

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)					
JGAM Food Inc.		Pizza Italia					
STREET ADDRESS		CROSS STREETS					
307-09 W. 17th ST		8th Ave + 9th Ave					
OWNER	NAME	Anthony Sorici	ATTORNEY	NAME	Gene T. Anton, Esq.		
	PHONE	516-578-6435	PHONE	347-489-5765			
	FAX	631-673-9265	FAX	631-673-9265			
MANAGER	NAME		LANDLORD	NAME	307 W. 17 LLC		
	PHONE			PHONE	212-661-0279		
	FAX			FAX	212-661-0413		
DESCRIPTION OF BUSINESS							
Establishment Type:		<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place 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): Bar/Arcade					
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): Bar/Arcade					
License Type:		<input type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input checked="" type="radio"/> Wine & Beer					
APPLICATION TYPE (check one)		<input checked="" type="radio"/> New		Has applicant owned or managed a similar business?		<input checked="" type="radio"/> YES	<input type="radio"/> NO
				What is/was the name of establishment?		Pizza Italia	
				What is/was the address of the establishment?		11 Stone ST, NY NY	
				What were the dates the applicant was involved with this former premise?		1992 - 2013	
		<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?		<input type="radio"/> YES	<input type="radio"/> NO
				If alterations or operational changes are being made, please attach the plans to this form.			
		<input type="radio"/> Alteration		What is the current license #?			
				What is the expiration date on the current license?			
Please describe the nature of the alterations and attach the plans							

OPERATIONAL ISSUES										
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation	11am-2am	11am-2am	11am-2am	11am-2am	11am-4am	11am-4am	11am-2am		
	Music	11am-2am	11am-2am	11am-2am	11am-2am	11am-4am	11am-4am	11am-2am		
Kitchen	11am-2am	11am-2am	11am-2am	11am-2am	11am-2am	11am-4am	11am-4am	11am-2am		
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	
	74	40	7	23	0	0	0	NA	NA	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					<input checked="" type="radio"/> 1-2	<input type="radio"/> 2-4	<input type="radio"/> 5-10			
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A			
Will applicant have bottle service?					<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A			
Will you be hosting private parties and promotional events?					<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A			
Will outside promoters be used?					<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A			
Will the security plan submitted be implemented?					<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A			
Will State certified security personnel be used?					<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A			
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> 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)					<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	All bicycle deliveries will be done in accordance with NYS Law		
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A			
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A			
Will applicant provide contact information to neighbors and respond to complaints that arise?					<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	Owners telephone #.		
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?					<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A			
If you plan to have music, what type(s)?			<input checked="" type="radio"/> BACKGROUND	<input type="radio"/> LIVE MUSIC	<input type="radio"/> 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.					<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> 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?					<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> 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.)					<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A			

OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	<input type="radio"/> 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	<input checked="" type="radio"/> NO	<input 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	<input checked="" type="radio"/> NO	<input 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	<input checked="" type="radio"/> NO	<input 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	<input checked="" type="radio"/> NO	<input 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.	YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A

LOCATION & ZONING

Primary Zoning District:	C 4	Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	<input type="radio"/> 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	<input type="radio"/> N/A
Is the 500 Foot Rule or 200 Foot Rule Triggerred? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Are your plans filed with DOB?	YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A

Building Type Residential Commercial Mixed Use Other, describe:

