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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 <u>5</u> <u>business days</u> before the Committee meeting. In addition, bring <u>10 copies plus supporting material</u> <u>requested</u> 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. <u>Speak to Florence Arenas at the Board Office</u>. 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 **<u>required</u>** 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):	
320 West Broadway Diner Corp.	

Trade name (DBA):

To Be Determined

Premises address:

320 West Broadway, New York, New York 10013

Cross Streets and other addresses used for building/premise:

Between Grand Street and Canal Street	
CONTACT INFORMATION:	
Principal(s) Name(s): The Hartz Group, Inc.	
Office or Home Address:	
City, State, Zip: <u>New York, New York</u>	
Telephone #: _	email :
Landlord Name / Contact: _	
Landlord's Telephone and Fax: _	

NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

	25 CSH Operating LLC / Inactive
Leonard Stern, Leonard Stern Trust, Edward	1250450 / 25-33 Cooper Square, New York, New York 10003
Stern, Edward Stern Trust, Hartz Mountain	Tribeca Grand Hotel Inc. / Active
Development, Lawrence Garb, Constantine	1100696 / 2 Avenue of the Americas, New York, New York 10007
Milano, Ellis Yee, Phillip Patton, Tony Fant	Soho Grand Hotel Inc. / Active
	1023301 / 310 West Broadway, New York, New York 10013
	320 W. Broadway Diner Corp. / Active
	1315142 / 320 West Broadway, New York, New York 10013
Briefly describe the proposed operation	(i.e. "We are a family restaurant that will focus on "):

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):

Classic New York diner serving comfort food to the neighborhood.

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
- <u>x</u> 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.)

Licenesee is applying for an alteration application to permanently use back garden seating area (allowed temporarily during COVID-19),

and a change in method of operation application to permit the use of the entire outdoor patio for the serice of breakfast (from 8:00am daily),

as well as extend the hours of operation to 11:30pm (daily) with alcohol service ending at 11:00pm, the ability to use heaters and the

West Broadway gate (as needed).

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

Licensed as Soho Diner since 2019, previously a retail clothing store and private dog park for use of hotel guests.

Is any license under the ABC Law currently active at this location?	X	_ yes	no
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Expiration 11/2021

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

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

Not applicable

PREMISES:

By what right does the applicant have possession of the premises?				
Own <u>X</u> Lease Sub-lease Binding Contract to acquire real property other:				
Type of Building: Residential CommercialMixed (Res/Com) Other:				
Number of floor: <u>15 Floors</u> Year Built : <u>1996</u>				
Describe neighboring buildings: Hotel, Clothing Stores, Residential				
Zoning Designation: <u>M1-5A</u>				
Zoning Overlay or Special Designation (applicable) <u>Not Applicable</u>				
Block and Lot Number: 227 / 28				
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? yes \underline{x} no				
Is the premise located in a historic district? yes _x_ no				
(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? yes _x 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 <u>Side patio enclosed by gate/fence/shrubb</u> ery				
What is the proposed Occupancy?150 (inside and outside)				
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?				
nox yes				
If yes, what is the maximum occupancy for the premises? <u>150</u>				
If yes, what is the use group for the premises? Use Group 6				
If yes, is proposed occupancy permitted? <u>x</u> yes no, explain :				
If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? <u>x</u> yesno				
Do you plan to file for changes to the Certificate of Occupancy? <u>x</u> 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 _x_ yes				
(if yes, please describe:				

INTERIOR OF PREMISES:

If more than one floor, please specify square footage by floors: _____N/A (one floor)

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

Side yard - 1,619

If more than one floor, what is the access between floors? <u>N/A</u>				
How many entrances are there? ² How many exits? ² How many bathrooms? ²				
Is there access to other parts of the building? no X yes, explain: _Access to Hotel				

OVERALL SEATING INFORMATION:

Total number of tables? <u>50</u> Total table seats? <u>124*</u>	*Including booth seating Interior - 78 Table Seats
Total number of bars? <u>2**</u> Total bar seats? <u>4</u> **1 Stand-Up Bar and 1 Service Bar	Exterior - 46 Table Seats
Total number of "other" seats? <u>13</u> please explain :	7 food counter seats and 6 benches
Total OVERALL number of seats in Premises :141	
BARS:	

How many *stand-up bars / bar seats are being applied for on the premises? Bars ¹ Seats ⁴

