

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 Stipulations

I, Domenico Bianco, as a qualified representative of Bella 'Mbriana LTD d/b/a IL Mago, located at 234 E 4th Street, New York, NY agree to the following stipulations:

1.  I will operate a full-service restaurant, specifically a (type of restaurant) Italian Restaurant, with a kitchen open and serving food to within \_\_\_\_\_ hour(s) of closing every night  during all hours of operation.
2. My hours of operation will be \_\_\_\_\_:00 a.m./p.m. to 12:00 a.m. all days  
Monday-Friday 3:00 p.m. to 12:00 a.m. Saturday-Sunday 11:00 a.m. to 12:00 a.m.  
 (I understand opening is "no later than" specified opening hour, and all patrons are to be cleared from business at specified closing hour.)
3.  I will not use outdoor space for commercial use.
4.  I will operate my sidewalk café no later than \_\_\_\_\_
5.  I will employ a doorman/security personnel on the following days: \_\_\_\_\_
6.  I will install soundproofing, \_\_\_\_\_
7.  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.  I will not have French doors or windows and doors will be closed by \_\_\_\_\_
8. 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 \_\_\_\_\_
9.  I will play ambient recorded background music only.
10.  I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.
11.  I will not seek a change in class to a full on-premise liquor license without first obtaining approval from CB 3.
12.  I will not participate in pub crawls or have party buses come to my establishment.
13.  I will not have a happy hour.  I will have happy hour and it will end by \_\_\_\_\_
14.  I will not have wait lines outside.  There will be a staff person outside to monitor sidewalk crowds and ensure no loitering.
15.  I will conspicuously post this stipulation form beside my liquor license inside of my business.
16.  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.

Name: Domenico Bianco Phone Number: 347-609-1785

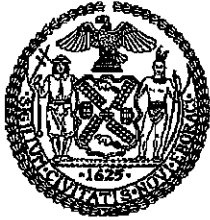
17.  I will: \_\_\_\_\_  
 \_\_\_\_\_

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed \_\_\_\_\_  
 Sworn to this 2nd day of December 2015

Dated 12/2/15  
 \_\_\_\_\_  
 Notary Public  
 WARREN B PESETSKY  
 Notary Public State of New York  
 No. 02PE6278972  
 Commission Expires 4/08/2017

Community Board 3 requests that the SLA add this stipulation to the license of the above-mentioned applicant in Rockland County. Rev. 03/2015



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**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: 12/02/15

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: Rx1

If alteration, describe nature of alteration: N/A

Previous or current use of the location: Restaurant

Corporation and trade name of current license: Italian Essenza Corp  
Perbacco

**APPLICANT:**

Premise address: 234 E 4th Street - Easterly Store and Basement

Cross streets: Avenue A and Avenue B

Name of applicant and all principals: Bella 'Abricana LTD

Trade name (DBA): IL Mago

**PREMISE:**

Type of building and number of floors: Mixed-Residential / Commercial  
6 Floors

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: \_\_\_\_\_

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? \_\_\_\_\_

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):

R8 B

**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-Friday: 3pm to Midnight  
Saturday & Sunday: 11:00 am to Midnight

Number of tables? 18 Total number of seats? 48

How many stand-up bars/ bar seats are located on the premise? 1/6 bar seats

(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): L-Shape / right side of premises

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

Italian / Pizza

What are the hours kitchen will be open? Same as hours of operation

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

How many employees will there be? 4-5

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: \_\_\_\_\_

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? N/A

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. TBD

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: \_\_\_\_\_

Address: \_\_\_\_\_ Community Board # \_\_\_\_\_

Dates of operation: \_\_\_\_\_

**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 Proximity Report

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 \_\_\_\_ 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. 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.  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.

## Proximity Report for Location:

November 25, 2015

234 E 4 St, New York, NY, 10009

\* This report is for informational purposes only in aid of identifying establishments potentially subject to 500 and 200 foot rules. Distances are approximated using industry standard GIS techniques and do not reflect actual distances between points of entry. The NYS Liquor Authority makes no representation as to the accuracy of the information and disclaims any liability for errors.

### Closest Liquor Stores

Name	Address	Approx. Distance
DISCOVERY WINES LLC	16 AVE B	520 ft
NIZGA CORP	58 AVENUE A	555 ft
EAST HOUSTON STREET WINE & LIQUOR INC	250 E HOUSTON ST	825 ft
LOCAL NEW YORK LIQUORS LLC	24 AVE C	1000 ft
EAST VILLAGE WINE CORP	100 AVENUE C	1155 ft
TURTLE DOVE LLC	28 30 CLINTON ST	1155 ft
JCCSM INC	45 1ST AVE	1300 ft

### Churches within 500 Feet

Name	Approx. Distance
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### Schools within 500 Feet

Name	Address	Approx. Distance
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### On-Premise Licenses within 750 Feet

Name	Address	Approx. Distance
B4NYC LLC	235 E 4TH ST	40 ft
234 EAST 4TH STREET RESTAURANT CORP	234 E 4TH ST	55 ft
SUNRISE SHADOW LLC	50 AVENUE B	100 ft
3RD STREET CAFE INC	189 E 3RD ST	225 ft
197 ARTICHOKE CORP,THE	197 E 3RD STREET	235 ft
FONDA AVENUE B LLC	40 AVENUE B	245 ft
205 EAST 4TH STREET LLC	205 E 4TH ST	275 ft
ROOT & BONE LLC	200 E 3RD ST	290 ft
MAMA BAR LLC	34 AVENUE B	295 ft
BECAF LLC	29 AVENUE B A/K/A 33 AVE 3	355 ft
CROXLEY AVE B INC	28 AVENUE B	370 ft
DESMO 916 CORP	545 E 5TH ST AKA 76 AVE B	385 ft
217 BAR CORP	217 E 3RD ST	395 ft
25 B GROUP REST AVE LLC	25 AVENUE B	435 ft
THUNDERBOLT CORP	531 E 5TH STREET	455 ft
RESTAURANT 192 FINALLY INC	192 E 2ND STREET	475 ft
A O CAFE AND RESTAURANT LLC	17 AVENUE B	525 ft
511 E 5TH STREET LLC	511 E 5TH ST	555 ft

Name	Address	Approx. Distance
CORMAR INCORPORATED	507 E 5TH ST	590 ft
ROLO REST LLC	32 AVENUE A	650 ft
GENCO IMPORTING INC	99 AVENUE B	655 ft
RAGUBOY CORP	156 EAST 2ND STREET	665 ft
ELLSFRED INC	520 E 6TH ST	675 ft
MINA LENA INC	37 AVENUE A	680 ft
FRENCH AVENUE B INC	103 105 AVENUE B	710 ft
BA VICTORY CORP	513 E 6TH ST	715 ft
AVE A KARAOKE CORP	81 AVENUE A	735 ft
CAFETASIA INC	85 AVENUE A	740 ft
RED MALBEC LLC	509 E 6TH ST	745 ft

### Pending Licenses within 750 Feet

Name	Address	Approx. Distance
RITE AID OF NEW YORK INC	99 AVENUE D	655 ft
KIN ASIAN BISTRO INC	507 E 6TH ST	700 ft

### Unmapped licenses within zipcode of report location

Name	Address
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