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THE CITY OF NEW YORK
 MANHATTAN COMMUNITY BOARD 3
 59 East 4th Street - New York, NY 10003
 Phone: (212) 533-5300 - Fax: (212) 533-3659
 www.cb3manhattan.org - info@cb3manhattan.org

Gigi Li, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

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 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 proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar. (petition provided)
- Notice of proposed business to block or tenant association if one exists. You can find community groups and contact information on the CB 3 website:
http://www.nyc.gov/html/mancb3/html/sla/community_groups.shtml
- 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:

- new liquor license alteration of an existing liquor license corporate change

Check if either of these apply:

- sale of assets upgrade (change of class) of an existing liquor license

Today's Date: May 29, 2014

If applying for sale of assets, you must bring letter from current owner confirming that you are buying business or have the seller come with you to the meeting.

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

If alteration, describe nature of alteration: _____

Previous or current use of the location: restaurant

Corporation and trade name of current license: Osteria Grano LLC d/b/a
Taverna Di Becco

APPLICANT:

Premise address: 175 Ludlow Street

Cross streets: Bln Houston ; Stanton Streets

Name of applicant and all principals: Osteria Grano LLC
Maurizio Crescenzo

Trade name (DBA): Taverna Di Becco

PREMISE:

Type of building and number of floors: 5 story brick

Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages?
(includes roof & yard) Yes No If Yes, describe and show on diagram: Backyard

Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any
back or side yard use? Yes No What is maximum NUMBER of people permitted? 74

letter of no objection

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

What is the zoning designation (check zoning using map: <http://gis.nyc.gov/doitt/nycitymap/> -
please give specific zoning designation, such as R8 or C2): C4-4a

PROPOSED METHOD OF OPERATION:

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 to Saturday close at 1am

Sunday close at 12

Number of tables? 20 inside Number of seats at tables? 44 inside
7 outside 22 outside

How many stand-up bars/ bar seats are located on the premise? 1

(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): Approx 6' x 12' Lshaped Front Right

Does premise have a full kitchen? Yes No?

Does it have a food preparation area? Yes No (If any, show on diagram)

Is food available for sale? Yes No If yes, describe type of food and submit a menu

What are the hours kitchen will be open? to within one hour of closing

Will a manager or principal always be on site? Yes No If yes, which? _____

How many employees will there be? 7-10

Do you have or plan to install French doors accordion doors or windows? No

Will there be TVs/monitors? Yes No (If Yes, how many?) _____

Will premise have music? Yes No

If Yes, what type of music? Live musician DJ Juke box Tapes/CDs/iPod

If other type, please describe _____

What will be the music volume? Background (quiet) Entertainment level

Please describe your sound system: iPod generated small speakers

Will you host any promoted events, scheduled performances or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed and how often? No

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans. (Please do not answer "we do not anticipate congestion.")

As we have for the last 3 years - management insures that people do not congest on the street
Will there be security personnel? Yes No (If Yes, how many and when) _____

How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans. Management, as it has for the last 3 years,

will insure that these premises will not be noisy either inside or outside
Do you have or plan to install sound-proofing?

currently exists

APPLICANT HISTORY:

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

If yes, please indicate name of establishment: Osteria Grano / Grano Trattoria

Address: 175 Ludlow Street / 21 Greenwich Ave Community Board # 3 / 2

Dates of operation: 2011 - present / 1997 - Present

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

Has any principal had work experience similar to the proposed business? Yes No If Yes, please attach explanation of experience or resume.

Does any principal have other businesses in this area? Yes No If Yes, please give trade name and describe type of business _____

Has any principal had SLA reports or action within the past 3 years? Yes No If Yes, attach list of violations and dates of violations and outcomes, if any.

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? SEE ATTACHED

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

Is premise within 200 feet of any school or place of worship? Yes No

COMMUNITY OUTREACH:

Please see the Community Board website to find block associations or tenant associations in the immediate vicinity of your location for community outreach. Applicants are encouraged to reach out to community groups. Also use provided petitions, which 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).

