

PESH LLC
87 Macdougall Street
New York, NY 10012
On Premise Liquor License Application
MANHATTAN COMMUNITY BOARD 2

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COMMUNITY BOARD No. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

www.cb2manhattan.org

P: 212-979-2272 F: 212-254-5102 E: info@cb2manhattan.org

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:

- A list of all other licensed premises within 500 ft. of this location including Beer and Wine.
- 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.
- Proposed menu, if applicable.
- Certificate of Occupancy or Letter of No Objection for the premises.
- 6. Letter of Understanding or Letter of Intent from the Landlord.
- 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: _____

APPLICANT INFORMATION:

Name of applicant(s): PESH LLC

Trade name (DBA): DAME

Premises address: 87 MACDOUGAL STREET AKA 87-89 MACDOUGAL STREET

Cross Streets and other addresses used for building/premise:
BLEECKER AND W HOUSTON

CONTACT INFORMATION:

Principal(s) Name(s): ED SZYMANSKI & PATRICIA HOWARD

Office or Home Address: [REDACTED]

City, State, Zip: NEW YORK, NY 10002

Telephone #: [REDACTED] email : [REDACTED]

*PL

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
ED SZYMANSKI & PATRICIA HOWARD	

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
DAME IS A SMALL, 20 SEAT RESTAURANT SERVING SEASONAL SEAFOOD DISHES INSPIRED
BY ENGLISH CULINARY TECHNIQUES.

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 : _____

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

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

FUKUROU RESTAURANT WITH BEER AND WINE LICENSE

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: _____

SOH PEACE INC / SERIAL 1267216 / EXP 4/30/2020 / RESTAURANT WINE

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:

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: 6 Year Built : 1928

Describe neighboring buildings: MIXED RESIDENTIAL AND COMMERCIAL

Zoning Designation: R7-2

Zoning Overlay or Special Designation (applicable) C1-5

Block and Lot Number: 526 / 25

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 : NOTHING FILED YET (PENDING)

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 PLANS TO APPLY FOR OPEN RESTAURANT SEATING ON SIDEWALK/CURB ONCE OPENED AND PERMANENT GUIDANCE IS ISSUED

What is the proposed Occupancy? 20

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? 24

If yes, what is the use group for the premises? 6

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: NEW SIGN AND REMOVING WOOD PANELS FROM FACADE

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? APPROX 400 SQ FT

If more than one floor, please specify square footage by floors: _____

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

If more than one floor, what is the access between floors? SIDEWALK HATCH, BASEMENT IS FOR STORAGE

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

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

OVERALL SEATING INFORMATION:

Total number of tables? 7 Total table seats? 15

Total number of bars? 0 Total bar seats? 0

Total number of "other" seats? 5 please explain : 5 SEATS AT COUNTER

Total OVERALL number of seats in Premises : 20

*THERE IS NOT A TECHNICAL "BAR" IN THE RESTAURANT. THERE IS A COUNTER THAT LOOKS INTO THE KITCHEN.SLA WILL REQUIRE US TO LABEL THE COUNTER AS BAR BUT IT WILL NOT DISPLAY ALCOHOL OR BE A WALK-UP BAR.

BARS:

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

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

Any food counters? ___ no yes, describe : *THERE IS NOT A TECHNICAL "BAR" IN THE RESTAURANT. THERE IS A COUNTER THAT LOOKS INTO THE KITCHEN.

For Alterations and Upgrades:

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

* 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: _____

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
12PM to 12AM CLOSED 5PM to 12AM 5PM to 12AM 5PM to 12AM 5PM to 12AM 12PM to 12AM

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?) _____

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

If yes, please describe : FRENCH DOORS CAN OPEN, ONLY IN WARMER MONTHS

Will you have TV's ? no ___ yes (how many?) _____

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: 2 SMALL SPEAKERS HANGING FROM CEILING.

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) _____

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: _____

Address: _____ Distance: _____

Name of School / Church: _____

Address: _____ Distance: _____

Name of School / Church: _____

Address: _____ Distance: _____

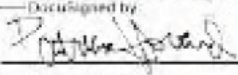
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: Patricia Howard Owner Phone: [REDACTED]

Address: [REDACTED]

Email: [REDACTED]

Application submitted on behalf of the applicant by:

DocuSigned by:

Signature

Print or Type Name Patricia Howard

Title Owner

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.



