

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s):
357WBROADWAY, LLC

Trade name (DBA):
The Residence + Cavi-AIR Cafe

Premises address:
357 West Broadway, New York, NY 10013

Cross Streets and other addresses used for building/premise:
Broome Street, Grand Street

CONTACT INFORMATION:

Principal(s) Name(s):
Ariel Arce, Mark Armenante, and Young Sohn

Office or Home Address: [REDACTED]

City, State, Zip: New York, NY 10018

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

Ariel Arce

CURRENT (2): BadHair, LLC (DBA: Niche Niche) @ 43 MacDougal St NY, NY 10011 & Viejo Group, LLC (DBA: Air's Champagne Parlor) @ 127 MacDougal St NY, NY 10012

Mark Armenante

CURRENT: Cityvines, Inc @ 67 Engert Ave Brooklyn, NY 11222

Young Sohn

CURRENT: Cityvines, Inc @ 67 Engert Ave Brooklyn, NY 11222

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

This will be a three floor establishment. The first floor will feature a seated dinner series with a weekly rotating guest chef who will craft and create their own multi-course prefixe menu ranging from \$60-\$85. The second floor will have a deli goods alimentari as well as caviar for tasting and/or purchase. The third floor will host an intimate caviar and champagne lounge with cafe-esque seating. The Residence + Cavi-AIR Cafe plans to serve champagne, sparkling wines, and their adjacent cocktail counterparts to highlight wine with bubbles.

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.)

N/A

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

2016-2017 Restaurant, 2017-2021 Vacant

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: N/A

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:

N/A

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: 3 Year Built : 1825

Describe neighboring buildings:

To the left is a commercial building and to the right is a retail business.

Zoning Designation: M1-5A

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 475 / 10

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 : no changes to be made

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? 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? 89

If yes, what is the use group for the premises? 1st floor - 6c, 2nd floor - 6, 3rd floor - 6

If yes, is proposed occupancy permitted? yes no, explain : Dept of Buildings re-zoned for use group 6 (document attached) on floors 2 and 3; full building under construction, plan to amend C of O

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: N/A

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 3,478 sq ft

If more than one floor, please specify square footage by floors: 1st - 1,599 sq ft; 2nd - 1,209 sq ft; 3rd - 670 sq ft

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

Sidewalk seating - TBD per NY Open Restaurants program

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

How many entrances are there? 2 How many exits? 2 How many bathrooms? 3

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

OVERALL SEATING INFORMATION:

Total number of tables? 28 Total table seats? 122

Total number of bars? 2 Total bar seats? 14

Total number of "other" seats? _____ please explain: _____

Total OVERALL number of seats in Premises: 136

BARs:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 2 Seats 14

How many service bars are being applied for on the premises? 2

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: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:

12p to 12a 12p to 12a 12p to 12a 12p to 12a 12p to 12a 12p to 12a 12p to 12a

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

Will there be security personnel? X no ___ yes(if yes, what nights and how many?) _____

Do you have or plan to install French doors, accordion doors or windows that open? X no ___ yes

If yes, please describe : _____

Will you have TV's ? X no ___ yes (how many?) _____

Type of MUSIC / ENTERTAINMENT: ___ Live Music ___ Live DJ ___ Juke Box X Ipod / CDs ___ none

Expected Volume level: X Background (quiet) ___ Entertainment level ___ Amplified Music
(check all that apply)

Do you have or plan to install soundproofing? ___ no X yes

IF YES, will you be using a professional sound engineer? Yes _____

Please describe your sound system and sound proofing: Insulated soundproofing between floors

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? X no ___ yes (if yes, please attach plans)

Will you be utilizing No ropes No movable barriers No other outside equipment (describe) _____

Are your premises within 200 feet of any school, church or place of worship? X 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: _____

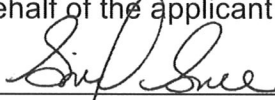
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: 4 A I A P (Jose Arenas or Marissa Resnick) Phone: [REDACTED]

Address: [REDACTED]

Email : 357WBroadway@4AIAP.nyc

Application submitted on
behalf of the applicant by:



