

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

Trade name (DBA):

Revised: August 2012

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 your proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar. (petition provided) Letter of notice of proposed business to block or tenant association if one exists. E-mail the CB3 office at info@cb3manhattan.org for help to find block associations. 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 Cheek if either of these apply: sale of assets upgrade (change of class) of an existing liquor license Today's Date: 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. Type of license: __ Winea Beei _____ Is location currently licensed? 🗗 Yes 🗖 No If alteration, describe nature of alteration: Restaurant Previous or current use of the location: _ Corporation and trade name of current license: San Matteo Matted Pa NUOZZO WKW 121 ST Marks Place APPLICANT: aka 131 Aue A ST Marks Place Store 3R Premise address: Cross streets: Name of applicant and all principals: Cafe & Bat Tacer LLC

Federico Lopez, Francisca Orihuela, Riccardo

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| | diffuer of floors: V 1/100 0-40 | MED DO |
|--|--|----------------|
| | umber of floors: Mixed use, 6 Story attac | ent |
| Will any outside area o | or sidewalk cafe be used for the sale or consumption of alcoholic | beverages? |
| (includes roof & yard) | Tyes Mo If Yes, describe and show on diagram: | |
| | | |
| Does premise have a va | alid Certificate of Occupancy and all appropriate permits, includi | ng certificate |
| of occupancy for back | or side yard intended for commercial use? Yes No | |
| Indoor Certificate of Oc | ccupancy <u>UNDER 75</u> Outdoor Certificate of Occupancy | NIA |
| (fill in maximum NUMI | BER of people permitted) | |
| Do you plan to apply fo | or Public Assembly permit? 🗖 Yes 👪 No | |
| Zoning designation (ch | eck zoning using map: <u>http://gis.nyc.gov/doitt/nycitymap/</u> - ple | ease give |
| specific zoning designa | RTA with a CI-5 of | overlay |
| PROPOSED METHOD | OF OPERATION: | |
| PROPOSED METHOD What type of establishr | OF OPERATION: ment will this be (i.e.: restaurant, bar, performance space, club, h RESTAUNANT | otel)? |
| What type of establishr | ment will this be (i.e.: restaurant, bar, performance space, club, h Restawan T | |
| What type of establishr Will any other business | ment will this be (i.e.: restaurant, bar, performance space, club, h Restaurant s besides food or alcohol service be conducted at premise? • Yes | |
| What type of establishr | ment will this be (i.e.: restaurant, bar, performance space, club, h Restaurant s besides food or alcohol service be conducted at premise? • Yes | |
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| What type of establishr Will any other business If yes, please describe v What are the proposed outdoor space) | ment will this be (i.e.: restaurant, bar, performance space, club, he Restaurant T s besides food or alcohol service be conducted at premise? what type: days/hours of operation? (Specify days and hours each day and hours are the conducted at premise? The service be conducted at premise? Yes what type: days/hours of operation? (Specify days and hours each day and hours are the conducted at premise? | I ■ No |
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| 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 |
| - Various Sandwiches & Salads |
| What are the hours kitchen will be open? Oll Open hours |
| Will a manager or principal always be on site? 🖪 Yes 🗖 No If yes, which? |
| How many employees will there be? |
| Do you have or plan to install □ French doors □ accordion doors or □ windows? |
| Will you agree to close any doors and windows at 10:00 P.M. every night? ■ Yes □ No |
| 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 Very Low |
| What will be the music volume? Background (quiet) Entertainment level |
| Please describe your sound system: I Pod with Swall Speakers |
| How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your |
| establishment? Please attach plans. |
| |
| 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 A have or plan to install sound-proofing? |
| APPLICANT HISTORY: |
| Has this corporation or any principal been licensed previously? 🗖 Yes 🗷 No |
| f yes, please indicate name of establishment: |
| Address: Community Board # |
| Dates of operation: |
| f you answered "Yes" to the above question, please provide a letter from the community |
| poard indicating history of complaints or other comments. |
| Has any principal had work experience similar to the proposed business? Yes No If Yes, pl |
| attach explanation of experience or resume. |

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| 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 evenues 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? |
| How many licensed establishments are within 500 feet? |
| s premise within a 500 foot radius of 3 or more establishments with OP licenses? 🗷 Yes 🗖 No |
| How many On-Premise (OP) liquor licenses are within 500 feet? |
| s premise within 200 feet of any school or place of worship? 🗖 Yes 🗷 No |
| f there is a school or place of worship within 200 feet of your premise on the same block, submit a |
| |

COMMUNITY OUTREACH:

If there are block associations or tenant associations in the immediate vicinity of your location, you must contact them. Please attach proof (copies of letters and poster) that you have advised these groups of your application with sufficient time for them to respond to your notice. You may contact the Community Board at info@cb3manhattan.org for any contact information.

distance and name and address of the school or house of worship.

Please 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).

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Cafe & Bar Racer LLC

Panini oppure sandwiches opp Breads

| Hand-Made Mozzarella Sandwie | ch\$10.50 |
|------------------------------|-----------|
| Gorgonzola Dolce Sandwich | \$11.00 |
| Prosciutto Di Parma Sandwich | \$11.50 |
| Spicy Capocollo Sandwich | \$11.00 |
| Organic veggies Sandwich | \$11.00 |
| Austrian Speck Sandwich | \$11.00 |
| Serrano Sandwich | \$11.50 |
| Sicilian Sardines Sandwich | \$11.50 |
| Aged Salame Sandwich | \$11.00 |
| Italian Tuna Sandwich | \$11.00 |
| Fontina Sandwich | \$11.00 |
| Chicken Sandwich | \$11.00 |
| Prosciutto Cotto Sandwich | \$11.00 |

Salads

Salad dressing on the side.

| Fresh Fruit Salad | \$7.00 |
|-----------------------|---------|
| Arugula Salad | \$9.00 |
| Avocado Salad | \$14.00 |
| Special Salad | \$14.50 |
| Quinoa Salad | \$13.00 |
| Mesclun Salad | \$8.00 |
| Shrimp Salad | \$14.50 |
| Chicken Salad | \$14.50 |
| Lobster or CrCk salad | \$14.90 |

Aprtzrs

| Rice Croquette / suppli | \$8.00 |
|-------------------------------------|--------------|
| Bowl of Olives | \$4.00 |
| Brie/Manchego Tartines | \$7.50 |
| Crostini avocado and Italian tuna | \$8.50 |
| Zucehini Souffle | -\$8.50 |
| Eggplant Parmigiana Terrine | \$7.50 |
| Bruschetta w/ Tomatoes, Basil, & Zu | cchini\$7.00 |

Soups:

Organic Spaniard Gaspacho \$ 6.50

Melon and Onion agrodolce organic \$ 7.00

Plates

Burrata salad with cherry tomatoes \$13.50

Tagliere Salumi x 2 \$18.00

Tagliere Cheese selection \$14.00 / x 2 24.00

Pasta of the day

Lasagna al forno home specialty \$ 11.50

Pasta al forno of the day \$ 14.50

Healthy Aperitif for two

Organic Avocado salad \$ 18.00

Deserts 3 at \$6.00

Healthy juices at \$6.00

Wine and beer

