

APPLICANT INFORMATION:

Name of applicant(s): Bel NYC LLC

Trade name (DBA): Bronson's Burgers

Premises address: 250 Mulberry Street, New York, NY 10012

Cross Streets and other addresses used for building/premise:
Spring and Prince Streets

CONTACT INFORMATION:

Principal(s) Name(s): Edmond Li

Office or Home Address: [REDACTED]

City, State, Zip: New York, NY 10012

Telephone #: [REDACTED] email : hell@bronsonsburgers.com

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

<u>Edmond Li</u>	<u>The Nolitan/153 Elizabeth Street</u>
<u> </u>	<u>Wayla/100 Forsyth Street</u>
<u> </u>	<u>Cantine Parisienne/153 Elizabeth Street</u>

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

A restaurant specializing in burgers and milkshakes

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:

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:

Torrise Italian Specialties 2009-2015

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:
Mixed: Residential/Commercial

Zoning Designation: N/A

Zoning Overlay or Special Designation (applicable) C6-2

Block and Lot Number: 494 / 14

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 : _____

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 Via NYC Open Restaurant Program

What is the proposed Occupancy? 74

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

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: _____

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1275 SQ FT

If more than one floor, please specify square footage by floors: GF: 650 SQ FT and Basement: 625 SQ FT

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

Roadside seating: 300 SQ FT

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

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

Is there access to other parts of the building? 1 no ___ yes, explain: _____

OVERALL SEATING INFORMATION:

Total number of tables? 5 Total table seats? 10

Total number of bars? 1 Total bar seats? 0

Total number of "other" seats? 0 please explain : _____

Total OVERALL number of seats in Premises : 10

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 0

How many service bars are being applied for on the premises? 1

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 X Restaurant Club/ Cabaret Hotel Other: _____

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
1 1a to 10p 1 1a to 10p 1 1a to 10p 1 1a to 10p 1 1a to 10p 1 1a to 11a 1 1a to 11p

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

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? No

Please describe your sound system and sound proofing: _____

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? 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? 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: _____ Phone: _____

Address: _____

Email : _____

Application submitted on
behalf of the applicant by:

Signature

Print or Type Name Edmond Li

Title _____

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

