

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)		
JGAM Food Inc.		Pizza Italia		
STREET ADDRESS		CROSS STREETS		
307-09 W. 17th ST		8th Ave + 9th Ave		
OWNER	NAME:	Anthony Sorisi	ATTORNEY NAME:	Gene T. Anton, Esq.
	PHONE:	516-678-6435	ATTORNEY PHONE:	347-489-5765
	FAX:	631-673-9265	ATTORNEY FAX:	631-673-9265
MANAGER	NAME:		LANDLORD NAME:	307 W. 17 LLC
	PHONE:		LANDLORD PHONE:	212-661-0279
	FAX:		LANDLORD FAX:	212-661-0413
DESCRIPTION OF BUSINESS				
Establishment Type:		<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only) <input type="radio"/> Other (Explain): Bar/Arcade		
Method of Operation:		<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): Bar/Arcade		
License Type:		<input type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input checked="" type="radio"/> Wine & Beer		
APPLICATION TYPE (Check one)	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES <input type="radio"/> NO	
		What is/was the name of establishment?	Pizza Italia	
		What is/was the address of the establishment?	11 Stone ST, NY NY	
		What were the dates the applicant was involved with this former premise?	1992 - 2013	
	<input type="radio"/> Transfer	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	<input type="radio"/> YES <input type="radio"/> NO	
		If alterations or operational changes are being made, please attach the plans to this form.		
	<input type="radio"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
Please describe the nature of the alterations and attach the plans				

OPERATIONAL ISSUES

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS	Operation	11am - 2am	11am - 2am	11am - 2am	11am - 2am	11am - 4am	11am - 4am	11am - 2am
	Music	11am - 2am	11am - 2am	11am - 2am	11am - 2am	11am - 4am	11am - 4am	11am - 2am
	Kitchen	11am - 2am	11am - 2am	11am - 2am	11am - 2am	11am - 4am	11am - 4am	11am - 2am

OCCUPANCY	INDOOR				BAR			OUTSIDE	
	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	40	7	23	0	0	0	NA	NA

How many floors are there? What is the capacity for each floor? (please respond in space provided)

Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)

Will applicant have bottle service?

Will you be hosting private parties and promotional events?

Will outside promoters be used?

Will the security plan submitted be implemented?

Will State certified security personnel be used?

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

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)

Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)

If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)

Will applicant provide contact information to neighbors and respond to complaints that arise?

Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?

If you plan to have music, what type(s)?

BACKGROUND LIVE MUSIC DJ

All bicycle deliveries will be done in accordance with NYS Law

Owners telephone #.

BUILDING DESIGN

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.

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?

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.)

