

**Meeting Date:** 8/ /2020

**APPLICANT INFORMATION:**

Name of applicant(s): 401 West Good Times, Inc.

Trade name (DBA): TBD

Premises address: 401 West Street, 1st floor, New York, NY 10014

Cross Streets and other addresses used for building/premise:  
Charles and West 10th Streets

**CONTACT INFORMATION:**

Principal(s) Name(s): Michael Belton

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>Michael Belton</u>	<u>None</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):  
Amenities lounge serving food and beverages to the residents of 401 West.

**WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR ( MARK ALL THAT APPLY):**

- a new liquor license (  Restaurant  Tavern / On premise liquor  Other )  
Club Liquor License for residents' amenities lounge
- an UPGRADE of an existing Liquor License
- an ALTERATION of an existing Liquor License
- a TRANSFER of an existing Liquor License
- a HOTEL Liquor License
- a DCA CABARET License
- a CATERING / CABARET Liquor License
- a BEER and WINE License
- a RENEWAL of an existing Liquor License
- an OFF-PREMISE License (retail)
- OTHER : \_\_\_\_\_

If upgrade, alteration, or transfer, please describe specific nature of changes:  
(Please include physical or operational changes including hours, services, occupancy, ownership, etc.)

n/a

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If this is for a new application, please list previous use of location for the last 5 years:

vacant land

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Is any license under the ABC Law currently active at this location?  yes  no

If yes, what is the name of current / previous licensee, license # and expiration date: \_\_\_\_\_

n/a

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Have any other licenses under the ABC Law been in effect in the last 10 years at this location?

yes  no

If yes, please list DBA names and dates of operation:

n/a

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**PREMISES:**

By what right does the applicant have possession of the premises?

Own  Lease  Sub-lease  Binding Contract to acquire real property  other: \_\_\_\_\_

Type of Building:  Residential  Commercial  Mixed (Res/Com)  Other: \_\_\_\_\_

Number of floor: 7 Year Built : 2021 (currently under construction)

Describe neighboring buildings:  
Residential and commercial

Zoning Designation: C1-6A (R7A Equivalent)

Zoning Overlay or Special Designation (applicable) n/a

Block and Lot Number: 646 / 46

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor?  yes  no

Is the premise located in a historic district?  yes  no

(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC?  yes  no, please explain : \_\_\_\_\_

Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space)  no  yes : explain courtyard

What is the proposed Occupancy? <75

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?

no  yes

If yes, what is the maximum occupancy for the premises? \_\_\_\_\_

If yes, what is the use group for the premises? \_\_\_\_\_

If yes, is proposed occupancy permitted?  yes  no, explain : \_\_\_\_\_

If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit?  yes  no  n/a

Do you plan to file for changes to the Certificate of Occupancy?  yes  no  n/a (new construction)  
(if yes, please provide copy of application to the NYC DOB)

Will the façade or signage be changed from what currently exist at the premise?  no  yes

(if yes, please describe: New facade (new construction)

## INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1200 SF

If more than one floor, please specify square footage by floors: indoor lounge 600SF; courtyard 600SF

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?

Courtyard - 600 SF

If more than one floor, what is the access between floors? n/a

How many entrances are there? 2 How many exits? 2 How many bathrooms? 2

Is there access to other parts of the building?  no  yes, explain: \_\_\_\_\_

## OVERALL SEATING INFORMATION:

Total number of tables? <sup>inside: 6 (including low tables)</sup> 7 Total table seats? <sup>inside: 14</sup> 14  
<sup>courtyard: 7</sup> 7 <sup>courtyard: 21</sup> 21

Total number of bars? 1 Total bar seats? 7

Total number of "other" seats? 12 please explain: sofa/lounge chair seating

Total OVERALL number of seats in Premises: 54

## BARS:

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 7

How many service bars are being applied for on the premises? 0

Any food counters?  no  yes, describe: \_\_\_\_\_

### ***For Alterations and Upgrades:***

Please describe all current and existing bars / bar seats and specific changes: \_\_\_\_\_

n/a

\* 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 food and alcoholic beverages.

## PROPOSED METHOD OF OPERATION:

What type of establishment will this be? (check all that apply)

Bar  Bar & Food  Restaurant  Club/ Cabaret  Hotel  Other: residents' lounge/  
private member club

What are the Hours of Operation?

