

**APPLICANT INFORMATION:**

Name of applicant(s): 518 Hudson Street LLC

Trade name (DBA): Justine's

Premises address: 518 Hudson Street

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

**CONTACT INFORMATION:**

Principal(s) Name(s): Justine A. Rosenthal

Office or Home Address: [Redacted]

City, State, Zip: New York, NY 10014

Telephone #: [Redacted] email : [Redacted]

Landlord Name / Contact: [Redacted]

Landlord's Telephone and Fax: [Redacted]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Justine A. Rosenthal	Bontemps Wine & Spirits, Inc.
	Rosenthal Wine Merchant
	1590 Lexington Avenue New York, NY 10029

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

Justine's is to be a restaurant for the benefit of the neighborhood and those who visit it. The goal is to share the pleasure and rewards for our labors and those who visit us by serving an approachable menu of the finest quality and expert execution. We will be working with seasonal produce and meats and carefully selected imports from relationships that have grown over decades in Europe and at home. We look forward to partnering with local farms, dairies, and artisans in our immediate area to keep our ingredients seasonal and support our community.

To do so we will begin with a menu that includes light dishes for the afternoon and the early evening. We will then offer a choice of appetizers and entrées throughout the evening. With a well curated selection of wine, beer, and spirits we offer Justine's as an establishment to gather for casual gathering as well as celebrations. We will offer table service as well as bar service, room to stand for a quick bite and a glass of wine or to be sat for an evening and a full meal.

**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.)  
Not Applicable

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

Starbucks

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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: \_\_\_\_\_

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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:

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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: 4 Year Built : 1826

Describe neighboring buildings: Storefront, residential above

Zoning Designation: C1-6

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

Block and Lot Number: 619 / 9

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 : pending

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

What is the proposed Occupancy? 20

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?

no  yes "Pending"

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?  yes  no

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: Minor, discreet signage to change name from Starbucks to Justine's

**INTERIOR OF PREMISES:**

What is the total licensed square footage of the premises? 2,000 sq ft

If more than one floor, please specify square footage by floors: 1,100 sq ft - ground floor; 900 sq ft - basement

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

Yes. Sidewalk cafe. Square footage TBD.

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

How many entrances are there? 1 How many exits? 1 How many bathrooms? 2

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

**OVERALL SEATING INFORMATION:**

Total number of tables? 8 Total table seats? 34

Total number of bars? 1 Total bar seats? 8

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

Total OVERALL number of seats in Premises : \_\_\_\_\_

**BARS:**

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 8

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: \_\_\_\_\_

\* 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:

12pm to 10pm 12pm to 12am 12pm to 12am 12pm to 12am 12pm to 12am 12pm to 12am 12pm to 12am

Jeff Hansen, 20 years in NYC

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

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

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

Please describe your sound system and sound proofing: iPod with Sonos speakers

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) Based on method of operation, no vehicular traffic or sidewalk crowding is anticipated.

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 1/2 " x 11").**

Indicate the distance in feet from the proposed premise:

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

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

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

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

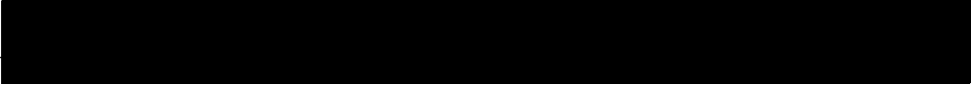
Name of School / Church: \_\_\_\_\_

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


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

Contact Person: JEFFREY HANSEN Phone: 

Address: 512 HUDSON ST, NY, NY 10014

Email: 

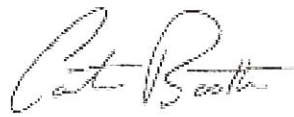
Application submitted on behalf of the applicant by:

