



# THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003

Phone (212) 533-5300

www.cb3manhattan.org - mn03@cb.nyc.gov

Alysha Lewis-Coleman, Board Chair

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 proposed location. Petition must give proposed hours and method of operation. For example: 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/manch3/html/communitygroups/community\\_group\\_listings.shtml](http://www.nyc.gov/html/manch3/html/communitygroups/community_group_listings.shtml)
- ☐ Proof of conspicuous posting of notices at the site for 7 days prior to the meeting (please include newspaper with date in photo or a timestamped photo).

Check which you are applying for:

- ☒ new liquor license      ☐ alteration of an existing liquor license      ☐ corporate change

Check if either of these apply:

- ☐ sale of assets      ☐ upgrade (change of class) of an existing liquor license

Today's Date: 8/31/2020

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.

Is location currently licensed? ☒ Yes ☐ No      Type of license: Very RW

If alteration, describe nature of alteration: NA

Previous or current use of the location: RESTAURANT

Corporation and trade name of current license: VERY THAI CORP.

APPLICANT:

Jose Luis Corp.

Premise address: 186 Avenue B, South Store, New York 10099

Cross streets: 12th Street @ Avenue B

Name of applicant and all principals: 1. Diego Correa Bolivar.  
2. Jose BArdesio

Trade name (DBA): NA

**PREMISE:**

Type of building and number of floors: mixed use / 5 floors

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: \_\_\_\_\_

rear yard

Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any  
back or side yard use? ☒ Yes ☐ No What is maximum NUMBER of people permitted? 120

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):

R7A w/ C1-5 overlay

**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: \_\_\_\_\_

What are the proposed days/hours of operation? (Specify days and hours each day and hours of  
outdoor space) \_\_\_\_\_

11am to midnite all days (inside)

11am to 10pm all days (yard)

Number of tables? 19 Total number of seats? 62

How many stand-up bars/ bar seats are located on the premise? 1

(A **stand up bar** is any bar or counter (whether with seating or not) over which a patron can order,  
pay for and receive an alcoholic beverage)

Describe all bars (length, shape and location): 12' - L-shaped - inside

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

What are the hours kitchen will be open? 11am to midnite daily

Will a manager or principal always be on site? ☒ Yes ☐ No If yes, which? \_\_\_\_\_

How many employees will there be? 8

Do you have or plan to install ☐ French doors ☐ accordion doors or ☐ windows? no



Will there be TVs/monitors? ☐ Yes ☐ No (If Yes, how many?) TBD - (no more than 2) <sup>But</sup>

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 \_\_\_\_\_

What will be the music volume? ☒ Background (quiet) ☐ Entertainment level

Please describe your sound system: standard blue tooth speakers

Will you host any promoted events, scheduled performances or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed and how often? 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.") no congestion will be permitted.

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. Doors will remain closed. no music outside.

Do you have sound proofing installed? ☐ Yes ☒ No

If not, do you plan to install sound-proofing? ☐ Yes ☒ No

outside will close by 10pm.

#### 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: \_\_\_\_\_

Has any principal had work experience similar to the proposed business? ☒ Yes ☐ No If Yes, please attach explanation of experience or resume. See Attached

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 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.

**LOCATION:**How many licensed establishments are within 1 block? 8How many On-Premise (OP) liquor licenses are within 500 feet? 11Is premise within 200 feet of any school or place of worship? ☐ Yes ☒ No**COMMUNITY OUTREACH:**

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. ~~Also 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).~~ email to 12 St B.A.

*We are including the following questions to be able to prepare stipulations and have the meeting be faster and more efficient. Please answer per your business plan; do not plan to negotiate at the meeting.*

- ☒ I will operate a full-service restaurant, specifically a (type of restaurant) Spanish/Italian, with a kitchen open and serving food during all hours of operation OR ☐ I have less than full-service kitchen but will serve food all hours of operation.
- ☒ I will close any front or rear façade doors and windows at 10:00 P.M. every night or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances.
- ☒ I will not have ☒ DJs, ☒ live music, ☒ promoted events, ☒ any event at which a cover fee is charged, ☒ scheduled performances, ☒ more than 12 DJs / promoted events per week, ☒ more than 8 private parties per week.
- ☒ I will play ambient recorded background music only.
- ☒ I will not apply for an alteration to the method of operation or for any physical alterations of any nature without first coming before CB 3.
- ☐ I will not seek a change in class to a full on-premise liquor license without first ~~obtaining~~ nothing ~~approval from~~ CB 3.
- ☒ I will not participate in pub crawls or have party buses come to my establishment.
- ☐ I will not have a happy hour or drink specials with or without time restrictions OR ☒ I will may have happy hour and it will end by 8pm.
- ☒ I will not have wait lines outside. ☐ I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
- ☒ Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

347-754-2168



# Interior Diagram

Joe Luis Corp.

