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Daniel Miller, *First Vice Chair*
Susan Kent, *Second Vice Chair*
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Antony Wong, *Treasurer*
Keen Berger, *Secretary*
Erik Coler, *Assistant Secretary*

COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

www.cb2manhattan.org

P: 212-979-2272 F: 212-254-5102 E: info@cb2manhattan.org

Greenwich Village * Little Italy * SoHo * NoHo * Hudson Square * Chinatown * Gansevoort Market

COMMUNITY BOARD 2 APPLICATION FOR A LIQUOR LICENSE

Please fill out this questionnaire and return to the Community Board 2 office by fax or mail to arrive at least **5 business days** before the Committee meeting. In addition, bring **10 copies** plus supporting material requested to the SLA committee meeting.

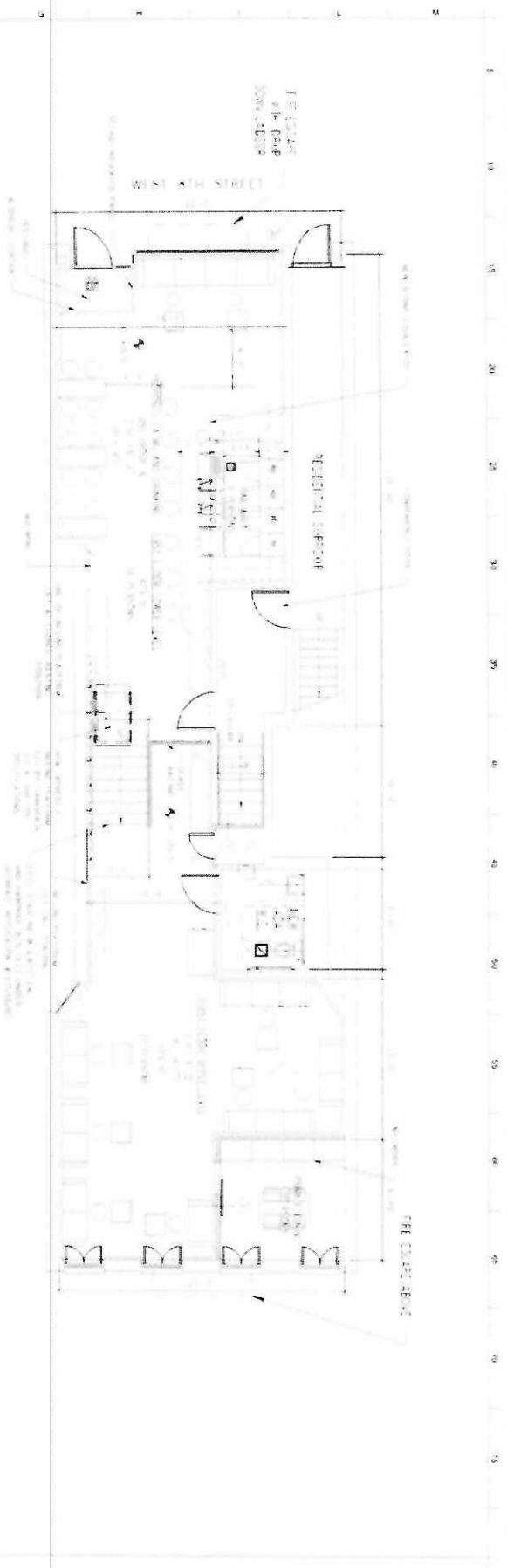
Failure to complete and return the questionnaire and supporting materials on time will result in your item being removed from the agenda.

Failure to provide a completed questionnaire or failure to present before CB2 will result in notifying the State Liquor Authority (SLA) of your noncompliance with the community review process.