Signature

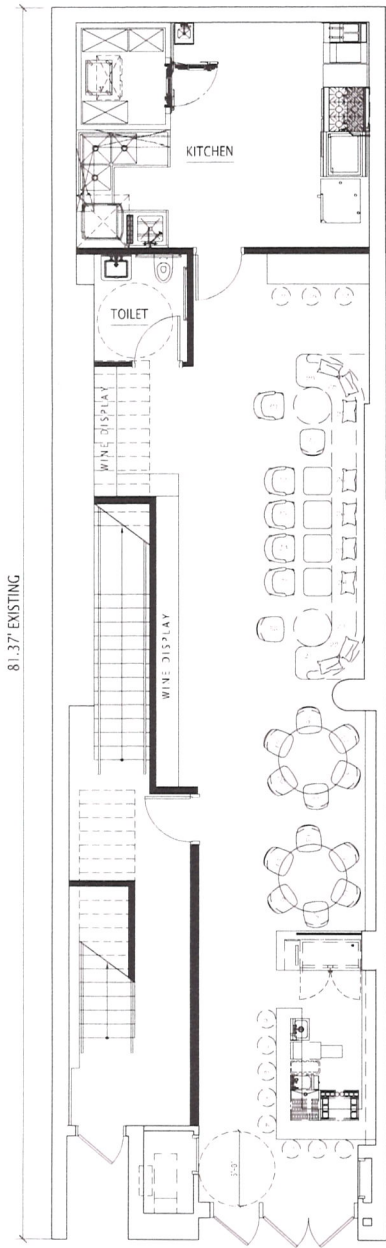
Print or Type Name Ariel Arce

Title Owner

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.



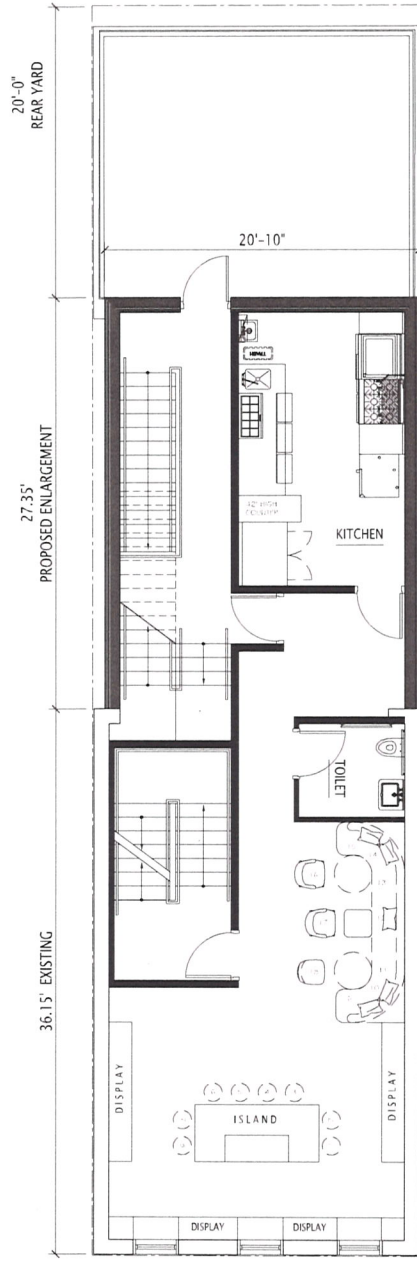
Community Board 2, Manhattan
SLA Licensing Committee
Carter Booth, Co-Chair
Robert Ely, Co-Chair



BARSTOOLS = 8
 TABLES = 31
 TOTAL 39

PROPOSED FIRST FLOOR PLAN

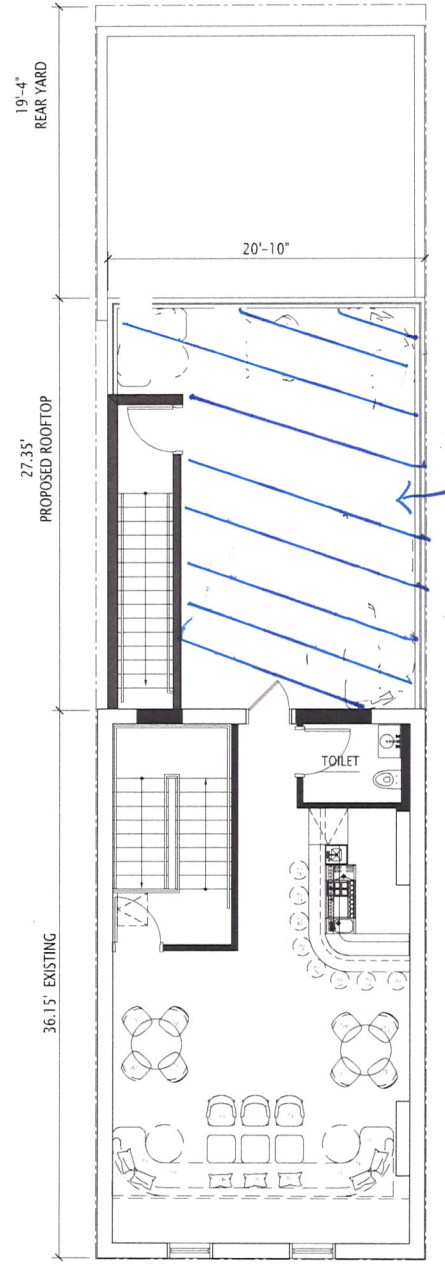
SCALE: 1/4" = 1'-0"