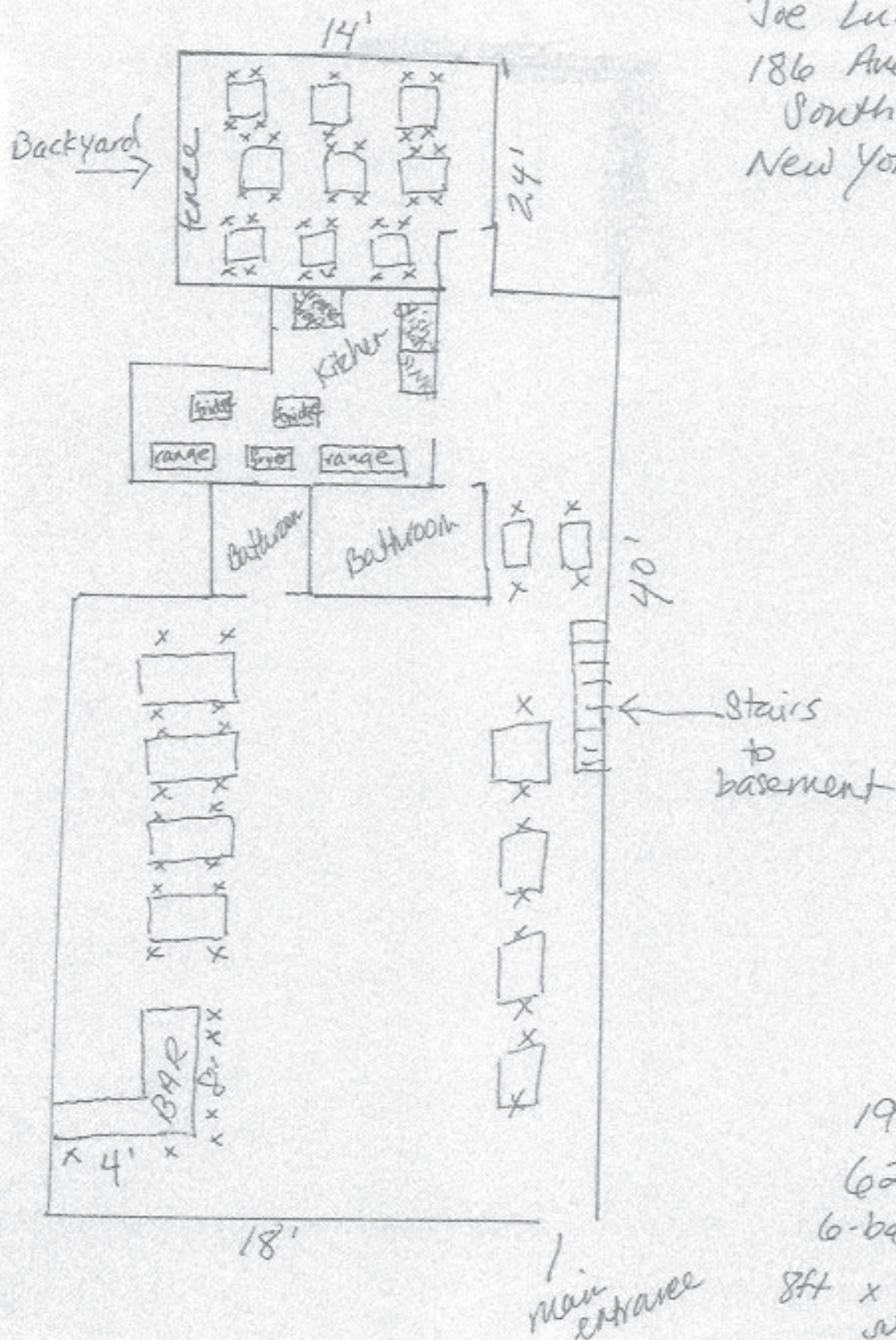
Joe Luis

186 Ave B

South Store

New York, N.Y.