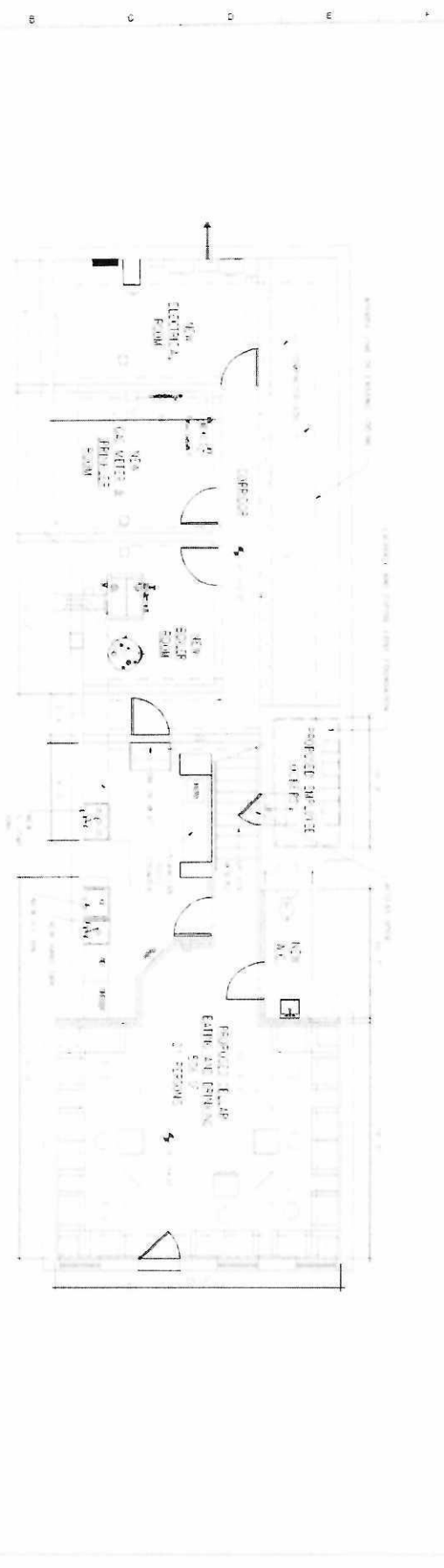
If you need to reschedule, please notify the Community Board 2 office no later than the Friday prior to the following months meeting. Speak to Florence Arenas at the Board Office. **A maximum of 1 layover request will be granted per application. Failure to reappear without notification will result in a recommendation to deny this application.**

The following supporting materials are **required** for this application:

1. A list of all other licensed premises within 500 ft. of this location including Beer and Wine.
2. Floor plans of the premise, including all tables and chairs and kitchen lay out to be licensed. Please also include any schematics for sidewalk café, backyard garden space and/or rooftop areas if applicable.
3. Provide any plans filed or to be filed with the Buildings Department.
4. Proposed menu, if applicable.
5. Certificate of Occupancy or Letter of No Objection for the premises.
6. Letter of Understanding or Letter of Intent from the Landlord.
7. Provide proof of community outreach with signatures or letters from Residential Tenants at location and from surrounding buildings. (i.e. a letter from the neighborhood block association or petition in support.)
8. A copy of your NYS Liquor Authority application as it will be submitted to the SLA. (excluding financial information)



GROUND FLOOR PLAN



CELLAR FLOOR PLAN

FLOOR PLANS
1/32" = 1'-0"

PLEASE USE DIMENSIONS IN PREFERENCE TO SCALE

SUBMITTALS

DATE: 03/01/21
BY: RZ
SCALE: 1/32" = 1'-0"

OWNER
Rosa Malinova
33 WEST 81st STREET
NEW YORK, NY 10011 USA

DESIGNER
Rosa De
33 WEST 81st STREET
NEW YORK, NY 10011 USA

ARCHITECT
MO New York Architects
11 BROADWAY 31E 800
NEW YORK, NY 10004 USA

MEMBERS ONLY

33 WEST 81st STREET
NEW YORK, NY 10011 USA

DATE: 03/01/21
BY: RZ
SCALE: 1/32" = 1'-0"

