



# 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/communitygroups/community\\_group\\_listings.shtml](http://www.nyc.gov/html/mancb3/html/communitygroups/community_group_listings.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: April 26, 2017

**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: Evir Corp.

### APPLICANT:

Premise address: 117 2nd Avenue, New York, NY 10003

Cross streets: 6th Street and 7th Street

Name of applicant and all principals: Evir Corp. (David Malekan and Kamran Malekan)

Trade name (DBA): San Marzano

**PREMISE:**

Type of building and number of floors: Multi-unit, Mixed Use. Basement and First Floor

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: Sidewalk Cafe  
10 Tables with 24 Chairs

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

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):  
R7A with C2-5 Commercial Overlay

**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) Inside: 11am to 1am on Sundays through Thursday; 11am to 3am on Fridays and Saturdays  
Outside: 12am to 11pm 7 Days per week

Number of tables? In: 21; Out 10 Total number of seats? In: 54; Out 24

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): 18' x 6' L Shaped

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  
See attached menu

What are the hours kitchen will be open? All hours of open operation

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

How many employees will there be? 15

Do you have or plan to install  French doors  accordion doors or  windows?

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 with simple 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.")

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.

Do you have sound proofing installed?  Yes  No

If not, do you plan to install sound-proofing?  Yes  No

**APPLICANT HISTORY:**

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

If yes, please indicate name of establishment: Presently licensed

Address: 117 2nd Avenue, New York, NY 10003 Community Board # 3

Dates of operation: Since 11/2011

**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? 11 including restaurant wine and beer only licenses

How many On-Premise (OP) liquor licenses are within 500 feet? 31 including restaurant wine and beer only licenses

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 will close any front or rear facade doors and windows at 10:00 P.M. every night or during any amplified performances, including but not limited to DJs, live music and live nonmusical performances.
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 \_\_\_\_ private parties per \_\_\_\_\_.
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 without first obtaining approval from CB 3.
6.  I will not participate in pub crawls or have party buses come to my establishment.
7.  I will not have a happy hour.  I will have happy hour and it will end by \_\_\_\_\_.
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.



New York State Liquor Authority  
 Division of Alcoholic Beverage Control



Application for a Change in Class of a  
 Retail License

Serial Number: 1259172	
Applicant Name: Evir Corp.	DBA: San Marzano
Address: 117 2nd Avenue, New York, NY 10003	County: New York
Mailing Address, if different:	Telephone #: 212-228-1100
Current License Class/Code: RW 341	Proposed License Class/Code: OP 252
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 <input checked="" type="checkbox"/> No <input 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](http://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](http://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

Original     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" otherwise write "N/A"

Premises Street Address:

City:  , NY    Zip Code:

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

Applicant E-mail address (required):

Business Website:

Mailing Address (if different than above):

City:     State:     Zip Code:

### 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 (Select license date range)  to:

4. LICENSE TYPE:     CODE:     5. Number of ADDITIONAL BARS (if any):

5a. Months that SEASONAL add bars will operate:  to:

6. TOTAL PAYMENT DUE:

7. Federal Tax ID #:

7a. Certificate of Authority to Collect NYS Sales Tax - List # If Issued:      Pending

[OFFICE USE ONLY]

   DATE FILED:     SERIAL #:     Page 4



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<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 style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Individual / Partner	Residence	Social Security #:	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Individual / Partner	Residence	Social Security #:	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Individual / Partner	Residence	Social Security #:	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" 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 #:	
Kamran Malekan	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth	
Treasurer	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Name of Principal	Residence	Social Security #:	
David Malekan	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth	
President	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Name of Principal	Residence	Social Security #:	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Name of Principal	Residence	Social Security #:	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" 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/LLC members directly or indirectly owning 10% or more of any class of its shares. Also, include all officers, directors, LLC managers, and trustees of the applicant company/corporation. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for those individuals. All other owners with less than 10% ownership interest must be disclosed in a list which includes their names, addresses, and percentage of ownership. Provide a written affirmation that all of the owners with less than 10% interest are eligible to hold a liquor license and none have statutory disqualifications that would bar them from being licensed.

**Not-For-Profit Corporations** must list all principal officers and any director/trustee who is compensated on the license. Trustees/Directors who are not compensated do not need to submit personal questionnaire or fingerprints. However the applicant must submit a list with the name and address of each such individual along with a statement that each such individual is eligible to hold a license. Applicants that have filed for a Club License only need to list a single individual as the Alcoholic Beverage Control Officer.