10009



19-Tables

62-chairs

6-bar stools

8ft x 4ft "L" shaped bar





## Proximity Report for Location:

August 31, 2020

186 Avenue B, New York, NY, 10009

\* This report is for informational purposes only in aid of identifying establishments potentially subject to 500 and 200 foot rules. Distances are approximated using industry standard GIS techniques and do not reflect actual distances between points of entry. The NYS Liquor Authority makes no representation as to the accuracy of the information and disclaims any liability for errors.

### Closest Liquor Stores

Name	Address	Approx. Distance
BRIX NYC LLC	170 AVENUE B	230 ft
BEE WINES & LIQUORS INC	225 AVENUE B	555 ft
CONVIVE PARTNERS LLC	196 AVENUE A	685 ft
10TH STREET & AVENUE C LIQUOR & WINE INC	159 AVENUE C	875 ft
WINESHOP LLC	438 A E 9TH ST	1060 ft
DARA LIQUORS INC	110 AVENUE I	1355 ft
EAST VILLAGE WINE CORP	100 AVENUE C	1435 ft

### Churches within 500 Feet

Name	Approx. Distance
People's Home Church	265 ft
The Father's Heart Ministry Center	265 ft

### Schools within 500 Feet

Name	Address	Approx. Distance
PS 61 ANNA HOWARD SHAW SCHOOL	610 E 12TH ST	240 ft
PS 19 ASHER LEVY SCHOOL	185 FIRST AVE	500 ft
PS 34 FRANKLIN D. ROOSEVELT S	730 E 12TH ST	500 ft

### On-Premise Licenses within 750 Feet

Name	Address	Approx. Distance
AMA FOOD GROUP LLC	190-192 AVE B	40 ft
JMR DINING LLC	190 192 AVENUE B	70 ft
FLAM ABLE LLC	204 AVENUE B	205 ft
FOOD IN ITALY LLC	337 E 10TH ST	340 ft
LA RITT INC	162 164 AVENUE B	350 ft
CHARLEY GROUP LLC	339 E 10TH STREET	375 ft
220 ASSOCIATES INC	222 AVENUE B	425 ft
224 AVENUE B INC	224 AVENUE B	430 ft
219 AVENUE B MUSIC LOUNGE INC	219 AVENUE B	435 ft
LEAD TO GOLD INC	225 AVENUE B 2ND FL	450 ft
DELTA 510 CORP	510 E 11TH ST	535 ft
1862 HOSPITALITY LLC	503 505 E 12TH ST	630 ft
MONOLITH INC	194 AVE A	680 ft



## PERSONAL QUESTIONNAIRE

- a. All principals to the license application must complete this questionnaire in full.  
 (e.g., lenders, donors, guarantors and managers must also complete this questionnaire.)  
 b. If you are a **lender, donor or guarantor** you must state your relationship to the applicant.  
 c. Make duplicate blank forms as necessary.  
 d. Answer all questions below.  
 e. Attach additional sheets if more space is needed.

Name of Applicant **JoseLuis Corp.**

### 1. STATE OF IDENTIFICATION

Print YOUR name **Jose Bardesio** Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Residence Street Address **3025 90 Street** Gender ☒ Male ☐ Female  
 City **East Elmhurst** State **NY** Zip Code **11369** Residence Telephone \_\_\_\_\_ Cellular Telephone **(347) 319-6810**  
 E-mail Address **jbardesio92@gmail.com** U.S. Citizen ☐ Yes ☒ No If NOT U.S. citizen - country of citizenship **Uruguay**  
 Married ☐ Yes ☒ No If Married, Spouse Name \_\_\_\_\_ Spouse Social Security Number \_\_\_\_\_

### 2. POSITION (or interest) you will hold (check each);

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> President                 | <input type="checkbox"/> Director             | <input checked="" type="checkbox"/> Stockholder -----> <b>130</b> Number of shares owned |
| <input checked="" type="checkbox"/> Vice President | <input type="checkbox"/> Manager              | <input type="checkbox"/> LLC Member -----> _____ Percentage of ownership                 |
| <input type="checkbox"/> Secretary                 | <input type="checkbox"/> Partner              | <input type="checkbox"/> LLC Manager   |
| <input type="checkbox"/> Treasurer                 | <input type="checkbox"/> General Partner      | <input type="checkbox"/> Lender*   |
| <input type="checkbox"/> Chairman                  | <input type="checkbox"/> Limited Partner      | <input type="checkbox"/> Donor*  |
| <input type="checkbox"/> Officer                   | <input type="checkbox"/> Sole Proprietor      | <input type="checkbox"/> Guarantor*  |
| <input type="checkbox"/> ABC Officer               | <input type="checkbox"/> Joint Account Holder | <input type="checkbox"/> Trustee   |
| <input type="checkbox"/> Other (describe)          | _____   |  |

\*If Lender, Donor, or Guarantor please state your relationship to the applicant.