FLOOR PLANS

A-100

**PROPOSED INTERIOR BUILD-OUT AT:
53 WEST 8TH STREET, NEW YORK, NY 10011**

ARCHITECTURE * HISTORIC PRESERVATION * HEALTH CARE * LANDMARKS

BRODINIA* 32 TE 863 NEW YORK NY LIC EL 212-6-84435 NEW YORK NY P 212-876-2333
MICHAEL J GADELETA, R.A. AIA NY LIC 17474 NJ LIC 8935 CT LIC 8751

RELATED LPC FILINGS

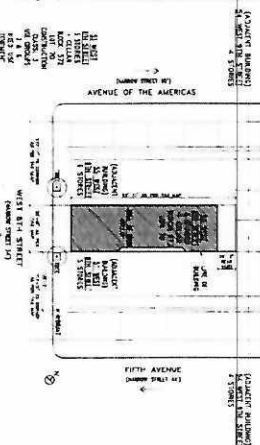
- DEMOLITION (CELLAR AND 1ST FLOOR) CNE-19-23108
INTERIOR WORK (CELLAR AND 1ST FLOOR) CNE-19-29797
STOREFRONT CNE-19-19331

PLOT PLAN

- 2 LOT SIZE .05 (+.31 INT.) = 2.34 AC. AS PER TAX MAP.
3 ZONING MAP 11C
4 ZONE C-64 (COMMERCIAL)
5 ATTACHMENT
6 OCCUPANCY - WAREHOUSE WITH FLOOR BASEMENT - A CHLOR
7 TENDENT SECOND FLOOR FIFTH FLOOR
8 CONSTRUCTION TYPE CLASS 5 (NON PROTECTIO)
9 ALTERNATE BUILDING HEIGHT = 39.5' ACTUAL OK (25.3'-43.2')
10 ALTERNATE STORY 3 = 5' ACTUAL, 12.0' THICK NONCONFORMING
11 SEEMANCK WALLACE HISTORICAL DISTRICT (TABLE 301)

SCALE 1/32"=1'-0"

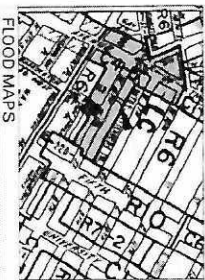
5340.5 7
54.951.910.5 6.61
(PUBLISHED WORKS)



TENANT PROTECTION PLAN

2010454 AS AMENDED
LOCAL LAW 154 OF 2011

ZONING MAP



FLOOD MAPS

THIS PROPERTY IS NOT LOCATED IN A SPECIAL FLOOD HAZARD AREA

2014 BUILDING CODE NOTES

- [illegible]