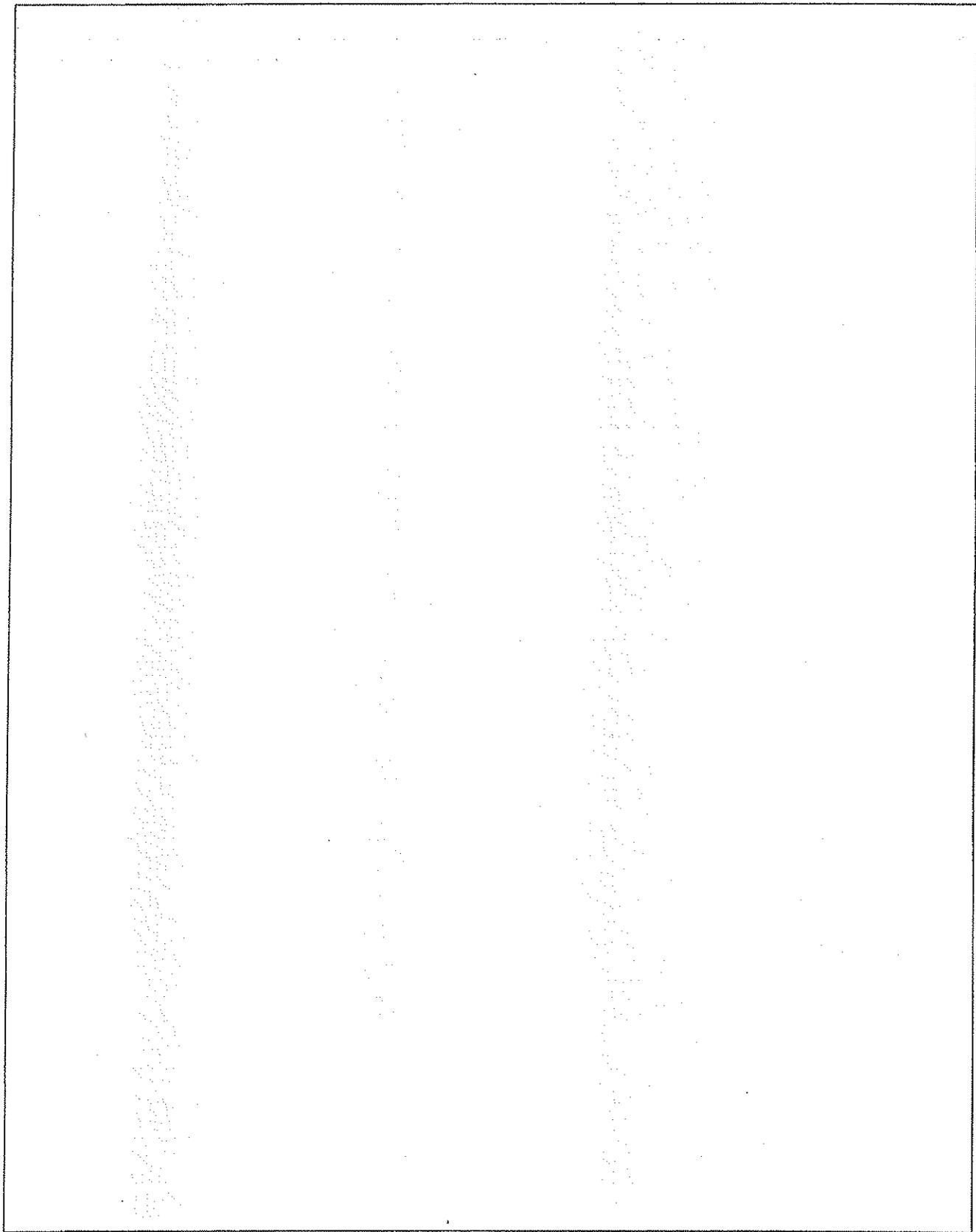
OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	<input type="radio"/> NO	<input checked="" type="radio"/> 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	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	<input type="radio"/> NO	<input checked="" type="radio"/> 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	<input type="radio"/> NO	<input checked="" type="radio"/> 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	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A

LOCATION & ZONING			
Primary Zoning District:	C 4		Overlay (If Applicable):
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A LNO to be applied for
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Are your plans filed with DOB?	YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe:		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	Manhattan CBS	
	# 2		
	# 3		

ADDITIONAL INFORMATION (Applicant Use)

ADDITIONAL COMMENTS (Committee Use Only)

SERVICE OF ALL ALCOHOL
(BEER + WINE)
WILL CEASE BY 2:00 PM,
ON ALL DAYS INCLUDING
FRIDAY + SATURDAY



Manhattan Community Board 4 (MCB4) recommends:	<input checked="" type="radio"/> Denial unless all agreed to by applicant is part of the method of operation <input type="radio"/> Denial <input type="radio"/> Approval	
CB4 REPRESENTATIVES		
Nelly Gonzalez <i>CB4 Assistant District Manager</i>	 Frank H. Jozubio <i>CB4 BLP Committee Co-Chair</i>	Paul Seres <i>CB4 BLP Committee Co-Chair</i>
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	4-14-15 DATE