



## THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD NO. 3

59 East 4th Street - New York, NY 10003
Phone: (212) 533-5300 - Fax: (212) 533-3859
www.cb3manhattan.org - info@cb3manhattan.org

Dominic Pisciotta, Board Chair

Susan Stetzer, District Manager

## Community Board 3 Liquor License Application Questionnaire

Please complete and return (with requested diagram) to the Community Board office by fax or mail to arrive at least 10 business days before the Committee meeting. In addition, bring 6 copies (double sided) plus supporting material requested to the meeting. Failure to complete and return this form on time will result in your item being placed at the end of the agenda. Application must be complete to be heard, including petitions and all items on check list below. Use N/A for answer if appropriate.

Conspicuously display the enclosed posters on the outside of your establishment for 7 days prior to the meeting. Bring a photo with a newspaper showing date as proof of the posting. Check which you are applying for: I new liquor license upgrade of an existing liquor license alteration of an existing liquor license transfer of an existing liquor license Type of license: Restaurant Wine If alteration, describe nature of alteration: Previous or current use of the location: Pizzeria since 2006 Is any license under the ABC Law now in effect for this location? \(\textstyle \text{Yes}\) Corporation and trade name of current/previous license: Will any other business besides food or alcohol service be conducted at said premises? 

Yes No. If yes, details: Please bring the following items to the meeting: NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED. Photographs of the inside and outside of your establishment; Schematics/floor plans of the inside of your establishment; If a restaurant, please include a proposed menu (including drink menu); Petition in support of proposed business or change in business with signatures from residential tenants at location and in surrounding buildings and also letter from block association if one exists. E-mail the CB office at info@cb3manhattan.org for help to find block associations. Petition must give proposed hours and method of operations. For example: restaurant, sports bar, combination restaurant/bar. Petitions are required and application will not be heard without petitions. Photographs of proof of conspicuous posting with newspaper showing date. APPLICANT: Name of applicant and all principals: 50/0 Pizza Fuc

Philip Limitone, Salvatore Passa gio

Trade name (DBA): Solo Pizza

EMISES:	
oc of building and number of floors: 6 Story brick.	
or use of promises: pizzerie Since 2006	
y outside area or sidewalk cafe used for the sale or consumption of alcoholic beverages? (in	cludes roof &
d) Yes You No If Yes, describe and show on diagram:	
es premises have a valid Certificate of Occupancy and all appropriate pennits?  ves	□ No
you plan to apply for Public Assembly permit?	No
ning designation C1-5 in R7-2 Maximum number of persons that car	legally occupy
premises? 60 Number of tables? 15 Number of seats at tables?	
RS:	1
w many *stand-up bars/ bar seats are located on the premises (and how many seats)? No	BAR
w many service bars? NO SERVICE BAR	
scribe all bars (length, shape and location):	
food counters? TYes 1 No If Yes, describe: P:22a Counter	
stand up bar is any bar or counter (whether seating or not) over which a member of the properties of t	ublic can order,
ICHEN:	
es premises have a kitchen or food preparation area? Yes (If any, show on diagram)	□ No
ood available for sale? Tes D No If yes, describe type of food and submit a menu	
Pizza : Italian special fires	
OPOSED METHOD OF OPERATION:	
at type of establishment will this be? (i.e., restaurant, tavern, sports bar, etc.)	
all are the proposed days/hours of operation? (Specify days and hours each day) 7 Day	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
at are the proposed days/hours of operation? (Specify days and hours each day) / 🗸 🔫	5 Da 11