\_\_\_\_\_



Print YOUR Name Jose Bardesio

### 3. RESIDENCE HISTORY

List your residence history for the past FIVE (5) years to the PRESENT DATE.

Address	From (mm/yyyy)	To (mm/yyyy)
33025 90 Street, East Elmhurst, NY 11369	06/2006	08/2020

### 4. EMPLOYMENT HISTORY

List your employment history for the past FIVE (5) years to PRESENT DATE.

Also, list any employment history that shows experience in the alcohol industry.

Add additional sheets if necessary.

From (mm/yyyy)	To (mm/yyyy)	Employer
09/2010	01/2020	New Restart Inc.

Position	Employer Address
Manager	145 Mulberry St. New York, NY 10013

Type of Business
Restaurant

From (mm/yyyy)	To (mm/yyyy)	Employer
01/2020	09/2020	unemployed

Position	Employer Address

Type of Business

From (mm/yyyy)	To (mm/yyyy)	Employer

Position	Employer Address

Type of Business

Print YOUR Name

Jose Bardesio

**5. LICENSE HISTORY / AFFILIATIONS**

5(a) If you are an applicant (e.g., proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business? ☐ Yes ☒ No

5(b) Will you take an active part in the operation of the business to be licensed? ☒ Yes ☐ No  
 If YES, please explain the nature of activity and the hours you will devote to the business (hours, days, responsibilities):

Manager - server

5 days per week, 8 hours per day, open and close restaurant, manage servers and control guests

5(c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans? ☐ Yes ☒ No

If YES, please provide information below:

Business Name

Business Address

Type of Interest

Date Interest Began

License Serial Number

Business Name

Business Address

Type of Interest

Date Interest Began

License Serial Number

Business Name

Business Address

Type of Interest

Date Interest Began

License Serial Number



Print YOUR Name Jose Bardesio
**5. LICENSE HISTORY / AFFILIATIONS**

5(d) Other than as itemized in 5(c) above, have you ever applied in New York State or anywhere for a license or permit to traffic in alcoholic beverages, including any application as a partnership, limited partnership, limited liability entity or corporation in which you are/were a principal?

☐ Yes    ☒ No

If YES, please provide information below:

Name of Applicant	Address of Premises	
Disposition	Date of Filing	License Serial Number

Name of Applicant	Address of Premises	
Disposition	Date of Filing	License Serial Number

Name of Applicant	Address of Premises	
Disposition	Date of Filing	License Serial Number

Name of Applicant	Address of Premises	
Disposition	Date of Filing	License Serial Number

5(e) Has a license or permit listed above been REVOKED, CANCELLED or otherwise Involuntarily Terminated?

☐ Yes    ☒ No

If YES, please provide information below:

5(f) Are you a police commissioner or law enforcement / police officer?

☐ Yes    ☒ No

If YES, please provide details:

## PERSONAL QUESTIONNAIRE

- a. All principals to the license application must complete this questionnaire in full.  
 (e.g., lenders, donors, guarantors and managers must also complete this questionnaire.)  
 b. If you are a **lender, donor or guarantor** you must state your relationship to the applicant.  
 c. Make duplicate blank forms as necessary.  
 d. Answer all questions below.  
 e. Attach additional sheets if more space is needed.

