

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s):

179 Prince Street LLC

Trade name (DBA):

pending

Premises address:

179 Prince Street New York, NY 10012

Cross Streets and other addresses used for building/premise:

Thompson St. and Sullivan St.

CONTACT INFORMATION:

Principal(s) Name(s):

Karim Raoul

Office or Home Address:

[REDACTED]

City, State, Zip:

[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

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

We are a family restuarant that will be geared to lunch and dinner (possibly breakfast). Focused on burgers that were made popular across the street at Raoul's restaurant. We will also have fountain cokes and shakes as well as beer and wine in a diner type setting.

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:

Japanese Restaurant

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: _____

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:

Nagomi - until March 2020

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: 6 Year Built : 1900

Describe neighboring buildings:
pre war tenement / Residential

Zoning Designation: R7-2

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 517 / 41

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 approval

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

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?
'pending'
 no yes

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 ^{N/A}

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: Change facade to original

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 875

If more than one floor, please specify square footage by floors: _____

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

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

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

Is there access to other parts of the building? ___ no yes, explain: only through exterior entrance

OVERALL SEATING INFORMATION:

Total number of tables? 5 Total table seats? 20

Total number of bars? 1 Total bar seats? 9

Total number of "other" seats? 3 please explain : stool seating at front windows

Total OVERALL number of seats in Premises : 32

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 9

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: _____

Customer Bar, L-Shaped, 15 feet long, 9 bar seats

* 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:

11:30 am to 10:30 pm 11:30 am to 10:30 PM 11:30 am to 10:30 PM 11:30 am to 10:30 PM 11:30 am to 10:30 PM 11:30 am to 10:30 PM 11:30 am to 10:30 PM

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 : If allowed by landlords, we would like accordion windows.

Will you have TV's ? no yes (how many?) TBD

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: TBD

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) **No traffic/crowds 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 you will address it immediately.

Contact Person: Karim Raoul Phone: [REDACTED]

Address: [REDACTED]

Email : [REDACTED]

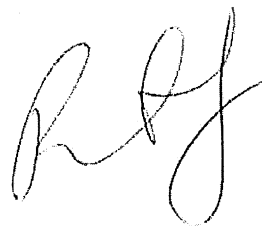

Application submitted on
behalf of the applicant by:

Signature

Print or Type Name Karim Raoul

Title LLC Managing Member

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

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.

1. Zoning

1a. State what the area is zoned for:
(e.g., Residential, Business, Mixed etc.)

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits?

 Yes No Pending

2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address?

 Yes No

If YES, please specify:

If the address was changed due to a 911 update or other government action, please include documentation for the change.

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

 Currently Licensed Previously Licensed Never Licensed Do Not Know

Name of Licensee:

License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

 Yes No Do Not Know

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed?

 Yes No

Name of Licensee:

License Serial Number:

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

3. Premises (interior):

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?
If yes, show the means of access on the interior diagram(s). Yes No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?
(e.g., hallway, stairwells, common areas, etc.) Yes No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises: 3h. Number of tables?

3i. Number of seats at tables? 3j. Number of seats at bar or counter?

4. Bars:

4a. How many customer bars are located on the premises?
(a customer bar is where patrons may order, purchase or receive alcoholic beverages)

4b. How many service bars? (a service bar is for wait staff use exclusively)

4c. Describe each bar in the fields below:

Bar 1

Bar Type:

Length:

Shape:

Location:

Bar 2

Bar Type:

Length:

Shape:

Location:

Bar 3

Bar Type:

Length:

Shape:

Location:

Attach additional sheets if there are more than 3 bars.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

5. Kitchen:

5a. Does the premises have a full kitchen? Yes No

If NO, does the premises have a food preparation area? Yes No

Show Kitchen or Food Prep Area on the Interior Diagram

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU

5b. Is a chef/cook employed at the premises? Yes No

If YES, please list hours of day chef/cook will devote to the premises:

All hours of operation

6. Hotel or Bed & Breakfast:

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises? Yes No

7. Outdoor Areas:

7a. Are there any outside areas used for the sale or consumption of alcohol? Yes No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

- Sidewalk Cafe Deck Patio Porch Gazebo
- Rooftop Yard Balcony Pavilion Tent

Other (describe):

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? Yes No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- Fencing Wall Shrubbery Roping Stanchions

Other (describe):

7f. Is a permit required by the locality for outside area(s)? Yes No

If yes, submit a copy of the permit.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

PROPOSED METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises? Yes No
(If YES, please provide details on a separate sheet)

1a. If the premises *is not* a catering establishment, will the premises periodically close to host private events? Yes No

If YES, how frequently?

