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## COMMUNITY BOARD NO. 2, MANHATTAN

3 Washington Square Village New York, NY 10012-1899

www.cb2manhattan.org

## **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 <u>5</u> <u>business days</u> before the Committee meeting. In addition, bring <u>10 copies</u> 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 months 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)

APPLICANT INFORMATION:	
Name of applicant(s): Soho Grand Hotel, Inc.	
Trade name (DBA): Soho Grand Hotel	
Premises address: 310 West Broadway	
Cross Streets and other addresses use	ed for building/premise:
Between Grand Street & Canal Street	
CONTACT INFORMATION:	
Principal(s) Name(s): Ellis Yee, Vice-President	
Office or Home Address: c/o Soho Grand	Hotel
City, State, Zip: 310 West Broadway, New Yo	ork, New York 10013
Telephone #:	email :
Landlord Name / Contact:	
<u>·</u>	
Landlord's Telephone and Fax: N/A	
NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Leonard Stern, Leonard Stern Trust, Edward	Soho Grand Hotel, Inc. d/b/a Soho Grand Hotel - 310 West Broadway
Stern, Edward Stern Trust, SGH Special	
Shareholder, Lawrence Garb, Frank E. Roscitt Vincent Rubino Jr, Leonard Stern	Tribeca Grand Hotel, Inc - 2 Avenue of the Americas
Richard J. Milder, Ellis Yee, Phillip Patton	320 W. Broadway Diner Corp - 320 W. Broadway
Constantino Milano, & Tony Fant	5 CSH Operating LLC - 25-33 Cooper Square (inactive)
Briefly describe the proposed operation	n (i.e. "We are a family restaurant that will focus on"):
Modern, upscale full-service hotel. This is an app	plication to extend the hours of the outdoor space on the ground level of the hotel, "Gilligans,"
and use back gate (as needed).	

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)
X OTHER: Change in Method of Operation
If upgrade, alteration, or transfer, please describe specific nature of changes: (Please include physical or operational changes including hours, services, occupancy, ownership, etc.)
Change in the method of operation - an outdoor restaurant/bar is included as part of the licensed premises. This application requests
an extension of the hours for the outdoor space, to 11:30pm throughout the week with licensee to stop service of alcohol by 11:00pm daily
and the ability to use the gate on Thompson Street for exiting.
If this is for a new application, please list previous use of location for the last 5 years:
N/A - the premises have been licensed and used as the Soho Grand for nearly two decades.
Is any license under the ABC Law currently active at this location? X yes no
If yes, what is the name of current / previous licensee, license # and expiration date:
Soho Grand Hotel, Inc Serial No. 1023301 (Expiration June 30, 2023)
Have any other licenses under the ABC Law been in effect in the last 10 years at this location? yes Xno
If yes, please list DBA names and dates of operation:
Not applicable.

## PREMISES:

By what right does the applicant have possession of the premises?
X Own Lease Sub-lease Binding Contract to acquire real property other:
Type of Building: Residential _X_ CommercialMixed (Res/Com) Other:
Number of floor: Year Built :
Describe neighboring buildings:  Commercial, Mixed Use, Residential and Industrial
Zoning Designation: M1-5A
Zoning Overlay or Special Designation (applicable) None
Block and Lot Number:/
Does the premise occupy mere than one building, zoning lot, tax lot or more than one floor? $\frac{X}{X}$ yes no
Is the premise located in a historic district? yesX 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 _X yes : explain _Outdoor patio area adjacent to hotel
What is the proposed Occupancy? 1000+ (Entire Building & Outdoor Area)
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?
no _X_ yes
If yes, what is the maximum occupancy for the premises?
If yes, what is the use group for the premises? Use Group 5
If yes, is proposed occupancy permitted? X yes no, explain :
If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? yesX*_no*Already have PA
Do you plan to file for changes to the Certificate of Occupancy? yes _X 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? _X_ no yes
(if yes, please describe:

INTERIOR OF PREMISES:
What is the total licensed square footage of the premises? Approximately 189,986 sq. ft
Ground Floor: Approximately 12,805 sq. ft.  If more than one floor, please specify square footage by floors:  Hotel Floors Approximately 19,138 sq. ft. per floor
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?
Approximately 4,995 sq. ft. of usable outdoor patio space.
If more than one floor, what is the access between floors? Elevator/Stairs
How many entrances are there? How many exits?* How many bathrooms ? faculty facilities)  *Additional emergency exist from hotel.  Is there access to other parts of the building? noX yes, explain: Emergency exits/ADA access to adjacent retail space.
OVERALL SEATING INFORMATION:
In: 31 In: 129 Total number of tables? Out: 14 Total table seats? Out: 48 In: 16
Total number of bars? 4 Total bar seats? Out: 8
Total number of "other" seats?In:11/Out: 50 please explain : In: lounge seating, Out: bench seating
Total OVERALL number of seats in Premises : Approximately 262
BARS: (No new bars requested, all bars currently licensed)  Main Bar: 8 Club Room (Main): 8 Club Roam (adult): 0
Club Room (add'l): 0  How many *stand-up bars / bar seats are being applied for on the premises? Bars 4 Seats Outdoor: 8
How many service bars are being applied for on the premises?0
Any food counters? X no yes, describe :
For Alterations and Upgrades: N/A
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:

Wh	at type	e of	establishmen	nt will this be? (che	eck all that apply)			
Х	Bar	Χ	Bar & Food	Restaurant	Club/ Cabaret	Hotel	Other:	

What are the Hours of Operation? * Hotel operates 24 hours a day, 7 days a week. The hours identified below are for the outdoor area. All other hours will remain the same.
Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
10am to11:30pm* 8am to 11:30pm*
** SERVICE OF ALCOHOL TO STOP AT 11:00PM DAILY ** Will the business employ a manager? no _X_ yes, name / experience if known : <u>Current hotel management</u>
Will there be security personnel? no _X_ yes( if yes, what nights and how many?) _4-5 daily Do you have or plan to install French doors, accordion doors or windows that open? _X_ no yes
If yes, please describe :
Will you have TV's ? X no yes ( how many? )
<b>Type of MUSIC / ENTERTAINMENT</b> : X* Live Music X* Live DJJuke Box X Ipod / CDsnone *Inside only
Expected Volume level: X* Background (quiet) X* Entertainment level X Amplified Music (check all that apply) *Inside only *Inside only
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: Interior - no changes to existing sound system.
Will you be permitting: X* promoted events X** scheduled performances outside promoters *romoted in the sense that there may be press **Inside only.  concerning a special event, not that there will be third-party promoters. any events at which a cover fee is charged? X private parties
Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? no _x_ yes ( if yes, please attach plans) Please see attached security plan.
Will you be utilizing X ropes movable barriersother 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 $\frac{1}{2}$ " 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 Schoo	Church:
Address:	Distance:
Please provide you will address	ntact information for Residents / Community Board and confirm that if complaints are made immediately.
Contact Person	24 hour live operator to manager on duty Phone: (212) 965-3000
Address: <sup>310 \</sup>	st Broadway, New York, New York 10013
Email :ellisye	grandlifehotels.com
	Application submitted on behalf of the applicant by:  Benjamin Savitsky  Signature
	Print or Type NameBenjamin Savitsky  TitleAttorney

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