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COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE
NEW YORK, NY 10012-1899

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Greenwich Village ♦ Little Italy ♦ SoHo ♦ NoHo ♦ Hudson Square ♦ Chinatown ♦ Gansevoort Market

COMMUNITY BOARD 2 APPLICATION FOR A LIQUOR LICENSE

Please fill out this questionnaire and return to the Community Board 2 office by fax or mail to arrive at least **5 business days** before the Committee meeting. In addition, bring **10 copies** plus supporting material **requested** to the SLA committee meeting.

Failure to complete and return the questionnaire and supporting materials on time will result in your item being removed from the agenda.

Failure to provide a completed questionnaire or failure to present before CB2 will result in notifying the State Liquor Authority (SLA) of your noncompliance with the community review process.

If you need to reschedule, please notify the Community Board 2 office no later than the Friday prior to the following month's meeting. **Speak to Florence Arenas at the Board Office.** **A maximum of 1 layover request** will be granted per application. **Failure to reappear without notification will result in a recommendation to deny this application.**

The following supporting materials are **required** for this application:

1. A list of all other licensed premises within 500 ft. of this location including Beer and Wine.
2. Floor plans of the premise, including all tables and chairs and kitchen lay out to be licensed. Please also include any schematics for sidewalk café, backyard garden space and/or rooftop areas if applicable.
3. Provide any plans filed or to be filed with the Buildings Department.
4. Proposed menu, if applicable.
5. Certificate of Occupancy or Letter of No Objection for the premises.
6. Letter of Understanding or Letter of Intent from the Landlord.
7. Provide proof of community outreach with signatures or letters from Residential Tenants at location and from surrounding buildings. (i.e. a letter from the neighborhood block association or petition in support.)
8. A copy of your NYS Liquor Authority application as it will be submitted to the SLA. (excluding financial information)

Meeting Date: October 8, 2020

APPLICANT INFORMATION:

Name of applicant(s): Grupo Gitano, LLC & Gitano NYC LLC

Trade name (DBA): Gitano NYC

Premises address: 76 Varick Street, New York, New York 10013

Cross Streets and other addresses used for building/premise:
Cross Streets: Canal and Grand Street | DOB Addresses: 76 - 78 Varick Street, and 3 - 9 Grand Street
Additional Addresses: 11 Grand Street, 74 Varick Street, 417 Canal Street, 87 Avenue of the Americas

CONTACT INFORMATION:

Principal(s) Name(s): James Gardner & Melissa Perlman

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone #: [REDACTED] email : james@grupogitano.com

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>James Gardner & Melissa Perlman</u>	<u>Gitano NYC (Serial 1309428), Gitano Tulum Restaurant (Tulum, Mexico)</u>
	<u>Amansala Hotel (Tulum, Mexico); Thor James Hotel (Serial 1306380) (Removed)</u>

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
Licensee has operated this license, Gitano NYC, as a Mexican restaurant and lounge with a retail store, coffee shop, meditation circle, and garden. For the past season and expected for the renewed season, Licensee has implemented procedures to ensure customer and staff safety (attached to questionnaire).

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

a new liquor license (Restaurant Tavern / On premise liquor Other)

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 : Renewal for 2021 Summer Season

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

Requesting renewal for a fourth year (through November 2021)

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

Not applicable (not a new application)

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: Current license seeking renewal, Serial 1309428 (pending renewal)

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:
Smorgasburg Events, LLC. (Smorg Square) (07/2017 - 09/2017)

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: Ground Floor Year Built : N/A

Describe neighboring buildings:

No immediately adjacent buildings. Properties across street are residential, commercial and park space

Zoning Designation: M1-6

Zoning Overlay or Special Designation (applicable) N/A

Block and Lot Number: 227 / 70

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 Temporary open-air structure on open lot

What is the proposed Occupancy? 450

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? 450

If yes, what is the use group for the premises? TPA Permits Eating/Drinking

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

Do you plan to file for changes to the Certificate of Occupancy? yes no
(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: N/A

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 23,465 sq. ft.

If more than one floor, please specify square footage by floors: N/A

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

23,465 sq. ft. (venue is outdoors)

If more than one floor, what is the access between floors? N/A

How many entrances are there? 1 How many exits? 2 How many bathrooms? 3

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

OVERALL SEATING INFORMATION:

Total number of tables? 96 Total table seats? 300

Total number of bars? 2 Total bar seats? 26

Total number of "other" seats? 30 please explain: Lounge seating for eating and drinking

Total OVERALL number of seats in Premises: 330

BARS:

How many ^{*}stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 26

How many service bars are being applied for on the premises? 1

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: Lounge

What are the Hours of Operation?

Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
Restaurant: 10:00am - Midnight	10:00am - Midnight	10:00am - Midnight	10:00am - Midnight	10:00am - 1:00am	10:00am - 1:00am	10:00am - 1:00am
Cafe: 8:00am - 6:00pm	8:00am - 6:00pm	8:00am - 6:00pm	8:00am - 6:00pm	8:00am - 6:00pm	8:00am - 6:00pm	8:00am - 6:00pm
Med. Circle: 8:00am - Sunset	8:00am - Sunset	8:00am - Sunset	8:00am - Sunset	8:00am - Sunset	8:00am - Sunset	8:00am - Sunset
Retail: 10:00am - 10:00pm	10:00am - 10:00pm	10:00am - 10:00pm	10:00am - 10:00pm	10:00am - 10:00pm	10:00am - 10:00pm	10:00am - 10:00pm

Will the business employ a manager? ___ no yes, name / experience if known : _____

Will there be security personnel? ___ no yes(if yes, what nights and how many?) 2

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

If yes, please describe : Not applicable.