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Will the business employ a manager? Laryes Q No
How many employees? /0-/2
Will there be security personnel? Ci Yes SNo (If Yes, how many?)
Do you have or plan to install Prench doors, accordion doors, or windows? I none of these
Will there be Hookah pipes? A Yes No Will there be TV's? SeYes A No (If Yes, how many?)
Will premises have music? ➤ Yes □ No
If Yes, what type of music? Explain in detail: Valio received
Type of music/entertainment:
Do you ☐ have or ☐ plan to install sound-proofing? Please describe your sound system:
stereo receiver no plans to somepant
Will you host I promoted events, I scheduled performances or I any event at which a cover fee is charged?
Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment?   Yes No If "Yes" please attach plans.
Is this establishment wheel chair accessible? Wes INO
Has this corporation or any principal been licensed previously?   Yes  Yes
If yes, please indicate name of establishment:
The state of the s
Address: Community Board #
Address:Community Board #  Dates:  If you answered "Yes" to the above question, please provide a letter of record indicating history of complaints
Address:Community Board #
Address:
Address:  Community Board #  Dates:  If you answered "Yes" to the above question, please provide a letter of record indicating history of complaints or other comments from the community board in which your establishment is/was located if located in NYC.  Using the diagram below as an example, attach a separate similar diagram that indicates the location (name and address) and total number of establishments selling/serving beer, wine (B/W) or liquor (OP) for 2 blocks in each direction. Please indicate whether establishments have On-Premises (OP) licenses by circling the letter on diagram. Please label streets and avenues and identify your location near the middle of the diagram and indicate it with a [*]. Use the letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board 10 business days before the meeting.  Bar (B) Grocery (G) Restaurant (R) Cabaret (C) Sidewalk Café (S) OP B/W OP B/W OP B/W OP B/W
Address:  Community Board #  Dates:  If you answered "Yes" to the above question, please provide a letter of record indicating history of complaints or other comments from the community board in which your establishment is/was located if located in NYC.  Using the diagram below as an example, attach a separate similar diagram that indicates the location (name and address) and total number of establishments selling/serving beer, wine (B/W) or liquor (OP) for 2 blocks in each direction. Please indicate whether establishments have On-Premises (OP) licenses by circling the letter on diagram. Please label streets and avenues and identify your location near the middle of the diagram and indicate it with a [*]. Use the letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board 10 business days before the meeting.  Bar (B) Grocery (G) Restaurant (R) Cabaret (C) Sidewalk Café (S) OP B/W B/W OP B/W OP B/W OP B/W  Example:
Address:

How n	nany licensed establishments are within 1 block? To Be Supplements are within 500 feet?  nany of these are On-Premises (OP) liquor licenses?	lie.S
these pare ap	e are block associations, merchant associations, or tenant associations in the immon, you must contact them. Please attach proof (copies of letters and poster) the groups of your application. Petitions should clearly state the name, address, plying, and the hours and method of operation of your establishment at the hadditional sheets of paper as necessary). You may contact the Community Boalation that is on file.	ast you have advised license for which you top of each page.
INFO	rmation regarding nearby locations: NA – Restaira	ent Wine
0	Premises is not within a 500 foot radius of three or more establishments selling consumption.  Premises is within a 500 foot radius of three or more establishments selling liquiconsumption.	•
Are yo	ur premises within 200 feet of any school, church or place of worship?	es XNo
	e is a school, church or place of worship within 200 feet of your premises or on the blot diagram or area map showing its location in proximity to your applicant premises.	
Indicat	e the distance in feet from the proposed premises. Attach additional sheets if nec	essary.
Name	of church/school:	
Addres	ss:	Distance:
	of church/school:	
	ss:	Distance:
Name	of church/school:	
Addres	s:	Distance:

## BLUCK PLOT DIAGRAM

E 47	H ST.
FINEST PIZZA DELI	5,2
AFFAIRE	50
LAUNDRY QUIKKCOIN	46
EXCLUSIVE SMOKE SLOP	46
LAUNDRY & DRY CLEADING	44
SHAM 200	
COY I CAFE	42
- OCTAVIST PORCH	40
CAFE RAKKA	38
Diggo CLEMEN ETHIDPIAN CHINA WE	ok 36
I SRD	ST.
RESTAULANT MAMAS MAMAS BAR	34
BENS DELI	32
LAW OFFICE	30
STIEN PROPERTIES	30
CROXLEY ALES	28
VACANT and Flo	OR
ZAITZEFF	18
YACANT	
DUANE READE	194
E 2ND	ST.
VACANT	16
IACANT	14
1 8 MI HARDWARE	12
· VACANT	10
Houst	CAO

	53	EAST SIDE GOURNET DELL
	51	MAY
	49	VACANT
AVE, B,	47	- VACANT
	41	VACANT
	37	LES CREDIT UHION

	31	PAKO CARE	
	29	SIGMUND PRETZEI	
		BUILDING ENTRAUCE	
$\times \rightarrow$	27	SOLO PIZZA	
	25	Billy AURZICANE	
	23	SAVE PET	
	2.3	VACANT	
	21	LAUCHOI DRY CLEANING	
	21	DELI GOCELA	
	19	VACANT	

15	VACANT
13	THE NEW WORLD ORDER MY
11	RAUL & JOE'S UNISEX
9	I & LES
1	BANCO POPULAR

PHIL LIMITONE SOLO PIZZA 27 AVE B NYC, NY 10009

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10 FUTURE MOOK TIANS of DIVING AREA 31-3" Ş Secured Laws 13'-1 1/2" P122G 4'-11" 5'-5" 8.-6 48:-8\* Eagher Pers Sold Springer DN 11R+3R X 191,78 20"-4 1/2" 1:-8... EI 2'-10 1/2" . 5 18'-10 1/2"