

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): Jeremy Schaller

Trade name (DBA): TBD

Premises address: 23 cleveland place

Cross Streets and other addresses used for building/premise:
Cleveland place btwn kenmare and spring

CONTACT INFORMATION:

Principal(s) Name(s): Jeremy Schaller

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone #: _____ email : _____

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: _____

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

Jeremy Schaller Schallers stube sausage bar /

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

Family butchers for neighborhood with small bar and garden for drinking and dining

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.)

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

Clothing store

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

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

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: 5 Year Built : 1890

Describe neighboring buildings: Commercial and Residential

Zoning Designation: C6

Zoning Overlay or Special Designation (applicable) LI

Block and Lot Number: 981 / 11

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 Back garden

What is the proposed Occupancy? _____

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? 50

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

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: TBD

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 2100 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?

1000 sq ft

If more than one floor, what is the access between floors? _____

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? 30 Total table seats? 50

Total number of bars? 2 Total bar seats? 10

Total number of "other" seats? _____ please explain : _____

Total OVERALL number of seats in Premises : 60

BARS:

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

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

Any food counters? no yes, describe : Butchers food counter at enteamce of the venue for food only

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: None

* 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: 12 to 2 Monday: 12 to 2 Tuesday: 12 to 2 Wednesday: 12 to 2 Thursday: 9 to 4 Friday: 9 to 4 Saturday: 9 to 4

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?) 1 person - Thurs/
Do you have or plan to install French doors, accordion doors or windows that open? no fri/sat yes

If yes, please describe : _____

Will you have TV's ? no yes (how many?) Special events

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? yes

Please describe your sound system and sound proofing: Acoustilog is making
recomendations Applicant will file

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 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: Jeremy Schaller Phone: [REDACTED]

Address: [REDACTED]

Email: [REDACTED]

Application submitted on
behalf of the applicant by:



Signature

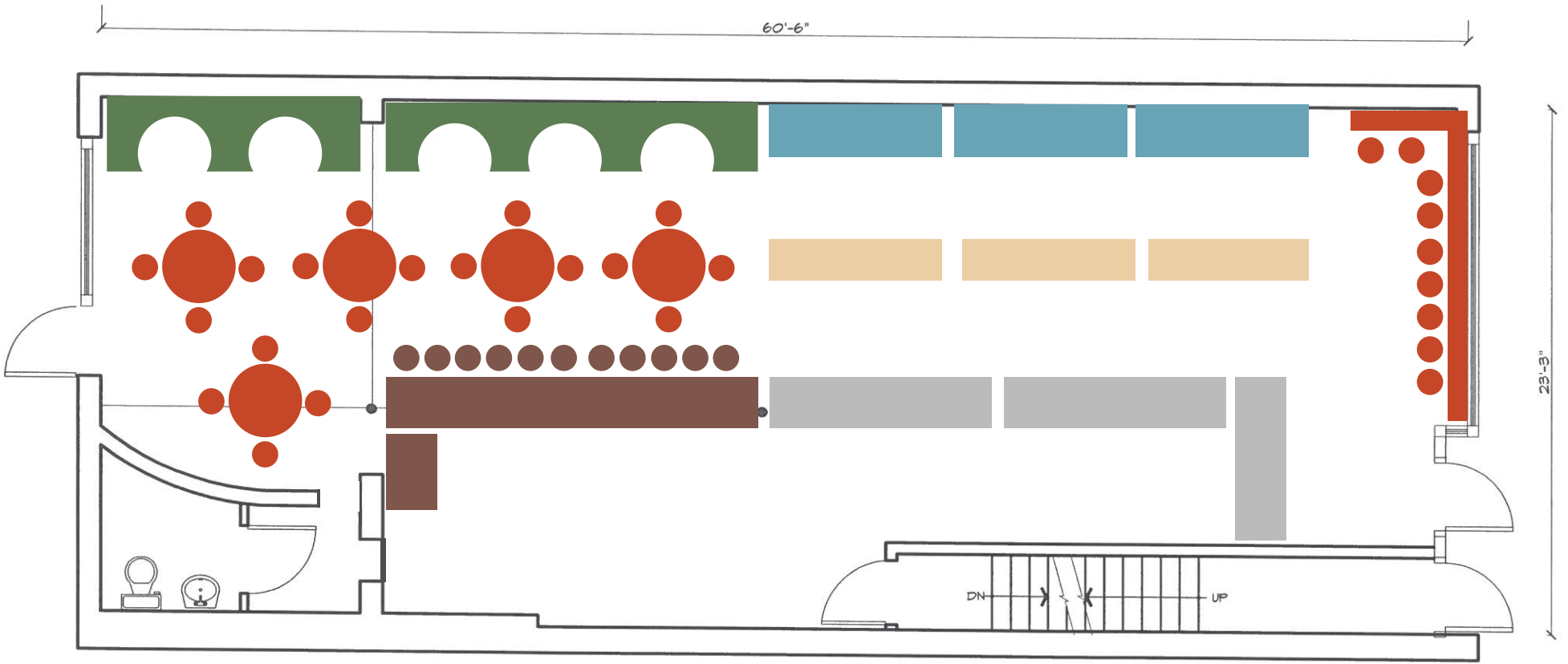
Print or Type Name Jeremy Schaller

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.









