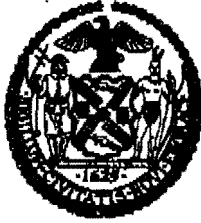


#22



THE CITY OF NEW YORK  
MANHATTAN COMMUNITY BOARD NO. 3  
59 East 4th Street - New York, NY 10003  
Phone: (212) 533-5300 - Fax: (212) 533-3659  
www.cb3manhattan.org - info@cb3manhattan.org

Dominic Pisciotta, Board Chair

Susan Stetzer, District Manager

**Community Board 3 Liquor License Application Questionnaire**

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 the premise.
- Schematics, floor plans or architectural drawings of the inside of the premise.
- A proposed food and or drink menu.
- Petition in support of proposed business or change in business with signatures from residential tenants at location and in buildings adjacent to, across the street from and behind your proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar.
- Letter of notice of proposed business to block, tenant or neighborhood association if one exists. E-mail the CB3 office at [info@cb3manhattan.org](mailto:info@cb3manhattan.org) for help to find block associations.
- Photographs of proof of conspicuous posting of meeting with newspaper showing date.
- If applicant has been or is licensed anywhere in City, letter from applicable community board indicating history of complaints and other comments.

Check which you are applying for:

- new liquor license
- alteration of an existing liquor license
- corporate change
- upgrade of an existing liquor license
- sale of assets

If applying for sale of assets, you must bring letter from current owner confirming that you are buying business or have the seller come with you to the meeting.

Type of license: on premises liquor Is location currently licensed?  Yes  No

If alteration, describe nature of alteration: \_\_\_\_\_

Previous or current use of the location: restaurant

Corporation and trade name of current license: New Rivington LLC d/b/a Bondi Road

**APPLICANT:**

Name of applicant and all principals: Buffe A LLC / Anthony Fari

Trade name (DBA): Celexico

Premise address and cross streets: 153 Rivington Street b/n Suffolk & Clinton Sts

**PREMISE:**

Type of building and number of floors: 3 story brick

Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? (includes roof & yard)  Yes  No If Yes, describe and show on diagram: Tables; chairs within building line

Does premise have a valid Certificate of Occupancy and all appropriate permits, including certificate of occupancy of back or side yard intended for commercial use?  Yes  No  
Indoor Certificate of Occupancy \_\_\_\_\_ Outdoor Certificate of Occupancy \_\_\_\_\_

Do you plan to apply for Public Assembly permit?  Yes  No  
Zoning designation (check zoning using map: <http://gis.nyc.gov/doitt/nycitymap/>): \_\_\_\_\_

Is this premise wheel chair accessible?  Yes  No

**PROPOSED METHOD OF OPERATION:**

What type of establishment will this be (i.e.: restaurant, bar, performance space, club, hotel)?  
Mexican restaurant

Will any other business besides food or alcohol service be conducted at premise?  Yes  No  
If yes, please describe what type: \_\_\_\_\_

What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) SUN 10AM-2AM MON- WED 11AM-3AM  
Thurs / Fri 11AM-4AM SAT 10AM-4AM

Number of tables? T.B. Provided Number of seats at tables? To be Provided

How many stand-up bars/ bar seats are located on the premise? 1

(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)

Describe all bars (length, shape and location): \_\_\_\_\_

Any food counters?  Yes  No If Yes, describe: \_\_\_\_\_

Does premise have a full kitchen  Yes  No?

Does it have a food preparation area?  Yes  No (If any, show on diagram)

Is food available for sale?  Yes  No If yes, describe type of food and submit a menu  
Casual mexican cuisine

What are the hours kitchen will be open? all hours of operation

Will a manager or principal always be on site?  Yes  No If yes, which? either

How many employees will there be? 3/10 to 15

Do you have or plan to install  French doors  accordion doors or  windows? No

Will you agree to close any doors and windows at 10:00 P.M. every night?  Yes  No

