidewalk cafe or roadway cafe.

Amv

Signature of Applicant

ALBERICO CAMPANA

Print Full Name

OWNER - TREASURER

Print Title / Position (if any)

MAY 29 2024

Date

Transaction details

Payment sent to City of New York

Date: May 30, 2024 at 12:15:30 PM PDT
Transaction type: Checkout
Transaction ID: 4V402795YB2654002
Gross amount: -\$1,071.00 USD

Transaction status: Completed
Invoice ID: 295

Shipping address

We have no postal address on file

Order details

Item ID	Item name	Quantity	Price	Subtotal
-	-	1	\$1,071.00 USD	\$1,071.00 USD
Purchase Total				\$1,071.00 USD

Amount details

Item	Subtotal
Purchase Total	-\$1,071.00 USD
Sales Tax	\$0.00 USD
Shipping Amount	\$0.00 USD
Handling Amount	\$0.00 USD
Insurance Amount	\$0.00 USD
Gross Amount	-\$1,071.00 USD
PayPal Fee	\$0.00 USD
Net Amount	-\$1,071.00 USD

Funding details

Funding type: Bank Account
Funding source: -\$1,071.00 USD - HSBC BANK USA, N.A. ending in x-7156

Customer details

Contact info:
City of New York
<https://www.diningoutnyc.info>
outdoordininginvoices@dot.nyc.gov

The receiver of this payment is Verified

Need help? Go to the [Resolution Center](#) for help with this transaction, to settle a dispute or to open a claim.