We are including the following questions to be able to prepare stipulations and have the meeting be faster and more efficient. Please answer per your business plan; do not plan to negotiate at the meeting.

1. I agree to close any doors and windows at 10:00 P.M. every night?
2. I will not have DJs, live music, promoted events, any event at which a cover fee is charged, scheduled performances, more than _____ DJs/ promoted events per _____, more than 20 private parties per year
3. I will play ambient recorded background music only.
4. I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.
5. I will not seek a change in class to a full on-premise liquor license. Or my business plan is to seek an upgrade at a later date.
6. I will not participate in pub crawls or have party buses come to my establishment.
7. I will not have a happy hour. Or Happy hour will end by 8 pm.
8. I will not have wait lines outside. There will be a staff person outside to monitor sidewalk crowds and ensure no loitering.
9. Residents may contact the manager/owner at the following phone number. Any complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

List of Forms Currently on File

New Serial Number:

Applicant:

Premises:

The applicant hereby attests that the following required documents are currently on file with the New York State Liquor Authority and hereby requests to waive the filing with the instant application the following documents: (check particular items not filed with this application)

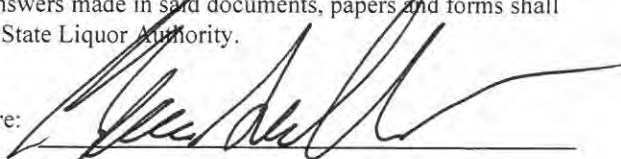
- 1) Personal Questionnaires, fingerprint cards and proof of citizenship
- 2) Photographs of the Interior and Exterior
- 3) Area Plans
- 4) Diagrams of the Premises
- 5) Lease or Deed
- 6) Proof of Financing
- 7) Certificate of Occupancy
- 8) Certificate of Authority
- 9) Worker's Compensation and Disability Insurance

The same forms, documents and papers filed with the New York State Liquor Authority in connection with the applicant's application for a ^{rw} OP license filed on (date) 4/6/11 shall be deemed to be filed and considered in support of the instant application for a _____ license for the same premises; that the information and facts contained in said forms, documents and papers are the same as of this date and that there are no changes or additional information required to be divulged by the applicants as of this date.

The applicant further agrees that any statements, representations or answers to questions in said documents, papers and forms shall be deemed and made part of the original application and considered by the New York State Liquor Authority in acting upon this application and that any false statements, representations or answers made in said documents, papers and forms shall constitute the basis for disciplinary proceedings by the New York State Liquor Authority.

Dated: May 29, 2014

Applicant Signature: _____





Serial Number: 1252919	
Applicant Name: Osteria Grano LLC	DBA: Taverna Di Bacco
Address: 175 Ludlow Street, NY, NY 10002	County: New York
Mailing Address, if different:	Telephone #:
Current License Class/Code: 341 - Restaurant Wine	Proposed License Class/Code: 252 - On Premises Liquor
Is the premises located within 200 feet of a building occupied as a school, church, synagogue or other place of worship, which is located on the same street or avenue? Yes _____ No <input checked="" type="checkbox"/>	

Required Documentation/Information:

- 1) License Fee and Filing Fee of the license sought (Refer to the Fee Chart) – this is the amount to be paid:

License Fee: \$4,352.00 + Filing Fee: \$200.00 = Total Due: \$4,552.00

- 2) The following sections of the appropriate Retail Application and additional documents to be filed along with this form:
- a) Application for Alcoholic Beverage Control Retail License – On-Premises Application = pages 4 & 5; Grocery/Drug & Liquor/Wine Applications = page 2 & 3
 - b) 500' Law – On Premises Liquor license applicants only – provide the names and addresses of all on premises licensees within 500' of the proposed premises.
 - c) Statement of Area Plan
 - d) Establishment Questionnaire
 - e) Method of Operation
 - f) Applicant's Statement
 - g) Newspaper Affidavit
 - h) Liquor/Wine Store Questionnaire – This is required only for Liquor or Wine Stores
- 3) Submission of a new original bond, Form L-9, in the appropriate amount, with the full name, street address, city, county, state and zip code of the premises listed on the bond. The expiration date must cover the license period.
- 4) Block Plot Diagram (if the proposed license type is any On-Premises Liquor license) on 8 1/2" x 11" paper
- 5) Notice of Appearance (for applicants being assisted by an Attorney/Representative or Third Party)
- 6) List of Forms Currently on File