ISSUED ON LANDMARKS RESERVATION
COMMISSION FOR REMOVAL

YORK
'
HISTORIC



COVER SHEET

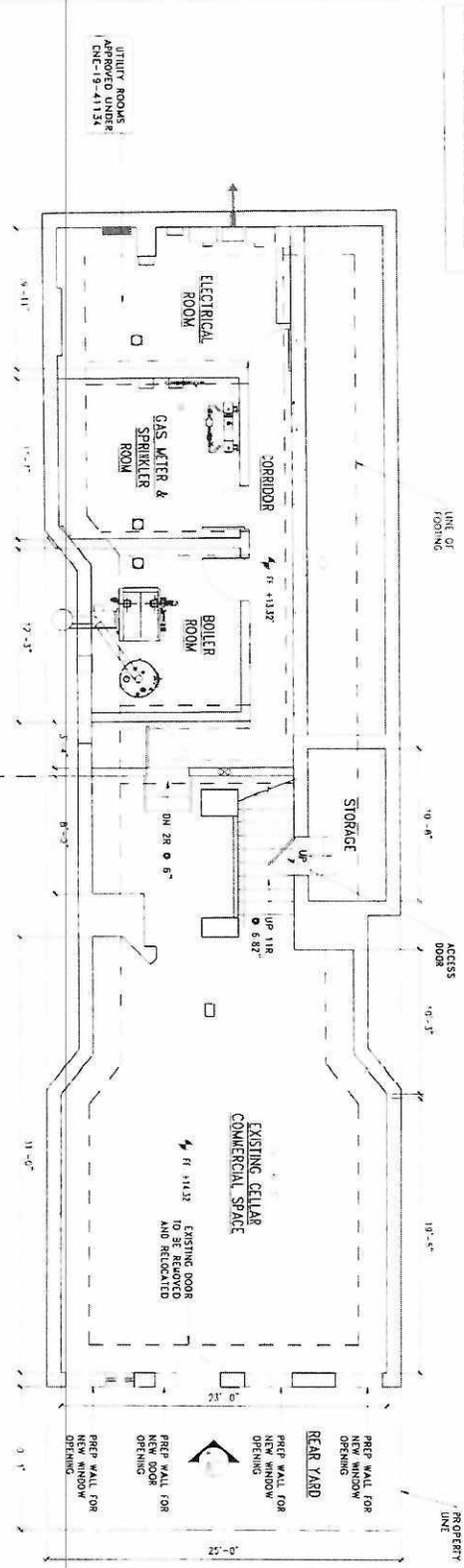
707 15 80

PT

AS NOTED
A-000.00

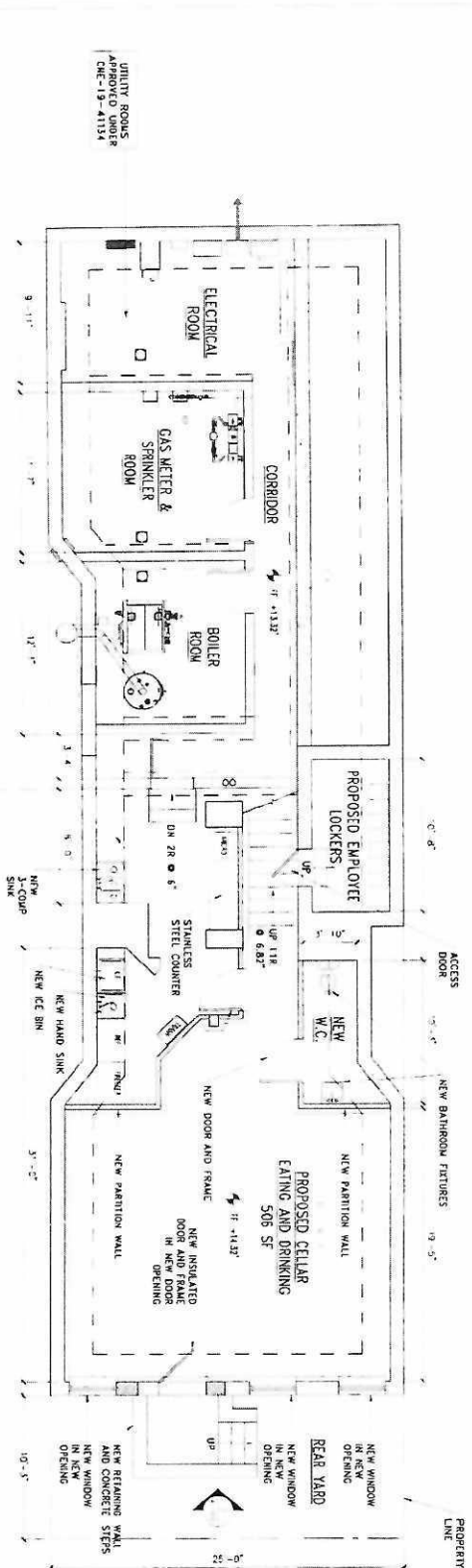
9.