Will there be TVs/monitors?  Yes  No (If Yes, how many?) \_\_\_\_\_

Will premise have music?  Yes  No occasional

If Yes, what type of music?  Live musician  DJ  Juke box  Tapes/CDs/iPod

If other type, please describe \_\_\_\_\_

What will be the music volume?  Background (quiet)  Entertainment level

Please describe your sound system: IPod generated small speakers

Will you host promoted events, scheduled performances or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed? No

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans.  
Premises features interior waiting area, patrons will be discouraged from lingering in front of the restaurant

Will there be security personnel?  Yes  No (If Yes, how many and when) \_\_\_\_\_

How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans. extremely low interior noise, will not spill onto sidewalk

Do you  have or  plan to install sound-proofing? current by acoustics

**APPLICANT HISTORY:**

Has this corporation or any principal been licensed previously?  Yes  No

If yes, please indicate name of establishment: 590 Madison Rest LLC / obika

Address: 590 Madison Ave NYC Community Board # 5

Dates of operation: 2010 - 2012

**If you answered "Yes" to the above question, please provide a letter from the community board indicating history of complaints or other comments.**

Has any principal had work experience similar to the proposed business?  Yes  No If Yes, please attach explanation of experience or resume.

Does any principal have other businesses in this area?  Yes  No If Yes, please give trade name and describe type of business \_\_\_\_\_

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, if any.

Attach a separate 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-Premise (OP) licenses. Please label streets and avenues and identify your location. Use letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.

**LOCATION:**

How many licensed establishments are within 1 block? To Be Supplied

How many licensed establishments are within 500 feet? \_\_\_\_\_

Is premise within a 500 foot radius of 3 or more establishments with OP licenses?  Yes  No

How many On-Premise (OP) liquor licenses are within 500 feet? \_\_\_\_\_

Is premise within 200 feet of any school or place of worship?  Yes  No

If there is a school or place of worship within 200 feet of your premise on the same block, submit a block plot diagram or area map showing its location in proximity to your premise and indicate the distance and name and address of the school or house of worship.

**COMMUNITY OUTREACH:**

If there are block associations, neighborhood or tenant associations in the immediate vicinity of your location, you must contact them. Please attach proof (copies of letters and poster) that you have advised these groups of your application with sufficient time for them to respond to your notice. You may contact the Community Board at info@cb3manhattan.org for any contact information that is on file.

Petitions should clearly state the name, address, license for which you are applying, and the hours and method of operation of your establishment at the top of each page. (Attach additional sheets of paper as necessary).

**CONTACT INFORMATION**

Applicant's telephone number: (917) 686-4710 Email: fauciny@aol.com

Contact Name: Frank Palillo

Attorney  Representative  Other \_\_\_\_\_

Telephone number: (212) 227-1640 Email: frankpalillo@gmail.com

Please provide contact information for residents and the Community Board and confirm that if complaints are made, you will act immediately to resolve any problems.