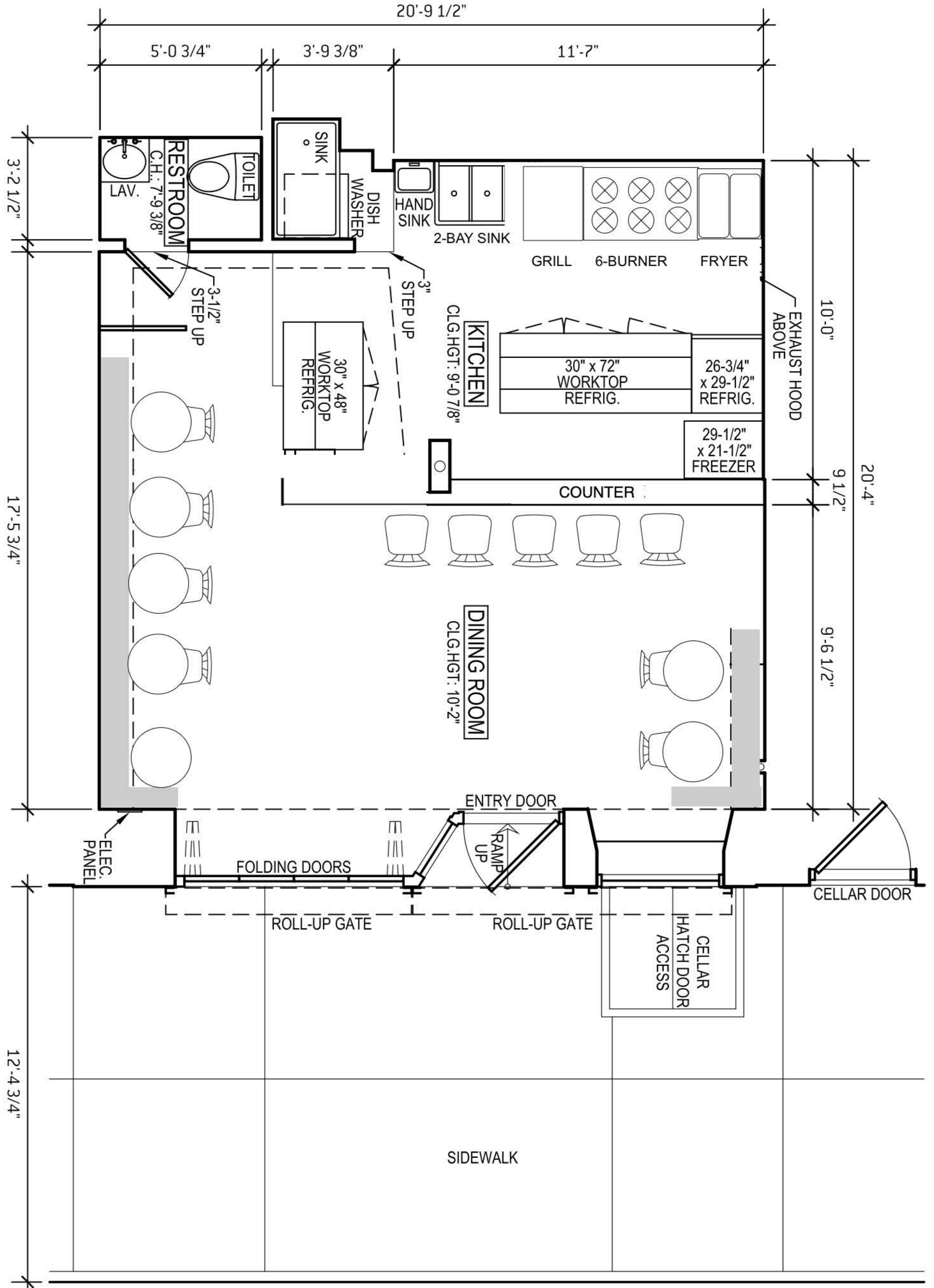
Community Board 2, Manhattan
SLA Licensing Committee
Carter Booth, Co-Chair
Robert Ely, Co-Chair