LEGEND
 [Symbol] NEW MASONRY WALL
 [Symbol] NEW METAL STUD PARTITION WALLS



1 EXISTING CELLARBASMENT PLAN
 A-100 SCALE 1/4"=1'-0"

CELLAR X BASEMENT



2 PROPOSED CELLARBASMENT PLAN
 A-100 SCALE 1/4"=1'-0"

CELLAR X BASEMENT

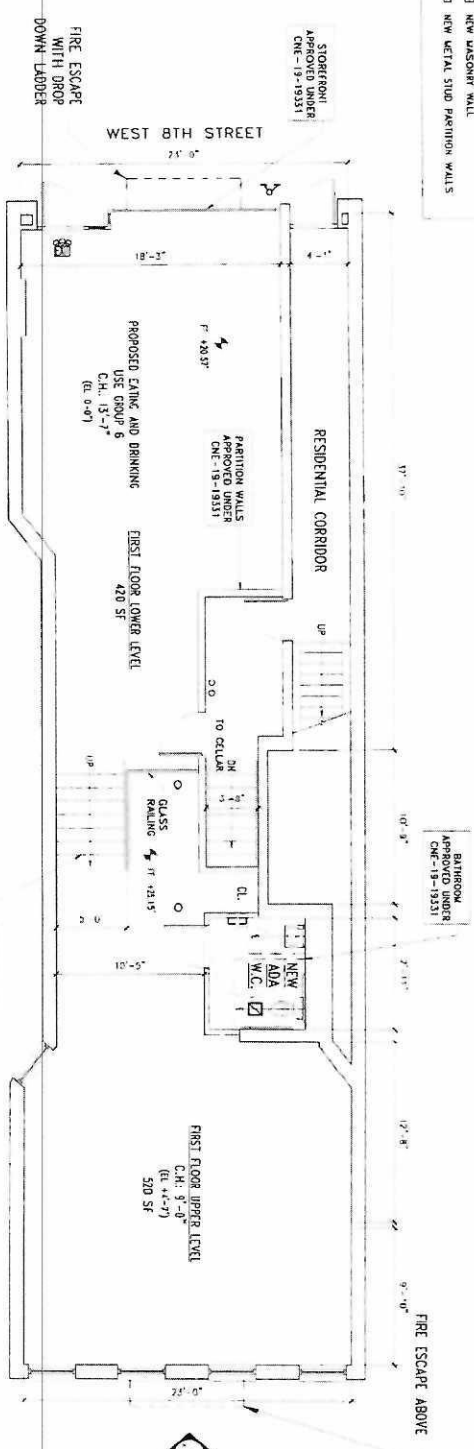
ALL CONDITIONS ARE EXISTING UNLESS OTHERWISE NOTED

SEALING, ADDRESS PRESERVATION,
