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COMMUNITY BOARD No. 2, MANHATTAN

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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 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)

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s):

244 Restaurant Group, LLC

Trade name (DBA):

To Be Determined

Premises address:

244 W 14TH ST

Cross Streets and other addresses used for building/premise:

7th Ave & 8TH Ave

CONTACT INFORMATION:

Principal(s) Name(s):

Max Feinberg

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED] 2

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact:

[REDACTED]

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):

Max Feinberg

Todd Lefkowitz

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

Pour Concepts INC (912 W Beech St Long Beach NY 11561), Long Beach Culinary Concepts (906 W Beech St Long Beach NY 11561), Lilys Of 9th Ave LLC (21 S Park Ave Rockville Centre NY 11570) *CORP CHANGE PENDING*

Pour Concepts INC, Long Beach Culinary Concepts LLC, Pelican Bay On The Water INC (No Longer Operational), Starfish Too INC (No Longer Operational)

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

7 Day a week family friendly restaurant concept that includes a controlled nightlife aspect as well as the ability to host private gatherings such as bar/bat mitzvahs, sweet 16s, communions, showers, etc.

SEE ATTACHED DOCUMENT FOR MORE DETAILED DESCRIPTION OF CONCEPT

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:

Location was previously a nightclub with cabaret license DBA/ Up & Down and has been a nightclub for appx 35 years

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: _____

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:

The Darby (Closed 2013)

Up & Down (Closed 2020)

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: 2 Year Built : 1930

Describe neighboring buildings:

Door Left is vacant space followed by McKennas Pub. Door right is a Deli.

Zoning Designation: C6-2A

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 618 / 10

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 _____

What is the proposed Occupancy? COMMERCIAL - EXISTING (548)

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? 548

If yes, what is the use group for the premises? 12 - OCCUPANCY USE GROUP F4

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: Facade will remain as existing. Only change will be the logo on the facade.

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
11A to 2A 11A to 1A 11A to 1A 11A to 1A 11A to 1A 11A to 4A 11A to 4A

Will the business employ a manager? no yes, name / experience if known : MAX FEINBERG (PRNCPL)

Will there be security personnel? no yes(if yes, what nights and how many?) FRI & SAT 6
Do you have or plan to install French doors, accordion doors or windows that open? no yes

If yes, please describe : _____

Will you have TV's ? no yes (how many?) 10

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? NO

Please describe your sound system and sound proofing: Sound system and sound proofing is still in place from prior tenants who vacated due to pandemic. Will make any additional changes needed.

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: Pustebume International Preschool (Not listed as school on attached SLA 500FT List and has co-existed with nightclub at the address for many years).

Address: 244 W 14TH ST Distance: Upstairs

Name of School / Church: _____

Address: _____ Distance: _____

Name of School / Church: _____

Address: _____ Distance: _____

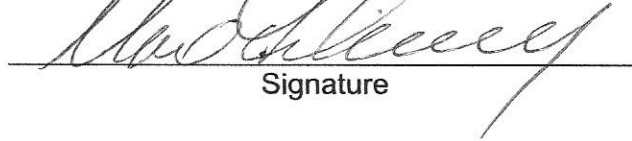
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: _____ Phone: _____

Address: _____

Email : _____

Application submitted on
behalf of the applicant by:



Signature

Print or Type Name Max Feinberg

Title Principal

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

