

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 Application Questionnaire

Please bring the following items to the meeting:

NO	TE: 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:				
E PE	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				
	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.				
01					
	ek which you are applying for:				
M n	ew liquor license alteration of an existing liquor license corporate change				
Che	ck if either of these apply:				
	ale of assets upgrade (change of class) of an existing liquor license				
— 3	a upgrade (change of class) of an existing liquor needse				
Tod	ay's Date: 4/28/14				
100	4 5 24101				
Ifai	oplying for sale of assets, you must bring letter from current owner confirming that you buying business or have the seller come with you to the meeting.				
are	buying business or have the seller come with you to the meeting.				
Is lo	buying business or have the seller come with you to the meeting. cation currently licensed? Yes No Type of license: RESTAURIT WIND NOV, 2001				
If al	teration, describe nature of alteration:				
Pre	vious or current use of the location: Currently a restaurant poration and trade name of current license: Perrico INC Cacro & Pere				
Cor	poration and trade name of current license: Perrico INC Cacio & Pere				
APF	Sistreets: 182 2nd Ave Streets				
Pre	nise address: 182 200 Ave				
	EllTH & EIZTH STREETS				
Cro	ss streets: CII & CIZ STIERTS STORE QUESCANDO PELUSO				
Name of applicant and all principals:					
	Peprico inc				
Tro	de name (DBA): Caco & Pepe				
ild	de name (DDA).				
namenos					

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- 1	rung of huilding and number of floors: (ITTacked, MIXED USE 5				
1	Type of building and number of floors: attached, wixed use 5 = Building with Basement				
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: Existing Si Cafe with 8 Tables + 16 Seats					
	oes premise have a valid Certificate of Occupancy and all appropriate permits, including for any tack 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): R7 A with a C1-5 overlay					
ī	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:					
L	What are the proposed days /hours of operation? (Specify days and hours each day and hours of				
V	What are the proposed days/hours of operation? (Specify days and hours each day and hours of				
V	What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) 11^{am} 12^{am} , Sun - Thur + 11^{am} 2^{am} , Fr. + Saturday				
_					
_					
- 1	Number of tables? Number of seats at tables?				
- NO H	Number of tables? Number of seats at tables? 74 100 Seats in backgard + 15 tables 100 Many stand-up bars/ bar seats are located on the premise? 0 (1 Service &				
- N/ H ()	Number of tables? Number of seats at tables? 74 Les 4 30 Seats in backgard + 15 tables (1 Service & A stand up bar is any bar or counter (whether with seating or not) over which a patron can order				
- N/ H () F	Number of tables? Number of seats at tables? (I Service Be seats and up bar is any bar or counter (whether with seating or not) over which a patron can order any for and receive an alcoholic beverage)				
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- N/ H () F I	Number of tables?				
	Number of tables? Number of seats at tables? Now many stand-up bars/ bar seats are located on the premise? Nover which a patron can order or and receive an alcoholic beverage) Number of seats at tables? Number of seats at tables? Nover which a patron can order or and receive an alcoholic beverage) Number of seats at tables? Nover which a patron can order or and receive an alcoholic beverage) Number of seats at tables? Nover which a patron can order or and receive an alcoholic beverage) Number of seats at tables? Nover which a patron can order or and receive an alcoholic beverage) Number of seats at tables? Nover which a patron can order or and receive an alcoholic beverage) Nover which a patron can order or and receive an alcoholic beverage) Nover which a patron can order or and receive an alcoholic beverage) Nover which a patron can order or and receive an alcoholic beverage) Nover which a patron can order or and receive an alcoholic beverage) Nover which a patron can order or and receive an alcoholic beverage or and location):				
	Number of tables?				
	Number of tables?				
- N/H () p D D D D D D D D D D D D D D D D D D	Number of seats at tables? (I Service & A stand up bar is any bar or counter (whether with seating or not) over which a patron can order any for and receive an alcoholic beverage) Nescribe all bars (length, shape and location): Nescribe all bars (length, shape and location): Noes premise have a full kitchen Yes \(\text{No?} \) No (If any, show on diagram) So food available for sale? Yes \(\text{No If yes, describe type of food and submit a menu} \)				
- N/H () P C C C II - V V H	Number of seats at tables? Now many stand-up bars/ bar seats are located on the premise? Now many stand-up bar is any bar or counter (whether with seating or not) over which a patron can order on the premise is any bar or counter (whether with seating or not) over which a patron can order on the premise is any bar or counter (whether with seating or not) over which a patron can order on the premise? Now seats at tables? Now many employees at tables? Now many employees will there be? Now many employees will there be?				
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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: ■ Pool					
No					
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.					
Do you □ have or □ plan to install sound-proofing?					
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? Z Yes No If Yes, please					
attach explanation of experience or resume.					
Does any principal have other businesses in this area? Yes \(\sigma\) No If Yes, please give trade name and describe type of business \(\sigma\) See \(\alpha\) \(\tag{\text{Nached}}\)					
Has any principal had SLA reports or action within the past 3 years? Yes \(\text{No If Yes, attach list} \) of violations and dates of violations and outcomes, if any. The applicant old not add their sidewalk case onto their wine license in 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.					

