



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

Andrea Gordillo, Board Chair

Susan Stetzer, District Manager

April 28, 2025

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

Re: Just an Oven Corp. d/b/a Lil' Frankie's Application for alteration to add  
municipal space with stipulations: Roadway & Sidewalk Cafe  
19 1<sup>st</sup> Avenue  
New York, NY 10003

Dear New York State Liquor Authority,

**Community Board 3, Manhattan has no objection to the alteration of Just an Oven Corp. d/b/a Lil' Frankie's at 19 1<sup>st</sup> Avenue, 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 10 tables and 20 chairs.
5. For roadbed seating, will comply with DOT guidelines. Will have 20 tables and 40 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,

Andrea Gordillo, Chair

Clint Smeltzer, Chair

Cc: Michael Kelly, applicant's representative



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## Community Board 3 Open Dining Stipulations for Administrative Approval

I, FRANK PRISINZANO, as a qualified representative of JUST AN OVERLOOK / LIL FRANK'S PIZZA  
located at 19 FIRST AVE, New York, NY 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 \_\_\_\_\_ tables and \_\_\_\_\_ chairs.
5. For roadbed seating, I will comply with DOT guidelines. I will have 20 tables and 40 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.
8. 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: OL BALASA Phone Number: 914-330-2370

9. ☐ I will: \_\_\_\_\_

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

Signed

Sworn to this

23<sup>rd</sup>

day of

January 2025

Dated

1/23/2025

Notary Public

ROSEMARY A MCKENNA  
NOTARY PUBLIC, STATE OF NEW YORK  
Registration No. 01MC6385474  
Qualified in Bronx County

My Commission Expires

01/07/2027

APR 22 2025

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Liquor  
Authority

Community Board 3, Manhattan

## Standardized NOTICE FORM for Providing Notice to a Local Municipality for Adding or Removing Contiguous and/or Non-Contiguous Municipal Space

1. Date Notice Was Sent: **APRIL 16 2025** 1a. Delivered by: **CERTIFIED RETURN RECEIPT REQUESTED**

2. This form must be submitted to the clerk or Local Municipality when filing for a Sunday On-Premises Sales Permit

**This Notice is Being Provided to the Clerk of the following Local Municipality**

3. Name of Municipality: **COMMUNITY BOARD 3**

### Licensee Information

4. License Serial Number: **0340-23-127056** 5. Permit Date(s): **8/31/2025**

6. License name: **JUST AN OVEN CORP.**

7. Trade Name (if any): **LIL' FRANKIES**

8. Street Address of Establishment: **19 1ST AVENUE**

9. City, Town or Village: **NEW YORK**, NY Zip Code: **10003**

10. Business Telephone Number of Applicant/Licensee: **914-330-2356**

11. Business E-mail of Applicant/Licensee: **OLI@LILFRANKIES.COM**

12. Describe municipal space to be added: **SIDE WALK AND ROADWAY SEATING**

12a. What date did you apply for a municipal permit? **8/3/24**

### Representative or Attorney representing the licensee

13. Representative/Attorney's Full Name: **MICHAEL KELLY**

14. Street Address: **136 WAVERLY ROAD**

15. City, Town or Village: **SCARSDALE** State: **NY** Zip Code: **10583**

16. Business Telephone Number of Representative/Attorney: **(914) 740-3580**

17. Business Email Address: **KELLYMLK136@GMAIL.COM**

I am the licensee that is applying for the permit and I certify that I know the contents of the above application and the statements and answers therein; that the same are true to my knowledge; that I have been authorized, by order of the Board of Directors of said licensee to make the statements and answers in this application on behalf of said licensee with the same force and effect as if said licensee made such statements and answers itself.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

18. Printed Name: **MICHAEL KELLY** Title: **AUTHORIZED REPRESENTATIVE**

Signature: X 

**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.**

**Please forward any concerns regarding the issuance of the alteration to the attention of  
The New York State Liquor Authority by e-mail [community@sla.ny.gov](mailto:community@sla.ny.gov)**