

# Manhattan Community Board 4

(All Fields Must Be Completed)

# Liquor License Stipulations Application

<b>APPLICANT</b> Pasta I Inc.		<b>DOING BUSINESS AS (DBA)</b> Pasta I Inc.	
<b>STREET ADDRESS</b> 186 9 <sup>th</sup> Avenue		<b>CROSS STREETS</b> W 21 <sup>st</sup> & W 22 <sup>nd</sup> Street	
<b>OWNER</b>	<b>NAME:</b> Mellisa Muller	<b>REPRESENTATIVE</b>	<b>NAME:</b> Michael Kelly
	<b>PHONE:</b> 917-544-3972		<b>PHONE:</b> 917-523-4972
	<b>FAX:</b>		<b>FAX:</b> 914-632-6034
<b>MANAGER</b>	<b>NAME:</b>	<b>LANDLORD</b>	<b>NAME:</b> Rozmac Realty
	<b>PHONE:</b>		<b>PHONE:</b> 212-243-6722
	<b>FAX:</b>		<b>FAX:</b>

**DESCRIPTION OF BUSINESS**

Establishment Type:

Bar/Tavern  
  Bed & Breakfast  
  Eating Place Beer  
  Cabaret  
  Night Club  
  Hotel  
 **Restaurant**

Catering Establishment  
  Club (Fraternal Organization – Members Only)

Other (Explain):

Method of Operation:

**Restaurant**  
 Dance Club  
 Sports Bar  
 Adult Entertainment  
 Wine Bar  
 Pizzeria  
 Cafe

Other (Explain):

License Type:

**On-Premise**  
 Wine  
 Beer  
 Wine & Beer

<b>APPLICATION TYPE</b> <i>(check one)</i>	<input checked="" type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?	<input checked="" type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
		What is/was the name of establishment?	<b>Terra Mia Enterprises</b>	
		What is/was the address of the establishment?	<b>190 7<sup>th</sup> Ave</b>	
		What were the dates the applicant was involved with this former premise?	<b>August 2010 - Presents</b>	
	<input type="radio"/> <b>Transfer</b>	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	<input checked="" type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
		<i>If alterations or operational changes are being made, please attach the plans to this form.</i>		
	<input type="radio"/> <b>Alteration</b>	What is the current license #?		
		What is the expiration date on the current license?		
<i>Please describe the nature of the alterations and attach the plans</i>				

<b>OPERATIONAL ISSUES</b>										
<b>HOURS</b>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	<b>Operation</b>	8 a.m. – 2 a.m.	8 a.m. – 2 a.m.	8 a.m. – 2 a.m.	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	8 a.m. – 2 a.m.	
	<b>Music</b>	8 a.m. – 2 a.m.	8 a.m. – 2 a.m.	8 a.m. – 2 a.m.	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	8 a.m. – 2 a.m.	
	<b>Kitchen</b>	8 a.m. – 130 a.m.	8 a.m. – 130 a.m.	8 a.m. – 130 a.m.	8 a.m. – 230 a.m.	8 a.m. – 230 a.m.	8 a.m. – 230 a.m.	8 a.m. – 230 a.m.	8 a.m. – 130 a.m.	
<b>OCCUPANCY</b>	<b>INDOOR</b>				<b>BAR</b>			<b>OUTSIDE</b>		
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables	
	74	42	6	32	0	1	10	0	0	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					<input checked="" type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> 5+			
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					YES	<input checked="" type="checkbox"/> NO	N/A			
Will applicant have bottle service?					YES	<input checked="" type="checkbox"/> NO	N/A			
Will you be hosting private parties and promotional events?					YES	<input checked="" type="checkbox"/> NO	N/A			
Will outside promoters be used?					YES	<input checked="" type="checkbox"/> NO	N/A			
Will the security plan submitted be implemented?					YES	<input checked="" type="checkbox"/> NO	N/A			
Will State certified security personnel be used?					YES	<input checked="" type="checkbox"/> NO	N/A			
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					YES	<input checked="" type="checkbox"/> NO	N/A			
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)					YES	<input checked="" type="checkbox"/> NO	N/A			
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					<input checked="" type="checkbox"/> YES	NO	N/A			
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					YES	<input checked="" type="checkbox"/> NO	N/A	Will apply in future		
Will applicant provide contact information to neighbors and respond to complaints that arise?					<input checked="" type="checkbox"/> YES	NO	N/A			
If you plan to have music, what type(s)?			<input checked="" type="checkbox"/> BACKGROUND	<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> DJ					
<b>BUILDING DESIGN</b>										
Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.					<input checked="" type="checkbox"/> YES	NO	N/A			
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	N/A			
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)					<input checked="" type="checkbox"/> YES	NO	N/A			

