

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 [REDACTED]

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
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<u>James Wright</u>	<u>None</u>
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<u>Christian D0minquez</u>	<u>None</u>
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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 2am 12pm to 4am 12pm to 4am

*Any outdoor seating to close by 9:00 pm 7 days/week

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 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 you will address it immediately.

Contact Person: **James Wright** Phone: _____

Address: _____

Email: _____

Application submitted on
behalf of the applicant by:



Signature

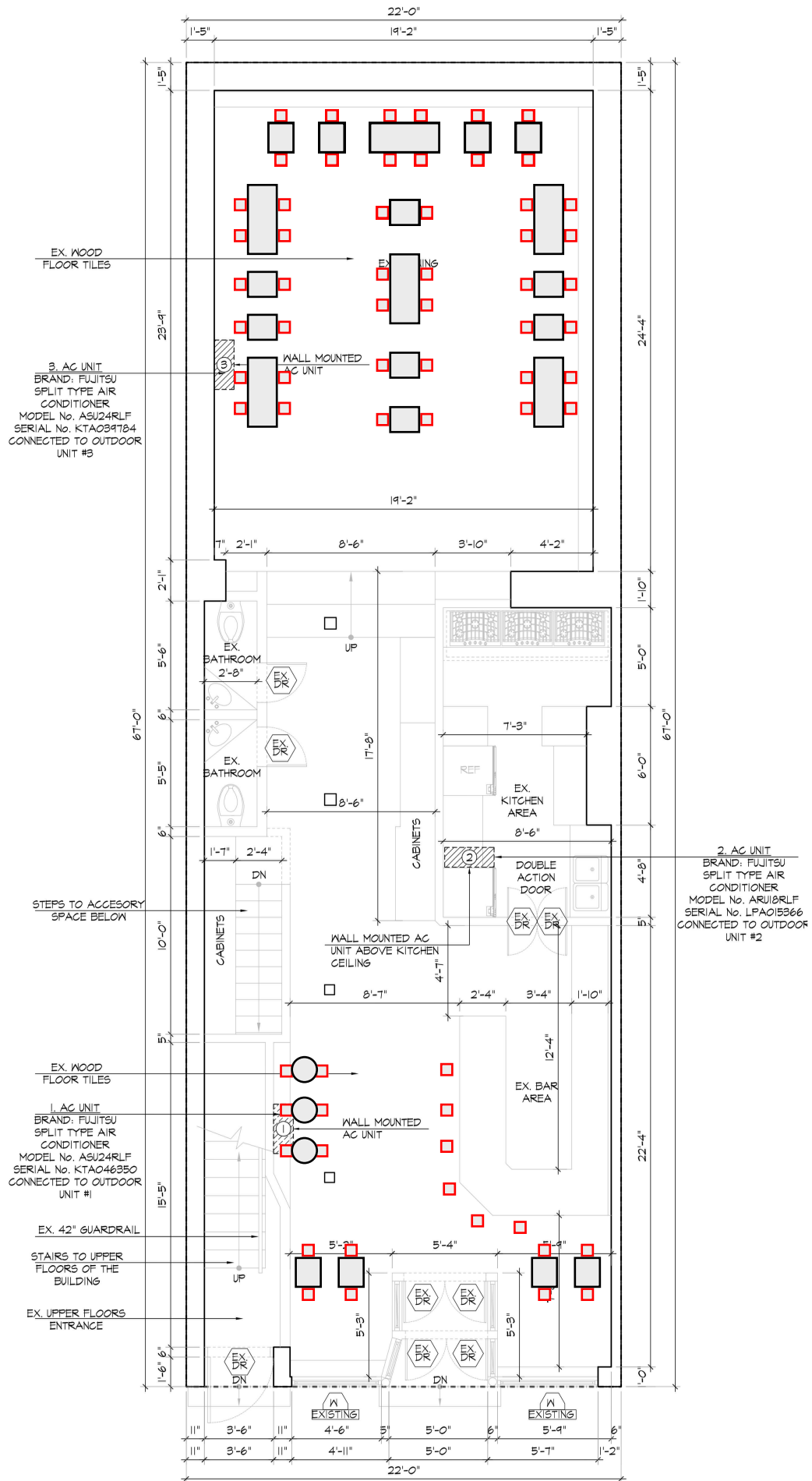
Print or Type Name: **Max Bookman, Esq.**

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"

