

Meeting Date: 8/11/21

**APPLICANT INFORMATION:**

Name of applicant(s): H.E.C. ENTECALISES, INC.

Trade name (DBA): JULIUS' BAR

Premises address: 159 W. 10<sup>th</sup> ST. NEW YORK, NY 10014

Cross Streets and other addresses used for building/premise:  
Waverly + W. 10<sup>th</sup>.

**CONTACT INFORMATION:**

Principal(s) Name(s): HELEN BUFORD

Office or Home Address: 159 W. 10<sup>th</sup> ST

City, State, Zip: NEW YORK, NY. 10014.

Telephone # 

Landlord Name / Contact: Waverly + West 10<sup>th</sup> Realty, LLC.

Landlord's Telephone and Fax: 

| NAMES OF ALL PRINCIPAL(s): | NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD |
|----------------------------|---|
|                            | <u>Same as above</u>                              |
|                            |   |
|                            |   |

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):  
We are a historic bar and we want to expand to outdoor dining. During the pandemic we had many families coming to support us. We want to have outdoor dining so we can expand our customer base.

**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: Extension onto municipal property

If upgrade, alteration, or transfer, please describe specific nature of changes:  
(Please include physical or operational changes including hours, services, occupancy, ownership, etc.)

Tables out side, open till - 11pm, Mon-Friday 4-11pm  
Sat + Sunday 12noon-11pm, 40 person max.  
8 Tables / 40 Seats

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

\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_

H.E.C. ENTERPRISES, INC, # 1101207 EXP. 2/28/2022

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:  
\_\_\_\_\_  
\_\_\_\_\_

**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: 2 Year Built: 1864

Describe neighboring buildings:

THE AREA IS A COMBINATION OF MOSTLY RESIDENTIAL + COMMERCIAL

Zoning Designation: C 2-6

Zoning Overlay or Special Designation (applicable) \_\_\_\_\_

Block and Lot Number: 611 1 30

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 FOOD + DRINKS.

What is the proposed Occupancy? 40

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

no  yes (LN0)

If yes, what is the maximum occupancy for the premises? 74

If yes, what is the use group for the premises? 6

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: \_\_\_\_\_

**INTERIOR OF PREMISES:**

What is the total licensed square footage of the premises? 1800

If more than one floor, please specify square footage by floors: 1200 1st floor 600sf Bsmnt

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?  
Approx 200 sf

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

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

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

**OVERALL SEATING INFORMATION:**

Total number of tables? 13 Total table seats? 52

Total number of bars? 1 Total bar seats? 18

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

Total OVERALL number of seats in Premises : 70

**BARS:**

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 18

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

Any food counters?  no  yes, describe : 1 counter for the kitchen

**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  Restaurant  Club/ Cabaret  Hotel  Other: \_\_\_\_\_

What are the Hours of Operation?

Sunday: 12 to 12 Monday: 4 to 4 Tuesday: 4 to 4 Wednesday: 4 to 4 Thursday: 4 to 4 Friday: 4 to 4 Saturday: 12 to 4

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

Will there be security personnel?  no  yes (if yes, what nights and how many?) 1 Fri/Sat

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?) 2

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: \_\_\_\_\_

small speakers indoor only controlled by the manager

Will you be permitting:  self promoted events  N/A scheduled performances  N/A outside promoters

NO any events at which a cover fee is charged? Y 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) As we have been for 22 years

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: \_\_\_\_\_

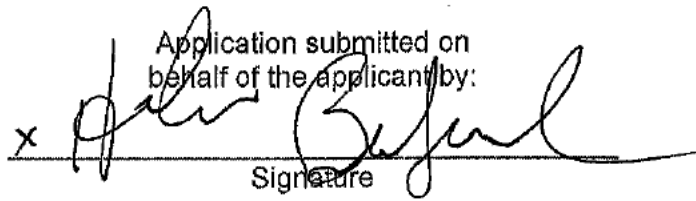
Address: \_\_\_\_\_ Distance: \_\_\_\_\_

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

Contact Person: HELEN BUFORD Phone: 

Address: 159 W. 10<sup>th</sup> ST. NEW YORK, NY. 10014

Email: 

Application submitted on behalf of the applicant by:  
x   
Signature

Print or Type Name Helen Buford

Title President

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



August 8, 2021

Dear Community Board No. 2,

Julius' Bar is a historic bar and grill dating back to 1864. We provide a comfortable, casual environment for the LGBTQIA community.

We survived the pandemic and have expanded to sidewalk seating as permitted by the city to recover. Our customers really enjoy outdoor service and now we are frequented by families coming to enjoy our famous Julius' burgers. Everyone's support has been incredible.

We are adapting to the changes and requirements and we want to be sure to be good neighbors and also survive the years ahead. Outdoor dining is essential to our success.

The outside is waiter service only, giving us a controlled environment. We will close the sidewalk area by 11pm so that we are good neighbors. We will not have any outdoor music. The area will be monitored by the door person, manager and wait staff.

We look forward to serving you and all our neighbors.

Sincerely,

Helen Buford

Julius' Bar