**OUTDOOR ITEMS**

Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="checkbox"/> NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	<input checked="" type="checkbox"/> N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	<input checked="" type="checkbox"/> N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	<input checked="" type="checkbox"/> N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	NO	<input checked="" type="checkbox"/> N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	<input checked="" type="checkbox"/> N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	<input checked="" type="checkbox"/> N/A

**LOCATION & ZONING**

Primary Zoning District:	<b>R7B</b>	Overlay (If Applicable):	<b>C2-5</b>
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="checkbox"/> YES	NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/> YES	NO	N/A
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="checkbox"/> YES	NO	N/A
Is a Public Assembly permit required?	YES	<input checked="" type="checkbox"/> NO	N/A
Are your plans filed with DOB?	YES	<input checked="" type="checkbox"/> NO	N/A
Building Type	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> <b>Mixed Use</b> <input type="checkbox"/> Other, describe: _____		
Adjacent Buildings	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> <b>Mixed Use</b> <input type="checkbox"/> Other, describe: _____		
<b>NOTIFICATION:</b> What organizations / community groups have you notified regarding your application?	# 1		
	# 2		
	# 3		

**ADDITIONAL INFORMATION: (Applicant Use)**

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

- Applicant will follow DOB standards for Black Iron Exhaust for kitchen exhaust
- Applicant must do more community outreach prior to November 7<sup>th</sup> Full Board Meeting.

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

Manhattan Community Board 4 (MCB4) recommends:

Denial unless all agreed to by applicant is part of the method of operation

Denial     Approval

**CB4 REPRESENTATIVES**

  
Nelly Gonzalez  
CB4 Community Associate

Lisa Daglian  
CB4 BLP Committee Co-Chair

  
Paul Berger  
CB4 BLP Committee Co-Chair

**APPLICANT AGREEMENT WITH THE COMMUNITY**

Pursuant to these stipulations, this applicant agrees to have these provisions incorporated in the method of operation of their liquor license. Additionally, the applicant agrees to the community agreements as the basis for the community supporting this application.

**SIGN HERE** →

  
SIGNATURE OF APPLICANT

**Tuesday, October 9, 2012**

DATE

Form 54-115M-701027(155) 114

# DEPARTMENT OF HOUSING AND BUILDINGS

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

No. **56773**

Date **December 9, 1962**

## 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 2.1.3.1. to 2.1.3.7. Building Code.)

This certificate supersedes C. O. No. **28662**

To the owner or owners of the building or premises:

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

**186 Ninth Avenue**

Block **745** Lot **4**

, 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 646F of the New York Charter have been complied with as certified by a report of the Fire Commissioner to the Borough Superintendent.

NECE Alt. No. **1795-1961**

Construction classification— **Class 3**  
**Not fireproof**

Occupancy classification— **Old Law Tenement Class**. Height **4** stories, **45** feet.

Date of completion— **October 1, 1962**

Located in **Retail** Use District.

