

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 www.cb3manhattan.org - info@cb3manhattan.org

Dominic Pisciotta, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

Please bring the following items to the meeting:

Photographs of the inside and outside of the premise; Schematics, floor plans or architectural drawings of the inside of the premise; A proposed food and or drink menu; Petition in support of proposed business or change in business with signatures from residential tenants at location and in buildings adjacent to, across the street from and behind your proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar. Letter of notice of proposed business to block, tenant or neighborhood association if one exists. E-mail the CB3 office at info@cb3manhattan.org for help to find block associations. Photographs of proof of conspicuous posting of meeting with newspaper showing date. If applicant has been or is licensed anywhere in City, letter from applicable community board indicating history of complaints and other comments
Check which you are applying for: I new liquor license Eating Place Beer I alteration of an existing liquor license I corporate change
If applying for transfer, you must bring letter from current owner confirming that you are buying business or have the seller come with you to the meeting. Type of license:Eating Place Beer Is location currently licensed? □ Yes □ No
If alteration, describe nature of alteration:
Previous or current use of the location:
Corporation and trade name of current license:
APPLICANT: Name of applicant and all principals: SAN MATTEO PANUOZZERIA INC. FABIO CASELLA
Trade name (DBA): SAN MATTEO PANUOZZO
Trade name (DBA): SAN MATTEO PANUOZZO Premise address and cross streets: 127 St. Marks Pl., NY, NY, 1st Ave & Ave
PREMISE:
Type of building and number of floors: Mixed 6 story

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 premise have a valid Certificate of Occupancy and all appropriate permits, including certificate of occupancy of back or side yard intended for commercial use? Yes No Letter of no objection Indoor Certificate of Occupancy					
<i>i</i>					
Do you plan to apply for Public Assembly permit? Yes No					
Zoning designation (using our website):					
Is this premise wheel chair accessible?					
PROPOSED METHOD OF OPERATION:					
What type of establishment will this be (i.e.: restaurant, bar, performance space, club, hotel)? Sandwich Shop/					
Will any other business besides food or alcohol service be conducted at premise? ☐ Yes ☐ No If yes, please describe what type:					
What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) Monday - Sunday 5:00Pm - 2:00 Am					
Number of tables? 1 Number of seats at tables? 15					
How many stand-up bars/ bar seats are located on the premise?0					
(A stand up bar is any bar or counter (whether with seating or not) over which a patron can order,					
pay for and receive an alcoholic beverage)					
Describe all bars (length, shape and location):					
Any food counters? ■ Yes ■ No If Yes, describe:					
Does premise have a full kitchen 🗖 Yes 🗷 No?					
Does it have a food preparation area? \(\mathbb{\text{N}}\) Yes \(\mathbb{\text{N}}\) No (If any, show on diagram)					
Is food available for sale? Yes No If yes, describe type of food and submit a menu Sandwiches					
What are the hours kitchen will be open?					
Will a manager or principal always be on site? ■ Yes ■ No If yes, which? Fabio Casella					
How many employees will there be? 2					

Do you have or	plan to install 🗖 French doors	accordion do	ors or 🗖 windows? N/A					
Will you agree to close any doors and windows at 10:00 P.M. every night? ☐ Yes ☐ No N/A								
Will there be TVs/monitors? □ Yes া No (If Yes, how many?)								
Will premise h	ave music? 🛛 Yes 🗖 No							
If Yes, what type of music? 🗖 Live musician 🗖 DJ 🗖 Juke box 🗖 Tapes/CDs/iPod								
If other type, p	lease describe							
What will be th	ne music volume? 🛮 Background	d (quiet) 🗖 Ente	rtainment level					
Please describe	e your sound system:							
Will you host p	romoted events, scheduled per	formances or an	y event at which a cover fee is					
charged? If Yes, what type of events or performances are proposed? N/A								
	an to manage vehicular traffic a Please attach plans.	nd crowds on th	e sidewalk caused by your					
Will there be security personnel? □ Yes □ No (If Yes, how many and when)N/A								
How do you pla affected? Pleas	an to manage noise inside and o se attach plans.	outside your busi	ness so neighbors will not be					
Do you 🗖 have	or □ plan to install sound-proc	ofing?						
APPLICANT H	ISTORY:							
Has this corpo	ration or any principal been lice	nsed previously	? 🗷 Yes 🗖 No					
If yes, please in	dicate name of establishment: _	Salernitani Ltd						
Address:	1739 2nd Avenue, New York,	NY 10128	Community Board #8					
Dates of operat	tion:							
If you answer	ed "Yes" to the above question	n, please provid	le a letter from the community	y				
board indicati	ing history of complaints or o	ther comments	•					
Has any princip	oal had work experience similar	to the proposed	l business? 🗖 Yes 🗖 No If Yes, p	lease				
attach explanat	tion of experience or resume.							
Does any princ	ipal have other businesses in th	is area? 🗖 Yes 🏿	™No If Yes, please give trade nar	me				
and describe ty	pe of business			_				
Has any princip	oal had SLA reports or action wi	ithin the past 3 y	vears? 🗖 Yes 🛣 No If Yes, attach	list				
of violations an	nd dates of violations and outcome	mes, if any.						
Attach a congra	to diagram that indicates the le	sation (name a	nd addraga) and total number o	£				

Attach a separate 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-Premise (OP) licenses. Please label streets and avenues and identify your location. Use letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.

LOCATION:
How many licensed establishments are within 1 block?
How many licensed establishments are within 500 feet?
Is premise within a 500 foot radius of 3 or more establishments with OP licenses? Yes No
How many On-Premise (OP) liquor licenses are within 500 feet? N/A
Is premise within 200 feet of any school or place of worship? 🗖 Yes 💆 No
If there is a school or place of worship within 200 feet of your premise on the same block, submit
block plot diagram or area map showing its location in proximity to your premise and indicate the
distance and name and address of the school or house of worship.

COMMUNITY OUTREACH:

If there are block associations, neighborhood 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 with sufficient time for them to respond to your notice. You may contact the Community Board at info@cb3manhattan.org for any contact information that is on file.

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).

List of establishments within 500 feet

V Bar C)P	132 1 ^s	
Janes Sweet Bu	ıns RW	102 St	Marks Place
St Dymphnas	OP	118	"
Bua	OP	122	CC .
Sushi Lounge	OP	132	"
Simone	OP	89	44
Yaffa Café	RW	97	"
Magdor Café	OP	101	46
Hummus Place	RW	109	"
Burger Shop	EB	113	"
Tuck Shop	EB	115	66
Five Tacos	EB	117	"
10 Degrees	OP	121	66
French Rest	OP	125	"
Hop Devil Grill	OP	129	"