

THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3 59 Ea st 4 th St re et - New York, NY 10003 Phone (212) 533-5300

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

Andrea Gordillo, Board Chair

Susan Stetzer, District Manager

May 14, 2025

New York State Liquor Authority 80 South Swan Street, Suite 900 Albany, New York 12210-8002

Re: Dulce Ranger LLC d/b/a Carlota Application for alteration to add municipal space with stipulations: Roadway Cafe 14A Orchard Street New York, NY 10002

Dear New York State Liquor Authority,

Community Board 3, Manhattan has no objection to the alteration of Dulce Ranger LLC d/b/a Carlota at 14A Orchard Street, for adding municipal space as long as the agreed upon attached stipulations are added to the license.

- 1. Will close all outdoor seating by 10 pm.
- 2. All outdoor dining patrons will be seated at tables.
- 3. Will not have music, amplified sound, or TVs outdoors as per Open Dining Guidelines, and will remove all outdoor speakers.
- 4. For sidewalk seating, business will comply with DOT guidelines. Will have tables and chairs.
- 5. For roadbed seating, will comply with DOT guidelines. Will have 4 tables and 12 chairs.
- 6. Will have a staff person responsible for ensuring no loitering, noise or crowds outside.
- 7. Will conspicuously post this stipulation form beside liquor license inside of business.
- 8. Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. Will revisit the above-stated method of operation if necessary in order to minimize establishment's impact on neighbors.

Sincerely,

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Andrea Gordillo, Chair

Clint Smeltzer, Chair

Cc: Frank Palillo, applicant's representative



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Community Board 3 Open Dining Stipulations for Administrative Approval

_{I.} tommy mendes			, as a qualified representative of		duice ranger lic dba carlota
located at	14A	ORCHAND			IY agree to the following stipulations:

🗷 Application for Sidewalk Café 🛛 🗷 Application for Curbside Dining

- 1. I will close all outdoor seating by 10 pm.
- 2. All outdoor dining patrons will be seated at tables.
- 3. I will not have music, amplified sound, or TVs outdoors as per Open Dining Guidelines, and I will remove all outdoor speakers.
- 4. For sidewalk seating, I will comply with DOT guidelines. I will have <u>4</u> tables and <u>12</u> chairs.
- 5. For roadbed seating, I will comply with DOT guidelines. I will have <u>4</u> tables and <u>12</u> chairs.
- 6. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
- 7. 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: _____ Tommy Mendes

_____ Phone Number: 2124648031

9. 🗵 | will: _____

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

Signed

Sworn to this 21 day of FEB. 2025 Mm

2021 Dated

Notary Public

ANTONIO WU Notary Public, State of New York No. 01WU6063322 Qualified in Queens County Certificate Filed in New York County Commission Expires Aug 27, 2025

rev-04/ 10/ 25	Received						
MAY New York		30 Indized NOTICE FORM for Providing Notice to a Local Municipality ling or Removing Contiguous and/or Non-Contiguous Municipal Space					
1. Date Notice	e Was Sent: 572625	1a. Delivered by: CMRRR					
2. This form must be submitted to the clerk or Local Municipality when filing to alter contiguous and/or non-contiguous municipal space							
This Notice is Being Provided to the Clerk of the following Local Municipality							
3. Name of M	lunicipality: Country						
Licensee Information							
4. License ID	Number: 0340-25	5-105130					
6. License na	me: DUICE RU	nger LLC					
7. Trade Nam	7. Trade Name (if any): $(0.1 \ 0.1$						
8. Street Address of Establishment:							
9. City, Town	or Village: NEW YO	,NY Zip Code: 10002					
10. Business Telephone Number of Applicant/Licensee: 332 - 275 - 0656							
11. Business E	11. Business E-mail of Applicant/Licensee: INTO QCAY 10tanul (0M						
12. Describe r	12. Describe municipal space to be added: Roadway						
12a. What date did you apply for a municipal permit?							
		ney representing the licensee					
13. Represent	tative/Attorney's Full Name:	rank W. Palillo					
14. Street Address: Sixty Broad Street, Ste 3504							
15. City, Town or Village: New York State: New York Zip Code : 10004							
16. Business Telephone Number of Representative/Attorney: (212) 227-1640							
17. Business Email Address : Fwpalillo@gmail.com							
answers there	ein; that the same are true to my statements and answers in this a	nit and I certify that I know the contents of the above application and the statements and knowledge; that I have been authorized, by order of the Board of Directors of said licensee oplication on behalf of said licensee with the same force and effect as if said licensee made such statements and answers itself.					
		er Penalty of Perjury - that the representations made in this form are true.					
18. Printed Na	me: Thomas MPh	APS Title PARTNER					
Signature: X	XC						
The above captioned on-premises licensee is applying for an alteration to their existing license with the State Liquor Authority to sell alcoholic beverages on municipal space.							
Plea The	ise forward any concerns rega New York State Liquor Author	ding the issuance of the alteration to the attention of '					

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