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

Any food counters? _____ no __X__yes, describe : _1 traditional diner food counter with seven diner stools

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: <u>Not Applicable</u>

* 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	Х	Restaurant	Club/	Cabaret	Hotel	Other:	

		t only serve alcohe	ol during identified h Wednesday:	ours Thursday:	Friday:	Saturday:
* Dam - Midnight	* 8:00am - Midnight	* 8:00am - Midnight	* 8:00am - Midnight	* 8:00am - 2:00am	* 8:00am - 2:00am	* 8:00am - 2:00am
m - 11:30pm Outside ce to end at 11:00pm)	(8 00am - 11:30pm Outside Service to end at 11:00pm)		e (8:00am - 11:30pm Outside) Service to end at 11 00pm)	· ·	(8:00am - 11 30pm Outside Service to end at 11 00pm)	
Will the bu	siness employ a	manager?	_no <u>x</u> yes, na	ame / experience	if known : <u>Artan G</u>	joni
				what nights and h s or windows that		
lf yes, plea	ase describe : <u>No</u>	ot applicable				
Will you ha	ave TV's? <u>×</u> n	io yes (h	ow many?)			
Type of M	USIC / ENTERT		Live MusicI	_ive DJ <u> x* </u> Juke	Box <u>x</u> * lpod /	^{ded} CDsnone
	Volume level:			ertainment level *Music on interior	Amplified Mu	
Do you ha	ve or plan to inst	all soundproofir	ng? <u>x</u> no	yes		
IF YES, wi	ll you be using a	professional so	ound engineer?	N/A		
Please des	scribe your sound	d system and so	ound proofing: <u>Jul</u>	ke box in corner, back	ground level music th	rough distributed
speakers thro	oughout interior of dim	er. No music outsic	le.			
-			nts schedul arged? _X_ priv	ed performances ate parties	outside pro	omoters
			vehicular traffic a please attach pl	nd crowd control ans)	on the sidewalk o	caused by your
Will you be	e utilizing ro	opes mov	able barriers	other outside e	quipment (descril	be)
Are your p	remises within 20	00 feet of any s	chool, church or	place of worship?	<u>x</u> no ye	s
please su		ot diagram or a		00 feet of your p ng its' location in		
Indicate the	e distance in fee	t from the propo	osed premise:			
Name of S	chool / Church: _					
Address: _					Distance:	
Name of S	chool / 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:	

Address: _____

Email : _____

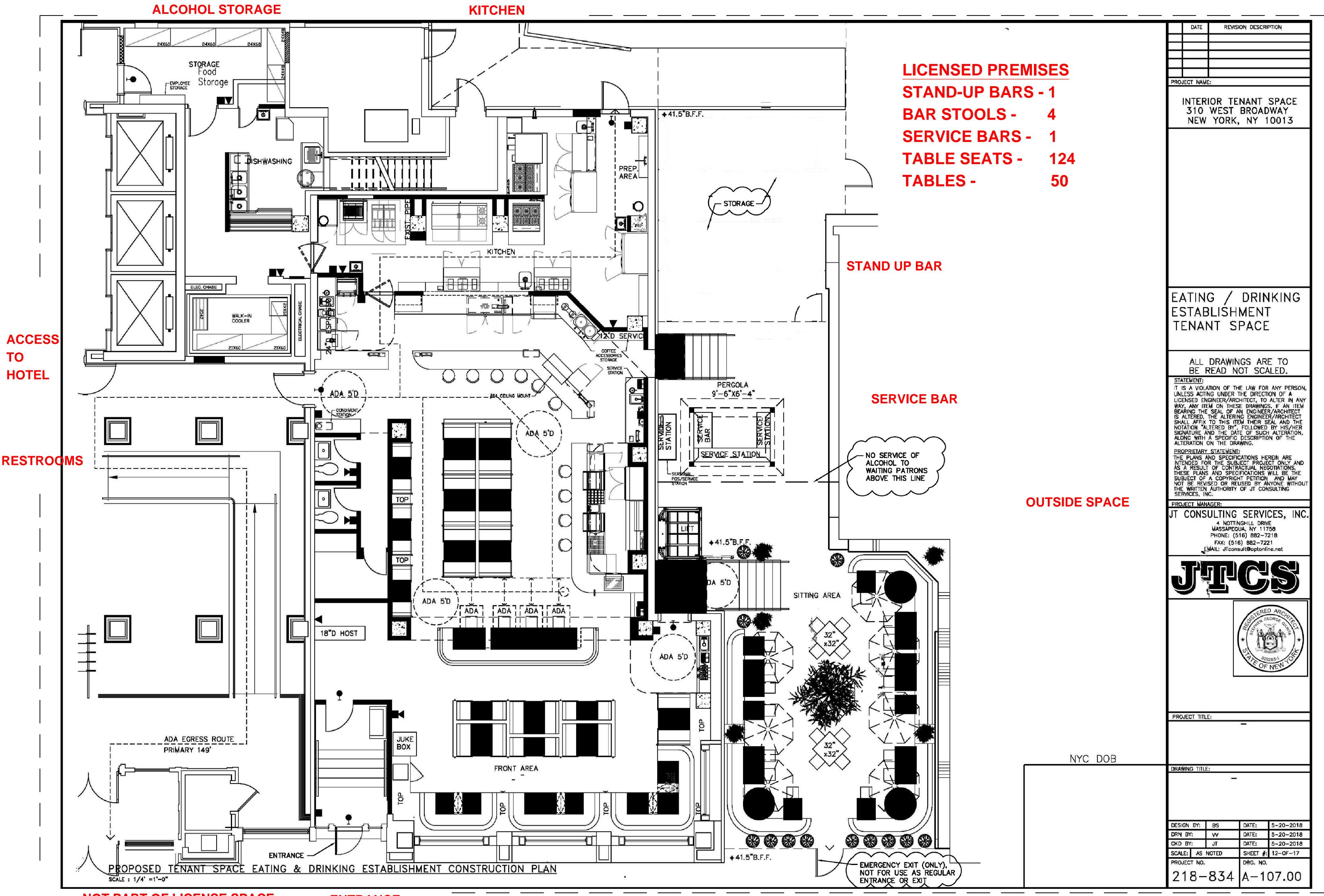
Application submitted on behalf of the applicant by: Stgnature Print or Type Name Benjamin Savitsky