Area **1 1/2**. Height Zone at time of issuance of permit **224-1962**

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

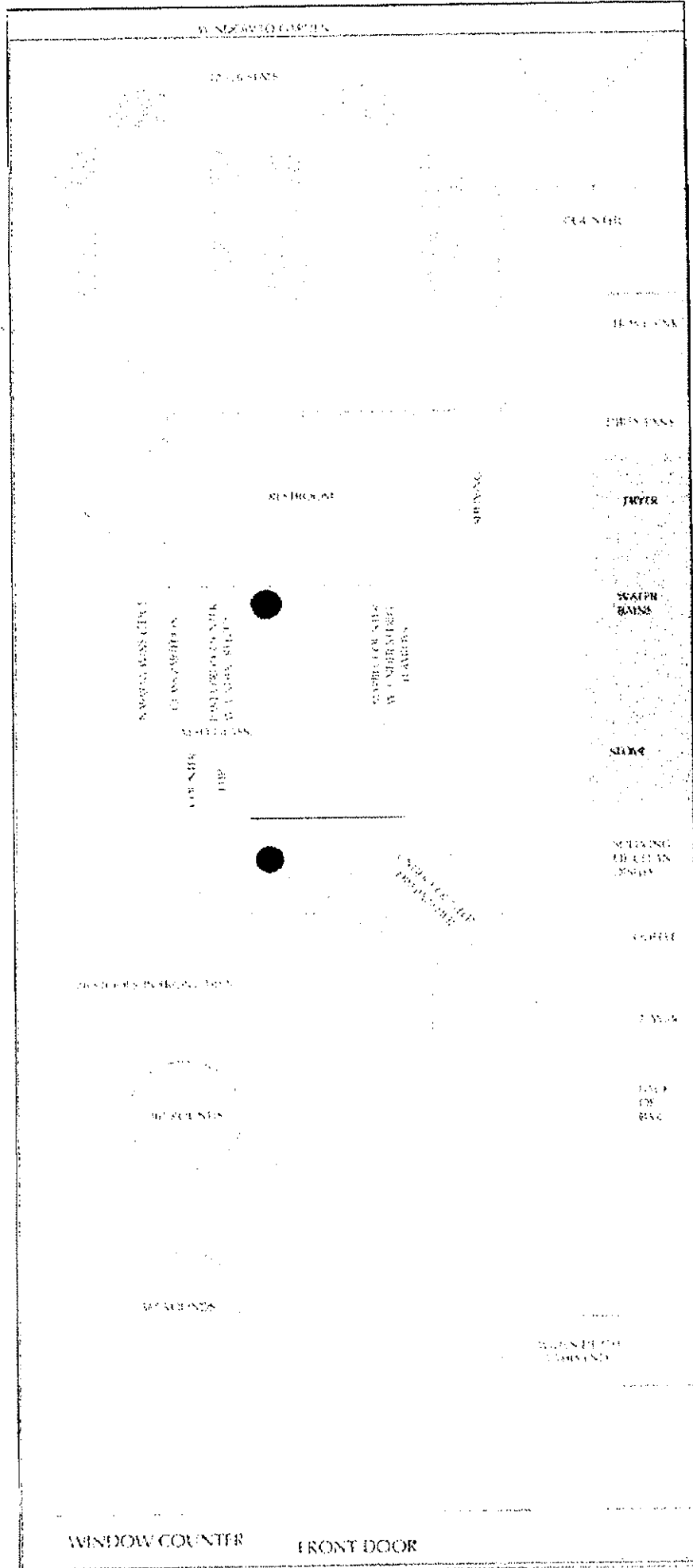
STORY	LIVE LOADS Lbs. per Sq. Ft.	PERSONS ACCOMMODATED			USE
		MALE	FEMALE	TOTAL	
Cellar	On ground				Boiler room and storage.
1st story	75			5	Stores.
2nd to 4th story, incl.					Two (2) apartments on each story.  Fuel Oil Permit # C1-84877 approved by Fire Department.

THIS CERTIFICATE SHALL ALSO BE CONSIDERED A CERTIFICATE OF COMPLIANCE OR OCCUPANCY UNDER SECTION 501 OF THE UNIFORM DWELLING LAW.

Sec. 6.12.3 sub-4 Building Code, C.26-273.0 Adm. Code  
"Prior to the occupancy of a structure erected or altered after January 1, 1938, the authorized occupancy of each floor of said structure as stated in the certificate of occupancy shall be permanently posted under glass and maintained in the main entrance hall of such structures."

*[Signature]*  
Borough Superintendent

Pasta I INC  
186 9<sup>TH</sup> Ave  
Ny, Ny 10011





STATE OF NEW YORK  
 EXECUTIVE DEPARTMENT  
 DIVISION OF ALCOHOLIC BEVERAGE CONTROL  
 STATE LIQUOR AUTHORITY

Standardized **NOTICE FORM** for Providing a 30-Day Advance Notice to a Local Municipality or Community Board in connection with the submission to the State Liquor Authority of a (check one)

**New Application**  **Renewal Application**  **Alteration Application**  
 **Corporate Change** for an On-Premises Alcoholic Beverage License

