

Meeting Date: January 2021

APPLICANT INFORMATION:

Name of applicant(s): Merse Group LLC

Trade name (DBA): The Palms

Premises address: 643 Broadway Street aka 75 Bleecker Street

Cross Streets and other addresses used for building/premise:
Bleecker Street and Bond Street

CONTACT INFORMATION:

Principal(s) Name(s): Ducan Abdelnour and Michael Falb

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact: 643 Broadway Inc. Angela C. Wong

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>Ducan Abdelnour/ Michael Falb</u>	N/A - see attached work experience:

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

The new establishment will occupy the cellar and sub-cellar spaces and offer customers a tropical themed versatile lounge that will bring a warm and inviting energy together with unique and diverse events. The Palms will focus on curating insightful programming from local New York based artists across music, fashion and photography giving artists a space to showcase and highlight their work - ranging from independent album releases, listening events to showcasing local fashion companies clothing lines

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:

**643 Broadway Holdings LLC dba Bleecker Kitchen & Co had operated the space from January 2014 to 2020
Serial No. 1273866**

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:

<p>-VC Broadway Bar & Rest Inc operated the premises from April 1984 to 2004 / Serial No. 1025187 -BBL Investors LLC dba Table 50/ The Corner Shop occupied the space from July 2004 to 2010/ Serial No. 1145616 -Corner Shop LLC dba Corner Shop Café operated the venue from January 2011 to 2013/ Serial No. 1243820</p>

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: 7 Year Built : 1920

Describe neighboring buildings:
Residential and Commercial

Zoning Designation: C6-2

Zoning Overlay or Special Designation (applicable) N/A

Block and Lot Number: 532 / 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 : Application to be filed

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 In connection with DOT Open Restaurants

What is the proposed Occupancy? 150

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?

no yes **See enclosed Certificate of Occupancy. Applicant will apply for all appropriate permits.**

If yes, what is the maximum occupancy for the premises? 220

If yes, what is the use group for the premises? Use Group 12

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 Signage

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 4,960 square feet

If more than one floor, please specify square footage by floors: Cellar= 2,760 square feet and Sub-cellar=2,200 square feet

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

To be determined when the application for Open Restaurants is submitted to DOT

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

How many entrances are there? 1 How many exits? 1 How many bathrooms? 4

Is there access to other parts of the building? no X yes, explain: Locked door to ground floor. The door is next to the cellar staircase.

OVERALL SEATING INFORMATION:

Total number of tables? 26 Total table seats? 75 - includes couch seating

Total number of bars? 1 Total bar seats? 11

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

Total OVERALL number of seats in Premises : 86

BARS:

How many * stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 11

How many service bars are being applied for on the premises? None

Any food counters? X 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 X Bar & Food Restaurant Club/ Cabaret Hotel Other: Special Event Venue

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
11AMto 2AM 11AMto 2AM 11AMto 2AM 11AM to 2AM 11AM to 2AM 11AMto 2AM 11AM to2AM

Will the business employ a manager? ___ no X yes, name / experience if known : To be determined

Will there be security personnel? ___ no X yes(if yes, what nights and how many?) See attached
Do you have or plan to install French doors, accordion doors or windows that open? X no ___ yes

If yes, please describe : N/A

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

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

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

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

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

Please describe your sound system and sound proofing: _____

-Sound System: Meyer Sound System (ULTRA-X40) 12 Speakers up to 95Db
-Sound Proofing: Current sound insulation is in place, being a lower level cellar space. Sound is not permeable to the outside street or surrounding buildings. Additional Sound Proofing as needed we will use: 3" Quiet Batt Soundproofing Insulation

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

***Private (invite only) & intimate performances, such as an acoustic performance or album listening event.**

___ 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 ___ ropes ___ movable barriers ___ other 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 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: Duncan Abdelnour Phone: _____

Address: _____

Email : _____

Application submitted on
behalf of the applicant by:

Donald M. Bernstein
Signature

Print or Type Name Donald M. Bernstein, Esq.

Title Counsel for applicant

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.

