

DATE: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name of applicant(s): West Village Pasta LLC

Trade name (DBA): Pasta by Hudson

Premises address: 12 Perry St. Space #5

Cross Streets and other addresses used for building/premise:  
7th Ave S - Greenwich Ave

**CONTACT INFORMATION:**

Principal(s) Name(s): Brandon Fay

Office or Home Address: 12 Perry St.

City, State, Zip: NY NY 10014

Telephone #: [REDACTED] email: Brandon@Pastabyhudson.com

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

**NAMES OF ALL PRINCIPAL(s):**

Brandon Fay

**NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD**

Chelsea Pasta 180 7th Ave

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

We are an Italian restaurant that will focus on pastas.

**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:

For Rent

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:

---

---

**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: 1908

Describe neighboring buildings: Mixed use

Zoning Designation: C2-6

Zoning Overlay or Special Designation (applicable) Greenwich Village Historic District

Block and Lot Number: 612, 51

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? 14

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? 74 (LNO)

If yes, what is the use group for the premises? 6

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 (N/A)

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: We will install our own sign



**INTERIOR OF PREMISES:**

What is the total licensed square footage of the premises? 900 SQ FT.

If more than one floor, please specify square footage by floors: 1st Floor-480 Bsmr 420

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?  
No

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

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? 1 Total table seats? 5

Total number of bars? 1 Total bar seats? 9

Total number of "other" seats? 0 please explain: \_\_\_\_\_

Total OVERALL number of seats in Premises : 14

**BARS:**

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 9

How many service bars are being applied for on the premises? 0

Any food counters?  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  Bar & Food  Restaurant  Club/ Cabaret  Hotel  Other: \_\_\_\_\_

What are the Hours of Operation?

Sunday: 11 AM to 1 AM Monday: 11 AM to 1 AM Tuesday: 11 AM to 1 AM Wednesday: 11 AM to 1 AM Thursday: 11 AM to 1 AM Friday: 11 AM to 1 AM Saturday: 11 AM to 1 AM

Will the business employ a manager?  no  yes, name / experience if known: Reidung

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: \_\_\_\_\_

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 (single story unit)

IF YES, will you be using a professional sound engineer? \_\_\_\_\_

Please describe your sound system and sound proofing: 1 Pool and 2 small speakers

Will you be permitting: NO promoted events NO scheduled performances NO outside promoters

NO any events at which a cover fee is charged? NO 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 no ropes no movable barriers no other outside equipment (describe) None

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: St. John's In The Village

Address: 218 W 4 ST Distance: 132 FT

Name of School / Church: \_\_\_\_\_

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

Name of School / Church: \_\_\_\_\_

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

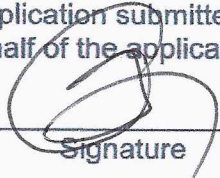
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email : \_\_\_\_\_

Application submitted on behalf of the applicant by:

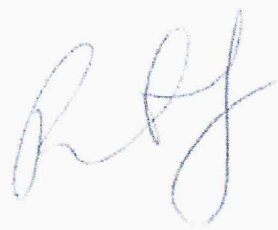


Signature

Print or Type Name Michael Kelly

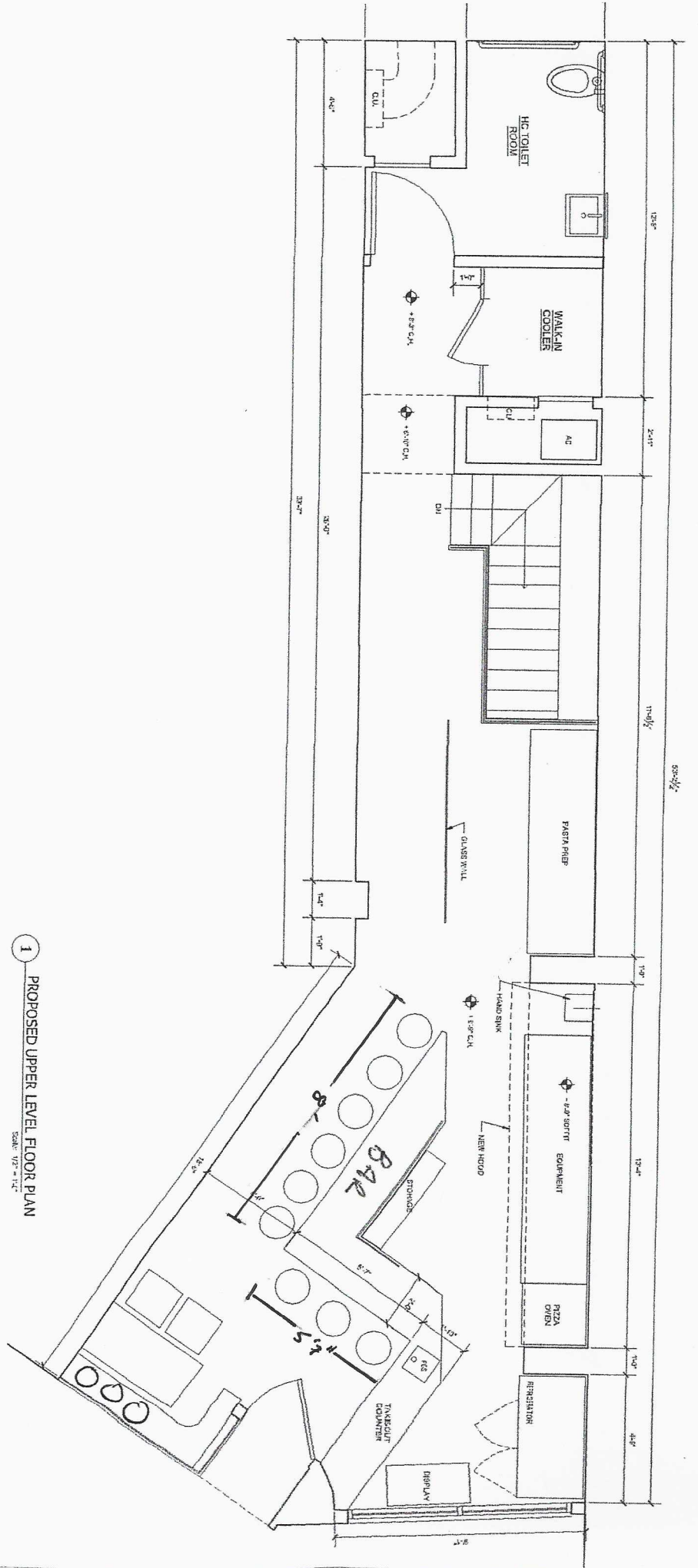
Title Representative

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





1 PROPOSED UPPER LEVEL FLOOR PLAN

SCALE: 1/2" = 1'-0"