Contact person: Anthony Fauci Phone: (917) 686-4710

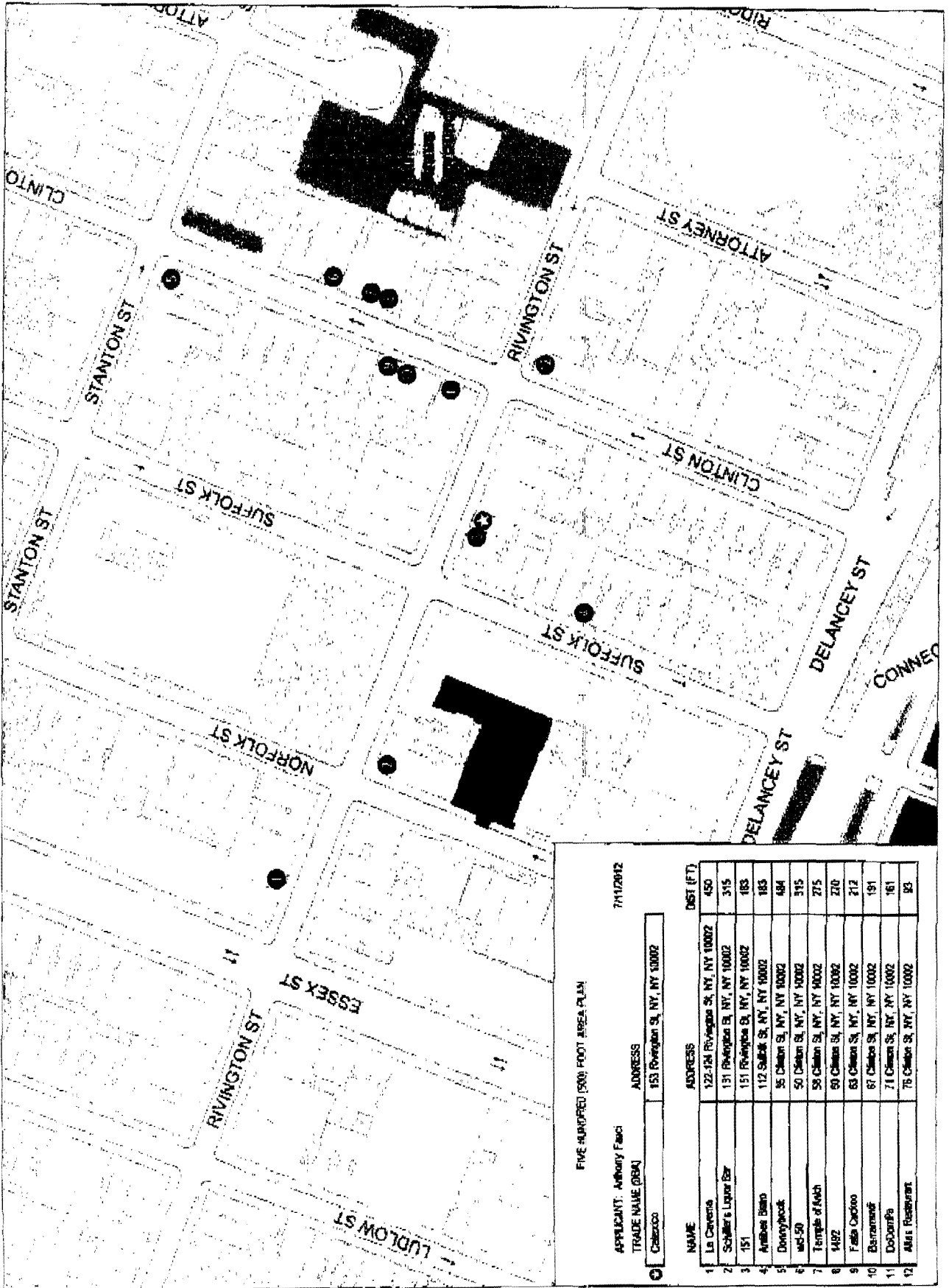
Address: 153 Rivington St NYC

Email: fauciny@aol.com

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

Name: Anthony Fauci

Signature: [Handwritten Signature] Date: 7-9-12



FIVE-HUNDRED (500) FOOT AREA PLAN

7/11/2012

APPLICANT: Anthony Fazio

TRADE NAME (BNA) ADDRESS 551 Rivington St, NY, NY 10002

NAME	ADDRESS	DIST (FT)
1 La Carreña	122-124 Rivington St, NY, NY 10002	450
2 Schiller's Liquor Bar	131 Rivington St, NY, NY 10002	315
3 151	151 Rivington St, NY, NY 10002	183
4 Amuseo Bar	112 Suffolk St, NY, NY 10002	183
5 Downyhook	95 Chatham St, NY, NY 10002	484
6 wd-50	50 Chatham St, NY, NY 10002	315
7 Temple of Moch	50 Chatham St, NY, NY 10002	275
8 1482	50 Chatham St, NY, NY 10002	270
9 Fella D'Addio	83 Chatham St, NY, NY 10002	212
10 Barnum's	87 Chatham St, NY, NY 10002	191
11 DoDonna's	71 Chatham St, NY, NY 10002	161
12 Alibi Restaurant	75 Chatham St, NY, NY 10002	83