2. Will the premises have music? Yes No

2a. If YES, check all that apply: Recorded DJ Juke Box Karaoke

Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):

2b. Will the premises use the services of an Event Promoter? Yes No

3. Will the premises permit dancing? Yes No

3a. If dancing is permitted, who will be permitted to dance? Patrons Employees for Entertainment Both

3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No

4. Will there be topless entertainment? Yes No

5. Will the business employ a manager? Yes No

5a. If NO, will principal(s) manage? Yes No

6. How many employees? (excluding principals and security personnel)

6a. If answer is "0" please provide an explanation:

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions). If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:

Disability Insurance Carrier Name and Policy Number:

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996

8. Will security personnel be used at the premises? Yes No

9a. If YES, how many?

9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

The licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

Management will be on premises at all times to supervise and control the establishment and ensure ABC law compliance. All employees will receive training so as to know how to prevent service of alcohol to minors, intoxicated individuals and how to handle disorderly patrons.

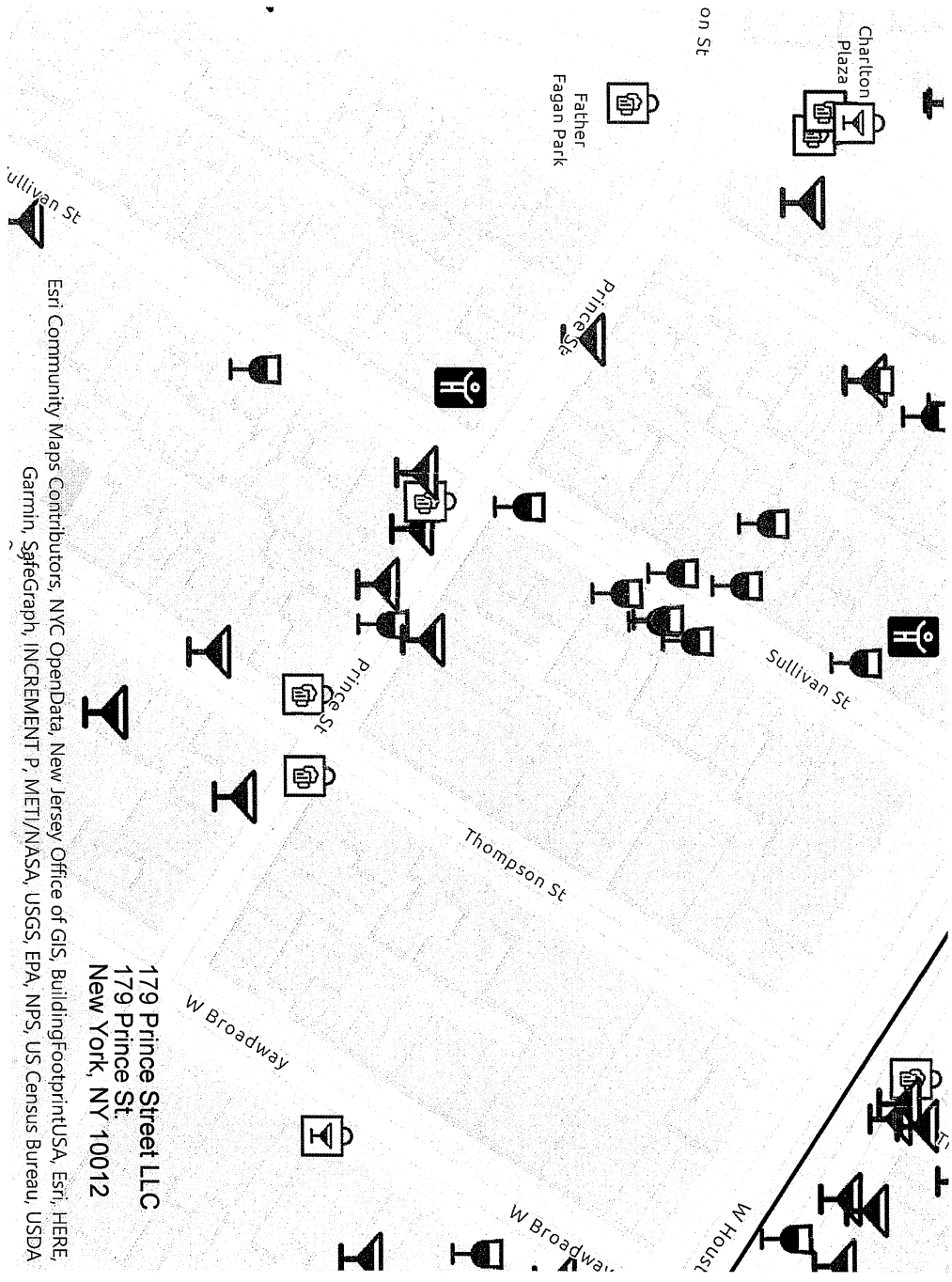
10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

