

DATE: _____

APPLICANT INFORMATION:

Name of applicant(s): VelveTeen Rabbit LLC

Trade name (DBA): Bird Dog

Premises address: 525 Hudson ST Ny, Ny 10014

Cross Streets and other addresses used for building/premise:
W 10TH ST & Charles ST

CONTACT INFORMATION:

Principal(s) Name(s): Wendy Brundige CarTenuto & Josh Koffman

Office or Home Address: 525 Hudson ST

City, State, Zip: Ny, Ny 10014

Telephone #: [REDACTED] email: Careers@BirdDogNYC.com

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>Wendy Brundige CarTenuto</u>	_____
<u>Josh Koffman</u>	_____
_____	_____

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

Bird dog will be a restaurant that focuses on Southern Cuisine with emphasis on homemade pasta, but also a vessel for change for the industry. We will pay livable wages, offer health

Care & access to mental health care for all employees. We will also offer profit sharing. We feel that these things are not & should not be a glass ceiling but should be basic needs for all employees to treat them like the humans they are. We feel that our little "butterfly effect" from the west village can spark change around the industry.

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:

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: 1294537 - 6/30/20
2nd CITY West Village LLC (Flip Sign) 7/16 - Present

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:

MEXICANA MAMA INC - 1025610 exp 3/31/15

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: 1888

Describe neighboring buildings: Mixed use

Zoning Designation: C1-6

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 631 / 46

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: They will be

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 Open restaurant Seating Program

What is the proposed Occupancy? 8 Tables + 16 seats
2 Tables + 4 seats on Sidewalk
6 Tables + 12 seats on Street

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

no yes CofO is for the Entire Building 519-525 Hudson St

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: The Signage will change

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 455

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?

Open restaurant - Sidewalk 24', Street 72'

If more than one floor, what is the access between floors? N/A

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: _____

OVERALL SEATING INFORMATION:

Total number of tables? 6 Total table seats? 14

Total number of bars? 1 Total bar seats? 4

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

Total OVERALL number of seats in Premises: 18

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 4

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: 10 am to 10 pm Monday: 4 pm to 11 pm Tuesday: 4 pm to 11 pm Wednesday: 4 pm to 11 pm Thursday: 4 pm to 11 pm Friday: 4 pm to 12 am Saturday: 10 am to 12 am

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

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 Existing

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

Please describe your sound system and sound proofing: I Pod

Will you be permitting: no promoted events no scheduled performances no outside promoters

no 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 no ropes no movable barriers no other outside equipment (describe) no

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: _____

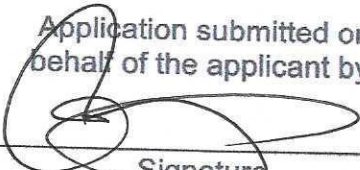
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: _____ Phone: _____

Address: _____

Email : _____

Application submitted on behalf of the applicant by:




Signature

Print or Type Name Michael Kelly

Title Representative

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
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