1.	Date the original copy of this Notice was mailed to the Local Municipality or Community Board:		08292012		
<b>THIS 30-DAY ADVANCE NOTICE IS BEING PROVIDED TO THE CLERK OF THE FOLLOWING LOCAL MUNICIPALITY OR COMMUNITY BOARD</b>					
2.	Name of the Local Municipality or Community Board:		CB-4		
<b>REP ATTORNEY REPRESENTING THE APPLICANT IN CONNECTION WITH THE APPLICANT'S LICENSE APPLICATION NOTED AS ABOVE FOR THE ESTABLISHMENT IDENTIFIED IN THIS NOTICE</b>					
3.	Attorney's Full Name is:		Michael Kelly		
4.	Attorney's Street Address:		136 Waverly Rd		
5.	City, Town or Village:		State:	NY	
6.	Business Telephone Number of Attorney:		Zip Code:		10583
		914-632-6636		kellymk@aol.com	
<b>FOR NEW APPLICANTS, PROVIDE DESCRIPTION BELOW USING ALL INFORMATION KNOWN TO DATE</b> <b>FOR ALTERATION APPLICANTS, ATTACH COMPLETE DESCRIPTION AND DIAGRAM OF PROPOSED ALTERATION(S)</b> <b>FOR CURRENT LICENSEES, SET FORTH APPROVED METHOD OF OPERATION ONLY</b> <b>DO NOT USE THIS FORM TO CHANGE YOUR METHOD OF OPERATION</b>					
7.	Type(s) of alcohol sold or to be sold under the license: ("X" One)		<input type="checkbox"/> Beer Only	<input type="checkbox"/> Wine and malt only	<input checked="" type="checkbox"/> Liquor, Wine and malt
8.	Extent of Food Service: ("X" One)		<input type="checkbox"/> Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef)	<input type="checkbox"/> Tavern (General or Large Adult Venue; Bar; Alcohol sales only; No regular minimum food available for sale)	
9.	Type of establishment: ("X" all that apply)		<input type="checkbox"/> Hotel	<input type="checkbox"/> Live Music	<input type="checkbox"/> Disc Jockey
		<input type="checkbox"/> Cabaret, Night Club, Discotheque (Large Scale Dance Club)	<input type="checkbox"/> Juke Box	<input type="checkbox"/> Party Room (e.g. Small Stage)	<input type="checkbox"/> Bar & Grill
		<input type="checkbox"/> Club (e.g. Golf/Fraternal Org.)	<input type="checkbox"/> Catering Facility	<input type="checkbox"/> Stage Shows	<input type="checkbox"/> Capacity for 600 or more patrons
		<input type="checkbox"/> Topless Establishment	<input type="checkbox"/> Educational Facility	<input type="checkbox"/> Sports Facility, YEsse.	
10.	Licensed outdoor area: ("X" all that apply)		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Patio or Deck
		<input type="checkbox"/> Sidewalk Café	<input type="checkbox"/> Other (Specify):	None	
11.	Will the license holder or a manager be physically present within the establishment during all hours of operation? ("X" one)				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12.	License serial number:		Expiration Date:		
13.	The applicant's or license holder's full name, as it appears or will appear on the license:		Pasta I INC.		
14.	The Trade name, if any, under which the establishment conducts or will conduct business:		PASTAI		
15.	The establishment is located within the building which has the following street address:		186 9TH AVE		
16.	City, Town, or Village:		NY	Zip Code: 10011	
17.	The establishment is located on the following floor(s) of the building at the above address:		Basement + 1st Floor		
18.	Within the building at the above address, the establishment is located within the room(s) numbered as follows: -				
19.	Business telephone number of applicant/licensee:		Business fax number of applicant/licensee:		
20.	Business e-mail address of applicant/licensee:				
21.	Does the applicant or license holder own the building in which the establishment is located? ("X" one)				<input type="checkbox"/> Yes (if "Yes", SKIP items 22-25) <input checked="" type="checkbox"/> No
<b>OWNER OF THE BUILDING IN WHICH THE LICENSED ESTABLISHMENT IS LOCATED</b>					
22.	Building owner's full name is:		ROZMAE REALTY CO, LLC		
23.	Building owner's street address:		1 UNION SQUARE WEST		
24.	City, Town, or Village:		NY	Zip Code: 10003	
25.	Business telephone number of building owner:		212-243-6722		
26.	<p>I am the applicant or hold the license or am 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.</p> <p>By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true.</p>				
Printed Name		Title		Signature	
Melissa Muller		President		X 