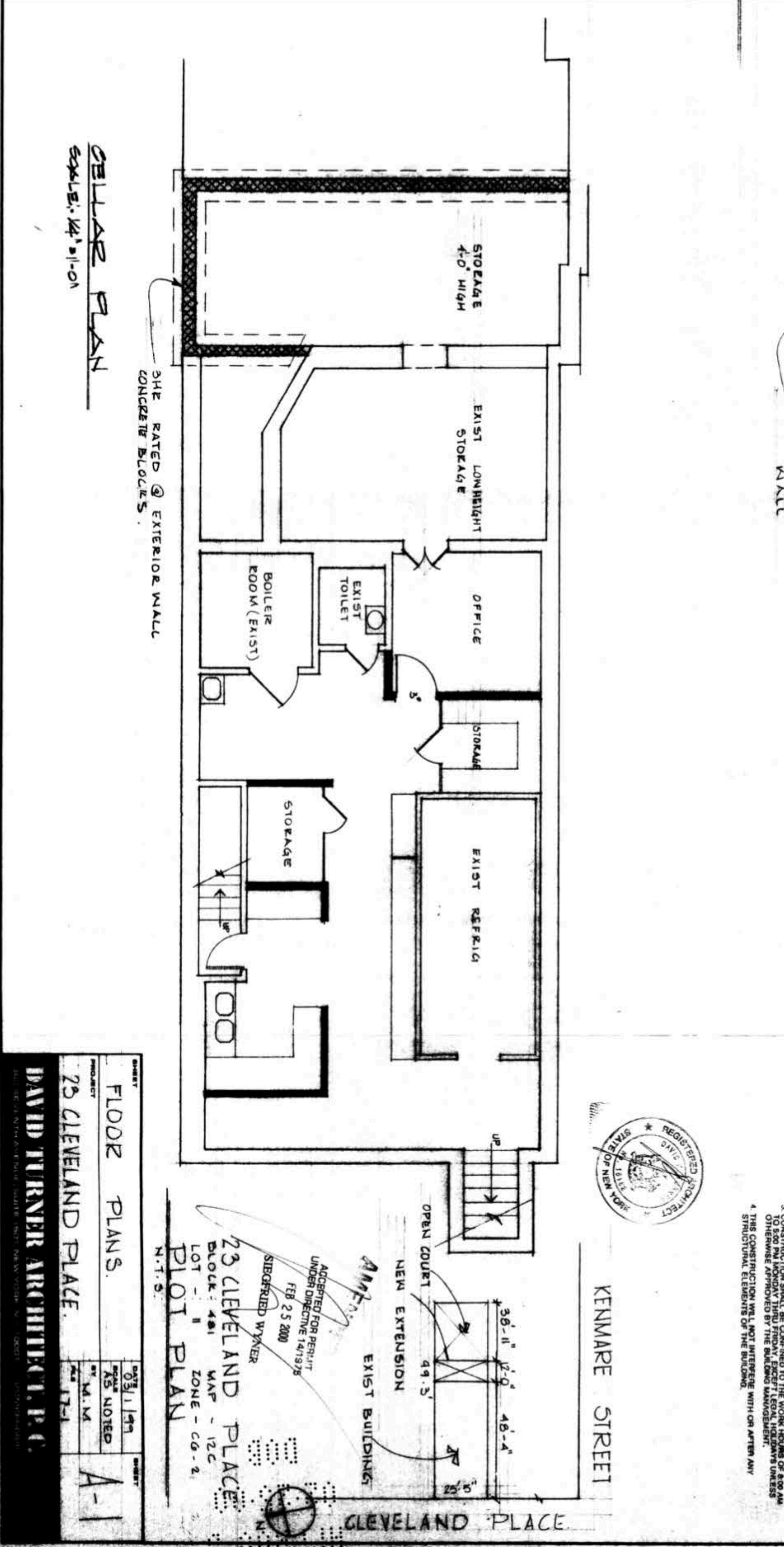
Community Board 2, Manhattan
SLA Licensing Committee
Carter Booth, Co-Chair
Robert Ely, Co-Chair



FIRST FLOOR PLAN

SCALE 1/8" = 1'-0"

- | | | | |
|---|-----------------------|---|-------------------------|
|  | Refrigerated Showcase |  | Bar / Bar Seating |
|  | Refrigerated Retail |  | Banquette Seating |
|  | Dry Retail |  | Counter / Table seating |