Yes No

10a. If NO, please explain:

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link:
<http://sla.ny.gov/provisions-for-county-closing-hours>



179 Prince Street LLC
179 Prince St
New York, NY 10012

Esri Community Maps Contributors, NYC OpenData, New Jersey Office of GIS, BuildingFootprintUSA, Esri, HERE, Garmin, SafeGraph, INCREMENT P, METI/NASA, USGS, EPA, NPS, US Census Bureau, USDA

This report is for informational purposes only in aid of identifying establishments potentially subject to 500 and 200 foot rules. Distances are approximated using industry standard GIS techniques and do not reflect actual distances between points of entry. The NYS Liquor Authority makes no representation as to the accuracy of the information and disclaims any liability for errors.

Proximity Report For:	
Location	
Geocode	
Report Generated On	7/23/2021

8 Closest Liquor Stores		
Name	Address	Distance
SOHO WINE & SPIRITS LTD Ser #: 1023583	459 W BROADWAY NEW YORK, NY 10012	410 ft
WINE HUT CORP, THE Ser #: 1234779	213B 6TH AVENUE KING ST & CHARLTON ST NEW YORK, NY 10014	509 ft
SOHO WINE GALLERY INC Ser #: 1023584	187 SPRING STREET NEW YORK, NY 10012	588 ft
K & S MARKETING COMPANY INC Ser #: 1109520	222 THOMPSON STREET NEW YORK, NY 10012	1,267 ft
SPIRITS OF CARMINE INC Ser #: 1023606	52 CARMINE ST NEW YORK, NY 10014	1,333 ft
HUDSON SQUARE LIQUORS INC Ser #: 1270829	80 92 VARICK ST STORE #3 NEW YORK, NY 10013	1,494 ft
VINOTHERAPY CO CORP Ser #: 1296821	51 DOMINICK ST NEW YORK, NY 10013	1,593 ft
JUST ADVENTURE INC Ser #: 1259996	315 6TH AVENUE NEW YORK, NY 10014	1,610 ft

Schools within 500 feet		
Name	Address	Distance
COOKE SCHOOL AND INSTITUTE	60 MACDOUGAL ST NEW YORK, NY 10012	455 ft

Churches within 500 feet	
Name	Distance
Saint Anthonys Convent	197 ft
Franciscan Friars	344 ft

Pending On Premises Liquor Licenses within 750 feet		
Name	Address	Distance

Pending On Premises Liquor Licenses within 750 feet

Name	Address	Distance
ZMZ SPRING TAVERN INC Ser #: 1336083	201 SPRING ST NEW YORK, NY 10012	591 ft