THE STANDARDIZED COMMUNITY BOARD/MUNICIPALITY NOTICE FORM AND PROOF OF MAILING MUST BE SUBMITTED WITH THIS APPLICATION
 Please note that per Section 110(b) of the ABC Law all on-premises applicants (whether applying for beer; beer & wine; or beer, wine & liquor) are required to notify the Municipality or Community Board at least 30 days prior to filing the application with the New York State Liquor Authority. (The Standardized Notice Form for providing a 30-Day Advance Notice to a Local Municipality or Community Board is available on our website, www.sla.ny.gov.)

If applying for a change in class from a Wine Store to a Liquor Store please provide your gross sales for the last 2 years. If you have not held the Wine Store license for 2 years when applying for the change in class, please provide the gross sales for the period of time you have held the license.

If you are currently licensed as a "Club" and applying for a license that will allow you to be open to the public, you must also provide Personal Questionnaires, color photos, proof of citizenship and photo identification for all principals. After application acceptance, all principals must be electronically fingerprinted (instructions will be provided on the application Filing Receipt and are also available on our website, www.sla.ny.gov).

Mail the completed application to: New York State Liquor Authority, Church Street Station, PO Box 3817, New York, NY 10008-3817

OFFICE USE ONLY BELOW:

Date Filed: _____ New Serial Number: _____

Approved or Disapproved _____ Licensing Board: _____ Date: _____

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.

1. APPLICANT

Name of Applicant :
(Sole Proprietor, Partnership, Corporation, LLC, LLP, LP, etc.)

Trade Name(DBA): (see instructions) ** must be provided if premises will be called by any name other than as listed in the "Name of Applicant"

Premises Street Address:

City: , **NY** Zip Code:

County: Telephone Number of Premises (include area code):

Mailing Address (if different than above):

City: State: Zip Code:

E-mail address (required):

2. CONTACT (if other than applicant)

Name of Contact: Attorney Representative Contact Person

Office Address:

City: State: Zip Code:

Telephone Number of Office (include area code):

E-mail address (required):

Is this application filed under the Attorney Certification Program? YES NO

3. For SEASONAL licenses only - beginning and ending months:

4. LICENSE TYPE: CODE: 5. Number of ADDITIONAL BARS (if any):
(see schedule of fees) (see instructions)

6. TOTAL PAYMENT DUE:

7. Federal Tax ID #:

7a. Certificate of Authority Permit#:

<i>continued on next page</i>	[OFFICE USE ONLY]	
	DATE FILED: <input type="text"/>	SERIAL #: <input type="text"/>

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OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

8. TO BE FILLED IN ONLY BY SOLE PROPRIETOR OR PARTNERS (attach additional sheets if necessary)

Name of Individual / Partner	Residence	Social Security #:	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Individual / Partner	Residence	Social Security #:	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Individual / Partner	Residence	Social Security #:	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Individual / Partner	Residence	Social Security #:	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. TO BE FILLED IN ONLY BY CORPORATION OR LLC/LLP APPLICANTS (attach additional sheets if necessary)

List the names and address or Principals (Stockholders, Officers, Directors, LLC Members/Managers, LLP Partners)

Name of Principal	Residence	Social Security #:
Maurizio Cresenzo	31 River Court #1411, Jersey City, NJ	<input type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
Managing Member	100%	6/22/70
Name of Principal	Residence	Social Security #:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Principal	Residence	Social Security #:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Principal	Residence	Social Security #:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note:

***if 10 or less shareholders**, list all stockholders, officers, directors, LLC members and LLC managers, if any. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for all.