 COUNCILMAN, FOR APPROVAL

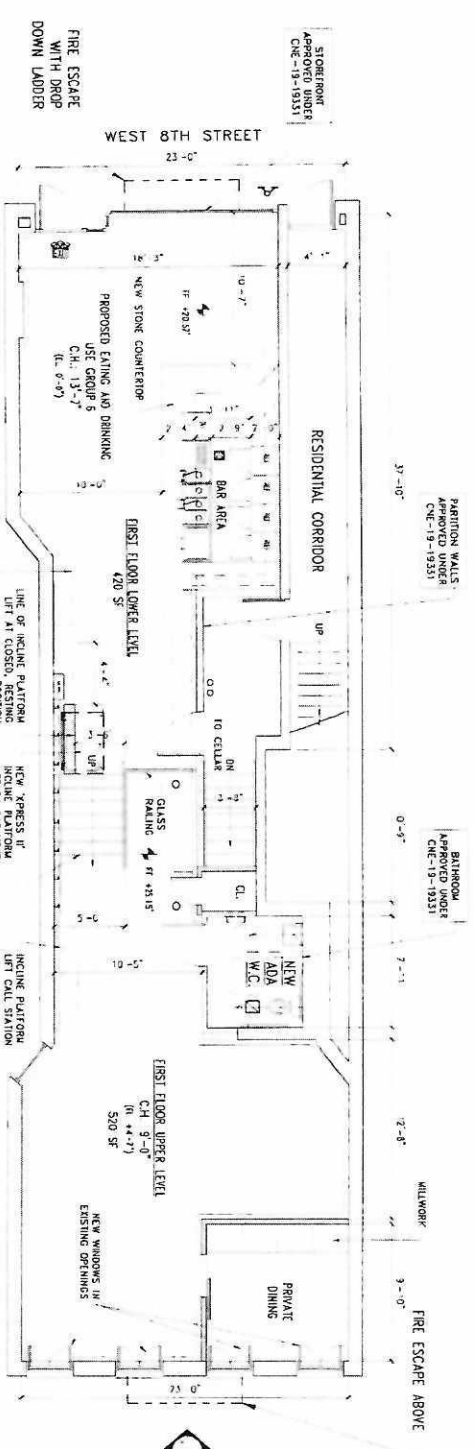


EXISTING AND PROPOSED
 CELLARBASMENT PLANS
 08 31 2021
 2021-09
 PT
 AS NOTED
 A-100.00
 2 OF 3

LEGEND:
 [Symbol] NEW MASONRY WALL
 [Symbol] NEW METAL STUD PARTITION WALLS



1 EXISTING 1ST FLOOR PLAN
 A-101 SCALE 1/4" = 1'-0"

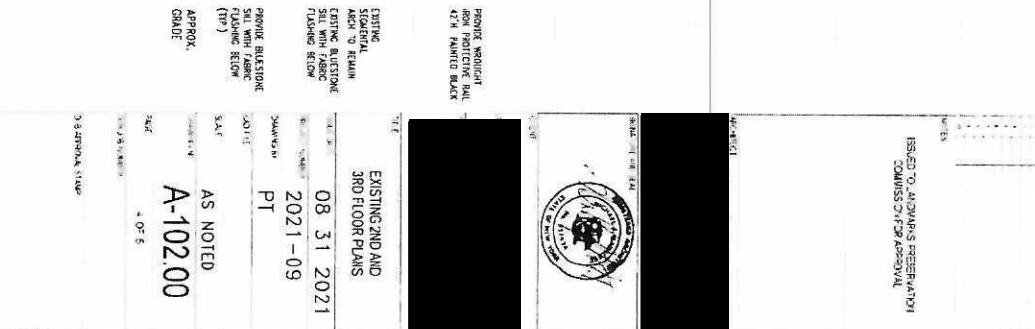
