APPLICANT INFORMATION: Name of applicant(s): **GVI West Village LLC** Trade name (DBA): Vin Sur Vingt Premises address: 192 7th Avenue South Cross Streets and other addresses used for building/premise: 7th Avenue South and West 11th Street **CONTACT INFORMATION:** Principal(s) Name(s): Rakesh Chandiramani Office or Home Address: __ City, State, Zip: ___ New York, NY 10001 __ email : _ Telephone #: Landlord Name / Contact: Landlord's Telephone and Fax: NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD NAMES OF ALL PRINCIPAL(s): Rakesh Chandiramani (see rider attached) Dilip Hari Sebastien Auvet Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."): We are a neighborhood French wine bar with operations in NYC (including West Village) for almost 10 years. Vin Sur Vingt offers a curate seleciton of French wines and light fare french food.

Rider

Name

Ghar Ventures Inc. 201 W. 11th Street, Store 6 New York, NY 10014

GVI Broadway LLC 1140 Broadway, Store #3 New York, NY 10001

GVI Columbus LLC 66 W. 84th Street New York, NY 10024

GVI Tribeca LLC 66 W. Broadway, Store 7 New York, NY 10007

GVI Riverside LLC 100 Riverside Blvd, Unit 2 New York, NY 10069

ARC 74th Street LLC 417 419 E. 74th St, Store W New York, NY 10021

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
x 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: n/a - new construction
Is any license under the ABC Law currently active at this location? yesxno
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 _X_no
If yes, please list DBA names and dates of operation:

PREMISES:

By what right does the applicant have possession of the premises?
Own _x Lease Sub-lease Binding Contract to acquire real property other:
Type of Building: Residential Commercial X Mixed (Res/Com) Other:
Number of floor: 5 Year Built : 2019
Describe neighboring buildings: Mixed Commercial/Residential
Zoning Designation: C2-6
Zoning Overlay or Special Designation (applicable)
Block and Lot Number: 613 / 53
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? \underline{x} no
Is the premise located in a historic district?X_ yes no
(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? X 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) _X_ no yes : explain
What is the proposed Occupancy?
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? UG 6
If yes, is proposed occupancy permitted? yesx no, explain : TCO to be amended
If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? yesno _n/a
Do you plan to file for changes to the Certificate of Occupancy? <u>x</u> yesno (if yes, please provide copy of application to the NYC DOB) TBA
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? 1,193 sq ft If more than one floor, please specify square footage by floors: n/a If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area? If more than one floor, what is the access between floors? <u>Elevator and</u> stairs How many entrances are there? 2 How many exits? 2 How many bathrooms? 1 Is there access to other parts of the building? ___ no __x yes, explain: fire exit to common hallway **OVERALL SEATING INFORMATION:** Total number of tables? 6 Total table seats? 16 Total number of bars? 1_ Total bar seats? ____7___ Total number of "other" seats? 18 please explain : Food counters/eating ledges Total OVERALL number of seats in Premises : ____41____ BARS: How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 7 How many service bars are being applied for on the premises? Any food counters? ___ no _X _yes, describe : __window counters along the north windows 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,

PROPOSED METHOD OF OPERATION:

What typ	e of establishmer	nt will this be? (ch	neck all that apply)			
Bar	X Bar & Food	Restaurant	Club/ Cabaret	Hotel	Other:	

^{*} 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.

What are the	Hours of Ope	eration?				
Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
11a _{to} 1a	3p_to_1a_	3p to 2a	3p to 2a	3p_to_2a_	3p to 2a	<u>11a _{to} 2a</u>
Will the busin	ness employ a	a manager? _	<u> </u>	name / experie	nce if known:	TBD
Will there be security personnel? X no yes(if yes, what nights and how many?) Do you have or plan to install French doors, accordion doors or windows that open? X no yes						
If yes, please	e describe : _					
Will you have	∍TV's ? <u>X</u>	no yes ((how many?)			
Type of MUS	SIC / ENTER	TAINMENT: _	Live Music	_Live DJ	Juke Box X	Ipod / CDsnone
Expected Vo		x Backgrour	nd (quiet)E	ntertainment le	vel Ampli	fied Music
Do you have	or plan to ins	stall soundprod	ofing?no _	X yes		
IF YES, will y	you be using	a professional	sound engineer?	No		
Please desc	ribe your sou	nd system and	sound proofing:	Double she	et rock with i	nsulation
Martin logan speakers, sonos receiver.						
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? X no yes (if yes, please attach plans)						
Will you be u	utilizing	ropes m	ovable barriers	other outsi	ide equipment	(describe)
Are your pre	mises within	200 feet of any	y school, church	or place of wors	ship? no	X yes
please subi	mit a block p	rch or place o lot diagram o nn 8 ½ " x 11"	r area map sho	n 200 feet of yo wing its' locati	our premises (on in proximit	or on the same block by to your applicant
Indicate the distance in feet from the proposed premise:						
Name of School / Church: St John's in the Village						
Address: 218 West 11th Street, New York, NY 10014 Distance: 200 ft						
Name of Sc	hool / Church	i:	··			

Address:	Distance:
Name of School / Church:	
Address:	
Please provide contact information for Reside you will address it immediately.	nts / Community Board and confirm that if complaints are made
Contact Person: Rakesh Chardin	amani Phone:
Address:	
Email: rakesh@vsvwinebars.c	Com
	olication submitted on alf of the applicant by:
	Signature
Print or Type Nam	Rakesh Chandiramani
Tit	le President

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

