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THE CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD NO. 3
59 East 4th Street - New York, NY 10003
Phone: (212) 533-5300 - Fax: (212) 533-3659
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Dominic Pisciotta, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

Please complete and return **(with requested diagram)** to the Community Board office by fax or email. In addition, bring **6 copies (double sided)** plus supporting material requested to the meeting. Failure to complete and return this form on time will result in your item being placed at the end of the agenda. **Application must be complete to be heard, including petitions and all items on check list below. Use N/A for answer if appropriate.**

Conspicuously display the enclosed posters on the outside of your establishment for 7 **days** prior to the meeting. Bring a photo with a newspaper showing date as proof of the posting.

Check which you are applying for: ☒ new liquor license ☐ upgrade of an existing liquor license
☐ alteration of an existing liquor license ☐ transfer of an existing liquor license

If applying for transfer, you must bring letter from current owner confirming that you are buying business.

Type of license: Restaurant Wine Is location currently licensed? ☐ Yes ☒ No

If alteration, describe nature of alteration: _____

Previous or current use of the location: Restaurant

Corporation and trade name of current/previous license: _____

Please bring the following items to the meeting:
NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.

- ☑ Photographs of the inside and outside of your establishment;
- ☑ Schematics/floor plans of the inside of your establishment;
- ☑ If a restaurant, please include a proposed menu (including drink menu);
- ☑ Petition in support of proposed business or change in business with signatures from residential tenants at location and in surrounding buildings and also letter from block association if one exists. E-mail the CB office at **info@cb3manhattan.org** for help to find block associations. Petition must give proposed hours and method of operations. For example: restaurant, sports bar, combination restaurant/bar. **Petitions are required and application will not be heard without petitions.**
- ☑ Photographs of proof of conspicuous posting with newspaper showing date.

APPLICANT:

Name of applicant and all principals: Arti Restaurant & Catering Corp
Francis Garcia, Salvatore Basile

Trade name (DBA): Led Zeppole

Premises address: 328 East 14th Street

Between what streets: B/n 1st & 2nd Avenues

PREMISES:

Type of building and number of floors: Mixed Use - Apartments over retail

Prior use of premises: store operating for 2 years now

Any outside area or sidewalk cafe used for the sale or consumption of alcoholic beverages? *(includes roof & yard)* ☐ Yes ☒ No If Yes, describe and show on diagram: _____

Does premises have a valid Certificate of Occupancy and all appropriate permits? ☐ Yes ☒ No

Do you plan to apply for Public Assembly permit? ☐ Yes ☒ No

Zoning designation: C-7 Walk-up Maximum number of persons that can legally occupy the premises? 74 Number of tables? 4 Number of seats at tables? 8

BARS:

How many *stand-up bars/ bar seats are located on the premises (and how many seats)? -0-

How many service bars? -0-

Describe all bars (length, shape and location): food counter doubles as bar.

Any food counters? ☒ Yes ☐ No If Yes, describe: Approx. 12' 2½" - w/ 7 seats

* A **stand up bar** is any bar or counter (whether seating or not) over which a member of the public can order, pay for and receive an alcoholic beverage.

KITCHEN:

Does premises have a ☒ full kitchen or ☐ food preparation area? (If any, show on diagram)

Is food available for sale? ☒ Yes ☐ No If yes, describe type of food and submit a menu Sandwiches, Italian specialties & desserts

PROPOSED METHOD OF OPERATION:

What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.) Restaurant

Will any other business besides food or alcohol service be conducted at said premises? ☐ Yes ☒ No

If yes, details: _____

What are the proposed days/hours of operation? (Specify days and hours each day) 11:00 am - 4:00 am 7 days per week

Will the business employ a manager? ☒ Yes ☐ No

How many employees? 5-7

Will there be security personnel? ☐ Yes ☒ No (If Yes, how many?) _____

Do you ☒ have or ☐ plan to install ☒ French doors, ☐ accordion doors, or ☐ windows? ☐ none of these

Will there be TV's? ☐ Yes ☒ No (If Yes, how many?) _____

Will premises have music? ☒ Yes ☐ No

If Yes, what type of music? Explain in detail: Soft Rock, 50's music from Ipod

Type of music/entertainment: ☐ Live musician ☐ Live DJ ☐ Juke box ☒ Tapes/CDs
Volume level: ☒ Background (quiet) ☐ Entertainment level

Do you ☒ have or ☐ plan to install sound-proofing? Please describe your sound system: installed two years ago

Will you host ☐ promoted events, ☐ scheduled performances or ☐ any event at which a cover fee is charged?

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? ☐ Yes ☐ No If "Yes" please attach plans.
At regular intervals, during the evening, management will deploy personnel to insure that the sidewalk is not blocked by patrons

Is this establishment wheel chair accessible? ☒ Yes ☐ No

Has this corporation or any principal been licensed previously? ☒ Yes ☐ No

If yes, please indicate name of establishment: (1) F & S Pizza Corp (2) W 17th St Italian Rest

Address: 328 E. 14th St, NYC ; 457 W. 17th St, NYC Community Board # 3 ; 4

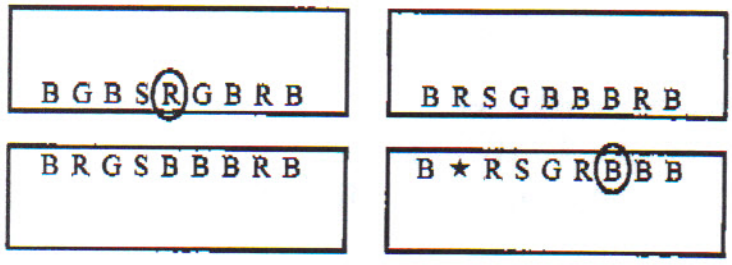
Dates: 2008 ; 2010

If you answered "Yes" to the above question, please provide a letter from the community board indicating history of complaints or other comments.

Using the diagram below as an example, attach a separate similar diagram that indicates the location **(name and address)** and total number of establishments selling/serving beer, wine (B/W) or liquor (OP) for 2 blocks in each direction. Please indicate whether establishments have On-Premises (OP) licenses by circling the letter on diagram. Please label streets and avenues and identify your location near the middle of the diagram and indicate it with a [★]. Use the letters to indicate **B**ar, **R**estaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.

Bar (B)	Hotel	Restaurant (R)	Sidewalk Café (S)
OP___B/W___	HL___	OP___B/W___	OP___B/W___

Example:



see attached

How many licensed establishments are within 1 block? _____

How many licensed establishments are within 500 feet? _____

How many within 500 feet are On-Premises (OP) liquor licenses? _____

If there are block associations or tenant associations in the immediate vicinity of your location, you must contact them. **Please attach proof (copies of letters and poster) that you have advised these groups of your application. Petitions should clearly state the name, address, license for which you are applying, and the hours and method of operation of your establishment at the top of each page.** (Attach additional sheets of paper as necessary). You may contact the Community Board at info@cb3manhattan.org for any contact information that is on file.

INFORMATION REGARDING NEARBY LOCATIONS:

Premises is within a 500 foot radius of three or more establishments with OP license. ☒ Yes ☐ No RW

Premises is within 200 feet of any school or place of worship? ☒ Yes ☐ No

If there is a school place of worship within 200 feet of your premises on the same block, submit a block plot diagram or area map showing its location in proximity to your applicant premises (8 1/2" x 11") and indicate the distance and name and address.