Will you have TV's ? no ___ yes (how many?) N/A

Type of MUSIC / ENTERTAINMENT: Live Music ___ Live DJ ___ Juke Box Ipod / CDs ___ none

Expected Volume level: Background (quiet) ___ Entertainment level ___ Amplified Music
(check all that apply)

Do you have or plan to install soundproofing? no ___ yes

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

Please describe your sound system and sound proofing: Music is only permitted in covered areas of the restaurant and does not exceed 82 decibels, as setup pursuant to Acoustilog report.

Will you be permitting: ___ promoted events ___ scheduled performances ___ outside promoters

___ any events at which a cover fee is charged? private parties

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

Will you be utilizing ___ ropes ___ movable barriers ___ other outside equipment (describe) _____
N/A

Are your premises within 200 feet of any school, church or place of worship? 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 ½ " x 11").

Indicate the distance in feet from the proposed premise:

Name of School / Church: N/A

Address: _____ Distance: _____

Name of School / Church: N/A

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: James Gardner Phone: ██████████

Address: ████████████████████

Email : ████████████████████

Application submitted on
behalf of the applicant by:

Benjamin Savitsky
Signature

Print or Type Name Benjamin Savitsky

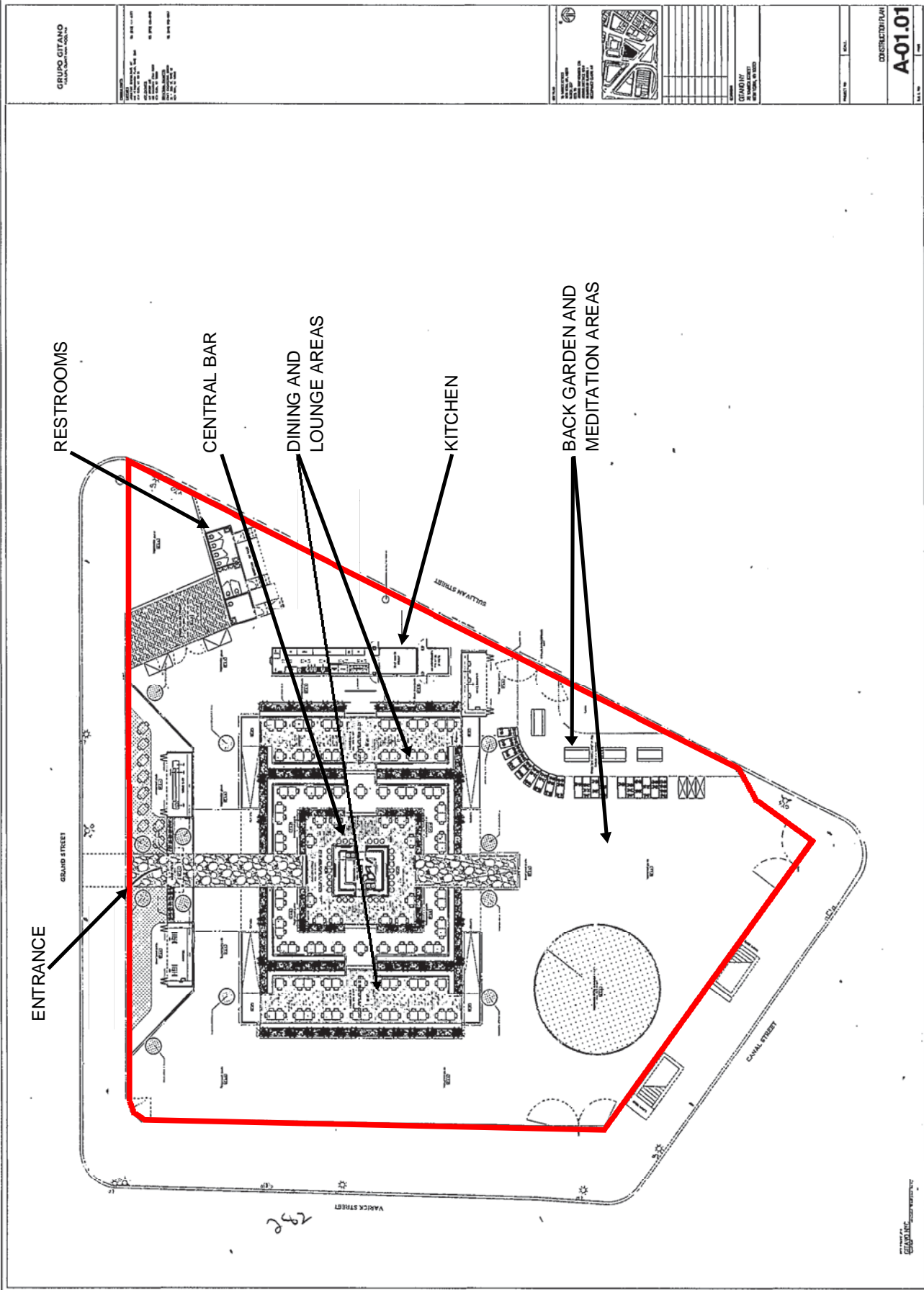
Title Attorney

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.

Carter Booth

Robert Ely

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



GRUPO CITIANO

PROYECTO	NO. 200	NO. 100	NO. 500
CLIENTE	NO. 100	NO. 200	NO. 300
ARQUITECTO	NO. 400	NO. 500	NO. 600
INGENIERO	NO. 700	NO. 800	NO. 900
CONSTRUCCION	NO. 1000	NO. 1100	NO. 1200



PROYECTO	NO. 200	NO. 100	NO. 500
CLIENTE	NO. 100	NO. 200	NO. 300
ARQUITECTO	NO. 400	NO. 500	NO. 600
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CONSTRUCCION PLAN

A-01.01

GRUPO CITIANO