***if more than 10 shareholders**, list all shareholders owning 10% or more of any class of its shares. Also, include any officers, directors, shareholders, LLC members or LLC managers that are active in the management of the business but may not necessarily hold more than 10% of interest. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for those individuals. Provide a listing of all other shareholders, officers, directors, LLC members or LLC managers that hold less than 10%. Include their name, home address, social security number, date of birth, shares or percentage of ownership, title, citizenship and any statutory disqualifications.

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<input type="radio"/> Original	<input type="radio"/> Amended	Date

500 FOOT LAW STATEMENT

**Applicants for on premises liquor licenses must complete this section
(Not required for on premises beer or wine application)**

If the location is subject to the 500 Foot Law, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-b 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within a 500 foot radius of three or more on-premises liquor establishments. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

The Proposed Premises: Check the appropriate box below:

- IS NOT WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.
- IS WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500' RADIUS, *UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.*)
- NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993
- NOT APPLICABLE - POPULATION OF CITY, TOWN OR VILLAGE IS UNDER 20,000

IMPORTANT:

YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS LOCATED WITHIN A 500 FOOT RADIUS OF THE PROPOSED PREMISES

For assistance use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If premises is within a 500 foot radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must, **ATTACH A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

**STATEMENT OF AREA PLAN
200 Foot Law**

THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE

<p>1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH, or PLACE OF WORSHIP WITHIN 300 FEET</p> <p>2. Is the premises within 200 feet of ANY SCHOOL, CHURCH or PLACE OF WORSHIP? <input type="radio"/> YES (Exclusive use as a church or place of worship will be determined by this agency) (Please respond "YES" if ANY school, church or place of worship is within 200 feet) <input checked="" type="radio"/> NO</p> <p>3. Submit a BLOCK PLOT DIAGRAM (aerial view of the building, with nearby businesses/residences labeled) showing the location of any school, church or place of worship (8½" x 11")</p>

Indicate the distance in feet from the entrance of the proposed premises to the closest entrance of any school, church or place of worship.

Attach additional sheets if necessary.

ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN

1. Name of church/school:	<input type="text"/>
Address:	<input type="text"/>
Distance:	<input type="text"/>
2. Name of church/school:	<input type="text"/>
Address:	<input type="text"/>
Distance:	<input type="text"/>
3. Name of church/school:	<input type="text"/>
Address:	<input type="text"/>
Distance:	<input type="text"/>

For assistance use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If applying for a full liquor license (beer, wine and liquor) and the premises is within 200 feet of a school, church or place of worship, the application may be denied.

If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.

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<input type="radio"/> Original	<input type="radio"/> Amended	Date

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.

1. Zoning

1a. State what the area is zoned for:
(ie. Residential, Business, Mixed)

1b. If applying for an on premises license does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits? YES NO

2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Has the building/premises been known by any other address? YES NO

If YES, please specify:

2c. Is there currently or has there ever been an active license to traffic in alcoholic beverages at this location? YES NO Do Not Know

Name of Licensee: License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee, or prior licensee? YES NO Do Not Know

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the location has never been licensed, what was prior use?

2f. Is any other floor or area of the building currently licensed? YES NO

b. Name of Licensee: License Serial Number:

3. Premises (Interior):

3a. List the number of floors of the establishment to be licensed including the basement, if any:

3b. Where is the alcohol stored?

3c. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed? Show the means of access on the interior diagram(s). YES NO

3d. Are the premises to be licensed divided in any way, by a public or private passageway, etc., over which the applicant does not have exclusive possession and control? Example: hallway, stairwells, common areas, etc. YES NO

If YES, describe:

3e. How many public bathrooms? If less than two(2) public bathrooms you must request a waiver of the two(2) bathroom rule in writing. Show bathrooms on diagram.