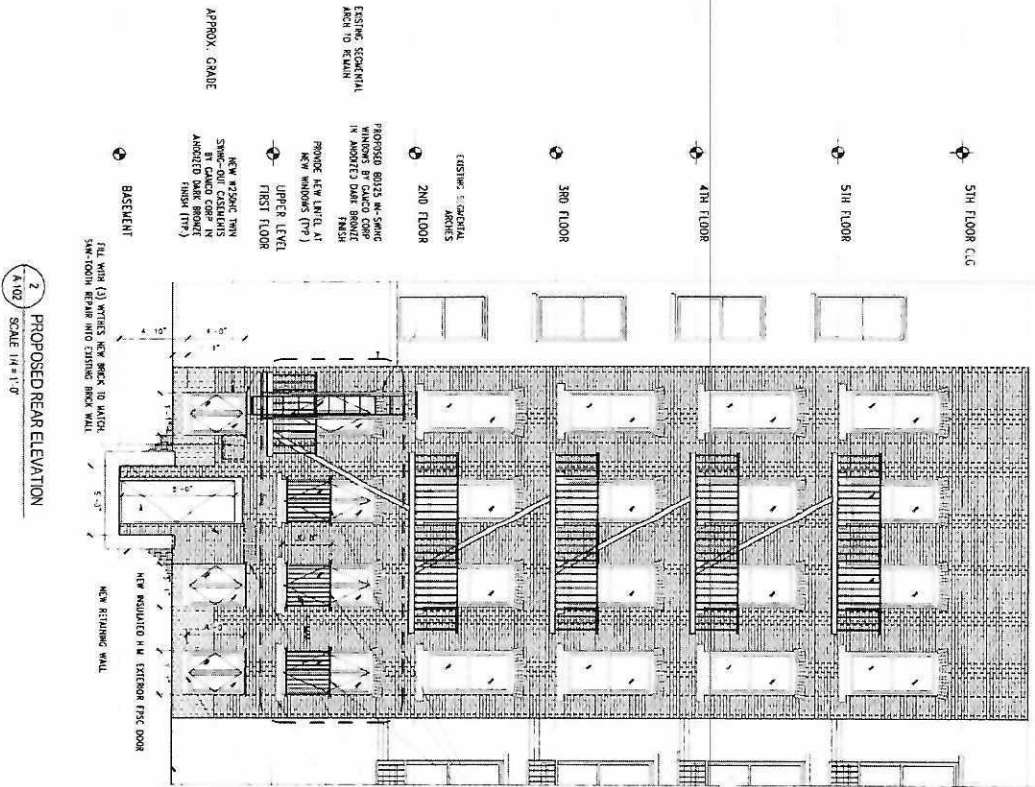
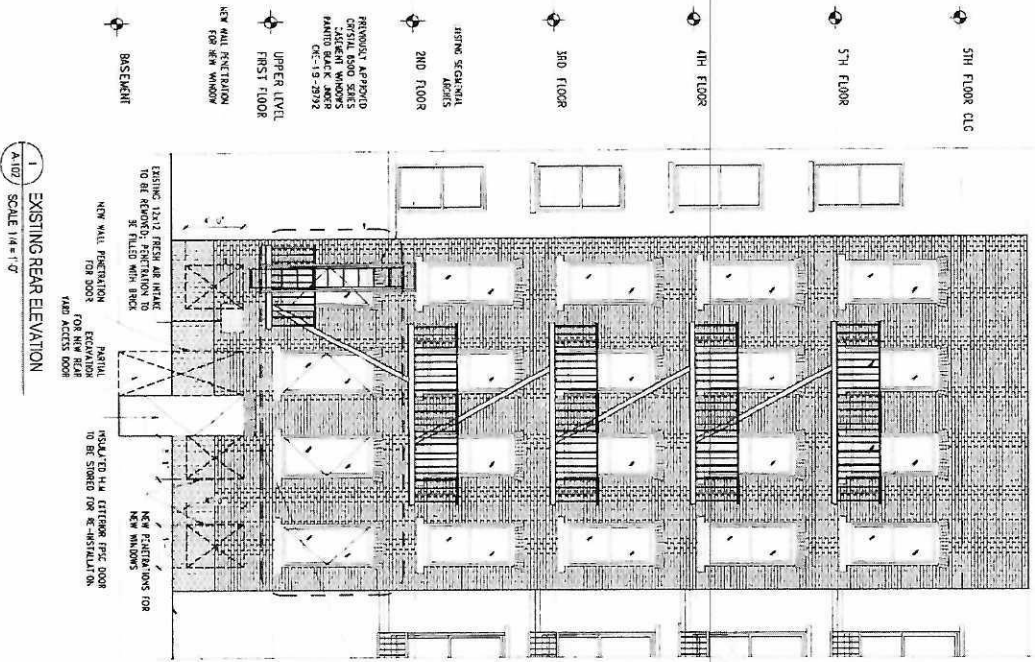


2 PROPOSED 1ST FLOOR PLAN
 A-101 SCALE 1/4" = 1'-0"

ALL CONDITIONS ARE EXISTING UNLESS OTHERWISE NOTED

ISSUED TO: SYDNEY'S PRESERVATION COMMISSION FOR APPROVAL	
DATE: 08/31/2021 DRAWN BY: PT CHECKED BY: AS NOTED SCALE: 3/0" = 1'-0"	PROJECT: A-101.00 SHEET: 3 OF 3