Name of Applicant **JoseLuis Corp.**

### 1. STATE OF IDENTIFICATION

Print YOUR name

**Diego Correa Bolivar**

Date of Birth

Social Security Number

Residence Street Address

**185 Bleecker St. Apt. 11**

Gender

☒ Male ☐ Female

City

**New York**

State

**NY**

Zip Code

**10012**

Residence Telephone

Cellular Telephone

**(347) 754-2168**

E-mail Address

**diego685@gmail.com**

U.S. Citizen

☒ Yes ☐ No

If NOT U.S. citizen - country of citizenship

Married

☐ Yes ☐ No

If Married, Spouse Name

Spouse Social Security Number

### 2. POSITION (or interest) you will hold (check each);

☒ President

☐ Director

☒ Stockholder ---->

**70**

Number of shares owned

☐ Vice President

☐ Manager

☐ LLC Member ---->

Percentage of ownership

☐ Secretary

☐ Partner

☐ LLC Manager

☐ Treasurer

☐ General Partner

☐ Lender\*

☐ Chairman

☐ Limited Partner

☐ Donor\*

☐ Officer

☐ Sole Proprietor

☐ Guarantor\*

☐ ABC Officer

☐ Joint Account Holder

☐ Trustee

☐ Other (describe)

\*If Lender, Donor, or Guarantor please state your relationship to the applicant.



Print YOUR Name

Diego Correa Bolivar

### 3. RESIDENCE HISTORY

List your residence history for the past FIVE (5) years to the PRESENT DATE.

Address	From (mm/yyyy)	To (mm/yyyy)
5759 Xenia St. Apt. 3, Corona, NY 11368	06/2014	09/2017
107-64 Llost, Richmond Hill, NY 11419	10/2017	08/2019
40-11 79 St. Apt C1, Jackson Heights, NY 11373	09/2019	05/2020
185 Bleecker St., Apt 11, New York, NY 10012	06/2020	08/2020

### 4. EMPLOYMENT HISTORY

List your employment history for the past FIVE (5) years to PRESENT DATE.

Also, list any employment history that shows experience in the alcohol industry.

Add additional sheets if necessary.

From (mm/yyyy)	To (mm/yyyy)	Employer	Position	Employer Address
03/2016	09/2020	New Restart Inc.	Accounting	145 Mulberry St., New York, NY 10013
Type of Business Restaurant				
Type of Business				
Type of Business				
Type of Business				

Print YOUR Name

Diego Correa Bolivar

**5. LICENSE HISTORY / AFFILIATIONS**

5(a) If you are an applicant (e.g., proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business? ☐ Yes ☒ No

5(b) Will you take an active part in the operation of the business to be licensed? ☒ Yes ☐ No

If YES, please explain the nature of activity and the hours you will devote to the business (hours, days, responsibilities):

5 days per week, 8 hours per day, manager and accounting, food license

5(c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans? ☐ Yes ☒ No

If YES, please provide information below:

Business Name

Business Address

Type of Interest

Date Interest Began

License Serial Number

Business Name

Business Address

Type of Interest

Date Interest Began

License Serial Number

Business Name

Business Address

Type of Interest

Date Interest Began

License Serial Number



Print YOUR Name

Diego Correa Bolivar

### 5. LICENSE HISTORY / AFFILIATIONS

5(d) Other than as itemized in 5(c) above, have you ever applied in New York State or anywhere for a license or permit to traffic in alcoholic beverages, including any application as a partnership, limited partnership, limited liability entity or corporation in which you are/were a principal?

☐ Yes    ☒ No

If YES, please provide information below:

Name of Applicant

Address of Premises

Disposition

Date of Filing

License Serial Number

Name of Applicant

Address of Premises

Disposition

Date of Filing

License Serial Number

Name of Applicant

Address of Premises

Disposition

Date of Filing

License Serial Number

Name of Applicant

Address of Premises

Disposition

Date of Filing

License Serial Number

5(e) Has a license or permit listed above been REVOKED, CANCELLED or otherwise Involuntarily Terminated?

☐ Yes    ☒ No

If YES, please provide information below:

5(f) Are you a police commissioner or law enforcement / police officer?

☐ Yes    ☒ No

If YES, please provide details:



### Appetizer

#### **Calamari Fritti con Chips di Carote e Zucchine 12**

Crispy fried calamari with carrots and zucchini chips accompanied with marinara sauce and chipotle mayo

#### **Tortino di Zucchine con Cuore di Mozzarella Affumicata 12**

Small zucchini pie stuffed with eggplant and zucchini caponata with smoked mozzarella

#### **Tris di Bruschette (Pomodoro, Caponata, Salciccia e Funghi e Taleggio) 14**

Three toasted ciabatta bread with garlic topped with tomato vegetable caponata and sautéed sausage mushroom and taleggio

#### **Polpo Alla Griglia con Patate Tiepide 16**

Grilled octopus with cherry tomatoes capers taggiasca olives warm potatoes in a lemon citronette

