

THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3 59 East 4th Street - New York, NY 10003 Phone: (212) 533-5300 - Fax: (212) 533-3659 www.cb3manhattan.org - info@cb3manhattan.org

Gigi Li, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liguor 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. D/
- A proposed food and or drink menu. E
- Petition in support of proposed business or change in business with signatures from D' residential tenants at location and in buildings adjacent to, across the street from and behind proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar. (petition provided)
- Notice of proposed business to block or tenant association if one exists. You can find community groups and contact information on the CB 3 website: http://www.nyc.gov/html/mancb3/html/sla/community groups.shtml
 - 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.

C1 .: k which you are applying for:

C. CK which you are apply.	The second secon	corporate change
🖾 new liquor license	alteration of an existing liquor license	

Check if either of these apply:

upgrade (change of class) of an existing liquor license □ sale of assets

Nov. 24, 2014 Today's Date:

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.

Is location currently licensed? 🗖 Yes 🗹 No	Type of license:	
in the second seco	VIA	1 1
Previous or current use of the location:	"Herlass - Kestarrant with mine	Their license
Corporation and trade name of current lice	nse: n/a	

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AD	DII	CA	AIT	-
AP	PL.	1.A	NT	G.,
1.85		-		-

ALL DIGITION	LID CI W I I W Y L WY
Premise address: _	110 St. Marts Place New Tork, N.T.
Cross streets:	12ª Avince a Avince At
	and all principals: Albertrass Restaurant Carp
Principal	- Thomas P. Gallesos
Trade name (DBA)	NEBBTOLO

Revised: February 2014

PREMISE: Type of building and number of floors: Multi-Unit - & staries

Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? (includes roof & yard) \Box Yes \Box No If Yes, describe and show on diagram: N/A

Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? Yes I No What is maximum NUMBER of people permitted?

Do you plan to apply for Public Assembly permit? Yes No What is the zoning designation (check zoning using map: <u>http://gis.nyc.gov/doitt/nycitymap/</u>please give specific zoning designation, such as R8 or C2):

PROPOSED METHOD OF OPERATION:

Will premise have music? 🗹 Yes 🗖 No				
Will there be TVs/monitors? Yes Proof (If Yes, how many?)				
Do you have or plan to install T French doors accordion doors or win	idows?	We		
How many employees will there be?	1	NO		
Will a manager or principal always be on site? Yes No If yes, which?				
What are the hours kitchen will be open? <u>Same hours</u> a) restaurant	1-1-			
Italian - men enclosed	is one	-		_
Is food available for sale? 🖬 Yes 🗖 No If yes, describe type of food and sub	mit a mi	enu		
Does it have a food preparation area? 🗖 Yes 🖬 No (If any, show on diagram	1)			
Does premise have a full kitchen 🗹 Yes 🗖 No?				
pay for and receive an alcoholic beverage) $1000000000000000000000000000000000000$	11 1.1.1.2)			_
pay for and receive an alcoholic beverage) - service by	Antus			
(A stand up bar is any bar or counter (whether with seating or not) over w	nich a p	atroi	i can or	uer,
How many stand-up bars/ bar seats are located on the premise?	de i ale a r	atror	can or	der
O C				
Number of tables? Number of seats at tables?	4	9	y sea	17
Friday & Saturday 11 AM - midnight	1		6	Ē
outdoor space) Friday ~ Thursday/AM - // PM Friday ~ Saturday/AM - midnicht				
2 1 - 1 - 1/AM - //AM			ours of	

If Yes, what type of music? 🗖 Live musi	cian 🗖 DJ 🗖 Juke box 🖾 Tapes/CDs/iPod
If other type, please describen/a	
What will be the music volume? A Back	kground (quiet) 🗖 Entertainment level
Please describe your sound system:	IPOD

Will you host any promoted events, scheduled performances or any event at which a c	over fee is
charged? If Yes, what type of events or performances are proposed and how often?	NO
charged? If Yes, what type of events of performances are proposed and and the	

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans. (Please do not answer "we do not anticipate congestion.")

SER PLAN ATTACHED	
Will there be security personnel? Yes No (If Yes, how many and whe	n)

How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans.

Do you D have or D plan to install sound-proofing?

APPLICANT HISTORY:

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

If yes, please indicate name of establishment: ________/4

Address:

Dates of operation: _

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? **D** Yes **D** No If Yes, please attach explanation of experience or resume.

Does any principal have other businesses in this area? □ Yes □ 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 **B**ar, **R**estaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.

