

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

Jar	nie	e Rogers, Board Chair	Susan Stetzer, District Manager
		Community Board 3 Liquor License Stipulatio	
), as a qualified represental	
		, Ne	w York, NY, agree to the following stipulations:
1.		I will operate a full-service restaurant, specifically a (type of resta Kitchen open and serving food every night during all hours of ope	
2.	(Lu	by hours of operation will be $11:00$ a.m./p.m. to understand opening is "no later than" specified opening hour, and osing hour.)	
3.	X	I will not use outdoor space for commercial use.	
4.		I will operate my sidewalk café no later than N/A	· · · · · · · · · · · · · · · · · · ·
5.		I will employ a doorman/security personnel on the following days	: <u>N/A</u> .
6.		I will or have already installed soundproofing. N/A BACKGROUNE	AMBIANCE MUSIC ONLY
7.	at 1 play	t 10:00 P.M. every night or when amplified sound is w laying, including but not limited to DJs, live music and live or	I will have a closed fixed façade with no open doors or indows except my entrance door will close by 10:00 P.M. when amplified sound is playing, including but not limited DJs, live music and live nonmusical performances.
8		will not have 図 DJs, 図 live music, 図 promoted events, 図 any ever erformances, ロ more than DJs/ promoted events per,	
9,	X	I will play ambient recorded background music only.	
10.	X	I will not apply for an alteration to the method of operation agree	ed to by this stipulation without first coming before CB 3.
11.	X	I will not seek a change in class to a full on-premise liquor license	without first obtaining approval from CB 3.
12.	×		
13.			•
14.	-		will end by N/A - No Happy Hour
	_		
	X	Residents may contact the manager/owner at the number below exist the above-stated method of operation if necessary in order to	Any complaints will be addressed immediately. I will
Nar			Phone Number: 212-233-0009
		I will:	
l he	reby	by certify that the information provided above is truthful and accu	rate based upon my personal belief. Thursday, December 1st,2016
Sigr	ned	A LINE	Dated
Swo	orn to	to this Dec. day of AYESHA I. VILLAFANE Notary Public, State of New York Qualified in Bronx County Reg No. 01V(8291901 Commission Expires October 21, 2017	Notary Public



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MANHATTAN COMMUNITY BOARD 3

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Jamie Rogers, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

	Today's Date: Thursday, December 1, 2016			
	A DDL LC A N/T			
	APPLICANT Francis Calabria Birmall C. Flacing Kanadai C. Hang Bairal (c.)			
	. Name of applicant and principle(s): Famous Calabria Pizza LLC, Florim Kasniqi & Harry Bajraktari			
	Premise address: 27 St. James Place, New York, NY 10038			
	Cross streets: Madison Street, James Street			
4.	Trade name (DBA): N/A			
5.	Check which you are applying to: New liquor licence Alteration of an existing license Sale of assets			
6.	If alteration, describe nature of alteration: N/A			
7.	Is location currently licensed? Yes No			
8.	Type of license: N/A			
9.	Previous or current use of the location: Previously a Deli			
10.	O. Corporation and trade name of current location: Famous Calabria Pizza LLC			
11.	Type of building and number of floors: Residential/Business, Multi-Unit, 6 Floors			
12.	Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? Yes No 12a. What is the permitted occupancy indoors and outdoors? Restaurant, no outdr			
13.	Do you plan to apply for Public Assembly permit? Yes No			
14.	What is the zoning designation (check zoning usingmap: http://gis.nyc.gov/doitt/nycitymap/ -please give specific zoning			
	designation, such as R8 or C2): R7-2			
15.	How many licensed establishments are within 1 block? 1			
16.	How many On-Premise (OP) liquor licenses are within 500 feet? 1			
17.	Is premise within 200 feet of any school or place of worship? Yes No			
	PROPOSED METHOD OF OPERATION			
18.	Describe your method of operation: Pizzeria/Restaurant			
19.	Will any other business besides food or alcohol service beconducted at premise? Yes No			
20.	If yes, please describe what type: N/A			
21.	What are the proposed days/hours of operation (specify days/hours each day and hours of outdoor space if applicable: Mon-Sun 11am-10pm 22. Total number of table: 9 23. Total number of seats: 24			

41. do you plan to manage noise inside and outside your business so neighbors will not be affected?	25. Describe all bars (length, shape, and location): 26. Does premise have a full kitchen? No 27. What are the hours kitchen will be open? Mon-Sun 11am-10pm 28. What type of food is available for sale? Pizza / Italian Cuisine 29. Will a manager or principal always be on site? No If yes, which? Florim 30. How many employees will there be? 3)
26. Does premise have a full kitchen?	26. Does premise have a full kitchen? \[Yes \] No 27. What are the hours kitchen will be open? \[Mon-Sun 11am-10pm \] 28. What type of food is available for sale? \[Pizza / Italian Cuisine \] 29. Will a manager or principal always be on site? \[Yes \] No \[If yes, which? \[Florim \] 30. How many employees will there be? \[3 \]	
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30. How many employees will there be? 3 31. Do you have or plan to install	30. How many employees will there be? 3	
31. Do you have or plan to install		
32. Will there be TVs/monitors?		
33. Will premise have music? Yes No 33a. If Yes, what type of music? Live Music Jukebox DJ Tapes/CDs/iPod Jt fother type, please describe: N/A 35. What will be the music volume? Background (quiet) Entertainment level 36. Please describe your sound system: Standard Speakers 37. Will you host any promoted events, scheduled performances or any event at which a cover fee is charged? Yes 38. If Yes, what type of events or performances are proposed and how often? N/A 39. How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Many patrons take their food to go, and there is ample seating in the restaurant. 40. Will there be security personnel? Yes No 40a. If Yes, how many and when? N/A How 41. do you plan to manage noise inside and outside your business so neighbors will not be affected? 42. Do you have sound proofing installed? Yes No 43. If not, do you plan to install sound-proofing? Yes No APPLICANT HISTORY 44. Has this corporation or any principal been licensed previously? Yes No If yes, please indicate name of establishment(s): 45. Address: 47. Community Board # 46. Dates of operation: 47. Has any principal had work experience similar to the proposed business? Yes No If yes, explanation of experience or resume. 48. Does any principal have other businesses in this area? Yes No If yes, give trade name and describe type of business: 49. Has any principal had SLA reports or action within the past 3 years? Yes No If yes, attach list of	31. Do you have or plan to install French doors accordion doors or windows?	
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		of

<u>CO</u>]

Please see the Community Board website to find block associations or tenant associations in the immediate vicinity of your location for community outreach. Applicants are encouraged to reach out to community groups.

ATTENTION RESIDENTS & NEIGHBORS

Famous Calabria Pizza LLC

Company/DBA Name and Contact Number for Questions

plans to open a

RESTAURANT

(Please choose) Bar/Restaurant/Club and indicate if there will be a Sidewalk Café or Backyard Garden

at the following location

27 St. James Place New York, NY 10038

Building Number and Street Name (Address)

This establishment is seeking a license to serve

BEER AND WINE ONLY

Beer & Wine or Beer

Florim Krasniqi - 212-233-0009

Applicant Contact Information

Contact the Applicant or COMMUNITY BOARD 3
With any questions or concerns.
info@cb3manhattan.org - www.cb3manhattan.org