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.

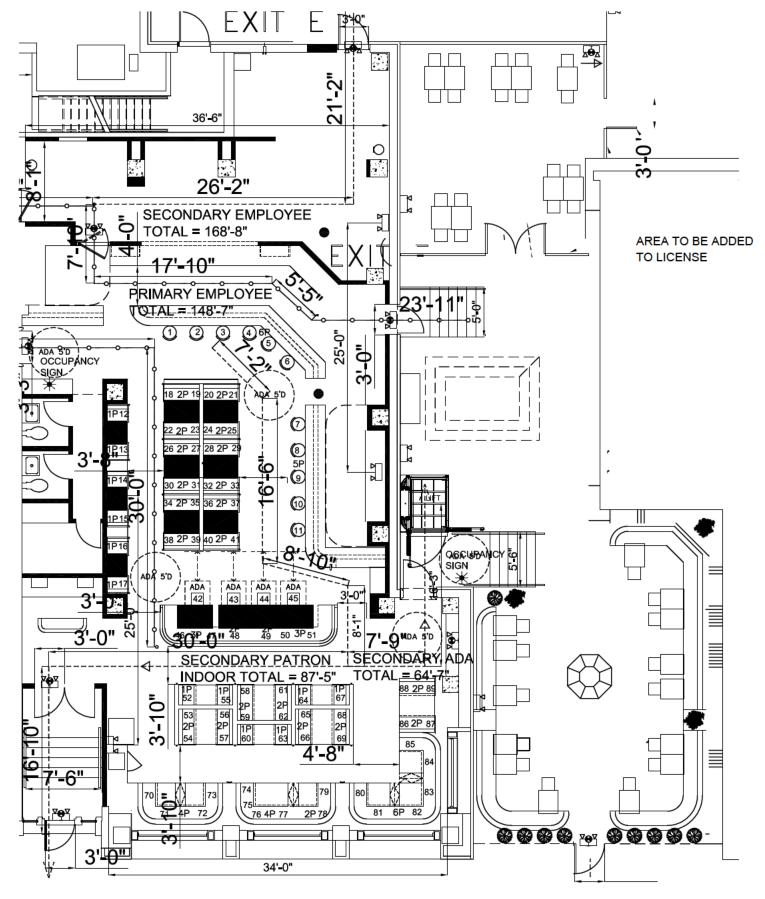
_____ Phone: _____

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



NOT PART OF LICENSE SPACE

ENTRANCE



42'-8"