#### **Patatas Bravas 9**

Pan-fried potatoes topped with a spicy paprika tomato sauce

#### **Gambas al Ajillo 14**

Sautéed shrimps in a garlic parsley sauce

#### **Escalivada 9**

Grilled red bell peppers and eggplant marinade in evoo garlic and herbs

#### **Polpettine di Vitello al Sugo 12**

Calf and beef meatballs in a rich tomato sauce

#### **Mediterranean Plate 15**

Dry Italian sweet salami and manchego cheese platter accompanied with taggiasca olives and pistachio

SCAN ME



### Salads

#### **Insalata Cesare 10**

Classic Caesar salad with romaine lettuce house made croutons shaved parmesan and Caesar dressing

#### **Insalata Mista 9**

Mixed lettuce with cherry tomatoes cucumber taggiasca olives shaved carrots in a balsamic evoo vinaigrette

#### **Insalata di Barbabietole e Ricotta Salata 11**

Beet salad with rucola dry cranberry pistachio topped with aged ricotta salata cheese in a honey lemon citronette

#### **Burrata Caprese 14**

Burrata mozzarella with tomatoes topped with a basil and balsamic evoo vinaigrette

Add chicken 4, Shrimp 5, Salmon 6

### Drinks

Soda Can 3.5

Sparkling Water(750ml) 6

Natural Water(750ml) 6

Instagram: @JoseluisCuisine

Facebook: Jose Luis Mediterranean Cuisine



## Pasta

### **Penne al Pomodoro 14**

Penne pasta with a classic tomato basil sauce

### **Spaghetti Puttanesca 16**

Spaghetti pasta with taggiasca olives capers anchovies in a spicy tomato sauce

### **Trofie al Pesto con Patate e Fagiolini 16**

Fresh trofie pasta with steamed potatoes green beans in a classic basil pesto sauce

### **Lasagna Bolognese (Classica) 17**

Classic lasagna with bechamel parmesan and Bolognese sauce

### **Mafalde al Pomodoro con Polpettine 18**

Mafaldine pasta with calf and beef meatballs with a rich tomato sauce

### **Gnocchi Verdi alla Sorrentina 16**

Spinach gnocchi sautéed in tomato sauce topped with melted fresh mozzarella

### **Pappardelle al Ragu di Salsiccia e Funghi con Fonduta di Parmigiano 18**

Fresh pappardelle pasta sautéed in a sweet Italian sausage and mix mushrooms ragu in a bed of parmesan fondue

### **Ravioli di Ricotta e Spinaci Burro e Salvia 17**

Ricotta and spinach ravioli sautéed in a clarified butter flavored with sage topped with parmesan cheese

### **Paccheri alla Norma 16**

Paccheri pasta with fried eggplant sautéed with tomato sauce topped with aged ricotta salata cheese

### **Spaghetti Carbonara 16**

Spaghetti pasta sautéed with crispy guanciale in a egg yolk and pecorino romano sauce

### **Rigatoni Bolognese 15**

rigatoni pasta sautéed with rich calf and beef Bolognese sauce

### **Spaghetti alle Vongole 17**

Spaghetti pasta with manila clams in a garlic and oil sauce topped with lime zest

### **Linguine allo Scoglio 18**

Seafood linguine with calamari manila clams mussels and shrimp in a carry tomato white wine sauce

### **Penne al Salmone e Erba Cipollina 17**

Penne pasta with fresh salmon chives in a creamy sauce

### **Penne alla Salsa Rosa 15**

Penne pasta sautéed in a creamy tomato sauce

### **Linguine Alfredo 15**

Linguine pasta sautéed in a butter creamy sauce topped with parmesan cheese

Add chicken 4, Shrimp 5, Salmon 6

## Paellas

### **Paella Valenciana 1p...21 2pp...39**

Classic valenciana paella with saffron rice paprika chicken pork ribs peas and artichoke

### **Paella de Marisco 1p...21 2pp...39**

Mix seafood saffron paella rice with paprika calamari mussels clams and shrimp

### **Paella Mixta 1p...25 2pp...45**

Saffron paella rice with paprika and mix of seafood a meat

### **Paella de Verdure 1p...17 2pp...30**

Saffron paella rice with mix vegetables (peas mix mushrooms broccoli bell peppers)

### **Paella Negra 1p...23 2pp...42**

Squid ink paella rice with calamari and shrimp

## Chicken and Fish

### **Pollo Parmigiana 18**

Baked Chicken Milanese topped with a rich tomato sauce parmesan and provola cheese with a side of penne tomato sauce