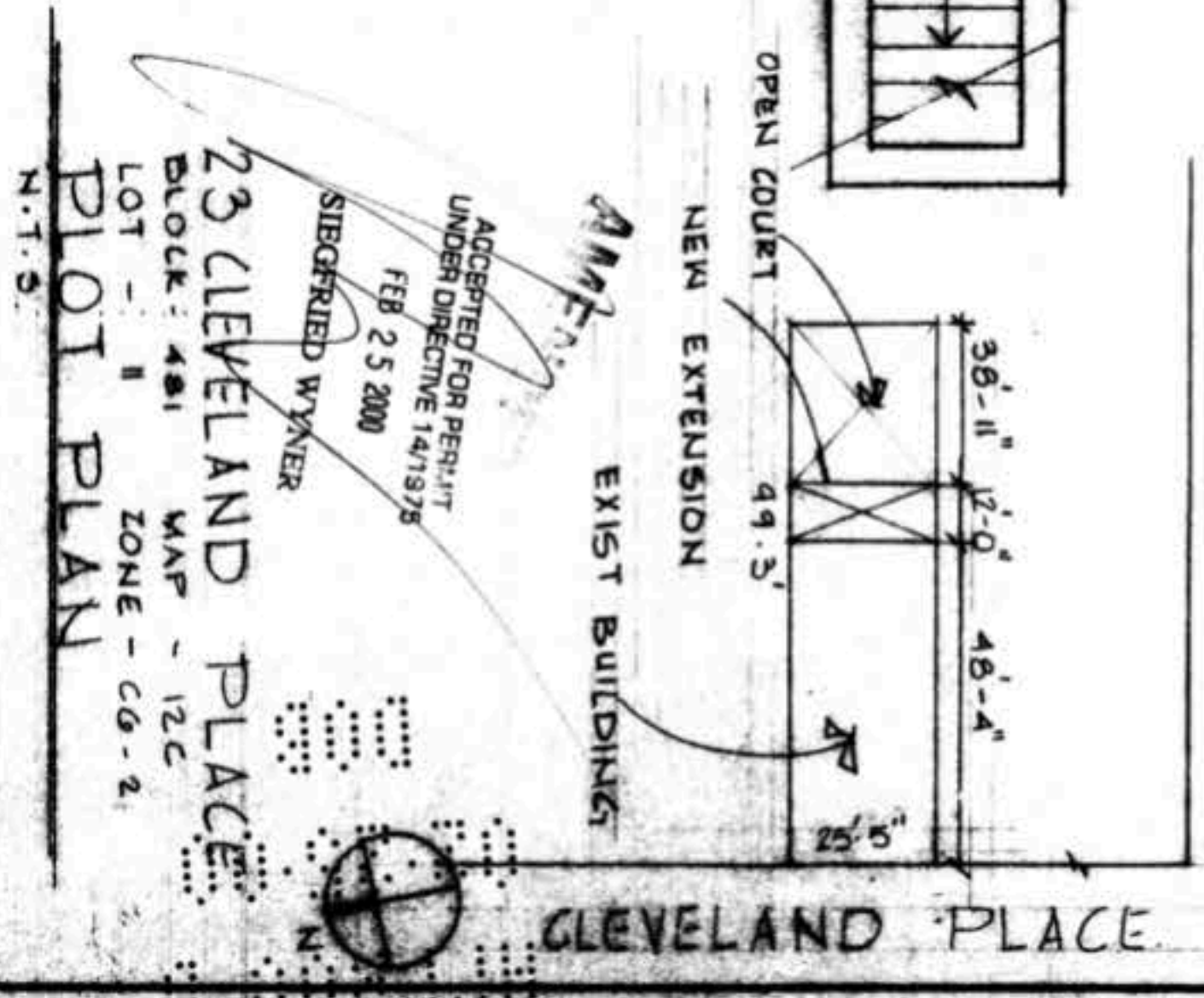


CELLAR PLAN
 SCALE: 1/4" = 1'-0"

3/4" RATED @ EXTERIOR WALL
 CONCRETE BLOCKS.



3. CONSTRUCTION SHALL BE COMPLETED TO THE WORK HOURS OF 8:00 AM TO 5:00 PM MONDAY THRU FRIDAY, EXCEPT LEGAL HOLIDAYS UNLESS OTHERWISE APPROVED BY THE BUILDING MANAGEMENT.
 4. THIS CONSTRUCTION WILL NOT INTERFERE WITH OR AFFECT ANY STRUCTURAL ELEMENTS OF THE BUILDING.



| | | | |
|---------------------|---------|----------|-------|
| PROJECT | DATE | SCALE | SHEET |
| 23 CLEVELAND PLACE. | 03/1/99 | AS NOTED | A-1 |
| BY M.M. | | | |
| AC 17-1 | | | |

DAVID TURNER ARCHITECT, P.C.
 100 WEST 4TH AVENUE, SUITE 1801, NEW YORK, N.Y. 10011