ALL CONDITIONS ARE EXISTING UNLESS OTHERWISE NOTED



ISSUED TO ARCHITECTS PREPARATION
COMMISSION FOR APPROVAL

AS NOTED
A-102.00

08.31.2021
2021-09

EXISTING 2ND AND
3RD FLOOR PLANS

0.5 INCHES

(ADJACENT BUILDING)
54 WEST 9TH STREET
4 STORIES

-(ADJACENT BUILDING)
54 WEST 9TH STREET
4 STORIES

WEST 9TH STREET

FIFTH AVENUE

ISSUED TO LANDWATERS PRESERVATION
COMMISSION FOR APPROVAL

(ADJACENT BUILDING) 35 WEST 8TH STREET 6 STORIES	(ADJACENT BUILDING) 51 WEST 8TH STREET 5 STORIES
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WEST 8TH STREET

 $\otimes^{\mathbb{Z}}$

WESTCOTT TWIN SWING OUT
CASEMENT WINDOW 6"
CALICO COORDINATION IN
ANODIZED DARK BRONZE
FINISH

BLOCK PLAN AND
ENLARGED TYP WINDOW

08 31 2021

PT

AS NOTED

A-103.00

505

Copyright © 2004

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): MEMBERS ONLY EXPERIENCE LLC

Trade name (DBA): MEMBERS ONLY

Premises address: 53 WEST 8TH STREET, NEW YORK, NY 10011

Cross Streets and other addresses used for building/premise:

NORMAN BUCHBINDER WAY, AVENUE OF THE AMERICAS

CONTACT INFORMATION:

Principal(s) Name(s): ROHIT MALHOTRA

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone #: [REDACTED] email: RONN@MEMBERSONLY.COM

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

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

ROHIT MALHOTRA PRYM 1216 STREET LEVEL LLC

ROHIT MALHOTRA PRYM 1216 BASEMENT LLC

ROHIT MALHOTRA NISE AT 47 PARTNERS LLC

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

THE PREMISE IS A BRAND GALLERY FOR THE MEMBERS ONLY
Clothing BRAND THE ESTABLISHMENT WILL BE A Tavern license -
with a food-menu which satisfied the SCA requirements as the Premier
will not have a full kitchen.

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:

LOCATION HAS BEEN VACANT FOR SEVERAL YEARS, PRIOR TO THAT IT
WAS A SHOES STORE

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:

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: 1970

Describe neighboring buildings:

mixed commercial
55 West 8th Street - 6 Floor Residential Building, 51 West 8th Street - 5 Floor Residential Building.

Zoning Designation: LC - LIMITED COMMERCIAL

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 572 1 70

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 NYC outdoor Dining Rules (cond)

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

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

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

If yes, is proposed occupancy permitted? ___ yes ___ no, explain: updated CoO

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? 1,554 SF

If more than one floor, please specify square footage by floors: CELLAR FLOOR - 506 SF, Ground FL - 1048 SF

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

N/A

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

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? 20 Total table seats? 59

Total number of bars? 1 Total bar seats? 7

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

Total OVERALL number of seats in Premises: 66

BARS:

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

How many service bars are being applied for on the premises? 0

Any food counters? X 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 X ^{Tavern} Bar & Food _____ Restaurant _____ Club/ Cabaret _____ Hotel _____ Other: _____

What are the Hours of Operation?

Sunday: 11^{AM} to 1:15^{AM} Monday: 11^{AM} to 1^{AM} Tuesday: 11^{AM} to 1^{AM} Wednesday: 11^{AM} to 1^{AM} Thursday: 11^{AM} to 2^{AM} Friday: 11^{AM} to 2^{AM} Saturday: 11^{AM} to 2^{AM}

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?) _____

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? Yes

Please describe your sound system and sound proofing: Not selected as of yet

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)

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 ½ " 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: Ran Malhotra Phone: [REDACTED]

Address: _____

Email: ranm@membersonly.com

Application submitted on
behalf of the applicant by:

[Signature]
Signature

Print or Type Name Mitchell Sejal, Esq.

Title Attorney

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.

[Signature]

[Signature]

Community Board 2, Manhattan
SLA Licensing Committee
Carter Booth, Co-Chair
Robert Ely, Co-Chair