Active On Premises Liquor Licenses within 750 feet

Name	Address	Distance
TH NYC RESTAURANT 1 LLC Ser #: 1298761	177 PRINCE ST NEW YORK, NY 10012	44 ft
PRINCE SULLIVAN LLC Ser #: 1236100	131 SULLIVAN STREET PRINCE & SULLIVAN NEW YORK, NY 10012	139 ft
KYOTO OMEN U S A INC Ser #: 1025104	113 THOMPSON STREET NEW YORK, NY 10012	214 ft
CP PRINCE ST LLC Ser #: 1304802	160-166 PRINCE ST NEW YORK, NY 10012	231 ft
PRINCIPESSA SOHO LLC Ser #: 1259036	199 PRINCE ST NEW YORK, NY 10017	251 ft
38 MAC DOUGAL LLC Ser #: 1190699	38 MAC DOUGAL STREET HOUSTON & PRINCE ST. NEW YORK, NY 10014	369 ft
PRINKIPAS LLC Ser #: 1317109	210 6TH AVE UNIT 1F NEW YORK, NY 10012	431 ft
SULLIVAN STREET PARTNERS I LLC Ser #: 1266084	128 W HOUSTON ST NEW YORK, NY 10012	448 ft
OSTERIA PIEMONTE CORPORATION Ser #: 1290620	90 THOMPSON ST NEW YORK, NY 10012	477 ft
CRYSTAL ROOM L P, THE Ser #: 1025172	97 SULLIVAN STREET NEW YORK, NY 10012	487 ft
GAMMA THOMPSON CORP Ser #: 1242679	108 W HOUSTON STREET NEW YORK, NY 10012	493 ft
MAJOR DOUGH SOHO 463 LLC Ser #: 1287177	463 W BROADWAY NEW YORK, NY 10012	498 ft
475 SOHO LLC Ser #: 1131102	475 477 WEST BROADWAY NEW YORK, NY 10012	509 ft
169 THOMPSON RESTAURANT LLC Ser #: 1268793	169 THOMPSON ST NEW YORK, NY 10012	516 ft
NEW JANE LLC Ser #: 1298523	100 W HOUSTON ST NEW YORK, NY 10012	544 ft
KENNEDY ORGANICS LLC Ser #: 1268796	5 KING ST 1 FE NEW YORK, NY 10012	545 ft
G CHEW LLC Ser #: 1265371	190 192 6TH AVE NEW YORK, NY 10013	545 ft
BANTER HOSPITALITY GROUP LLC Ser #: 1299450	169 SULLIVAN ST NEW YORK, NY 10012	553 ft
SOHO MARKET & BEER MERCHANTS INC Ser #: 1319173	213 6TH AVE NEW YORK, NY 10014	565 ft
DIMUR ENTERPRISES INC Ser #: 1025071	94 WEST HOUSTON STREET NEW YORK, NY 10012	567 ft
RED CLAM LLC Ser #: 1025146	170 THOMPSON STREET NEW YORK, NY 10012	569 ft

179 PRINCE

STARTERS

BIBB SALAD with green goddess dressing	12
TOMATO WATERMELON SALAD with sheep feta	13
POPCORN SHRIMP with lemon horseradish remoulade	18
CHERRYSTONE CLAMS CASINO	3 EACH
MARYLAND CRAB CAKES	12 EACH
CRISPY CHICKEN TENDERS with miso honey mustard	20

