

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 Stipulations for Administrative Approval __, as a qualified representative of __ Oli and Aurel LLC located at , New York, NY agree to the following stipulations: ☑ I will operate a full-service restaurant, specifically a (type of restaurant)
Mexican Kitchen open and serving food every night during all hours of operation. My hours of operation will be: ; Tue 9am-12am ; Wed 9am-12am ; Sat 9am-12am ; Sun 9am-12am (I understand opening is no later than specified opening hour & all patrons are to be cleared from business at specified closing hour) I may apply for sidewalk and/or roadbed dining as allowed by the temporary Open Restaurants program but will close all outdoor dining by 10:00pm all days and not have any music, speakers or tv monitors. I will not have commercial use of backyard, sideyard, or rooftop. Any approved outdoor space will close no later than 10:00 p.m. 4. X I will close any front or rear façade doors and windows ☐ I will have a closed fixed façade with no open doors or at 10:00 P.M. every night or when amplified sound is windows except my entrance door will close by 10:00 P.M. playing, including but not limited to DJs, live music and live or when amplified sound is playing, including but not limited nonmusical performances. to DJs, live music and live nonmusical performances. 5. I will not have 🗵 DJs, 🗵 live music, 🗵 promoted events, 🗵 any event at which a cover fee is charged, 🗵 scheduled performances, ☐ more than _____ private parties per _____ 6. 🗵 I will play ambient recorded background music only. _____ number of TVs 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-premises liquor license without first obtaining approval from CB 3. I will not participate in pub crawls or have party buses come to my establishment. 10. X I will not have unlimited drink specials, including boozy brunches, with food. 11. 🗵 I will not have a happy hour or drink specials with or without time limitations OR 🗆 I will have happy hour and it will end by ______. - Please indicate one of the above -12. 🗵 I will not have wait lines outside. 🗆 I will have a staff person responsible for ensuring no loitering, noise or crowds outside. 13. 🗵 I will conspicuously post this stipulation form beside my liquor license inside of my business. 14. 🗵 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. Name: OLIMPIV BALASA Phone Number: 914-330-2356 15. D | will: that the information provided above is truthful and accurate based upon my personal belief I hereby certif Signed Sworn to this Notary Public

ROSEMARY A MCKENNA
Notary Public, State of New York
No. 01MC6385474
Qualified in Bronx County
Commission Expires January 7, 2023



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Community Board 3 Liquor License Application Questionnaire

Today's Date: 10-22-2021
APPLICANT OLI AND AUREL LLC
APPLICANT 1. Name of applicant and principle(s): OLIMPIU BALASA AND LAZAROFRANCO TOV
2. Premise address: 25 ESSEX ST
3. Cross streets: CANAL ST 4 HESTER ST
4. Trade name (DBA): LES CREPES + TAQUERIA
5. Check which you are applying to: ► New liquor license ☐ Alteration of an existing license ☐ Sale of assets
6. If alteration, describe nature of alteration:
7. Is location currently licensed? ☐ Yes 💌 No
8. Type of license:
9. Previous or current use of the location: RESTAURANT
10. Corporation and trade name of current location: OLI AND AVREL LIC CREPES
11. Type of building and number of floors: K4-STORE BUILDING TAQUE
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? 15 IN EACH
13. Do you plan to apply for Public Assembly permit? Yes No
14. 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):
15. How many licensed establishments are within 1 block? TWO(2) - ONE OP + ONE AX
16. How many On-Premise (OP) liquor licenses are within 500 feet?
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: RESTAURANT
19. Will any other business besides food or alcohol service be conducted at premise? Yes No
20. If yes, please describe what type:
21. What are the proposed days / hours of operation (specify days / hours each day and hours of outdoor space
if applicable: Idays a week GAM-MIDNIGHT
22. Total number of table: 5 23. Total number of seats: 10
24. How many stand-up bars / bar seats are located on the premise? One(1) with 5 stools
(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.)

Revised: December 2019

25.	Describe all bars (length, shape, and location): L Shaped Approx 2 In len
	Does premise have a full kitchen? ▼Yes □ No
27.	What are the hours kitchen will be open? FLL HOURS OF OPERATION
28.	What type of food is available for sale? TACOS, BURRITOS, NACHOS PLUS SWEET TO
29.	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 ☐ windows
	Will there be TVs / monitors? ☐ Yes ☒No If Yes, how many?
	Will premise have music? ✓ Ves ☐ No 33a. If Yes, what type of music? ☐ Live Music ☐ Jukebox
	□ DJ ▼Tapes / CDs / iPod
34.	If other type, please describe:
	What will be the music volume? ■ Background (quiet) ■ Entertainment level
36.	Please describe your sound system: BUVETOUTH SPEAKERS
	Will you host any promoted events, scheduled performances or any event at which a cover fee is charged?
	□ Yes ►No
38.	If Yes, what type of events or performances are proposed and how often?h a
	How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment?
40.	Will there be security personnel? ☐ Yes X No 40a. If Yes, how many and when?
	How do you plan to manage noise inside and outside your business so neighbors will not be affected?
42.	Do you have sound proofing installed? Thes □ No existing
	If not, do you plan to install sound-proofing? ☐ Yes ☐ No
APF	PLICANT HISTORY
44.	Has this corporation or any principal been licensed previously? Yes No If yes, please indicate name
	of establishment(s):
45.	Address: 45a. Community Board
46.	Dates of operation:
47.	Has any principal had work experience similar to the proposed business? XYes \(\sigma\) No If yes, explanation of experience or resume. Manager LIL FLANKIE PIZZA.
48.	Does any principal have other business in the area? ☐ Yes 🕱 No If yes, 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 outcomes.

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.

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