

1 **BUSINESS LICNESE & PERMITS COMMITTEE**

Item # 3

2  
3 June 6, 2012

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5 Dennis Rosen  
6 Chairman  
7 New York State Liquor Authority  
8 80 S. Swan Street, 9<sup>th</sup> Floor  
9 Albany, New York 12210

10  
11 **Re: Zoccola LLC. d/b/a Tavolata**  
12 *488 9<sup>th</sup> Avenue (38<sup>th</sup>/39<sup>th</sup>)*

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14  
15 Dear Chairman Rosen:

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17 Manhattan Community Board 4 (MCB4) recommends **denial** of a new on-premise liquor license for  
18 **Zoccola LLC. d/b/a Tavolata - 488 9<sup>th</sup> Avenue (38<sup>th</sup>/39<sup>th</sup>)**, **unless** the following stipulation, agreed to  
19 by the applicant, is part of the method of operation for this establishment with a capacity of 74, with 25  
20 tables and 50 seats with one stand-up bar seating 14.

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23 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

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26 Sincerely,

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Corey Johnson  
Chair

Paul Seres  
Co-Chair  
Business License & Permits  
Committee

Lisa Daglian  
Co-Chair  
Business License & Permits  
Committee

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# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License Stipulations Application

<b>APPLICANT</b>		<b>DOING BUSINESS AS (DBA)</b>		
Zoccola LLC.		Tavolata		
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>		
488 9 <sup>th</sup> Avenue		38 <sup>th</sup> & 39 <sup>th</sup> Street		
<b>OWNER</b>	<b>NAME:</b>	Nick Accardi	<b>ATTORNEY</b>	
	<b>PHONE:</b>	917-597-4030		
	<b>FAX:</b>	N/A		
<b>MANAGER</b>	<b>NAME:</b>	Nick Accardi	<b>LANDLORD</b>	
	<b>PHONE:</b>	917-597-4030		
	<b>FAX:</b>	N/A		
		<b>NAME:</b>	Frank Palillo	
		<b>PHONE:</b>	212-227-1640	
		<b>FAX:</b>	212-349-1724	
		<b>NAME:</b>	Ninudrago LLC	
		<b>PHONE:</b>	212-924-8510	
		<b>FAX:</b>		
<b>DESCRIPTION OF BUSINESS</b>				
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"/> <b>Restaurant</b>			
	<input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization – Members Only)			
	<input type="radio"/> Other (Explain):			
Method of Operation:	<input checked="" type="radio"/> <b>Restaurant</b> <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):			
License Type:	<input type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input checked="" type="radio"/> <b>Wine &amp; Beer</b>			
<b>APPLICATION TYPE</b> (check one)	<input checked="" type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> <b>YES</b>	<input type="radio"/> NO
		What is/was the name of establishment?	<b>See Additional</b>	
		What is/was the address of the establishment?	<b>Information Section</b>	
		What were the dates the applicant was involved with this former premise?		
	<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
		<i>If alterations or operational changes are being made, please attach the plans to this form.</i>		
	<input type="radio"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
<i>Please describe the nature of the alterations and attach the plans</i>				

OPERATIONAL ISSUES										
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	
	Music	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	
	Kitchen	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	1030 a.m. – 1 a.m.	
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	74	25	50	0	1	14	N/A	N/A	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	3-4	5+	Ground Floor & Basement		
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					YES	NO	N/A			
Will applicant have bottle service?					YES	NO	N/A			
Will you be hosting private parties and promotional events?					YES	NO	N/A	Occasional Private Party		
Will outside promoters be used?					YES	NO	N/A			
Will the security plan submitted be implemented?					YES	NO	N/A			
Will State certified security personnel be used?					YES	NO	N/A			
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					YES	NO	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)					YES	NO	N/A	Bike will be stored inside Bike & TShirt will have premise name		
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					YES	NO	N/A	In the future		
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					YES	NO	N/A	TDB		
Will applicant provide contact information to neighbors and respond to complaints that arise?					YES	NO	N/A			
If you plan to have music, what type(s)?			BACKGROUND	LIVE MUSIC	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.					YES	NO	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?					YES	NO	N/A	No Sound Engineer		
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.)					YES	NO	N/A	No Storm Enclosure		

OUTDOOR ITEMS				
Will applicant use the rooftop, rear yard or any outdoor space?	YES	NO	N/A	Not at the present
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	NO	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	NO	N/A	
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	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	NO	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	NO	N/A	
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A	

LOCATION & ZONING				
Primary Zoning District:	Multiple Use		Overlay (If Applicable):	N/A
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	N/A	Hudson Yards
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	N/A	
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	NO	N/A	
Is a Public Assembly permit required?	YES	NO	N/A	
Are your plans filed with DOB?	YES	NO	N/A	
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____			
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____			
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	C.B. 4		
	# 2			
	# 3			

