DATE:
APPLICANT INFORMATION:
Name of applicant(s): FABRIZIO PRIM CAVALLACCI
Trade name (DBA): CAHE REGGIO
Premises address: 119 MACAUUGAC ST.
Cross Streets and other addresses used for building/premise:  W 3 Td ST. + MINETTA CA.
CONTACT INFORMATION:
Principal(s) Name(s): FABRIZIO PRIM CAVALLACCI
Office or Home Address: 119 MACDOV6AL ST.
City, State, Zip:
Telephone #: 212 475-9557 email:
Landlord Name / Contact:
Landlord's Telephone and Fax:
NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
FABRIZTO PRIM CAVALLACCI FABRIZIO PRIM CAVALLACCI 119 MACDOJGACS
RW # 1266888
Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on"):
WE ARE AN ITAMAN RUSTANRANT THAT IS FAMILY FAUGUSE
WE HAVE BEEN OPERATING WITH A RESTAURANT WIND LICENSO
SINCE 2012. WE WOULD LIKE TO UPGRADE TO AN ON-PRECUISE
LIBUAT LICENSE

WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR ( MARK ALL THAT APPLY):
a new liquor license ( Restaurant Tavern / On premise liquor Other )
an UPGRADE of an existing Liquor License
an ALTERATION of an existing Liquor License
a TRANSFER of an existing Liquor License
a HOTEL Liquor License
a DCA CABARET License
a CATERING / CABARET Liquor License
a BEER and WINE License
a RENEWAL of an existing Liquor License
an OFF-PREMISE License (retail)
OTHER:
If this is for a new application, please list previous use of location for the last 5 years:
N/8
Is any license under the ABC Law currently active at this location?
Have any other licenses under the ABC Law been in effect in the last 10 years at this location?  yesno
If yes, please list DBA names and dates of operation:
NIA



## PREMISES:

INTERIOR OF PREMISES:				
What is the total licensed square footage of the premises? APPROX 1550 SQ FT.				
If more than one floor, please specify square footage by floors:				
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?  Side walk cafe, rear yard, rooftop, or outside space, what is the square footage of the area?				
If more than one floor, what is the access between floors?   INTELIOT STAIR CASE				
How many entrances are there? How many exits? How many bathrooms? Is there access to other parts of the building? no yes, explain: TO LOBGY OF BLOG.				
OVERALL SEATING INFORMATION:				
Total number of tables? 20 Total table seats? 44				
Total number of bars? Total bar seats?				
Total number of "other" seats? 8 please explain: SLOEWALK CAFE SEATING				
Total OVERALL number of seats in Premises :				
BARS:				
How many *stand-up bars / bar seats are being applied for on the premises? Bars O Seats				
How many service bars are being applied for on the premises?				
Any food counters? no yes, describe: FOUD SERVICE / SERVICE BAR  STAFF WILL PICK UP FOOD + DRINK				
For Alterations and Upgrades:  TO SEILUE AT TABLES				
Please describe all current and existing bars / bar seats and specific changes:				
WITH NO CHANGES				
* A stand-up bar is any bar or counter (whether seating or not) over which a member of the public can order pay for and receive food and alcoholic beverages.				
PROPOSED METHOD OF OPERATION:				
What type of establishment will this be? (check all that apply)				
BarBar & FoodRestaurantClub/ CabaretHotelOther:				