Charges sustained 10/28/11
Revised: February 2014

CORPORATE NAME	DBA	ADDRESS	
PEPRICO INC	CACIO E PEPE	182 2 ND AVE NYC 10003	
COPEL 2007 INC	BOCCA	39 E 19 TH ST NYC 10003	
PELPIL INC	OLD SCHOOL BROOKLYN	520 COURT ST BKLYN, NY 11231	
VIPRI CORPORATION	CACIO VINO	80 2 ND AVE NYC 10003	
BALLARO INC	BALLARO	77 2 ND AVE NYC 10003	
ALLORO RESTAURANT CORP	ALLORO	307 E 77 TH ST NYC 10021	

LO	CATION:
Но	w many licensed establishments are within 1 block?
Ho	w many On-Premise (OP) liquor licenses are within 500 feet?
Is p	premise within 200 feet of any school or place of worship? Yes No
Ple imi out lice	MMUNITY OUTREACH: Tase see the Community Board website to find block associations or tenant associations in the mediate vicinity of your location for community outreach. Applicants are encouraged to reach to community groups. Also use provided petitions, which clearly state the name, address, ense for which you are applying, and the hours and method of operation of your establishment at top of each page. (Attach additional sheets of paper as necessary).
me neg	e are including the following questions to be able to prepare stipulations and have the seting be faster and more efficient. Please answer per your business plan; do not plan to gotiate 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.



NYC Department of Buildings 280 Broadway, New York, NY 10007 Patricia Lancaster, FAIA, Commissioner (212) 566-5000, TTY: (212) 566-4769

Christopher M. Santulli, P.E. Deputy Borough Commissioner, Manhattan Phone: (212) 566-0021

Fax: (212) 566-5575

E-mail: christophers@buildings.nyc.gov

October 28, 2004

The Department of Public Health 125 Worth Street New York, New York 10013

> RE: LETTER OF NO OBJECTION

182 SECOND AVENUE Block #: 53; Lot #: 5

Manhattan

To Whom It May Concern:

The Department has No Objection to an Eating and Drinking Establishment, Use Group 6, for less than Seventy-Five (75) persons on the First (1st) floor of the above referenced premises.

However, any new construction, kitchen equipment and fire protection system must be filed with this department. Also, any new rear yard dining with seating arrangement must be filed under Alteration Type I Application for new use and to verify egress for new use.

This is based upon department records; Block #: 53; Lot #: 5 Alteration # 103841032.

Sincerely,

Christopher M. Santulli, P.E. Deputy Borough Commissioner

Manhattan

CMS/lc

Cc: Laura V. Osorio, R.A., Borough Commissioner-Ma

Ginio Topino, Plan Examiner

LNO File Premises File