3f. List the Maximum Occupancy of the premises:

3g. Number of tables? *inside* 3h. Number of seats at tables? *inside* 3i. Number of seats at bar or counter?
7 Outside *22 Outside*

4. BARS:

4a. How many bars* for customers are located on the premises? (*A bar is where customers may order, purchase, or receive alcoholic beverages.) 4b. How many service bars*? (Service bar is for wait staff use exclusively.)

4c. Describe each bar in the fields below:

Bar 1	Bar 2	Bar 3	Bar 4
Bar Type <input type="text" value="Customer Bar"/>	Bar Type <input type="text"/>	Bar Type <input type="text"/>	Bar Type <input type="text"/>
Length <input 12'"="" type="text" value="approx. 6'4" x=""/>	Length <input type="text"/>	Length <input type="text"/>	Length <input type="text"/>
Shape <input type="text" value="L Shaped"/>	Shape <input type="text"/>	Shape <input type="text"/>	Shape <input type="text"/>

Attach additional sheets if needed if there are more than 4 bars.

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5. KITCHEN

5a. Does premises have a kitchen? YES NO

If NO, does premises have a food preparation area? YES NO

Show Kitchen or Food Preparation Area on the Interior Diagram.

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUMIT A MENU

5b. Is a chef/cook employed at the premises? YES NO

If YES, list hours of day chef/cook will devote to the premises:

6. HOTEL or BED & BREAKFAST

6a. How many floors?

6b. How many rooms?

6c. For Hotels Only: Is there a restaurant in the building(s) housing the proposed hotel? YES NO

7. OUTDOOR AREAS

7a. Are there any outside areas used for the sale or consumption of alcoholic beverages? YES NO

7b. Check all types that apply: There must be access from the interior of the premises to be licensed to any outdoor area(s) that you wish to license. Show access on diagram.

- Sidewalk Cafe
- Deck
- Patio
- Porch
- Gazebo
- Rooftop
- Yard (Rear)
- Balcony
- Pavilion
- Tent
- Other

7c. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? If Yes, how is it divided? YES NO

7d. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- Fencing
- Wall
- Shrubbery
- Roping
- Stanchions
- Other

7e. Is a permit required by locality for outside area(s)? YES NO

If yes, submit a copy of the permit.

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<input type="radio"/> Original	<input type="radio"/> Amended	Date

METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information provided in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1a. Select the type(s) of alcohol you intend to serve at the premises:

- Beer Only
 Beer & Wine Only
 Beer, Wine & Liquor

1b. Select the type(s) of establishment you are applying for from the list below (based upon your intended method of operation):

- Restaurant
 Catering Establishment
 Club (Not For Profit, Fraternal Organization - Members Only)
- Bar/Tavern
 Arena / Ball Park / Stadium
 Sports Bar
 Country Club / Golf Course
- Cabaret
 Night Club / Dance Club
 Adult Entertainment
 Bed & Breakfast
 Hotel
- Other (Explain)

2. Will any other business of any kind be conducted in said premises? YES NO

(If YES, provide details on a separate sheet)

3. Will premises have music? YES NO

3a. If yes: LIVE RECORDED DJ JUKE BOX KARAOKE

4. Will the premises permit dancing? YES NO

4a. If YES, and are located in NYC, do you have a Cabaret permit issued by the City of New York ?

- YES NO PENDING

If Yes, submit a copy of the permit. If Pending, a copy must be submitted prior to issuance of the license.

4b. If dancing is permitted, who will be permitted to dance?

- Patrons
 Employees for entertainment
 Both

4c. If YES, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing?

- YES NO

5. Will there be topless entertainment?

- YES NO

continued on next page

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

6. Will the business employ a manager? YES NO

6a. If NO, will principal(s) manage? YES NO

7. How many employees? (Excluding principals and security personnel.)

7-10

7a. If answer is "0" provide explanation.