**ADDITIONAL STIPULATIONS: (Office Use Only)**

- Applicant will insulate the ceiling
- Applicant may appear before the committee after opening to discuss license upgrade

**ADDITIONAL STIPULATIONS: (Office Use Only)**

MEMORANDUM FOR THE RECORD

DATE: 10/10/54

TO: SAC, NEW YORK

FROM: SAC, NEW YORK

SUBJECT: [REDACTED]

DATE	TIME	LOCATION	INITIALS
10/10/54	10:00 AM	NEW YORK	[REDACTED]
10/10/54	10:05 AM	NEW YORK	[REDACTED]
10/10/54	10:10 AM	NEW YORK	[REDACTED]
10/10/54	10:15 AM	NEW YORK	[REDACTED]
10/10/54	10:20 AM	NEW YORK	[REDACTED]
10/10/54	10:25 AM	NEW YORK	[REDACTED]
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10/10/54	4:25 PM	NEW YORK	[REDACTED]
10/10/54	4:30 PM	NEW YORK	[REDACTED]
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10/10/54	4:40 PM	NEW YORK	[REDACTED]
10/10/54	4:45 PM	NEW YORK	[REDACTED]
10/10/54	4:50 PM	NEW YORK	[REDACTED]
10/10/54	4:55 PM	NEW YORK	[REDACTED]
10/10/54	5:00 PM	NEW YORK	[REDACTED]

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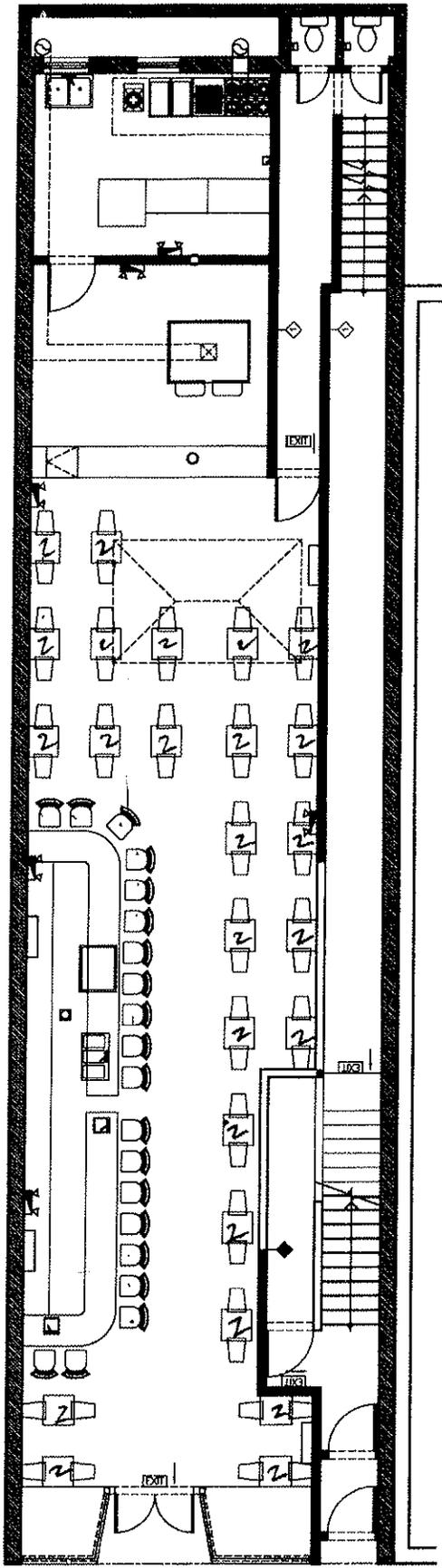
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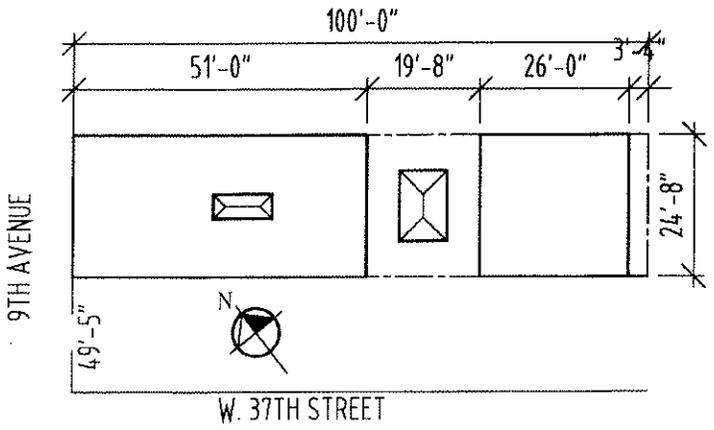
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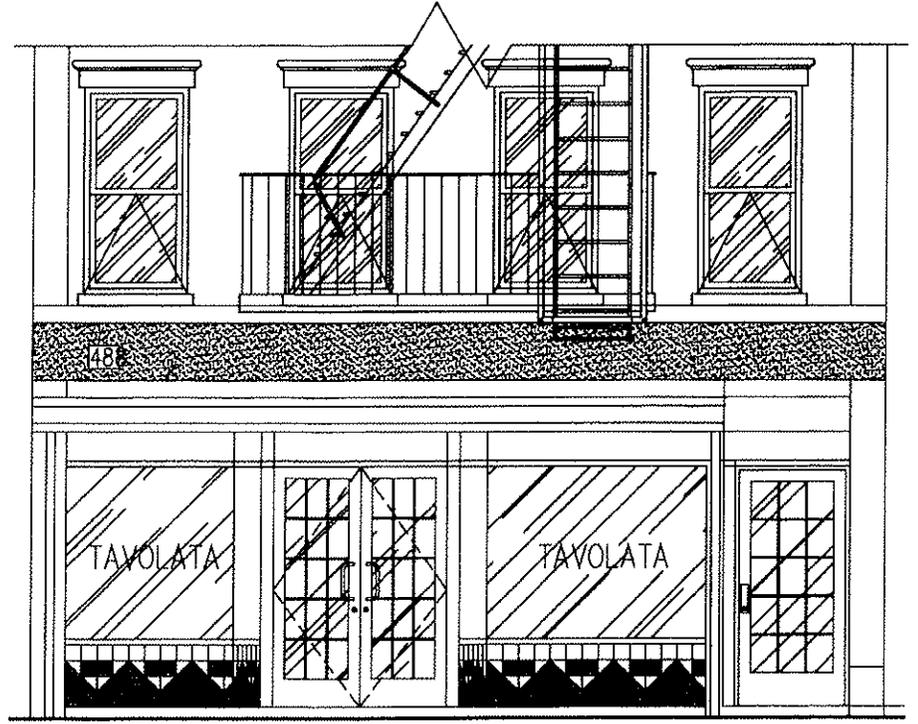
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2 SITTING PLAN  
 A-100.00 SCALE: 3/32" = 1'-0"