87 MacDougal Street

1st Floor New York, NY 10012

FIRST FLOOR
EXISTING PLAN

Text



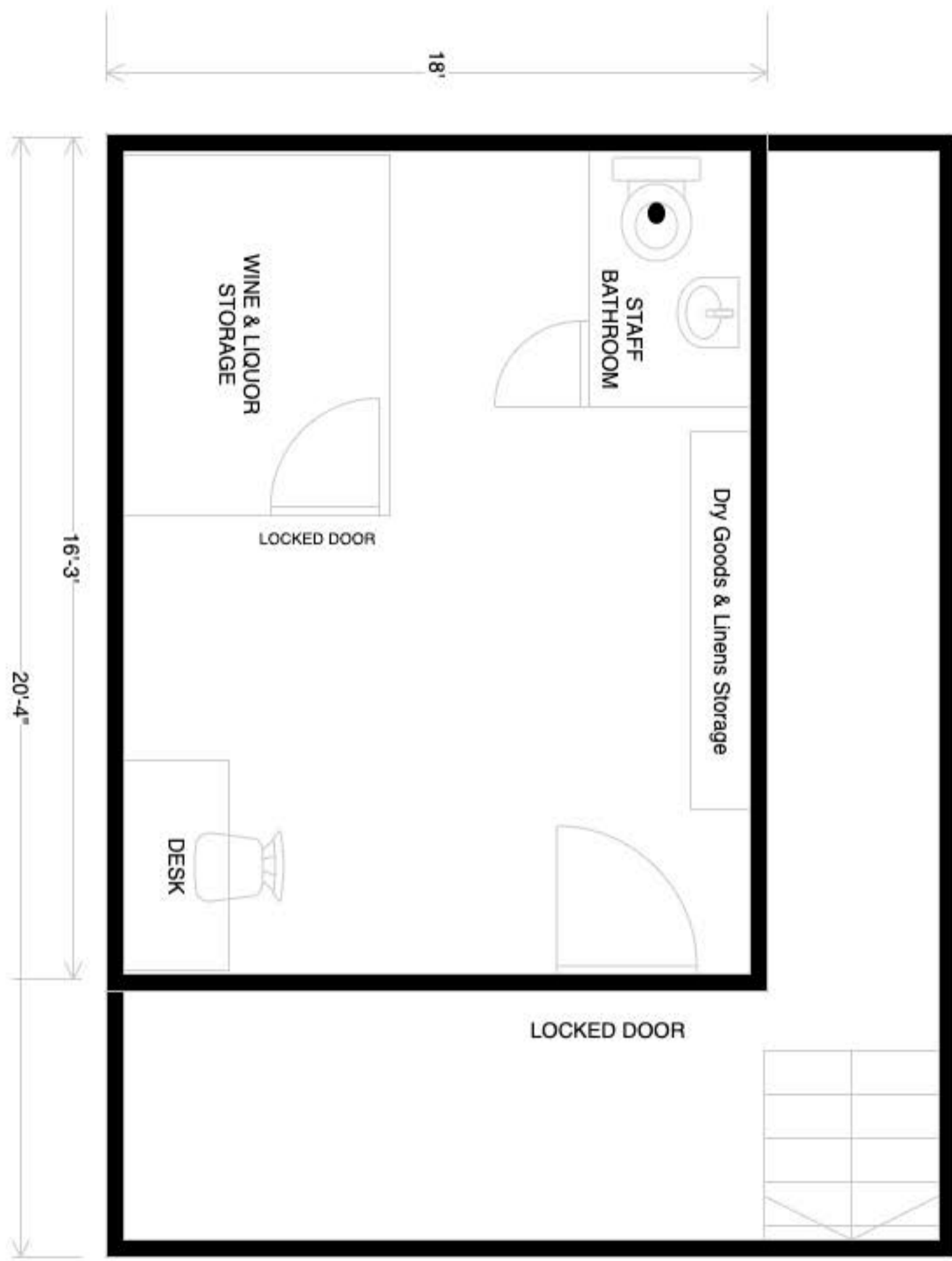
1 FIRST FLOOR PLAN
SCALE: 1/4"=1'-0"

20 seats

MACDOUGAL STREET

87 MacDougal Street

Basement Floor New York, NY 10012



STAIRS FROM STREET

MACDOUGAL STREET