UNEXCAVATED
AREA

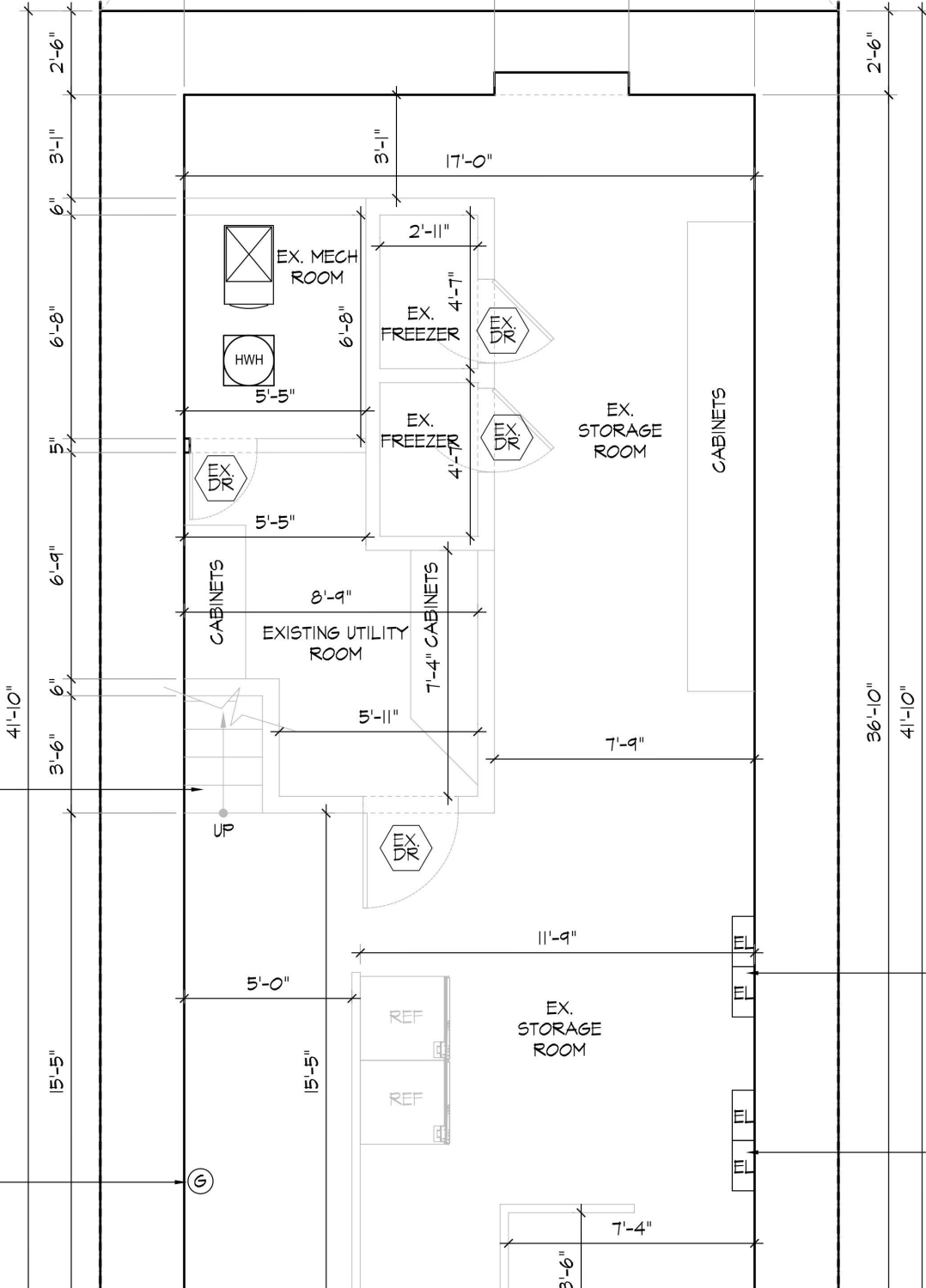
22'-0"

2'-6" 9'-3" 4'-0" 3'-9" 2'-6"

2'-6" 3'-1" 6" 6'-8" 5" 6'-9" 6" 3'-6" 15'-5" 15'-5" 2'-6" 2'-6"

STEPS TO PART OF
1ST FLOOR
RESTAURANT

EX. GAS METERS



EX. ELECTRIC
METERS

EX. ELECTRIC
PANELS