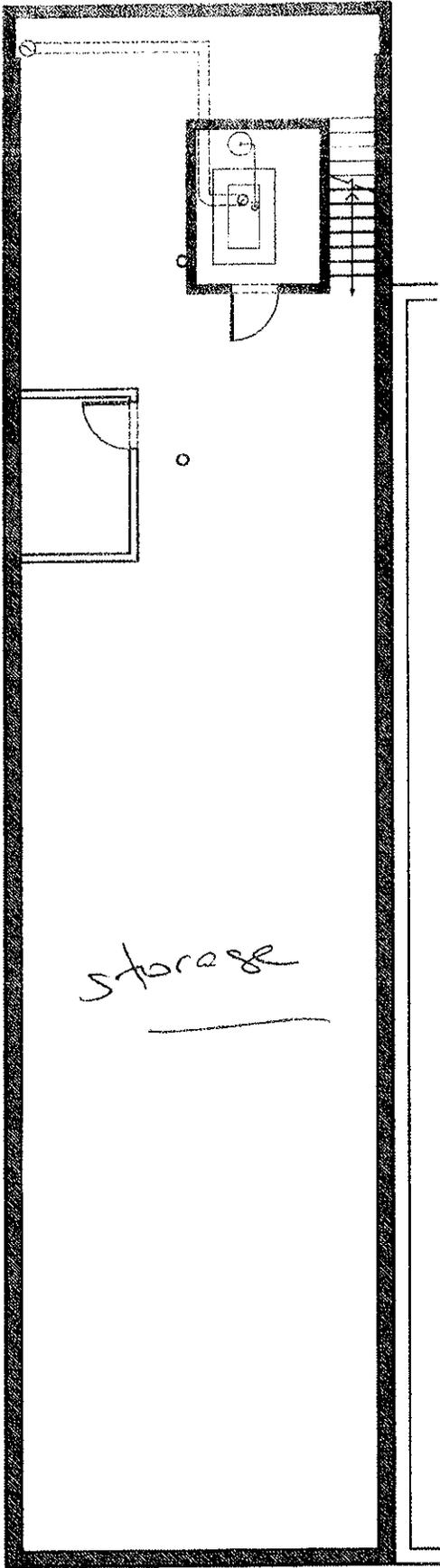
1 PLOT PLAN  
 A-100.00 SCALE: 1/32" = 1'-0"



3 FRONT ELEVATION  
 A-100.00 SCALE: 3/16" = 1'-0"

TAVOLATA RESTAURANT

488 9TH AVENUE, NEW YORK, N.Y. 10018



1  
A-200.00

CELLAR FLOOR PLAN

SCALE: 3/32" = 1'-0"

TAVOLATA RESTAURANT

488 9TH AVENUE, NEW YORK, N.Y. 10018

