

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

I, ROBERTO LECCHINO, as a qualified representative of All The Kings Horses Cafe LLC
located at 521 East 12th Street, New York, NY agree to the following stipulations:

- ☐ I will operate a full-service restaurant, specifically a (type of restaurant) _____
☒ Kitchen open and serving food every night during all hours of operation.
- My hours of operation will be:
Mon 7-4; Tue 7-4; Wed 7-4
Thu 7-4/5-11; Fri 7-4/5-11; Sat 8-3/5-11; Sun 8-3.

(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.
- ☒ 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 have a closed fixed façade with no open doors or windows except my entrance door will close by 10:00 P.M. 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 _____ private parties per _____.
- ☒ I will play ambient recorded background music only. Re 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.
- ☒ I will not have unlimited drink specials, including boozy brunches, with food.
- ☐ 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 6 PM. - Please indicate one of the above -
- ☒ I will not have wait lines outside. ☒ I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
- ☒ I will conspicuously post this stipulation form beside my liquor license inside of my business.
- ☒ 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: ROBERTO LECCHINO Phone Number: 929-7328211

15. ☐ I will: _____

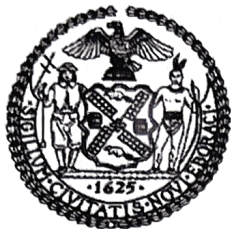
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed

Dated

Sworn to this _____ day of _____ 2021

Notary Public



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Community Board 3 Liquor License Application Questionnaire

Today's Date: October 23rd 2021

APPLICANT

ROBERTO LECCHINO

1. Name of applicant and principle(s): ALL THE KINGS HORSES CAFE LLC
2. Premise address: 521 E 12TH STREET
3. Cross streets: AVENUE A + B
4. Trade name (DBA): ATKH CAFE LLC
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: BEER + WINE
9. Previous or current use of the location: CAFE
10. Corporation and trade name of current location: ALL THE KINGS HORSES CAFE
11. Type of building and number of floors: GROUND LEVEL
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? _____
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): ZONING MAP 12C (ZONING R8B)
15. How many licensed establishments are within 1 block? EIGHT
16. How many On-Premise (OP) liquor licenses are within 500 feet? 2
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: CAFE SIT DOWN + TO GO
19. Will any other business besides food or alcohol service be conducted at premise? ☒ Yes ☐ No
20. If yes, please describe what type: FUNCTIONS / BIRTHDAY
21. What are the proposed days / hours of operation (specify days / hours each day and hours of outdoor space if applicable): MON-SUNDAY 7-4 // THURS FRI SAT 5-11PM
22. Total number of table: 8 23. Total number of seats: 20
24. How many stand-up bars / bar seats are located on the premise? 1 "BAR" 4 seats

(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.)

25. Describe all bars (length, shape, and location): 1 BAR at the entry with 2 stools (2 FEET)
(2 BARS) 1 BAR OPPOSITE (4 FEET)
2 stools
26. Does premise have a full kitchen? ☐ Yes ☒ No
27. What are the hours kitchen will be open?
28. What type of food is available for sale? TO GO / CAFE BRUNCH
29. Will a manager or principal always be on site? ☒ Yes ☐ No If yes, which? MANAGER
30. How many employees will there be? APPOX 4/5
31. Do you have or plan to install? ☐ French doors ☐ accordion doors ☐ windows NO
32. Will there be TVs / monitors? ☐ Yes ☒ No If Yes, how many?
33. Will premise have music? ☒ Yes ☐ No 33a. If Yes, what type of music? ☐ Live Music ☐ Jukebox
☐ DJ ☒ Tapes / CDs / iPod
34. If other type, please describe:
35. What will be the music volume? ☒ Background (quiet) ☐ Entertainment level
36. Please describe your sound system: SONOS / BUILT IN SPEAKERS TO THE CEILING
37. 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?
39. How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment?
HOST
40. Will there be security personnel? ☐ Yes ☒ No 40a. If Yes, how many and when?
41. How do you plan to manage noise inside and outside your business so neighbors will not be affected?
MUSIC IS AND WILL BE BACKGROUND / NO DRINKS OR
42. Do you have sound proofing installed? ☐ Yes ☒ No LOITERING OUTSIDE
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: 45a. 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 business in the 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 violations and dates 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.

Certificate of Occupancy

CO Number: 122475883F

This certifies that the premises described herein conforms substantially to the approved plans and specifications and to the requirements of all applicable laws, rules and regulations for the uses and occupancies specified. No change of use or occupancy shall be made unless a new Certificate of Occupancy is issued. *This document or a copy shall be available for inspection at the building at all reasonable times.*

A. Borough: Manhattan Address: 521 EAST 12 STREET Building Identification Number (BIN): 1005230	Block Number: 00406 Lot Number(s): 54 Building Type: Altered	Certificate Type: Final Effective Date: 09/03/2020
This building is subject to this Building Code: Prior to 1968 Code		
<i>For zoning lot metes & bounds, please see BISWeb.</i>		
B. Construction classification: 3 (Prior to 1968 Code designation) Building Occupancy Group classification: R-2 (2014/2008 Code) Multiple Dwelling Law Classification: OL		
No. of stories: 5 Height in feet: 50 No. of dwelling units: 19		
C. Fire Protection Equipment: Sprinkler system		
D. Type and number of open spaces: None associated with this filing.		
E. This Certificate is issued with the following legal limitations: None		
Borough Comments: None		



Borough Commissioner



Commissioner

Certificate of Occupancy

CO Number: 122475883F

Permissible Use and Occupancy						
All Building Code occupancy group designations below are 2008 designations.						
Floor From To	Maximum persons permitted	Live load lbs per sq. ft.	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
CEL		OG	S-2			UTILITY ROOMS
001			M		6	EATING AND DRINKING ESTABLISHMENT
001			R-2	3	2	THREE (3) CLASS 'A' APARTMENTS
002			R-2	4	2	FOUR (4) CLASS 'A' APARTMENTS
003			R-2	4	2	FOUR (4) CLASS 'A' APARTMENTS
004			R-2	4	2	FOUR (4) CLASS 'A' APARTMENTS
005			R-2	4	2	FOUR (4) CLASS 'A' APARTMENTS.
END OF SECTION						



Borough Commissioner



Commissioner

END OF DOCUMENT

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