[Empty box for explanation]

NYS Law requires businesses to carry workers' compensation and disability insurance.
(see instructions)

If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:	To Be Supplied Upon Approval
Disability Insurance Carrier Name and Policy Number:	To Be Supplied Upon Approval

Security personnel you hire may be required to be registered in accordance with NYS Security Guard Registration.
Please contact the NYS Department of State to obtain information.

8. Will there be security personnel? YES NO 7a. If YES, how many?

8b. If Yes, are they registered in accordance with New York State Security Guard Registration? YES NO

If NO, explain: (ie. Not Required)

9. Provide a detailed plan of supervision for the premises to be licensed. Attach additional sheets if necessary.

This restaurant will continue its present method of operation - management and staff will continue to operate the restaurant and insure that at all times the premises are operated in an orderly manner

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

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<input type="radio"/> Original	<input type="radio"/> Amended	Date

APPLICANT'S STATEMENT

I, [print name] Maurizio Cresenzo

(the sole proprietor , partner , corporate principal or LLC/LLP member)
I understand that the State Liquor Authority will rely on each and every answer in the application and accompanying documents in reaching its determination and state, under penalty of perjury, that all statements and representations therein are true to the best of my knowledge and belief; and

I state that the location and description of the premises to be licensed does not violate any requirement of the ABC law or other state or local ordinances; and

I understand that if any change occurs in the information provided to the Authority in the application, the licensee must notify the Authority by certified mail within 48 hours and if any change occurs after receipt of the license, the licensee must notify the Authority by certified mail within 10 days. I understand that failure to give such notice may result in disapproval of the application or revocation or non-renewal of any license for which this application is submitted; and

I understand that the licensee will be bound by the statements and representations made in the application, including, but not limited to the licensee's method of operation and the identity of persons with an ownership or financial interest in the licensed premises; and that all statements and representations made become conditions of the license; and

I understand that any physical alterations to, or changes to the size of the area used for the sale and consumption of alcoholic beverages, must be reported to the Authority and may require the approval of the Authority; and

I understand that the licensee must keep the Authority advised of any change in the mailing addresses of the licensee, the licensee's principals, and the licensee's landlord.

I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the application may result in revocation of any license for which the application was submitted; and

I understand that any false statement or misrepresentation will constitute cause for disapproval of the application or revocation or non-renewal of any license for which this application is submitted.


Signature

May 29, 2014
Date

FIVE HUNDRED (500) FOOT AREA PLAN

1/13/2014

APPLICANT: Mendota Corporation
 ADDRESS: 113 Ludlow St, NY, NY 10002
 City: Universal Data

LINE	TYPE	ADDRESS	DIST (FT)
1	FB	189 Allen St, NY, NY 10002	343
2	FB	186 Allen St, NY, NY 10002	334
3	FB	198 Allen St, NY, NY 10002	335
4	FB	5 Ave N, NY, NY 10009	404
5	FB	7 Ave P, NY, NY 10009	405
6	FB	9 Ave K, NY, NY 10009	406
7	FB	12 Ave K, NY, NY 10009	408
8	BW	78 E 1st St, NY, NY 10009	489
9	BW	105 E Houston St, NY, NY 10002	206
10	BW	201 E Houston St, NY, NY 10002	209
11	BW	205 E Houston St, NY, NY 10002	186
12	FB	217 E Houston St, NY, NY 10002	307
13	FB	225 E Houston St, NY, NY 10002	361
14	FB	225 E Houston St, NY, NY 10002	270
15	FB	151 Essex St, NY, NY 10002	400
16	FB	154 Ludlow St, NY, NY 10002	352
17	FB	157 Ludlow St, NY, NY 10002	351
18	FB	150 Ludlow St, NY, NY 10002	304
19	FB	161 Ludlow St, NY, NY 10002	177
20	FB	165 Ludlow St, NY, NY 10002	146
21	BW	173 Ludlow St, NY, NY 10002	32
22	FB	178 Ludlow St, NY, NY 10002	54
23	FB	172 Ludlow St, NY, NY 10002	34
24	FB	182 Orchard St, NY, NY 10002	415
25	FB	170 Orchard St, NY, NY 10002	329
26	FB	174 Orchard St, NY, NY 10002	281
27	FB	188 Orchard St, NY, NY 10002	180
28	BW	192 Orchard St, NY, NY 10002	208
29	BW	195 Orchard St, NY, NY 10002	319
30	BW	64 Stanton St, NY, NY 10002	355
31	BW	50 Stanton St, NY, NY 10002	308
32	FB	108 Stanton St, NY, NY 10002	223
33	FB	111 Stanton St, NY, NY 10002	295
34	FB	117 Stanton St, NY, NY 10002	317



