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## COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

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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):  
\_\_\_\_\_ Charley St. Inc. \_\_\_\_\_

Trade name (DBA):  
\_\_\_\_\_ Charley St. \_\_\_\_\_

Premises address:  
\_\_\_\_\_ 41 Kenmare St, New York NY 10012 \_\_\_\_\_

Cross Streets and other addresses used for building/premise:  
\_\_\_\_\_ Kenmare st between Elizabeth st and Mott st. \_\_\_\_\_

**CONTACT INFORMATION:**

Principal(s) Name(s):  
\_\_\_\_\_ Kale Evans \_\_\_\_\_

Office or Home Address: \_\_\_\_\_ [REDACTED] \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ New York, NY 10012 \_\_\_\_\_

Telephone #: \_\_\_\_\_ [REDACTED] \_\_\_\_\_ email : \_\_\_\_\_ [REDACTED] \_\_\_\_\_

Landlord Name / Contact: \_\_\_\_\_ [REDACTED] \_\_\_\_\_

Landlord's Telephone and Fax: \_\_\_\_\_ [REDACTED] \_\_\_\_\_

<b>NAMES OF ALL PRINCIPAL(S):</b>	<b>NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD</b>
_____ Kale Evans _____	_____ N/A _____
_____ Daniel Churchill _____	_____ N/A _____
_____ Kieren Dwyer _____	_____ N/A _____

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):  
\_\_\_\_\_ Charley St is a neighbourhood healthy Australian cafe with a focus on farm fresh food, specialty tea,  
\_\_\_\_\_ coffee, beer and wine. We operate for all day breakfast, lunch and brunch. We have one location and the  
\_\_\_\_\_ cafe is run by locals for locals. \_\_\_\_\_  
\_\_\_\_\_

**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 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.)

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

We have been open and operational for almost 3 years (July 2018). Prior to our cafe, the location was a fresh produce storage and shipping location.

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

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**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: 6 Year Built : 1902

Describe neighboring buildings:

Mixed use, residential walk up/ground floor commercial. Mechanics auto repair.

Zoning Designation: C6-1

Zoning Overlay or Special Designation (applicable) \_\_\_\_\_

Block and Lot Number: 479 / 5

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 sidewalk cafe license

What is the proposed Occupancy? 8 outdoor seats, 4 tables

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? 65 indoor, 8 outdoor

If yes, what is the use group for the premises? Food Service Establishment

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 N/Ano

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: \_\_\_\_\_

## INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 2000 SF

If more than one floor, please specify square footage by floors: 1000 SF ground floor. 1000 SF basement

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

Sidewalk cafe: 95 SF

If more than one floor, what is the access between floors? Exterior stairs. Basement is for staff only

How many entrances are there? 2 How many exits? 2 How many bathrooms? 2

Is there access to other parts of the building? no  yes, explain: Basement door into landlords property.

## OVERALL SEATING INFORMATION:

Total number of tables? 17 Total table seats? 38

Total number of bars? 0 Total bar seats? 0

Total number of "other" seats? 0 please explain: N/A

Total OVERALL number of seats in Premises: 38

## BARS:

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 0 Seats 0

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

Any food counters? no  yes, describe: We have 1 food counter which is used as a pass

### ***For Alterations and Upgrades:***

Please describe all current and existing bars / bar seats and specific changes: No bar seating available

\* 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:      Monday:      Tuesday:      Wednesday:      Thursday:      Friday:      Saturday:  
8am to 12am   8am to 12am   8am to 12am   8am to 12am   8am to 12am   8am to 12am   8am to 12am

Will the business employ a manager?  no  yes, name / experience if known : Kale Evans - Co Founder

Will there be security personnel?  no  yes ( if yes, what nights and how many?) \_\_\_\_\_

Do you have or plan to install French doors, accordion doors or windows that open?  no  yes

If yes, please describe : We currently have accordion doors that can open of the front of the building.

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

**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? N/A

Please describe your sound system and sound proofing: We use a sonos speaker and iPhone to play background music.

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) \_\_\_\_\_

We currently have planter boxes, tables and chairs which can be moveable.