Community Board #____

LOCATION:

How many licensed establishments are within 1 block? _______ 900 1 91/19 k How many On-Premise (OP) liquor licenses are within 500 feet? _______ Is premise within 200 feet of any school or place of worship? If Yes I No

COMMUNITY OUTREACH:

Please see the Community Board website to find block associations or tenant associations in the immediate vicinity of your location for community outreach. Applicants are encouraged to reach out to community groups. Also use provided petitions, which 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).

We are including the following questions to be able to prepare stipulations and have the meeting be faster and more efficient. Please answer per your business plan; do not plan to negotiate at the meeting.

- 1. I agree to close any doors and windows at 10:00 P.M. every night? 🗖 Yes 🖬 No
- 2. I will not have □ DJs, □ live music, □ promoted events, □ any event at which a cover fee is charged,
 - □ scheduled performances, □ more than ____ DJs/ promoted events per ____, □ more than private parties per ____
- 3. 1 will play ambient recorded background music only. -45reel
- 4. I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.
- 5. I will not seek a change in class to a full on-premise liquor license. Or seek an upgrade at a later date.
- 6. I will not participate in pub crawls or have party buses come to my establishment. Gree
- 7. I will not have a happy hour. Or 🗖 Happy hour will end by _____
- 8. I will not have wait lines outside. There will be a staff person outside to monitor sidewalk crowds and ensure no loitering.
- Residents may contact the manager/owner at the following phone number. Any complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Thomas D. Gallegos (201) 936-4317

my business pl

Albatross Restaurant Corp d/b/a Nebbiolo 110 St. Marks Place, New York, N.Y.

Although we do not anticipate congestion problems, since we are running this establishment as a restaurant only, we will closely coordinate with our staff to insure that none of our customers loiter outside of our establishment, either prior to or after eating their dinner. Either the principal or the manager will be outside to supervise the area outside the restaurant in case any congestion problem arises.

There is no stand up bar on the premise so our customers will only be coming for the food and the only alcohol served will be to the customers seated at the tables, having a meal.

We are a neighborhood restaurant catering to local clientele and do not feel that we will be attracting a crowd from areas outside the premises whereby customers would be driving to the restaurant, causing congestion problems.



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Susan Stetzer, District Manager

CHI TAT KU Notary Public - State of New York NO. 01KU6283369 Qualified in Queens County My Commission Expires Jun 3, 2017

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Sigi	Li, E	Board Chair	Com	munity Board 3 Liquo	r License Stipulations	
					Albatross Restal	irant Corp.
TV	100	NON GON		, as a qualified represent	New York, NY agree to the 1	ollowing stipulations:
ocal	ed at	110 St Mai	rks Place		(and a second s	
		will concente a fit	Il-service restat	arant, specifically a (type of the	restaurant)	all hours of operation.
	with a	kitchen open ar	nd serving food	to within hour(s) of c	losing every night [] during 1 Sunday to Thursday, ar	d 12:00PM to 12:00AM on
÷	Mr. b.	ours of operation	will be 11.	UUTINI III TATA VALUE		
	Frida	avs and Sature	lavs		ad all parrons are to be cleare	e from business at specified closing
	(1 000	derstand opening	is "no later the	in" specified opening nour, a	no an postora	d from business at specified closing
	hour.	3				
3.	121	will not use out	door space for	commercial use.		
á.					and the second sec	
		i usil employ a 4	toorman/securi	ty personnel on the following	g days:	
5.	-	I will install sou	ndnroofing.			h doors or windows and doors will
6.			front or your fai	ade doors and windows	I will not have Frenc	h doors of white no and
7.	N at 10	1 will close any 0:00 P.M. every	night or during	any amplified	be closed by	
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	and	live nonmusical	DELIGITURINA		ny event at which a cover fee	is charged, 181 scheduled
					ny event at which a cover fee	
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						walk crowds and ensure no lottering.
1	4. 🛛	I will not have	wait tines out	staulation form heside my	iquor license inside of my but a phone number. Any comple	siness.
1	5. 🖾	1 1 will conspice	tously post this	supmation form bendlowing	e phone number. Any comple	ints will be addressed immediately establishment's impact on my
1	6. 🖾	Residents may	contact the mi	method of operation if neces	sary in order to minimize my	establishment's impact on my
	an	ightors.	ic allove states		phone Number: 4	21-20-1-10
	Vame:	Thata	6 501	10907	Phone Human Yr -	1036 4317
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3	17. 🗆	11 will:				
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	Com	munity Board 3 i	requests that the	s SLA add mis supulation to	the license of the above-mon	1