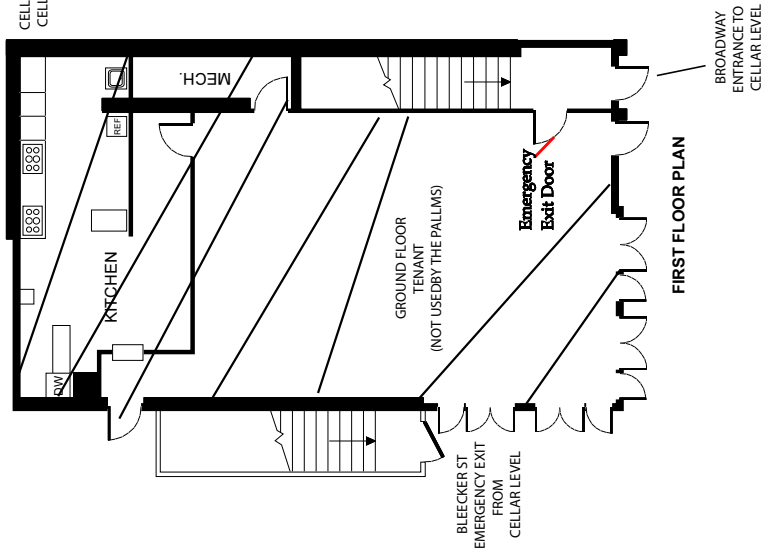
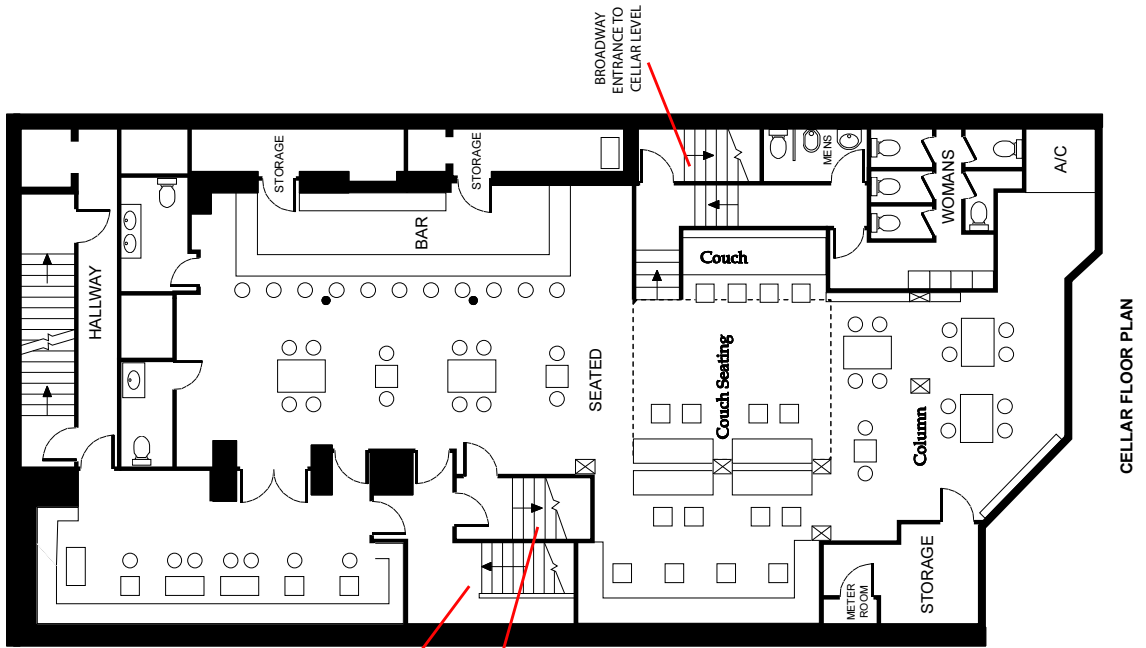
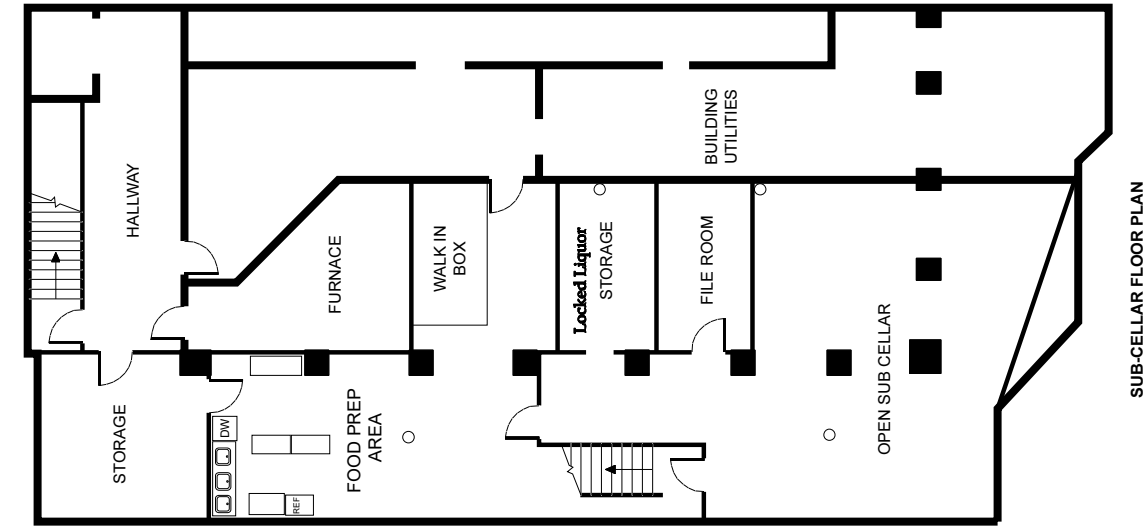


Community Board 2, Manhattan
SLA Licensing Committee
Carter Booth, Co-Chair
Robert Ely, Co-Chair

Merse Group LLC
The Palms

643 Broadway, New York NY
 Proposed Floor Plan V1.5

Tables=26 and Seats= 75 with 11 Bar Stools for a Total of 86 Seats



BLEECKER ST

SUB-CELLAR FLOOR PLAN

CELLAR FLOOR PLAN

FIRST FLOOR PLAN

BROADWAY