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## COMMUNITY BOARD No. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

[www.cb2manhattan.org](http://www.cb2manhattan.org)

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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:** 2/ /2021

**APPLICANT INFORMATION:**

Name of applicant(s): 340 Bleecker LLC

Trade name (DBA): Amos on Bleecker

Premises address: 340 Bleecker Street, New York, NY 10014

Cross Streets and other addresses used for building/premise:  
Christopher Street and West 10th Street

**CONTACT INFORMATION:**

**Principal(s) Name(s):** Robert Goldman

Office or Home Address: [REDACTED]

City, State, Zip: New York, NY 10016

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>
<u>Robert Goldman</u>	<u>340 Bleecker LLC, 340 Bleecker Street, New York, NY 10014</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

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

We are a neighborhood restaurant serving breakfast, lunch and dinner. The cuisine is American, elevating the classic New York "coffee shop" fare; old-school classics served unruffled with a fresh perspective, Amos honors the neighborhood and brings back the "have anything all day" eatery experience.

**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 : Change in Method of Operation

If upgrade, alteration, or transfer, please describe specific nature of changes:

(Please include physical or operational changes including hours, services, occupancy, ownership, etc.)

Change in method of operation - to have operable windows

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

n/a

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: \_\_\_\_\_

340 Bleecker LLC, serial #1319697, expiration 11/30/2022

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:

Manatus - upon information and belief, since or prior to 1990 until April 2014

## 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 : 1930

Describe neighboring buildings:

Mixed Use/Multi Use

Zoning Designation: C1-6

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

Block and Lot Number: 619 / 26

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 ground floor and basement -basement  
is storage and back of house only

(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 Will apply for a sidewalk cafe license

What is the proposed Occupancy? 136

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? 144

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 premises is open and  
operating

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? 3,500 sf

Ground floor: 2,500 sf

If more than one floor, please specify square footage by floors: Basement (back of house only): 1,000 sf

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

Sidewalk cafe: Approximately 300 sf

If more than one floor, what is the access between floors? Back of house stairs

How many entrances are there? 1 How many exits? 3 How many bathrooms ? 2 plus 1 employee

Is there access to other parts of the building? X no \_\_\_\_ yes, explain: \_\_\_\_\_

## OVERALL SEATING INFORMATION:

Total number of tables? 28 Total table seats? 94

Total number of bars? 1 Total bar seats? 14

Total number of "other" seats? 12 please explain : sidewalk cafe seating (not yet filed)

Total OVERALL number of seats in Premises : 120, including sidewalk cafe space

## BARS:

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 14

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

Any food counters? \_\_\_\_ no X yes, describe : portion of the bar is a coffee/wine bar and pastry counter with 5 seats

### ***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 X Restaurant \_\_\_\_ Club/ Cabaret \_\_\_\_ Hotel \_\_\_\_ Other: \_\_\_\_\_

What are the Hours of Operation?

Sunday:      Monday:      Tuesday:      Wednesday:      Thursday:      Friday:      Saturday:  
Inside: 8AM to 12AM 8AM to 12AM 8AM to 12AM 8AM to 12AM 8AM to 12AM 8AM to 1AM 8AM to 1AM  
Sidewalk Cafe: Sun: 10AM - 10PM; Mon-Thurs: 8AM - 10PM; Fri-Sat: 8AM - 11PM  
Will the business employ a manager? ☐ no ☒ yes, name / experience if known : \_\_\_\_\_  
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 : requesting ability to install windows that open (prior premises had windows/doors that opened)  
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) \*\*soft easy listening background music  
for private events only - acoustical  
instrument only (ie guitar/piano) without  
amplification, no drums, no horns;  
no more than 2 times/events per week.  
Do you have or plan to install soundproofing? ☒ no ☐ yes  
already installed  
IF YES, will you be using a professional sound engineer? n/a

Please describe your sound system and sound proofing: \_\_\_\_\_

High density soundproof barrier/membrane installed about finished ceiling between joists.