BARSTOOLS = 8
 TABLES = 10
 TOTAL 18

PROPOSED SECOND FLOOR PLAN

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



BAR STOOLS = 8
 INDOOR TABLES = 20
 OUTDOOR TABLES = 28
 TOTAL 56

PROPOSED THIRD FLOOR PLAN

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

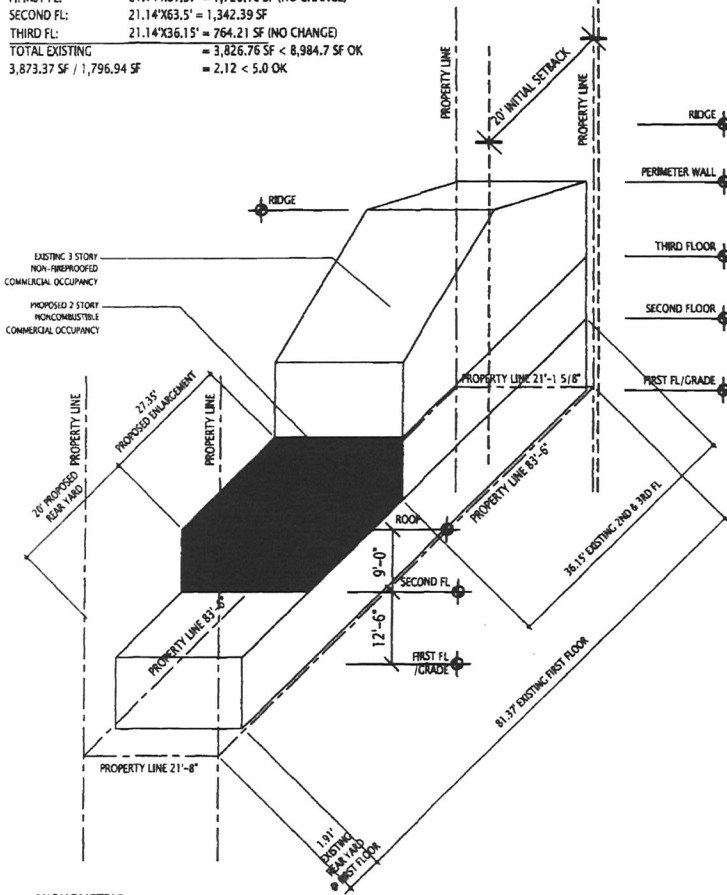
*Not part of
 licensed premise*

No.	REVISIONS	Date:
GZ NC CODE CONSULTING PLANNING ENGINEERING, PDC 2511 EAST 71 STREET BROOKLYN, N.Y. 11234 TEL: (718) 706-7862 GZ_CODECONSULTING@GMAIL.COM		
APPLICANT OF RECORD: REILLY TARANTINO ENGINEERING 1000 PARK BLVD, SUITE 209 MASSAPEQUA PARK, NY 11762 (631) 724-7888		
PROJECT ADDRESS: 357 WEST BROADWAY MANHATTAN		
SHEET TITLE: OPTION A		
CLIENT: MARK ARMENANTE & YOUNG SOHN		JOB #:
DATE: 3.8.21 PROJECT NO: 021-2021 DRAWN BY: GZ CHECK BY: GZ		A-001.00 SHEET : 1 OF 1

ZR 43-12
 MAXIMUM FLOOR AREA RATIO
 FAR: 5.0 X LOT ARE = MAX ALLOWED FLOOR AREA
 5.0X1,796.94 SF = 8,984.7 SF

EXISTING FLOOR AREA:
 FIRST FL: 21.14'X81.37' = 1,720.16 SF
 SECOND FL: 21.14'X36.15' = 764.21 SF
 THIRD FL: 21.14'X36.15' = 764.21 SF
 TOTAL EXISTING = 3,248.58 SF < 8,984.7 SF OK
 3,288.53 SF / 1,796.94 SF = 1.80 < 5.0 OK

