



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

June 4, 2025

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

Re: Pasta Shop LLC d/b/a Bar Primi Application for alteration to add municipal space with stipulations: Sidewalk & Roadway Cafe  
325 Bowery  
New York, NY 10003

Dear New York State Liquor Authority,

**Community Board 3, Manhattan has no objection to the alteration of Pasta Shop LLC d/b/a Bar Primi at 325 Bowery, 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 34 tables and 68 chairs.
5. For roadbed seating, will comply with DOT guidelines. Will have 40 tables and 80 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: Joseph Levey, applicant's representative



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## Community Board 3 Open Dining Stipulations for Administrative Approval

I, Luke Ostrom, as a qualified representative of Pasta Shop LLC, DBA Bar Primi  
located at 325 Bowery St., 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 34 tables and 68 chairs.
5. For roadbed seating, I will comply with DOT guidelines. I will have 40 tables and 80 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: Tiago Ramos Phone Number: 212-677-6200

9. ☐ I will \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

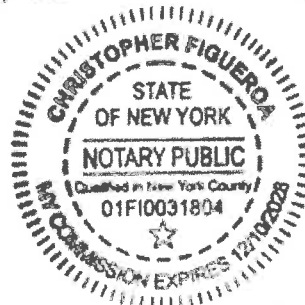
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed: [Signature]

Dated: 1/9/25

Sworn to this 9th day of January 2025, Christopher Figueroa

Notary Public



**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:  1a. Delivered by: 

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: **Licensee Information**4. License Serial Number:  5. Permit Date(s): 6. License name: 7. Trade Name (if any): 8. Street Address of Establishment: 9. City, Town or Village:  ,NY Zip Code: 10. Business Telephone Number of Applicant/Licensee: 11. Business E-mail of Applicant/Licensee: 12. Describe municipal space to be added: 12a. What date did you apply for a municipal permit? **Representative or Attorney representing the licensee**13. Representative/Attorney's Full Name: 14. Street Address: 15. City, Town or Village:  State:  Zip Code: 16. Business Telephone Number of Representative/Attorney: 17. Business Email Address: 

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:  Title: 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)**