MAIN

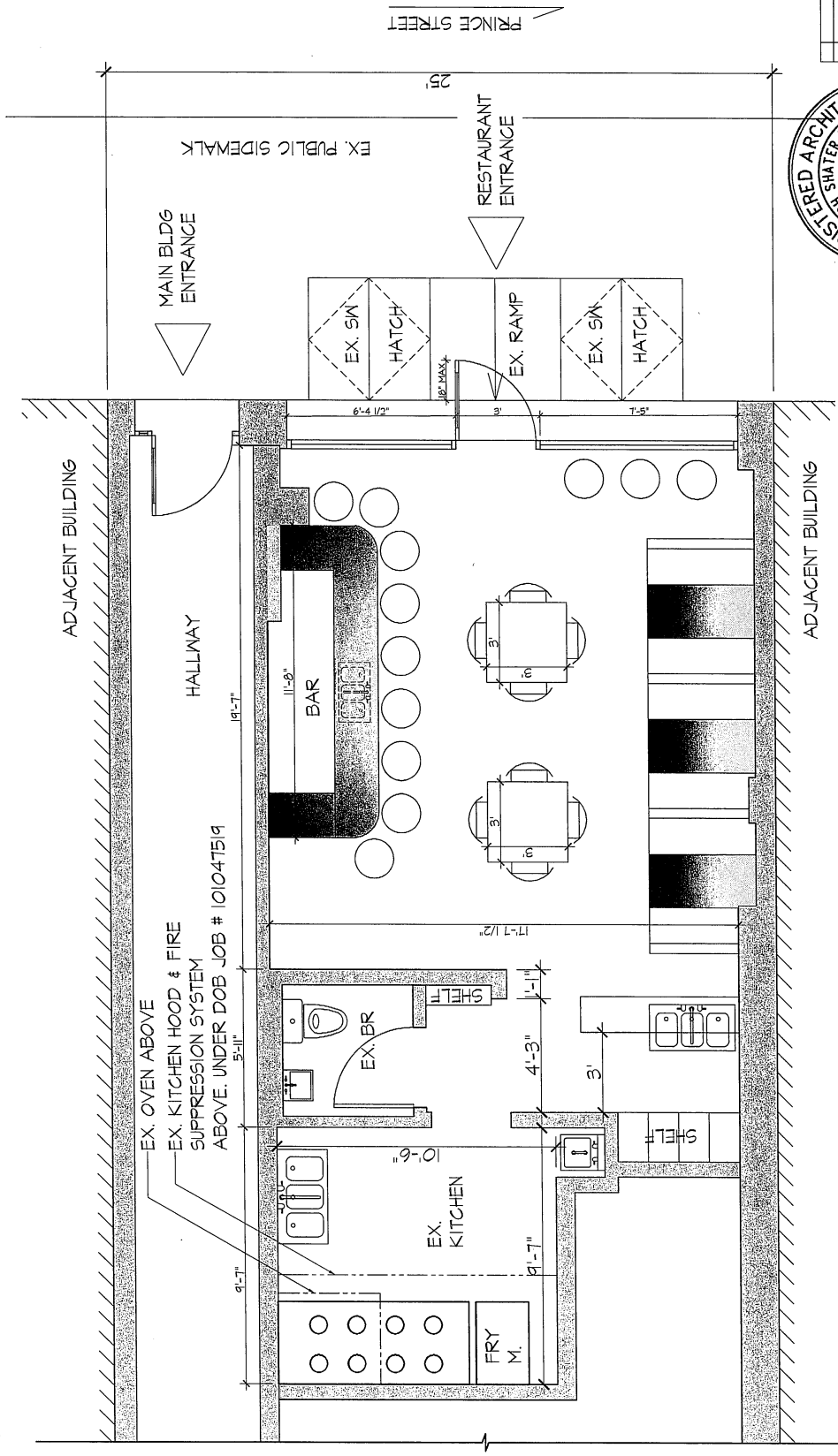
GREEN CHILE "IMPOSSIBLE" BURGER with plant based smoked provolone	19
SHORT RIB BURGER with special sauce	18
With special sauce	
FARM EGG SANDWICH with pork belly and grilled tomato	17
BLACKENED CATFISH with chipotle remoulade and haystack zucchini	23
CRISPY CHICKEN SCHNITZEL with wild arugula and tomato dressing	24
HANGAR STEAK with herb butter and lemon	28

SHARE	8 EACH
-------	--------

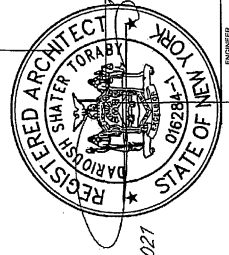
WAFFLE FRIES

HAYSTACK ZUCCHINI

CHARRED BROCCOLI



1 PROPOSED FIRST FLOOR PLAN
A-101 SCALE: 1/8"=1'-0"



07/19/2021

NO.	DATE	DESCRIPTION
1	07/19/2021	ISSUE
1	07/19/2021	ISSUE
1	07/19/2021	ISSUE

PROPOSED FIRST FLOOR PLAN

174 PRINCE ST
NEW YORK NY

PROJECT NO. A-10100

DESIGNED BY: CAS

REGISTERED ARCHITECT
CHARLES SHATER TORABY, P.C.
24 WEST 27TH STREET, 5TH FL. NY, NY 10001
TEL: 212-255-1234 FAX: 212-255-1234
E-MAIL: CS@CSARCHITECTS.COM
SCALE AS NOTED PAGE 4 OF 4