PROPOSED FLOOR AREA
 FIRST FL: 21.14'X81.37' = 1,720.16 SF (NO CHANGE)
 SECOND FL: 21.14'X63.5' = 1,342.39 SF
 THIRD FL: 21.14'X36.15' = 764.21 SF (NO CHANGE)
 TOTAL EXISTING = 3,826.76 SF < 8,984.7 SF OK
 3,873.37 SF / 1,796.94 SF = 2.12 < 5.0 OK



AXONOMETRIC

ZR 43-20
 YARD REGULATIONS

43-23
 EXISTING ONE STORY REAR YARD EXTENSION IS OF COMMERCIAL USE AND 15' HIGH, THEREFORE IT A PERMITTED OBSTRUCTION.

43-25
 MINIMUM REQUIRED SIDE YARDS

NO SIDE YARDS ARE REQUIRED,
 HOWEVER, IF AN OPEN AREA EXTENDING ALONG A SIDE LOT LINE IS PROVIDED, IT SHALL BE AT LEAST EIGHT FEET WIDE.

PROPOSED SIDE YARD AT SECOND FLOOR EXTENSION = 0, THEREFORE OK.
 PROPOSED SIDE YARD AT THIRD FLOOR EXTENSION = 15'4" > 8', THEREFORE OK.

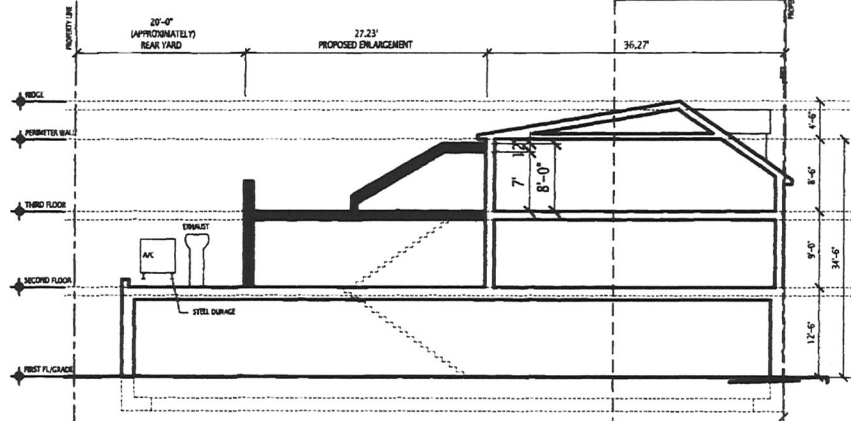
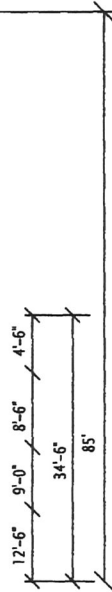
43-26
 MINIMUM REQUIRED REAR YARDS

IN ALL DISTRICTS, AS INDICATED, A REAR YARD WITH A DEPTH OF NOT LESS THAN 20 FEET SHALL BE PROVIDED AT EVERY REAR LOT LINE ON ANY ZONING LOT.

PROPOSED REAR YARD AT SECOND FLOOR EXTENSION = 20' = 20', THEREFORE OK.

43-40
 HEIGHT AND SETBACK REGULATIONS

43-43
 MAXIMUM HEIGHT OF FRONT WALL AND REQUIRED FRONT SETBACKS.
 SEE SKY EXPOSURE PLANE BELOW.



SKY EXPOSURE PLANE



ZD1 Zoning Diagram
 About the Department



Submitted to resolve objections stated in a notice of intent to revoke issued pursuant to rules 1401-15

Yes No

Location Information

House No: 1357
 Street Name: WEST BROADWAY
 Borough: MANHATTAN
 Block: 475
 Lot: 1D
 BIN: 1007062

Fabrication of any statement in a misstatement and in particular by a firm or employees, or both, it is unlawful to give to a city employee, or for a city employee to accept, any benefit, courtesy or privilege, either in a gratuity for properly performing the job or in exchange for special consideration. Violation is punishable by imprisonment or fine or both. I understand that if I am found after hearing to have knowingly or negligently fabricated or allowed to be fabricated any certificate, form, signed statement, application, report or certification of the contents of a violation required under the provisions of this code or of a rule of any agency, I may be barred from filing further applications or documents with the Department.

Name (please print)

ANTHONY J. J. [Signature] Date: 1/12/16

Signature



P.E. J.N.A. [Signature] Supply your own stamp and date over stamp

Internal Use Only

ISS Date:

PLS. RECHECK WITH 2015.10