Inside 24 hours (resident lounge)

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:

10AMto10PM 8AMto10PM 8AMto10PM 8AMto10PM 8AMto10PM 8AMto11PM 10AMto11PM

Will the business employ a manager? \_\_\_ no X yes, name / experience if known : TBD

Will there be security personnel? X no \_\_\_ yes( if yes, what nights and how many?) \_\_\_\_\_

Do you have or plan to install French doors, accordion doors or windows that open? \_\_\_ no X yes

If yes, please describe : \_\_\_\_\_

Will you have TV's ? \_\_\_ no X yes ( how many? ) 1

Type of MUSIC / ENTERTAINMENT: X Live Music \_\_\_ Live DJ \_\_\_ Juke Box X Ipod / CDs \_\_\_ none

Expected Volume level: X Background (quiet) \_\_\_ Entertainment level X Amplified Music (check all that apply)

Do you have or plan to install soundproofing? \_\_\_ no X yes

IF YES, will you be using a professional sound engineer? Yes

Please describe your sound system and sound proofing: Vat insulation in the walls in accordance with New York City construction code; speakers - built in sound system

Will you be permitting: \_\_\_ promoted events \_\_\_ scheduled performances \_\_\_ outside promoters

\_\_\_ any events at which a cover fee is charged? X private parties (occasional - for residents only)

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? X no \_\_\_ yes ( if yes, please attach plans)

Will you be utilizing \_\_\_ ropes \_\_\_ movable barriers \_\_\_ other outside equipment (describe) \_\_\_\_\_

Are your premises within 200 feet of any school, church or place of worship? X no \_\_\_ yes

**If there is a school, church or place of worship within 200 feet of your premises or on the same block, please submit a block plot diagram or area map showing its' location in proximity to your applicant premises ( no larger than 8 1/2 " x 11").**

Indicate the distance in feet from the proposed premise:

Name of School / Church: \_\_\_\_\_

Address: \_\_\_\_\_ Distance: \_\_\_\_\_

Name of School / Church: \_\_\_\_\_

Address: \_\_\_\_\_ Distance: \_\_\_\_\_

Name of School / Church: \_\_\_\_\_

Address: \_\_\_\_\_ Distance: \_\_\_\_\_

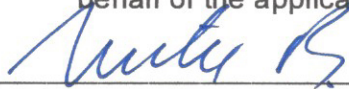
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email : \_\_\_\_\_

Application submitted on  
behalf of the applicant by:

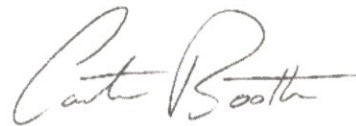


Signature

Print or Type Name Michael Belton

Title ABC Officer

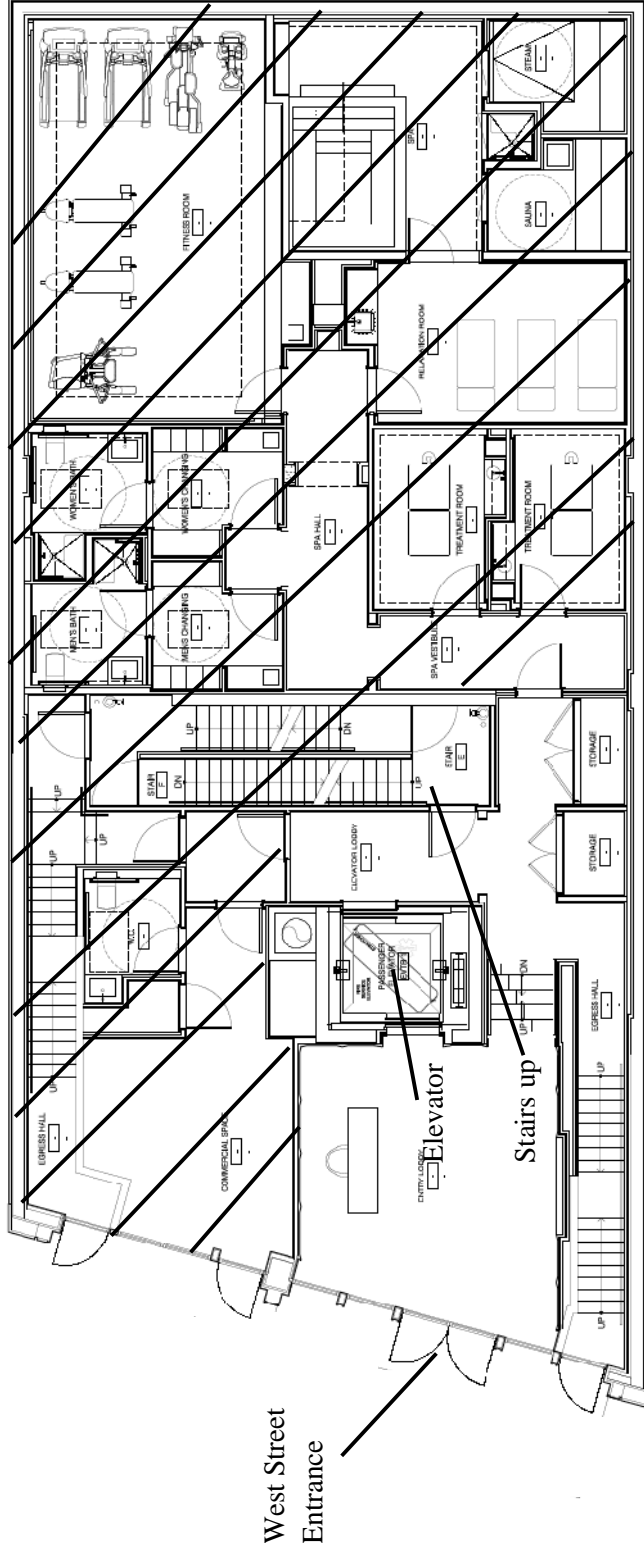
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.