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**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 and the population of the municipality is 20,000 or more. 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
- NOT APPLICABLE - BEER, WINE and CIDER ONLY

**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.**



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**STATEMENT OF AREA PLAN  
200 Foot Law**

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

1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH, or PLACE OF WORSHIP WITHIN **300 FEET**
2. Is the premises within 200 feet of **ANY SCHOOL, CHURCH or PLACE OF WORSHIP?**  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)  No
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")

**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:	Middle Collegiate Church
Address:	50 E. 7th Street, New York, NY 10003
Distance:	100 Feet
2. Name of church/school:	
Address:	
Distance:	
3. Name of church/school:	
Address:	
Distance:	

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:

Mixed

(i.e., 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  Pending

**2. Premises**

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

Multi Unit

2b. Is or has the building/proposed premises been known by any other address?  Yes  No

If "yes" please specify and give details:

*If the address was changed due to a 911 update or other government action, please include documentation for the change.*

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

Currently Licensed  Previously Licensed  Never Licensed  Do Not Know

Name of Licensee:

Evir Corp.

License Serial Number:

1259172

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 proposed premises has not been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed?

Yes  No

Name of Licensee:

License Serial Number:



**3. Premises (Interior):**

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

3b. List the floor(s) where the proposed premises will be located(i.e. basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?  Yes  No  
If yes, show the means of access on the interior diagram(s).

3e. 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?  Yes  No  
Example: hallways, stairwells, common areas, etc.

If YES, describe:

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

3g. List the maximum occupancy of the premises:

3h. Number of tables?  3i. Number of seats at tables?  3j. Number of seats at bar or counter?

**4. BARS:**

4a. How many customer bars are located on the premises? (where patrons may order, purchase, or receive alcoholic beverages.)

4b. How many service bars\*? (A service bar is for wait staff use exclusively.)

4c. Describe each bar in the fields below:

Bar 1	Bar 2	Bar 3
Bar Type <input type="text" value="Customer Bar"/>	Bar Type <input type="text"/>	Bar Type <input type="text"/>
Length <input type="text" value="18' x 6'"/>	Length <input type="text"/>	Length <input type="text"/>
Shape <input type="text" value="L Shaped"/>	Shape <input type="text"/>	Shape <input type="text"/>
Bar 4	Bar 5	Bar 6
Bar Type <input type="text"/>	Bar Type <input type="text"/>	Bar Type <input type="text"/>
Length <input type="text"/>	Length <input type="text"/>	Length <input type="text"/>
Shape <input type="text"/>	Shape <input type="text"/>	Shape <input type="text"/>

Attach additional sheets if there are more than 6 bars.

*continued on next page*

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**5. KITCHEN**

5a. Does premises have a full 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; SUBMIT 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 guest rooms?

6c. For Hotels Only: Is there a public restaurant on the Hotel Premises?  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 direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram.)

- Sidewalk Cafe     Deck     Patio     Porch     Gazebo
- Rooftop     Yard     Balcony     Pavilion     Tent

Other (describe):

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     Strubbery     Roping     Stanchions

Other (describe):

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 & Cider
- Wine, Beer & Cider
- Liquor, Wine, Beer & Cider

1b. Type of Establishment:

2. Will any other business be conducted at the premises? If "yes" provide details below or on a separate sheet:  Yes  No

2a. If the premises is *not* a catering establishment, will the premises periodically close to host private events?  Yes  No

2b. If "yes" how frequently?

3. Will premises have music?  Yes  No

3a. If "yes" check all that apply:  RECORDED  DJ  JUKE BOX  KARAOKE

LIVE MUSIC (Give details: i.e. rock bands, acoustic, jazz, etc.):

3b. Will the premises use the services of an Event Promoter?:  Yes  No

4. Will the premises permit dancing?  Yes  No

4a. If "yes", does your municipality require a "cabaret" or other permit granting permission for dancing?  Yes\*  No

\* If a permit is required, submit a copy of the permit. 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

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.)

7a. If answer is zero employees ("0"), then provide an explanation below:

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

**8. NYS Law requires businesses to carry workers' compensation and disability insurance.**  
 If applied for and pending, please indicate.

8a. Workers' Compensation Carrier Name and Policy Number:

8b. Disability Insurance Carrier Name and Policy Number:

**If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996.**

9. Will there be security personnel be used at the premises?  Yes  No 9a. If YES, how many?

9b. If "yes" provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired.

**The Licensee is responsible for assuring that security personnel you hire is registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.**

10. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How you will monitor alcohol sales; prevent sales to minors and sales to intoxicated persons. How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

The Applicant presently operates a full-service, higher-end, Italian restaurant and has done so for several years without any security issues. Notwithstanding, a well-trained manager (the Owner, Kamran Malekan) or shift supervisors, if needed, will be on-premises during all hours of operation. All employees are TIPS trained, and ask for proper identification prior to serving alcohol to patrons. Visibly intoxicated patrons are denied service of alcohol.

11. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advanced Notice ?

Yes  No

11a. If "no" explain.

**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**

A list of county closing hours is available at the following link: <http://www.sla.ny.gov/provisions-for-county-closing-hours>



## appetizers - 7

**meatballs** [veal, pork, beef, mushroom marinara sauce]

**calamari** [hand-battered and fried]

**brussels sprouts** [pancetta, fuji apples, pecorino]

**burrata** [creamy pulled cow's milk cheese, prosciutto di parma, balsamic reduction]

**tegamino** [fried eggplant, baked with mozzarella and tomato sauce]

## salads - 8

**mixed greens** [walnuts, cranberries, grape tomatoes, balsamic vinaigrette]

**baby arugula** [beets, goat cheese, pecans, lemon vinaigrette]

## fresh pasta - 9

- |   |   |  |
|---|---|--|
| <b>shapes</b>                                     | { | <b>spaghetti</b>   |
|   |   | <b>pappardelle</b> [wide ribbons]  |
|   |   | <b>farfalle</b> [bowties]  |
|   |   | <b>garganelli</b> [hand-rolled, hollow cylinders]  |
|   |   | <b>whole wheat spaghetti</b>   |
| <b>sauces</b>                                     | { | <b>gluten-free tagliatelle</b> [ribbons]   |
|   |   | <b>meatballs</b> [classic tomato sauce, grana padano]  |
|   |   | <b>wild boar ragu</b> [braised with san marzano tomatoes, pecorino]                            |
|   |   | <b>bolognese</b> [wine-braised veal, pork and beef, peas, tomato sauce, pecorino]              |
|   |   | <b>braised sausage</b> [ricotta parmigiana]  |
|   |   | <b>broccoli rabe &amp; sausage</b> [garlic and extra virgin olive oil]                         |
|   |   | <b>alla norma</b> [roasted eggplant, tomato sauce, pesto, mozzarella]                          |
|   |   | <b>cavolfiore siciliano</b> [roasted cauliflower, shallots, garlic, capers, raisins, pecorino] |
|   |   | <b>vecchia bettola</b> [tomato sauce, oregano, dash of cream]                                  |
|   |   | <b>butternut squash &amp; sausage</b> [sage, basil, white wine reduction]                      |
|   |   | <b>pesto</b> [roasted grape tomatoes, mozzarella]  |
| <b>sausage &amp; pepper</b> [butter, pecorino]    |   |  |
| <b>tomato sauce</b> [tomato, basil, grana padano] |   |  |

**pear & gorgonzola ravioli** [toasted walnuts, thyme, shallots in a cream sauce]

## pressed panini - 8

**meatball** [tomato sauce, mozzarella]

**grilled cheese & tomato** [gruyere, white cheddar, mozz., fontina]

**prosciutto & arugula** [mozzarella]

**portobello** [roasted pepper, mozzarella, fontina, goat cheese]

**eggplant** [tomato sauce, mozzarella]

**chicken** [tomato, arugula, fontina, chipotle mayo]

## desserts - 7

**ricottella** [nutella, ricotta]

**flourless chocolate cake**

**tiramisu**

**cannoli**

**tartuffe**

*San Marzano*  
pasta fresca

117 Second Avenue, New York, NY 10003

212.777.3600

[www.sanmarzanonyc.com](http://www.sanmarzanonyc.com)

*all pasta made*  
**fresh**  
*in-house*

**BRUNCH** [saturday & sunday, 11 am – 4 pm]

**traditional**

- yogurt & granola** [greek yogurt, house-made granola] - 5  
**french toast** [brioche, banana, powdered sugar] - 8  
**eggs florentine** [tomato, spinach, crumbled prosciutto] - 9  
**eggs benedict** [canadian bacon, hollandaise, chives, english muffin] - 9  
**cheddar scrambled eggs** - 8  
**ricottella** [ricotta & nutella in fried dough pocket, fresh whipped cream] - 7  
**san marzano omelet** [potato, onions, fontina, mozzarella] - 8

**sides**

- bacon** - 3  
**breakfast sausage** - 3

**mimosas**

- glass** - 4  
**bottomless** [with food only] - 10

**coffee**

- cup** - 2  
**bottomless** - 3

**pressed panini - 8**

- meatball** [tomato sauce, mozzarella]  
**grilled cheese & tomato** [gruyere, white cheddar, mozzarella, fontina]  
**prosciutto & arugula** [mozzarella]  
**portobello** [roasted pepper, mozzarella, fontina, goat cheese]  
**eggplant** [tomato sauce, mozzarella]  
**chicken** [tomato, arugula, fontina, chipotle mayo]

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