

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): Twelve Spring St Best Corp

Trade name (DBA): The Vig Bar

Premises address: 12 Spring Street

Cross Streets and other addresses used for building/premise:
B/n Elizabeth and Bowery

CONTACT INFORMATION:

Principal(s) Name(s): Patrick Byrne

Office or Home Address: [REDACTED]

City, State, Zip: New York, New York

Telephone #: [REDACTED] email: Patrick@vigbar.com

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

Patrick Byrne

① Twelve spring st Best Corp / 12 Spring St

② ATS Restaurant Corp / 349 E. 14th St

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

Currently operating as a tavern with light food.

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: Corporate change

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:

n/a

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: _____

Twelve Spring St Best Corp / 1215096 / 1-31-23

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:

Vig Bar - more than 18 years

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: 5 Year Built : 1937

Describe neighboring buildings:
mixed use

Zoning Designation: C-7 walk-up

Zoning Overlay or Special Designation (applicable) n/a

Block and Lot Number: 478 / 18

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 COVID - SIDEWALK

What is the proposed Occupancy? 140

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? 200

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

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 Currently Exists

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? Approx 1500 sf

If more than one floor, please specify square footage by floors: gf - Approx 1300; Bsmt -

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

COVID SIDEWALK AREA 12 Tables; 48 seats; closes at 12am

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

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

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

OVERALL SEATING INFORMATION:

Total number of tables? 8 Total table seats? 45

Total number of bars? 1 Total bar seats? 9

Total number of "other" seats? n/a please explain: _____

Total OVERALL number of seats in Premises: 54

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: _____

* 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 3:30 Monday: 12 to 3:30 Tuesday: 12 to 3:30 Wednesday: 12 to 3:30 Thursday: 12 to 3:30 Friday: 12 to 3:30 Saturday: 12 to 3:30
Pm am Pm am Pm am Pm am Pm am Pm am Pm am
Will the business employ a manager? no yes, name / experience if known: Patrick Byrne

Will there be security personnel? no yes (if yes, what nights and how many?) Fri/Sat - 2
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 Currently Exists

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

Please describe your sound system and sound proofing: Ipod generated small
Speakers

Will you be permitting: promoted events scheduled performances outside promoters

any events at which a cover fee is charged? private parties
occasional

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: _____

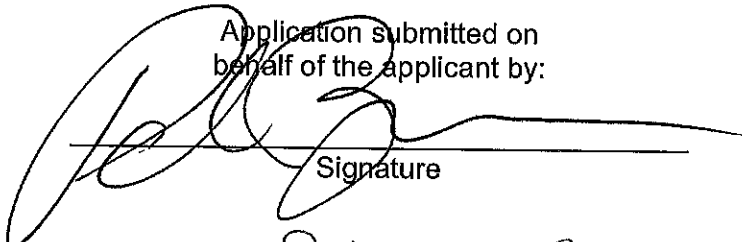
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: _____ Phone: _____

Address: _____

Email : _____

Application submitted on behalf of the applicant by:



Signature

Print or Type Name Patrick Byrne

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.



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