Community Board 2, Manhattan  
SLA Licensing Committee  
Carter Booth, Co-Chair  
Robert Ely, Co-Chair

# FLOOR PLAN

401 West Good Times, Inc.  
401 West Street, 1st Floor  
New York, NY 10014



West Street  
Entrance

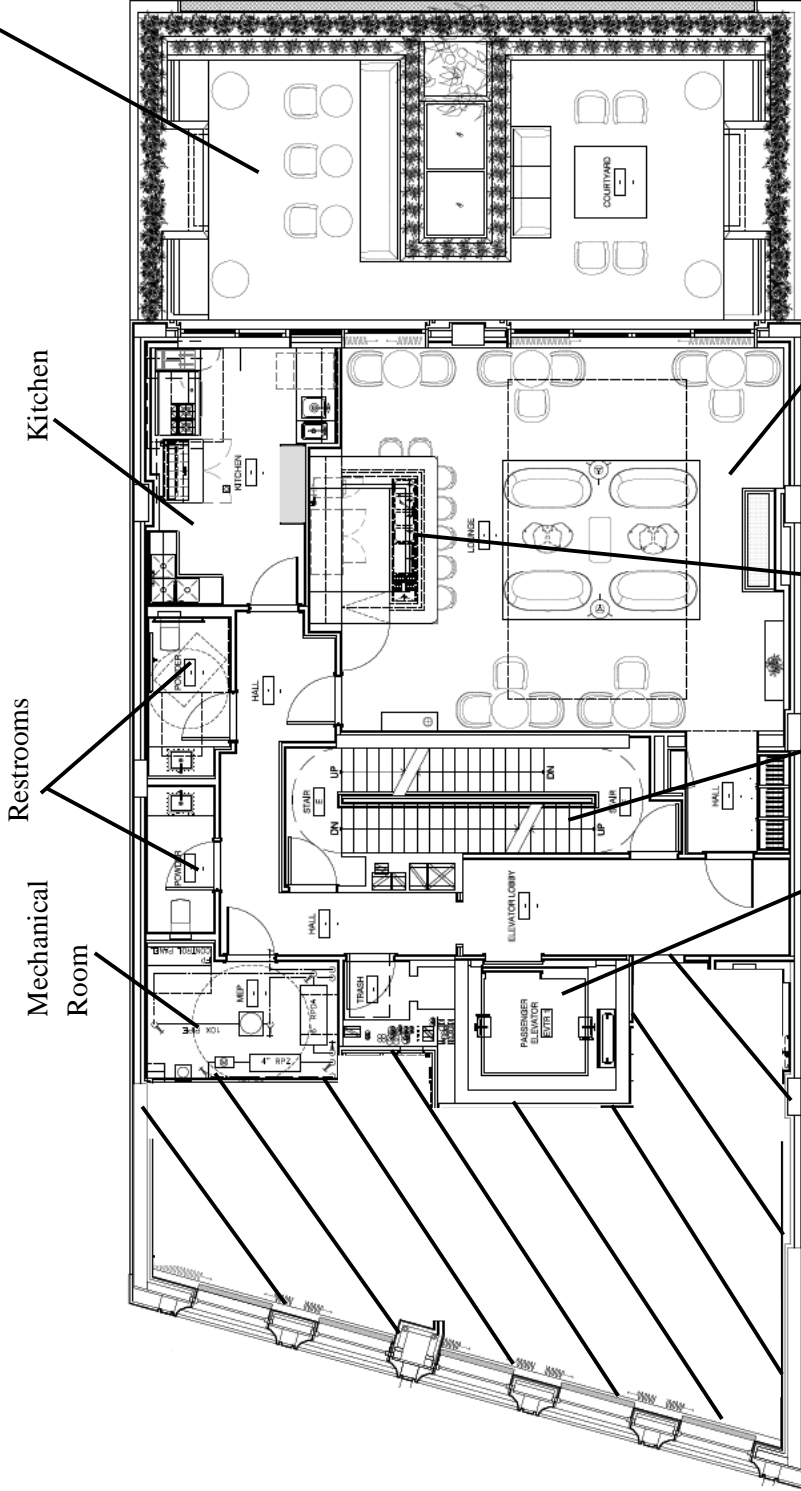
Elevator

Stairs up



401 West Good Times, Inc.  
401 West Street, 1st Floor  
New York, NY 10014

Courtyard  
7 Tables; Seating for approx. 21



Kitchen

Restrooms

Mechanical Room

Lounge  
6 tables (including low table) with 14 seats  
plus sofa seating for approx. 12

Bar w/7 seats

Stairs

Elevator