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: N/A

Address: \_\_\_\_\_ Distance: \_\_\_\_\_

Name of School / Church: N/A

Address: \_\_\_\_\_ Distance: \_\_\_\_\_

Name of School / Church: N/A

Address: \_\_\_\_\_ Distance: \_\_\_\_\_

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

Contact Person: Kale Evans Phone: [REDACTED]

Address: [REDACTED]

Email : Kale@charleyst.com

Application submitted on  
behalf of the applicant by:



\_\_\_\_\_  
Signature

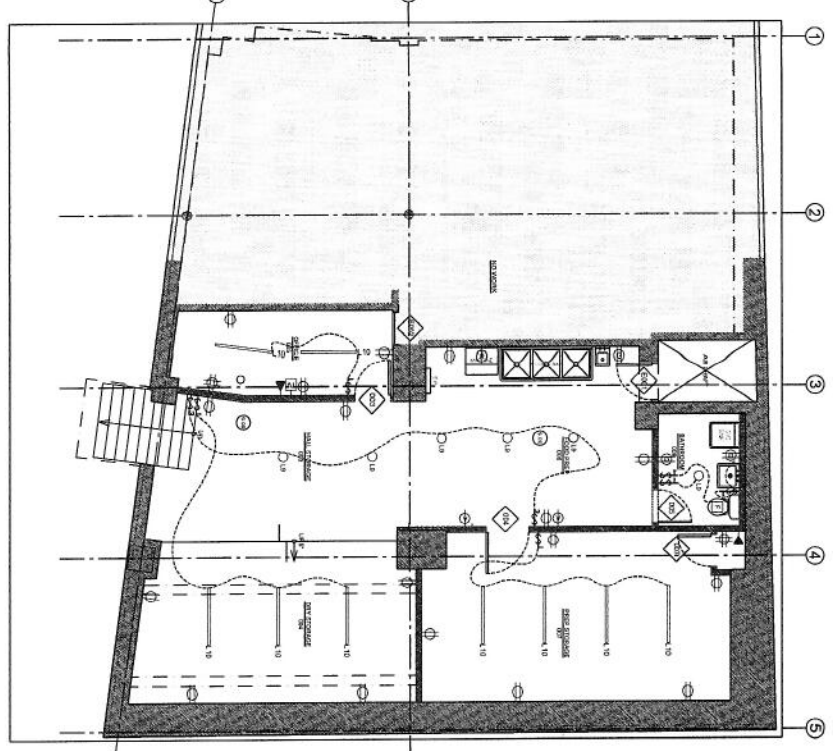
Print or Type Name Kale Evans

Title Co-Founder

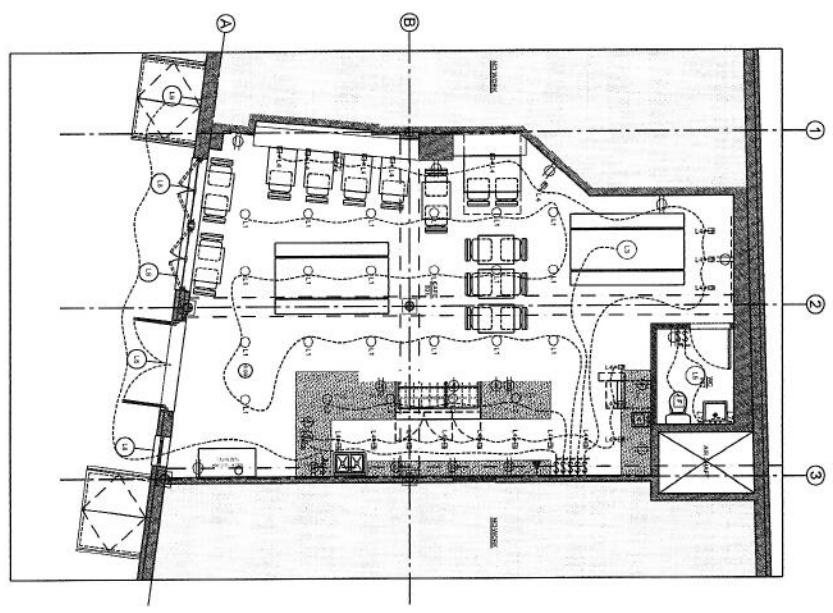
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.



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



SECOND FLOOR ELECTRICAL PLAN



FIRST FLOOR ELECTRICAL PLAN

- ELECTRICAL PLAN NOTES**
1. ELECTRICAL CONNECTION TO SOLAR ALL RISER SYSTEMS AND/OR FOR INSPECTIONS
  2. ALL RATED ELEC SWITCH, OUTLET OR TO BE REFERRED TO BY ELEC CONNECTION
  3. ASSOCIATED ELEMENTS ALL LENSES BY
  4. DIMENSIONS OF PANELS ON LED DIMMABLE BALLS
  5. FOR ALL APPLIANCES, REFER TO SPEC FOR REFER TO SPEC FOR BATHROOMS/SHOWER
  6. REFER TO SPEC FOR BATHROOMS/SHOWER
  7. REFER TO SPEC FOR BATHROOMS/SHOWER

