



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
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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: 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: Kabob House

Is any license under the ABC Law now in effect for this location? Yes No

Corporation and trade name of current/previous license: FRKK Inc

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: FRKK Inc; Frank Rizzato; Karl Kwiatkowski

Trade name (DBA): Goodfellas Brick Oven Pizza

PREMISES:

Type of building and number of floors: 6 story brick

Prior use of premises: To hab House

Any outside area or sidewalk cafe used for the sale or consumption of alcoholic beverages? (includes roof & yard) Yes No If Yes, describe and show on diagram: _____

Does premises have a valid Certificate of Occupancy and all appropriate permits? Yes No

Do you plan to apply for Public Assembly permit? Yes No

Zoning designation: C-7 Maximum number of persons that can legally occupy

the premises? 74 Number of tables? To Be Provided Number of seats at tables? To Be Provided

BARS:

How many *stand-up bars/ bar seats are located on the premises (and how many seats)? _____

How many service bars? _____

Describe all bars (length, shape and location): _____

Any food counters? Yes No If Yes, describe: _____

* A **stand up bar** is any bar or counter (whether seating or not) over which a member of the public can order, pay for and receive an alcoholic beverage.

KITCHEN:

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

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

Italian Restaurant featuring wood fired brick oven pizza

PROPOSED METHOD OF OPERATION:

What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.) _____

Restaurant

What are the proposed days/hours of operation? (Specify days and hours each day) 7 days per week

SUN-WED 11:00 AM-12:00 AM; THUR/FRI/SAT 11:00 AM-2:00 AM

Revised: June 2010

DELIVERY DURING ALL HOURS OF OPERATION

APPROX 10-15 block radius

Will the business employ a manager? Yes No

How many employees? 15-20

Will there be security personnel? Yes No (If Yes, how many?) _____

Do you have or plan to install French doors, accordion doors, or windows? currently exists none of these

Will there be Hookah pipes? Yes No Will there be TV's? Yes No (If Yes, how many?) 1

Will premises have music? Yes No

If Yes, what type of music? Explain in detail: Oldies / Classical / Modern

Type of music/entertainment: Live musician Live DJ Juke box Tapes/CDs/MP3s
Volume level: Background (quiet) Entertainment level

Do you have or plan to install sound-proofing? Please describe your sound system: Ipod generated
NOT PRESENTLY small spkr

Will you host promoted events, scheduled performances or any event at which a cover fee is charged? No

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.

Manager will frequently inspect sidewalk! prohibit patrons from congregating in front of the location
Is this establishment wheel chair accessible? Yes No

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

If yes, please indicate name of establishment: FFRP INC

Address: 1817 Victory Blvd SE NY Community Board # _____

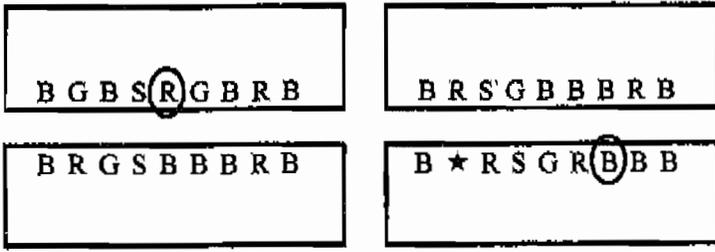
Dates: 2010 - Present

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:



How many licensed establishments are within 1 block? SEE ATTACHED (TO BE PROVIDED)
 How many licensed establishments are within 500 feet? _____
 How many of these are On-Premises (OP) liquor licenses? _____

If there are block associations, merchant associations, 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. 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). You may contact the Community Board office for any contact information that is on file.

INFORMATION REGARDING NEARBY LOCATIONS: *Restaurant Wine*

- Premises is not within a 500 foot radius of three or more establishments selling liquor for on-premises consumption.
- Premises is within a 500 foot radius of three or more establishments selling liquor for on-premises consumption.

Are your premises within 200 feet of any school, church or place of worship? Yes No

If there is a school, church or place of worship within 200 feet of your premises or on the same block, submit a block plot diagram or area map showing its location in proximity to your applicant premises (8 1/2" x 11").

Indicate the distance in feet from the proposed premises. Attach additional sheets if necessary.

Name of church/school: _____

Address: _____ Distance: _____

Name of church/school: _____

Address: _____ Distance: _____

Name of church/school: _____

Address: _____ Distance: _____