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: \_\_\_\_\_

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

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

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

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

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

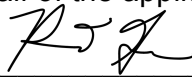
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: Robert Goldman Phone: [REDACTED]

Address: [REDACTED]

Email : rob@amosnyc.com

Application submitted on  
behalf of the applicant by:



\_\_\_\_\_  
Signature

Print or Type Name Robert Goldman

Title Member

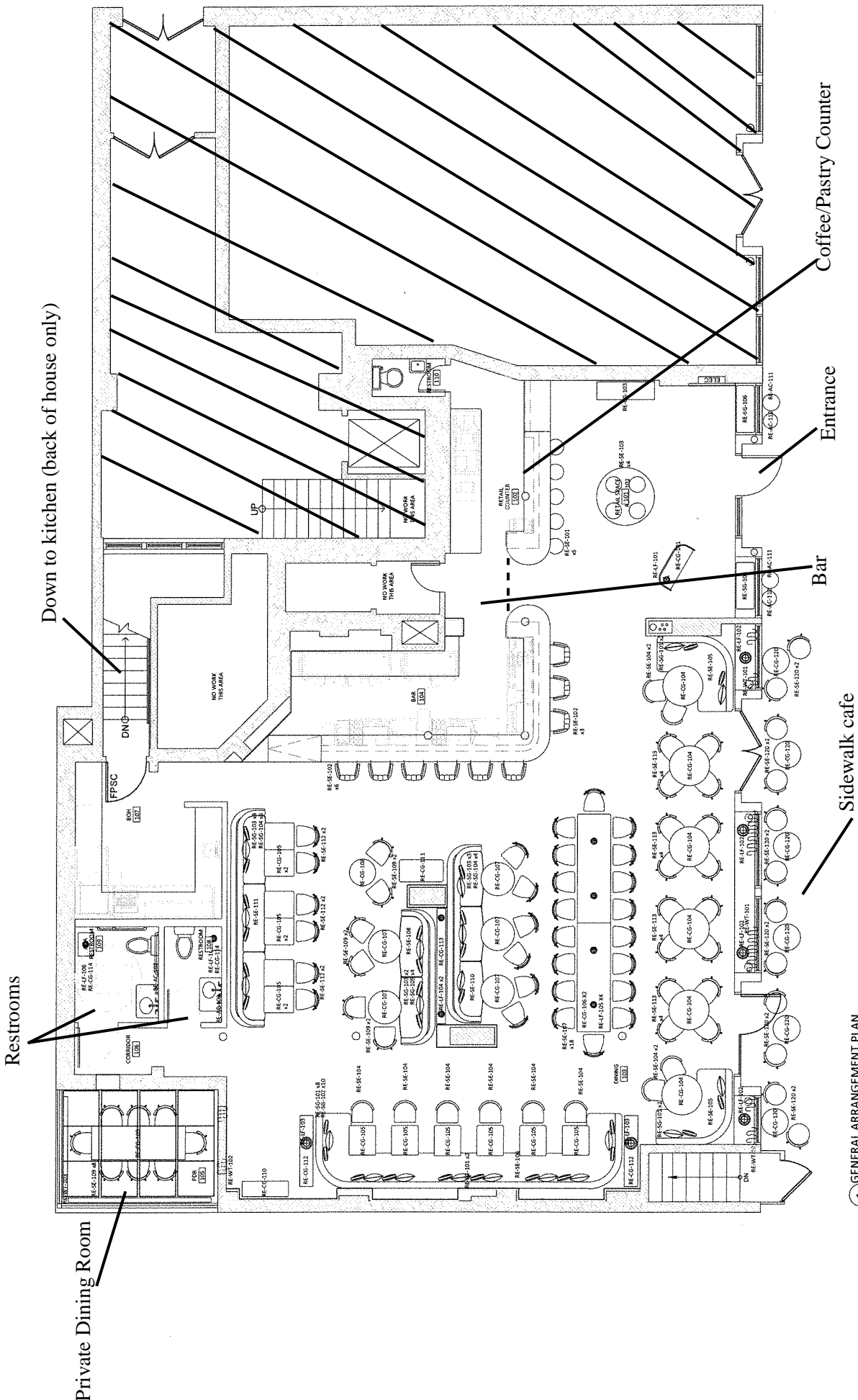
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.



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

340 Bleecker LLC  
d/b/a Amos  
340 Bleecker Street  
New York, New York

GROUND FLOOR





340 Bleecker LLC  
d/b/a Amos  
340 Bleecker Street  
New York, New York

BASEMENT

