

(All Fields Must Be Completed)

APPLICANT Trenta LLC		DOING BUSINESS AS (DBA) Via Trenta		
STREET ADDRESS 536 West 30th Street		CROSS STREETS 10th and 11th avenue		
OWNER	NAME: Michele Iuliano	ATTORNEY	NAME: Antonino D'Aiuto, Esq	
	PHONE: 718-288-2802		PHONE: 212-228-0551	
	FAX: 212-925-8845		FAX: 646-219-4943	
MANAGER	NAME: Eden Tesfamariam Gain	LANDLORD	NAME: DD 11th Avenue, LLC	
	PHONE: 646-508-5273		PHONE: 212-643-2349	
	FAX: 212-967-4099		FAX:	
DESCRIPTION OF BUSINESS				
Establishment Type:	<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place <input type="radio"/> Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only) <input type="radio"/> Other (Explain): _____			
Method of Operation:	<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): _____			
License Type:	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
APPLICATION TYPE (check one)	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	YES	NO
		What is/was the name of establishment?	Ovest Pizzoteca	
		What is/was the address of the establishment?	513 W 27th St	
		What were the dates the applicant was involved with this former premise?	9/09 through present	
	<input type="radio"/> Transfer	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	YES	NO
		<i>If alterations or operational changes are being made, please attach the plans to this form.</i>		
	<input type="radio"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
<i>Please describe the nature of the alterations and attach the plans</i>				

OPERATIONAL ISSUES									
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	8-11	8-11	8-11	8-11	8-11	12-11	12-11	
	Music	ambient 8-11	ambient 8-11	ambient 8-11	ambient 8-11	ambient 8-11	ambient 12-11	ambient 12-11	
	Kitchen	8-11	8-11	8-11	8-11	8-11	12-11	12-11	
OCCUPANCY	INDOOR				BAR			OUTSIDE	
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables
	73	55	6	24	1	1	12	/	/
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	3-4	5-4		
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					YES	NO	N/A		
Will applicant have bottle service?					YES	NO	N/A		
Will you be hosting private parties and promotional events?					YES	NO	N/A		
Will outside promoters be used?					YES	NO	N/A		
Will the security plan submitted be implemented?					YES	NO	N/A		
Will State certified security personnel be used?					YES	NO	N/A		
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					YES	NO	N/A		
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)					YES	NO	N/A		
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					YES	NO	N/A	IN THE FUTURE	
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					YES	NO	N/A	WILL APPLY NEXT SEASON	
Will applicant provide contact information to neighbors and respond to complaints that arise?					YES	NO	N/A		
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?					YES	NO	N/A		
If you plan to have music, what type(s)?					BACKGROUND	LIVE MUSIC	DJ		
BUILDING DESIGN									
Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.					YES	NO	N/A		
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?					YES	NO	N/A		
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)					YES	NO	N/A		

OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	<input checked="" type="radio"/> N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	<input checked="" type="radio"/> N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	NO	<input checked="" type="radio"/> N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	<input checked="" type="radio"/> YES	NO	N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	<input checked="" type="radio"/> N/A

LOCATION & ZONING

Primary Zoning District:	COMMERCIAL C6-4 HUDSON YARDS DISTRICT	Overlay (if Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	<input checked="" type="radio"/> NO	N/A
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	<input checked="" type="radio"/> NO	N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	NO	N/A

Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> Mixed Use <input checked="" type="radio"/> Other, describe: <u>NO ADJACENT BUILDINGS AT THIS TIME</u>

NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	Manhattan Community Board 4
	# 2	
	# 3	

ADDITIONAL INFORMATION: (Applicant Use)

I am the same owner and operator of Ovest Pizzoteca located at 513 West 27th Street b/w 10th and 11th Avenue. I have been at that location, serving the community since 2009. My establishment was the first to take a chance in that area and we have enjoyed an overwhelmingly positive response by the community.

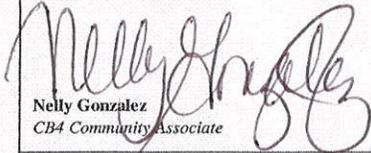
ADDITIONAL NOTES: (Office Use Only)

ADDITIONAL STIPULATIONS: (Office Use Only)

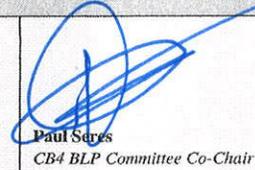
Manhattan Community Board 4 (MCB4) recommends:

Approval Denial unless all agreed to by applicant is part of the method of operation Denial

CB4 REPRESENTATIVES


Nelly Gonzalez
CB4 Community Associate

Lisa Daglian
CB4 BLP Committee Co-Chair


Paul Seres
CB4 BLP Committee Co-Chair

APPLICANT AGREEMENT WITH THE COMMUNITY

Pursuant to these stipulations, this applicant agrees to have these provisions incorporated in the method of operation of their liquor license. Additionally, the applicant agrees to the community agreements as the basis for the community supporting this application.

SIGN HERE →


SIGNATURE OF APPLICANT

2/12/13
DATE