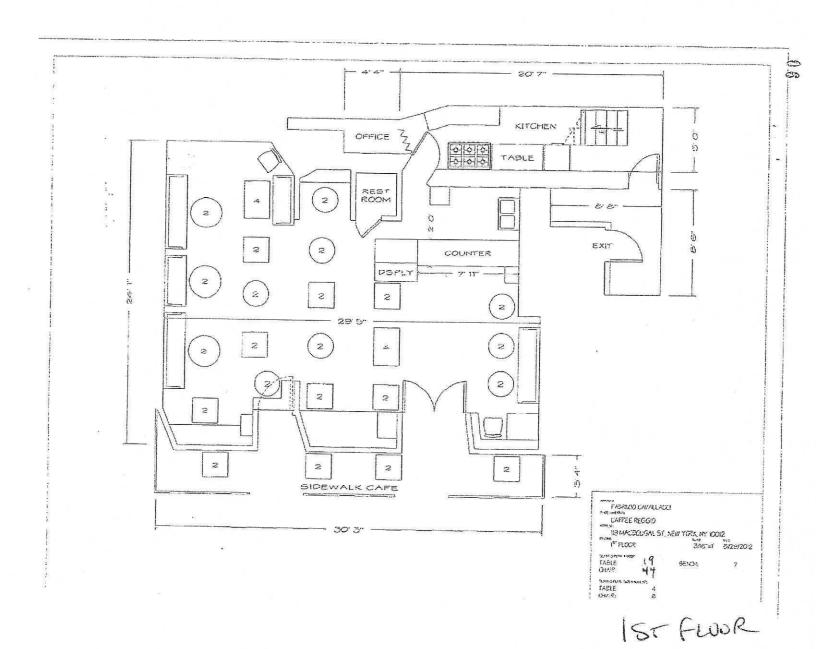
Are your premises within 200 feet of any school, church or place  If there is a school, church or place of worship within 200 fe please submit a block plot diagram or area map showing its premises ( no larger than 8 ½ " x 11").  Indicate the distance in feet from the proposed premise:  Name of School / Church:  Address:	et of your pi ' location in	remises or o proximity to	n the same block, your applicant
If there is a school, church or place of worship within 200 fer please submit a block plot diagram or area map showing its premises ( no larger than 8 ½ " x 11").  Indicate the distance in feet from the proposed premise:	eet of your pi ' location in	remises or o proximity to	n the same block, your applicant
If there is a school, church or place of worship within 200 for please submit a block plot diagram or area map showing its premises ( no larger than 8 $\frac{1}{2}$ " x 11").	ot of vour n	omioon ov -	
If there is a school, church or place of worship within 200 fe please submit a block plot diagram or area map showing its	ot of vour n	omioon ov -	
Are your premises within 200 feet of any school, church or place	or wording:		yes
	of worshin?	V no	
Will you be utilizing ropes movable barriersotl	ner outside ed	juipment (de	scribe)
Do you have plans to manage or address vehicular traffic and c establishment? no yes ( if yes, please attach plans)			
any events at which a cover fee is charged? private private	parties	20	
Will you be permitting: promoted events scheduled p	erformances	outside	e promoters
Please describe your sound system and sound proofing:	POD W/	Small	Speakers
IF YES, will you be using a professional sound engineer?	414		
Do you have or plan to install soundproofing? no yes	>		
Expected Volume level: Background (quiet) Enterta (check all that apply)	inment level	Amplifie	d Music
Type of MUSIC / ENTERTAINMENT: Live MusicLive	DJ Juke	Box /In	od / CDs none
Will you have TV's ? no yes ( how many? )			
If yes, please describe:		at open: _v	_no yes
Will there be security personnel? no yes( if yes, who Do you have or plan to install French doors, accordion doors of	at nights and	how many?)	70 1/00
Will the business employ a manager? no yes, nam	e / experience	e if known · (	lena
Will the business	ursday: } A 3 4 _to_3	Friday:	Saturday:
What are the Hours of Operation? ALCOHOL SERVED Conday: Monday: Tuesday: Wednesday: The Served Conday to Ser			

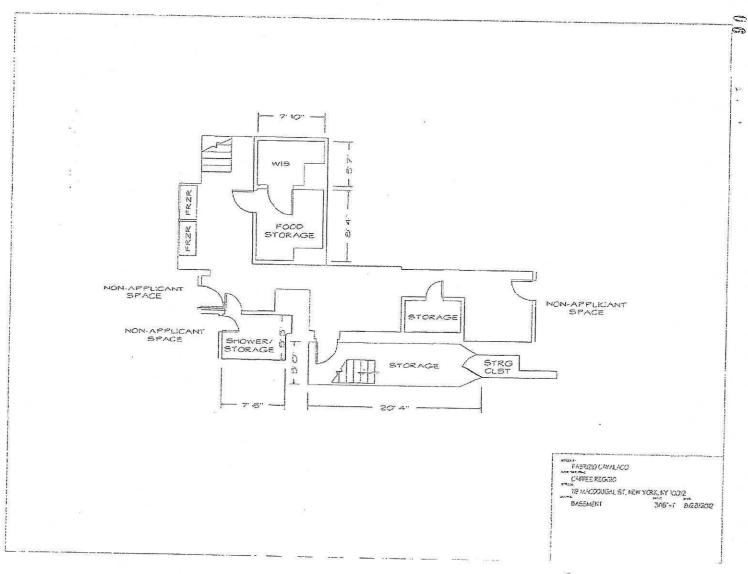


Address:	Distance:	
Name of School / Church:		
Address:	Distance:	
Please provide contact information for Residents / Community Board you will address it immediately.		
Contact Person: FABRIZIO PUM CAVALLACCI Pho	one: 212 475-8557	
Address: IIQ MACOOJGAZ S.T.		
Email: MANAGUL @ CAFFEREGGIO. Com		
Application submitted on behalf of the applicant by:  Signature		
Print or Type Name_ Michael &	RUMESENTATIVE	

Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.

Community Board 2, Manhattan SLA Licensing Committee Carter Booth, Co-Chair Robert Ely, Co-Chair





Basement