

**Meeting Date: June 2021**

**APPLICANT INFORMATION:**

Name of applicant(s): **Entity to be formed by James Wright**

---

Trade name (DBA): **59 Grand**

---

Premises address: **59 Grand Street**

---

Cross Streets and other addresses used for building/premise:

**Between Wooster and West Broadway**

**CONTACT INFORMATION:**

Principal(s) Name(s):

**James Wright**

---

Office or Home Address:

**[REDACTED]**

---

City, State, Zip: **New York, Ny 10013**

---

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>
-----------------------------------	--

**James Wright**

**None**

---

**Christian D0minquez**

**None**

---

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

**The Restaurant at 59 Grand will be an all-day bistro and cocktail bar. The food will be contemporary takes on classic bistro fare, with an emphasis on fresh quality ingredients. The wine list will be a concise selection of natural wines by small producers from around the world. The cocktail menu will feature innovative seasonal recipes alongside classic favorites.**

**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:

**It has been a restaurant and bar operated under the name Lucky Strike since 1989\***

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:

**OLGA STREET LTD (dba Lucky Strike), License # 1025266, Expiration: 10/31/21**

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:

---

---

\* Please note: We believe this premises is grandfathered under the 500-Foot Law

**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 : 1915

Describe neighboring buildings:

**The neighboring building is a similar style with a restaurant on the ground floor and residential units above**

Zoning Designation: M1-5A

Zoning Overlay or Special Designation (applicable) 12A

Block and Lot Number: 228 / 25

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 : None Planned

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? 74 person capacity restaurant

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

\_\_\_ no \_\_\_ yes LNO 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

## INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? Approx 1700

If more than one floor, please specify square footage by floors: Ground Floor: 1200 Basement:500

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

N/A

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

Internal Stairs

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

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

## OVERALL SEATING INFORMATION:

Total number of tables? 24 Total table seats? 60

Total number of bars? 1 Total bar seats? 6

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

Total OVERALL number of seats in Premises : 66

## BARs:

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 6

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

Any food counters? X 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 X Restaurant \_\_\_ Club/ Cabaret \_\_\_ Hotel \_\_\_ Other: \_\_\_\_\_

What are the Hours of Operation?

Sunday:            Monday:            Tuesday:            Wednesday:            Thursday:            Friday:            Saturday:  
12pm to 2am    12pm to 2am    12pm to 2am    12pm to 2am    12pm to 4am    12pm to 4am    12pm to 4am

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

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)

\*Traditional records (e.g., vinyl) only, and only at ambient background levels.

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: **The sound system will have four speakers in the front room around the bar and four in the rear dining room. The size and power of the speakers will be just enough to provide ambient background music for the lunch dinner and late night services.**

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: **James Wright** Phone: \_\_\_\_\_

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

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

Application submitted on  
behalf of the applicant by:



Signature

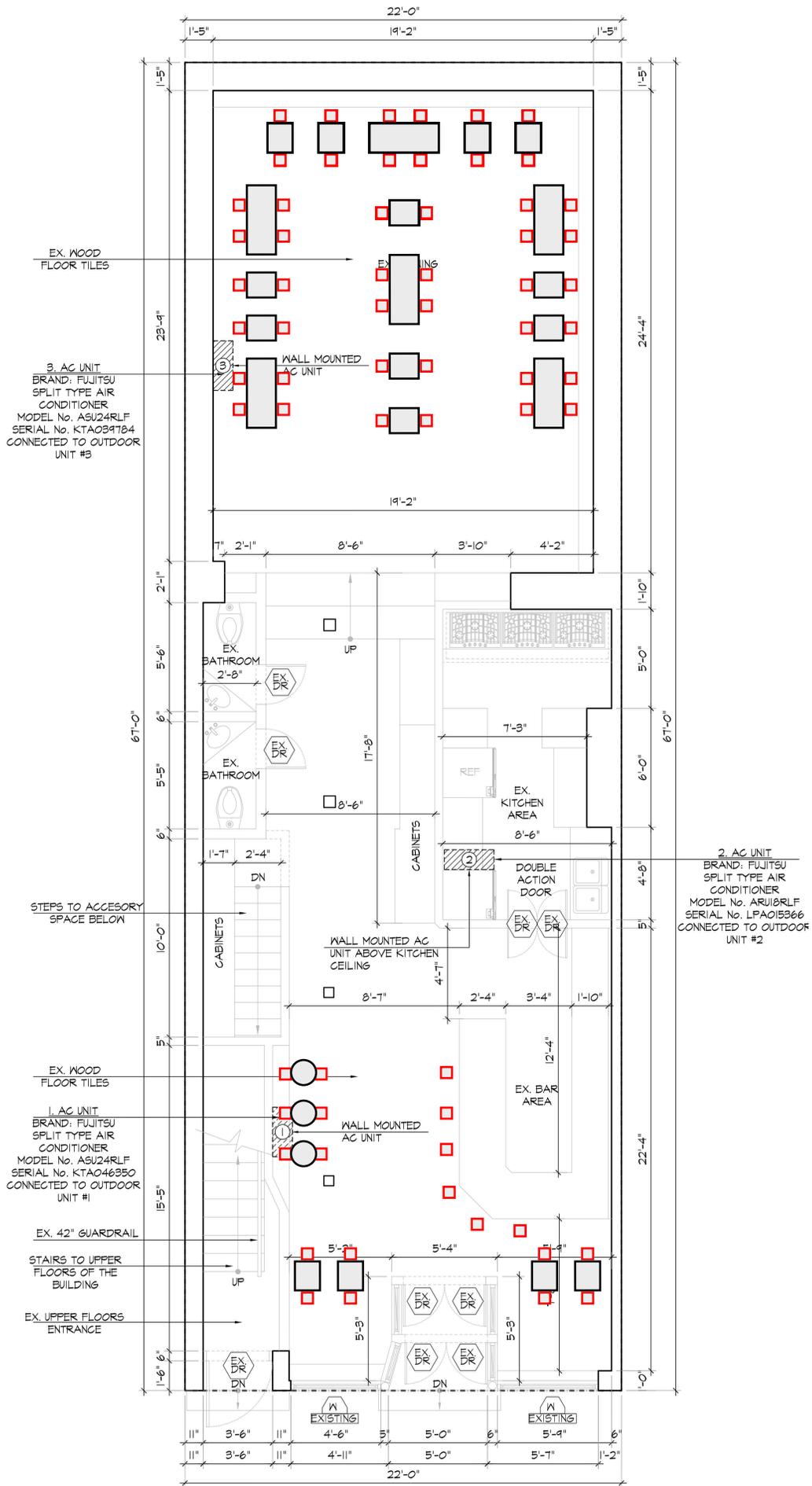
Print or Type Name: **Max Bookman, Esq.**

Title: **Partner**

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



EX. CONDITION  
1ST FLR. CONSTRUCTION PLAN

2

SCALE : 1/4" = 1'-0"