### **Pollo Ajillo 19**

dark and white chicken sautéed in a garlic and parsley sauce with a side of roasted potato

### **Fritto Misto di Pesce 23**

Crispy fried mix seafood with calamari shrimps anchovies accompanied with a spicy marinara sauce

### **Salmone con Glassa al Arancia e Caponata di Verdure 24**

Pan seared wild caught salmon with a orange glaze served with a eggplant zucchini caponata

**186 Avenue B, New York, NY 10009**

**Phone: (646) 707-0746**

## John Springer

---

**From:** John Springer <john@nybarguy.com>  
**Sent:** Friday, August 28, 2020 12:18 PM  
**To:** '12thstba@gmail.com'  
**Cc:** 'Diego Correa'; manhattan.attorney@gmail.com; 'john@nybarguy.com'  
**Subject:** support for restaurant wine/beer application - JoseLuis Corp., 186 Avenue B, South Store  
**Attachments:** 2020-07-22\_074402.pdf; LNO.pdf; menu final s.pdf; Vivian Tozaki - Diagrams (2).pdf  
**Importance:** High

**TO:** 12<sup>th</sup> Street Block Association  
**FROM:** John Springer, Licensing Consultant

I represent a new restaurant at 186 Avenue B, at the corner of East 12<sup>th</sup> Street. I will submit more detailed information on Monday, but we are hoping to receive the support for your group for our restaurant wine/beer license application.

We will be applying for following Method of Operation for a premise that has been licensed in the past:

- Restaurant wine/beer
- Close by 12 a.m. all days
- Recorded background music only
- No dancing
- No promoters
- No security
- No queue lines outside
- 12' bar
- 19 tables
- 62 seats
- Year yard (which is authorized by the Letter of No Objection)

ATTACHED please find:

1. 30 day notice
2. Menu
3. Diagram
4. Letter of No Objection

Please let me know if you require any additional information.

On Monday, I will submit the packet that I am submitting to CB 3. It will include relevant parts of the SLA application (not yet filed)

Best,

John Springer  
For the applicant





## DEPARTMENT OF BUILDINGS

EXECUTIVE OFFICES  
60 HUDSON STREET, NEW YORK, N.Y. 10013-3394

GASTON SILVA, R.A., Commissioner

(212) 312-8000  
TTY (212) 312-8188

BOROUGH OFFICES  
MANHATTAN  
60 HUDSON ST., 5TH FLOOR  
NEW YORK, NY 10013-3315  
BRONX  
1932 ARTHUR AVENUE  
BRONX, NY 10457-6005  
BROOKLYN  
MUNICIPAL BUILDING  
BROOKLYN, NY 11201-3715  
QUEENS  
128-06 QUEENS BLVD.  
KEW GARDENS, NY 11415-1554  
STATEN ISLAND  
BOROUGH HALL  
ST. GEORGE, NY 10301-1903

May 12, 1997

New York State Liquor Authority  
Division of Alcoholic Beverage Control  
License Processing Unit - 3rd Floor  
11 Park Place  
New York, N.Y. 10007

Re: LETTER OF NO OBJECTION  
186 Avenue B  
Manhattan  
Block : 405, Lot : 34

Ladies and Gentlemen:

The Department has no objection to an Eating and Drinking Establishment with out door table service, U.G.6 (Store,U.G.6) non Place of Assembly less than 75 persons on the first (1st.) floor of the above - referenced premises.

This is based upon departmental records (Block/Lot #: Alt. 327 / 1907, MC 3540 / 1959, BN 4852, 1959, 100200453 Alt. type III & 101471676 Alt. type I).

Sincerely,

\_\_\_\_\_  
Jose M. Morales, R.A.  
Asst. to the Boro. Comm.  
Manhattan

JMM/bb

cc :Borough Commissioner, R.A. Livian, P.E.  
Deputy Borough Superintendent, M. Shah, P.E.  
Deputy Borough Superintendent, L.V. Osorio, R.A.  
L.N.C. File  
Premise File



OP - FLAM ABLE LLC

OP - KINGSLEY

OP - AMA RAW BAR

APPLICANT -

RW - HAILE ETHIOPIAN

RW - BABU JI

RW - SECOND DESI GALLI

RW - ELEVEN B

Tompkins Square

The East Village Community School

Joseph C. Sauer Park











