Meeting Date:
APPLICANT INFORMATION:
Name of applicant(s): C7 Ave South, LLC
Trade name (DBA):  GST TAYEN
Premises address: 17th Avenue South, New York, NY. 10011
Cross Streets and other addresses used for building/premise:
Carmine St and Leroy St.
CONTACT INFORMATION:
Office or Home Address: 1 7th Avenue South
Office or Home Address: 1 7th Avenue South
City, State, Zip: New York, NY. 10011
Telephone #: _ email: RT@gstv1/Age. com
Landlord Name / Contact:
Landlord's Telephone and Fax:
NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Robert Stayegn GST 399 Inc. 399 Greenwich St.
C7 Are Sown LLC: 1 7th Die South
Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on…"):
existing establishment- no change to the current
method of operation. Corporate change only to Reemove
2 officers.

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)		
VOTHER: Corportate change		
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:		
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:		
CT Are South LCC		
Have any other licenses under the ABC Law been in effect in the last 10 years at this location?		
If yes, please list DBA names and dates of operation:		
BKUKn Corp: Serial \$ 1292544		
AYZA Upper West Side Ine - Serial# 1258707		

## 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 CommercialMixed (Res/Com) Other:		
Number of floor: Le Year Built :		
Describe neighboring buildings:		
Zoning Designation:		
Zoning Overlay or Special Designation (applicable)H		
Block and Lot Number:592		
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 Cafee		
What is the proposed Occupancy?		
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits? noyes		
If yes, what is the maximum occupancy for the premises?		
If yes, what is the use group for the premises?		
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?yesno		
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:		

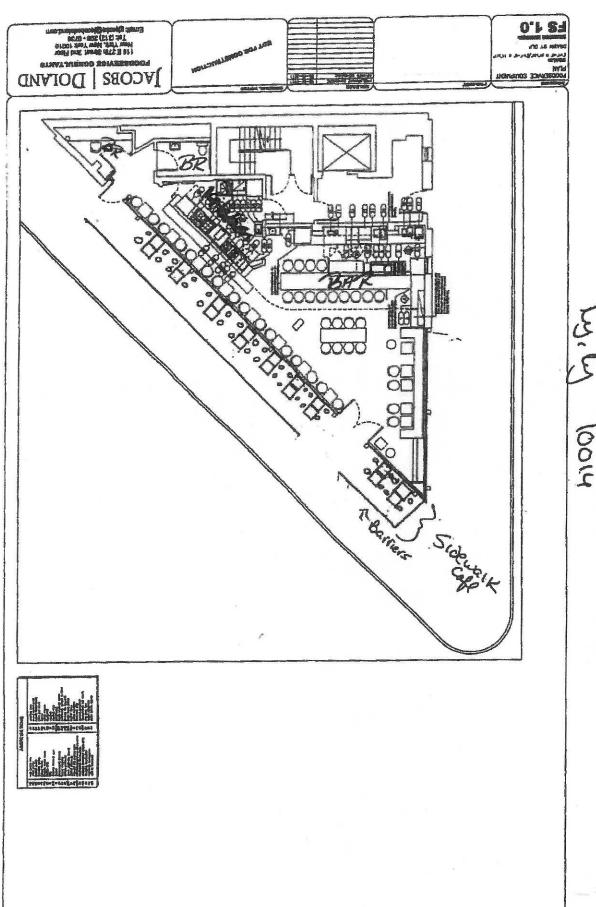
INTERIOR OF PREMISES:			
What is the total licensed square footage of the premises?			
If more than one floor, please specify square footage by floors: Cellar & 15+ Floor			
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?			
Approx 1100			
If more than one floor, what is the access between floors?SARIVS			
How many entrances are there? I How many exits? How many bathrooms ?			
Is there access to other parts of the building? yes, explain:			
OVERALL SEATING INFORMATION:			
Total number of tables?/5 Total table seats?			
Total number of bars?/ Total bar seats?/3			
Total number of "other" seats? 34 please explain : Sidewalk cake			
Total OVERALL number of seats in Premises : 84			
BARS:			
How many *stand-up bars / bar seats are being applied for on the premises? Bars/_ Seats/			
How many service bars are being applied for on the premises?			
Any food counters? yes, describe :			
For Alterations and Upgrades:			
Please describe all current and existing bars / bar seats and specific changes:			
* 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/ Cabarat Hotal Others			

What are the Hours of Operation?				
Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:				
are to lare 10ans lane 10ans lane 10ans 10ans 10ans 20 m 10ans 20 m				
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 :				
Will you have TV's? noyes ( how many? )				
Type of MUSIC / ENTERTAINMENT: Live MusicLive DJJuke BoxIpod / CDsnor				
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? HA				
IF YES, will you be using a professional sound engineer?				
Please describe your sound system and sound proofing:				
Nill 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) As existing				
Vill you be utilizing ropes movable barriersother outside equipment (describe)				
Are your premises within 200 feet of any school, church or place of worship? no yes				
f there is a school, church or place of worship within 200 feet of your premises or on the same blocklease submit a block plot diagram or area map showing its' location in proximity to your applicant premises ( no larger than 8 $\frac{1}{2}$ " x 11").				
ndicate the distance in feet from the proposed premise:				
lame of School / Church:				
Address:				

Name of School / Church:	
Address:	
Name of School / Church:	
Address:	
Please provide contact information for Residents / Community you will address it immediately.	Board and confirm that if complaints are made
Contact Person:	Phone:
Address:	
Email :	
Application submitted behalf of the applicant	d on
Signature	
Print or Type Name	
Title	

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



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