14'-5" RESTAURANT STOREFRONT

EXISTING ROLL UP GATE TO REMAIN

NEW HINGED PANELS, GLAZED WITH CLEAR SAFETY GLASS, TYP.

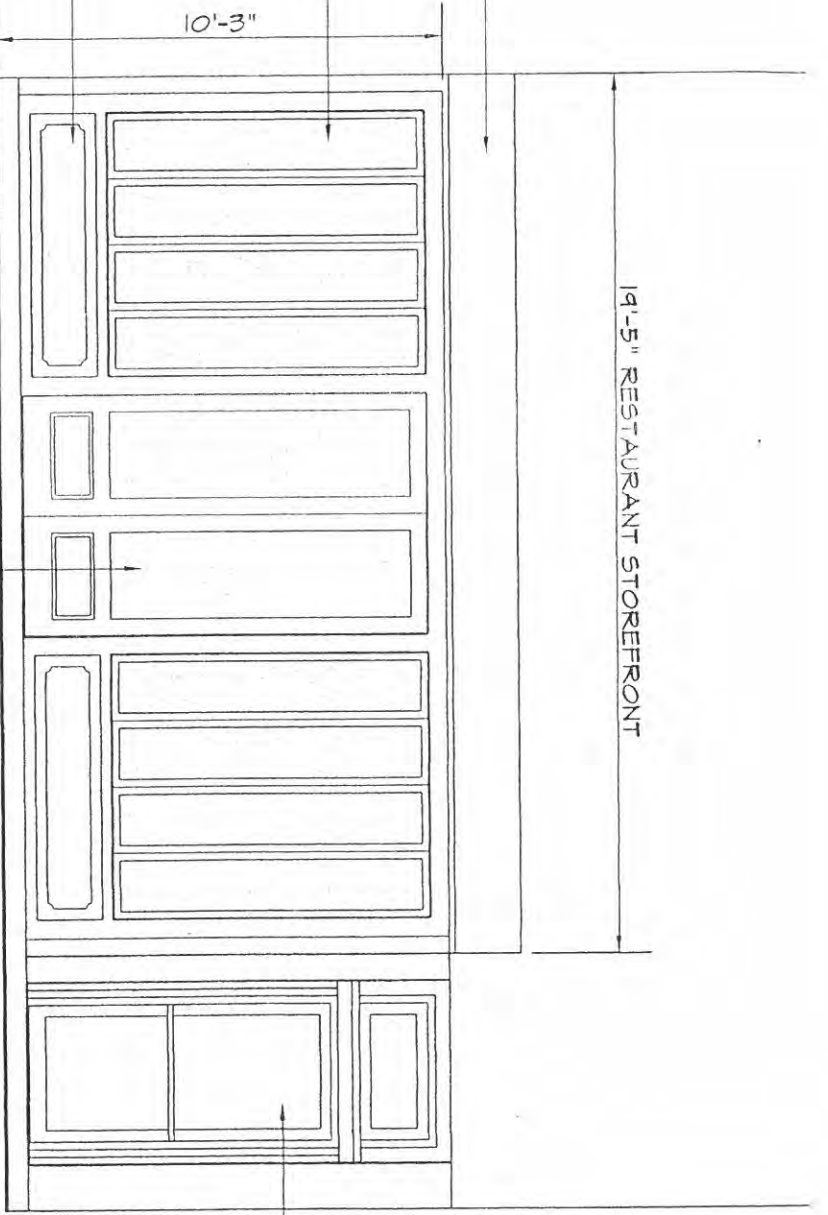
EXISTING WOOD STOREFRONT FRAME TO REMAIN, TO BE REFURBISHED

SIGNAGE TO BE PAINTED ON INSIDE OF STOREFRONT GLASS

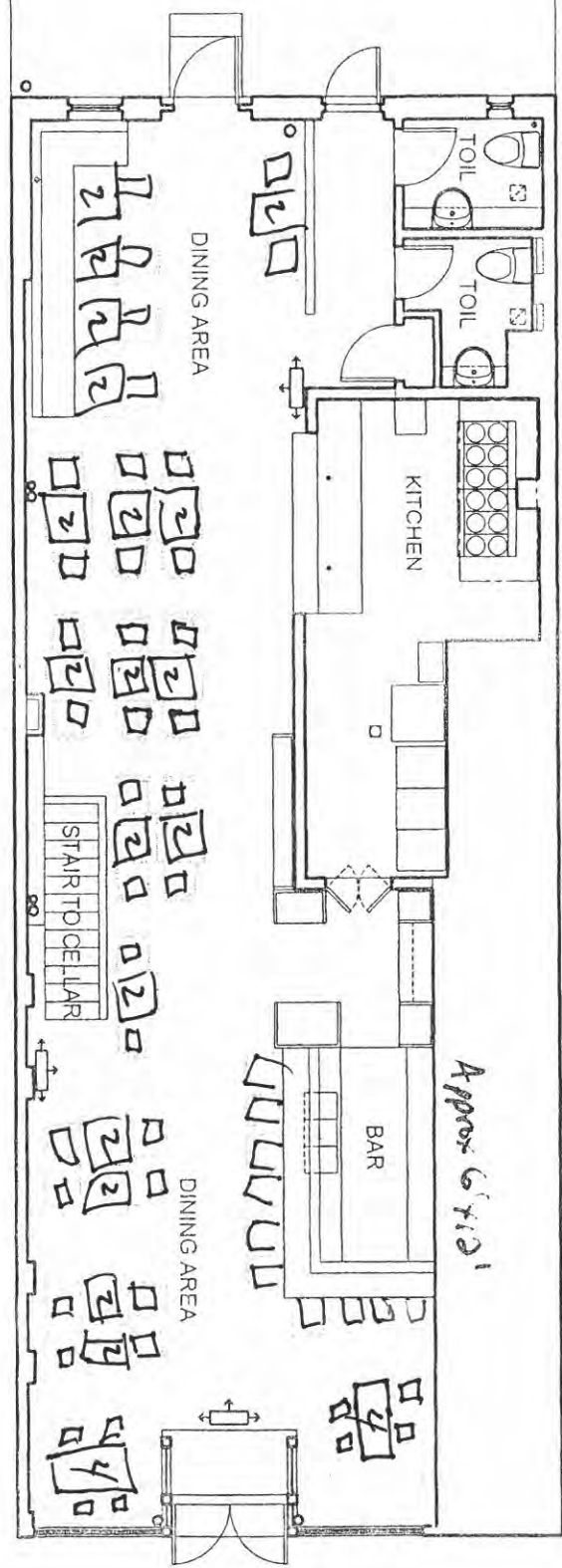
10'-3"

EXISTING WOOD DOORS TO BE REFURBISHED, GLAZED WITH CLEAR SAFETY GLASS, TYP.

EXISTING BUILDING ENTRY



Backyard
7 Tables 22 seats



PROPOSED FIRST FLOOR PLAN
1/8" = 1'-0"

20 Tables
44 Seats
10 Barstools

175 LUDLOW STREET
New York, NY
5 December 2011

LUDLOW STREET