  
\_\_\_\_\_  
Signature

Print or Type Name JUSTIN A ROSENTHAL

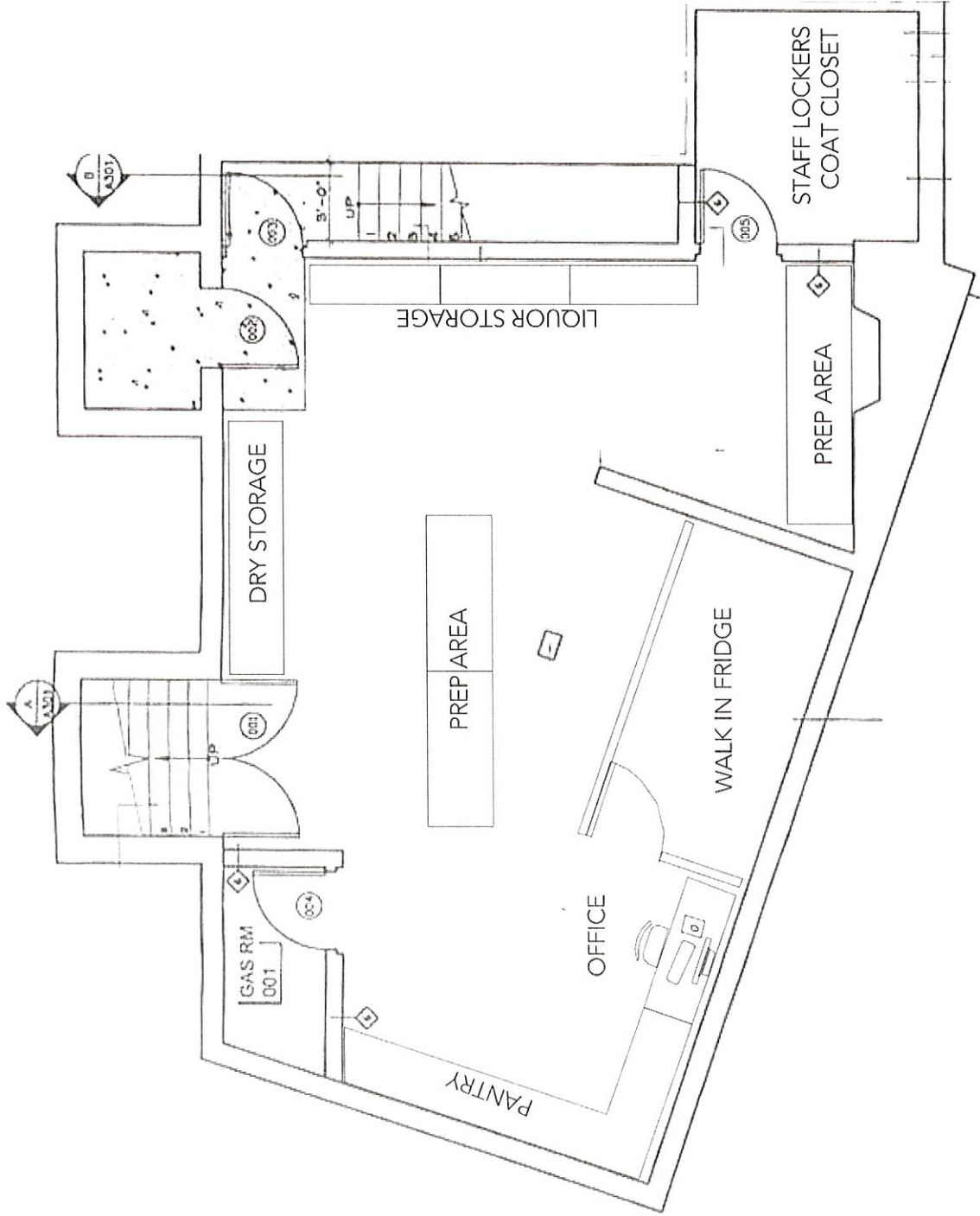
Title RESIDENT

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 postage if necessary.