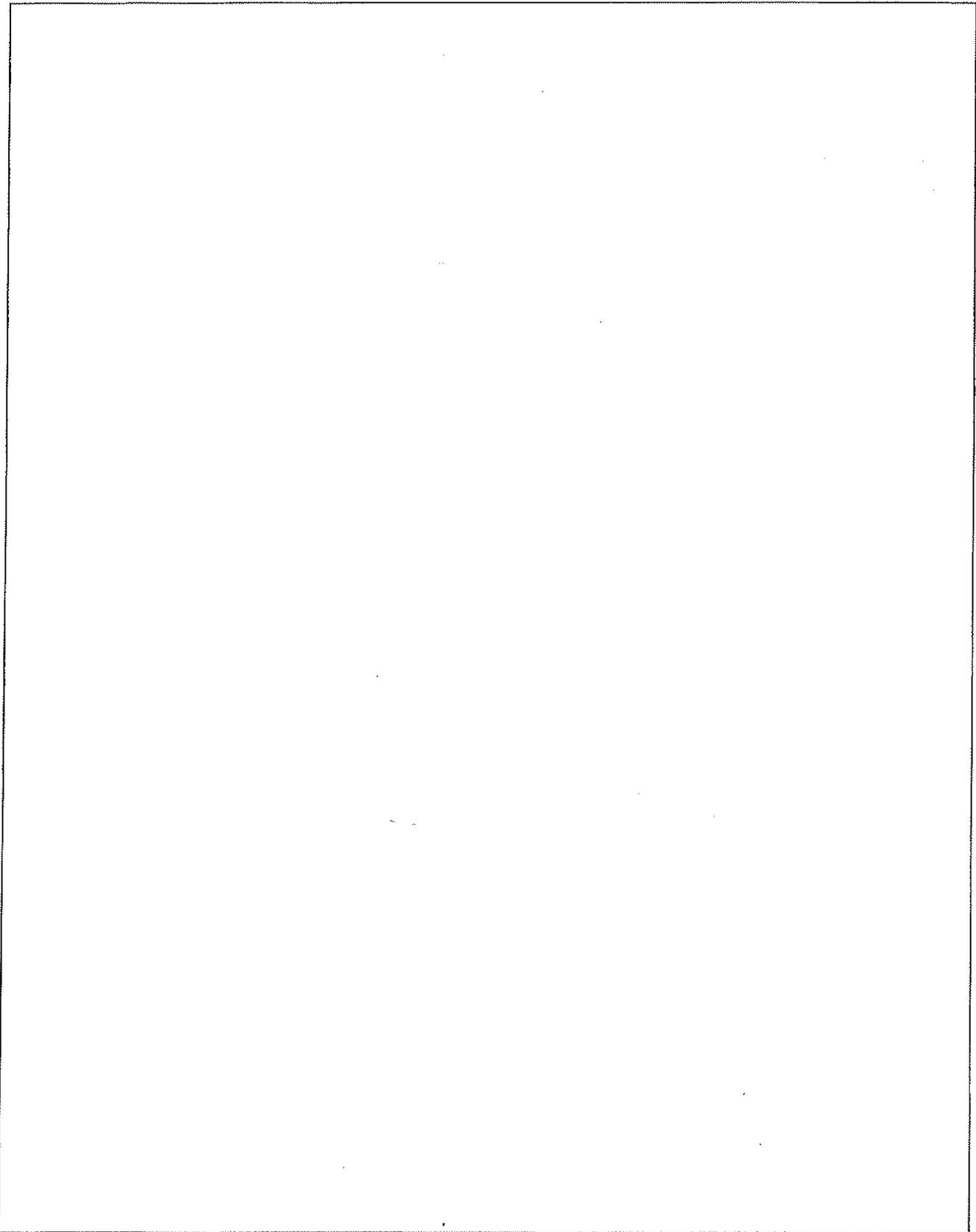
Adjacent Buildings Residential Commercial Mixed Use Other, describe: _____

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

SERVICE OF ALL ALCOHOL (BEER + WINE)
WILL CEASE BY 2:00 AM ON
ALL DAYS INCLUDING FRIDAY +
SATURDAYS.

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)



Manhattan Community Board 4 (MCB4) recommends:

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

Denial Approval

CB4 REPRESENTATIVES


Nelly González
CB4 Assistant District Manager


Frank Holozubiec
CB4 BLP Committee Co-Chair


Paul Seres
CB4 BLP Committee Co-Chair

APPLICANT AGREEMENT WITH THE COMMUNITY

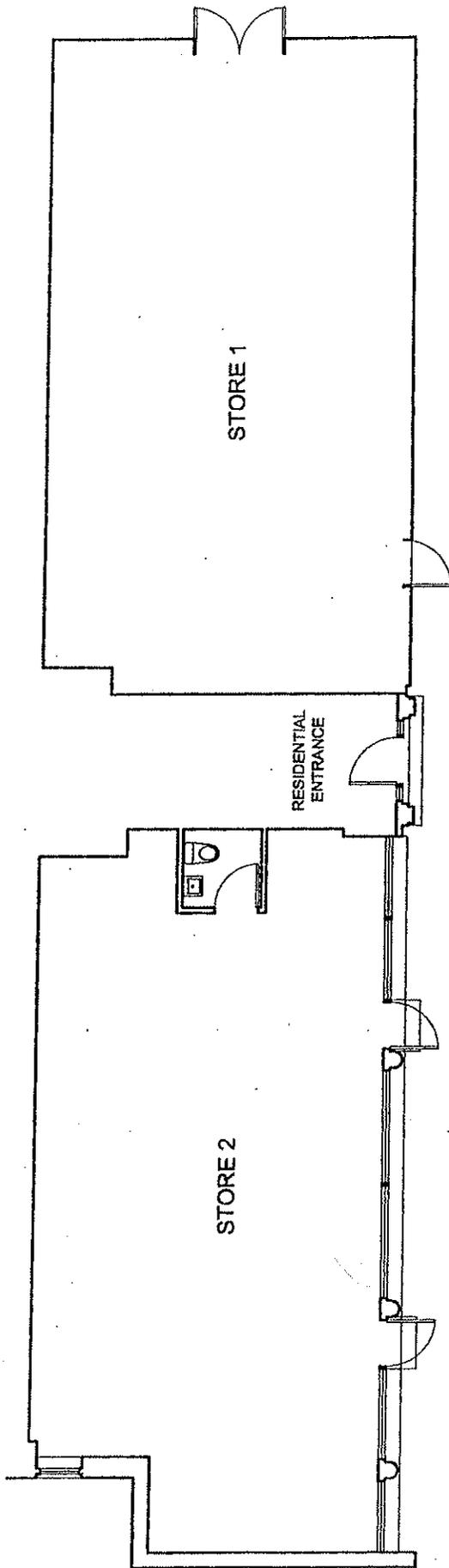
Pursuant to these stipulations, this applicant agrees to have these provisions incorporated in the method of operation of their liquor license. Additionally, the applicant agrees to the community agreements as the basis for the community supporting this application.

SIGN HERE →


SIGNATURE OF APPLICANT

DATE

5/13/14



WEST 17th STREET



EXHIBIT A