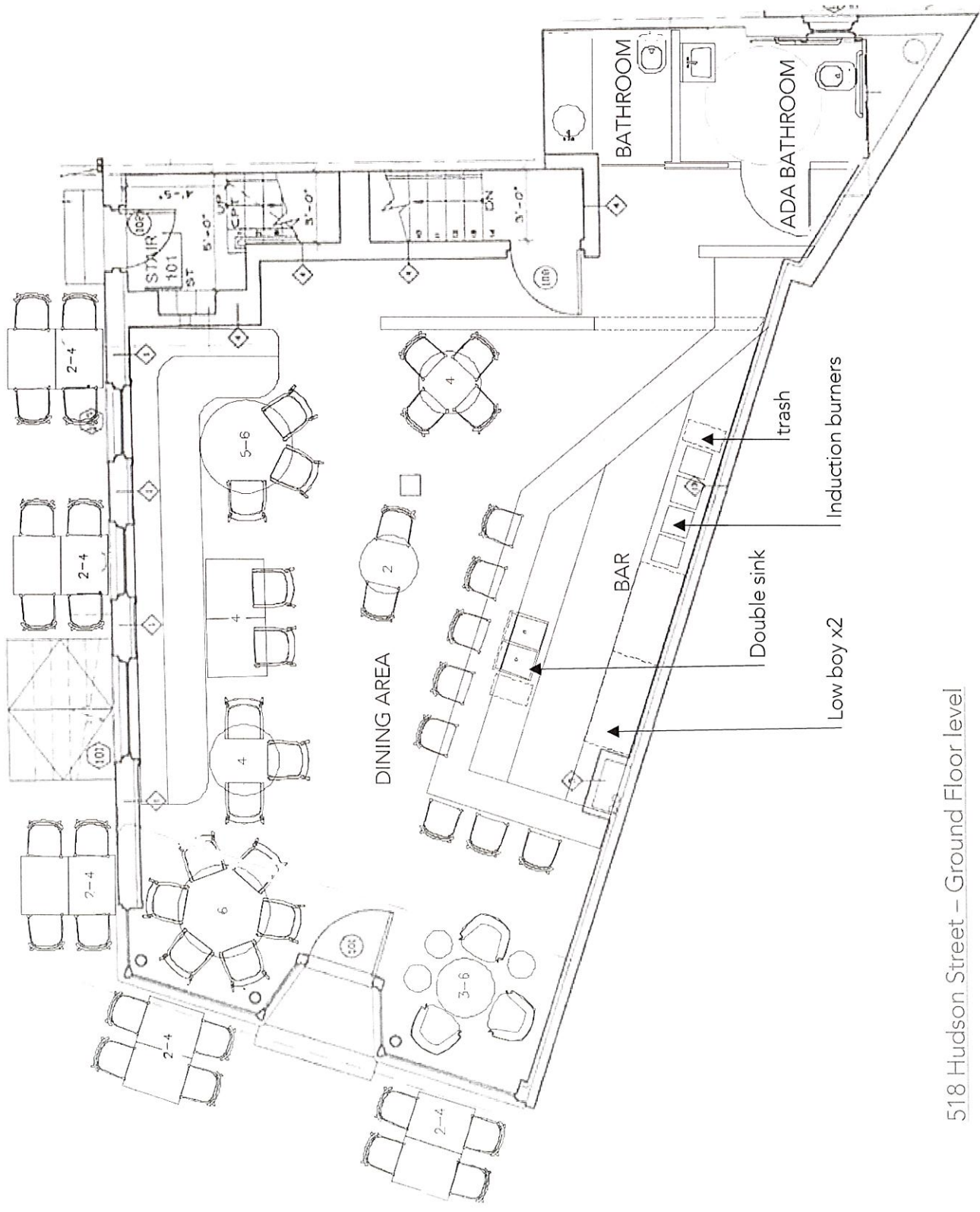




Community Board 2, Manhattan  
SLA Licensing Committee  
Carter Booth, Co-Chair  
Robert Ely, Co-Chair



518 Hudson Street – Cellar level



518 Hudson Street – Ground Floor level