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COMMUNITY BOARD No. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

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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 month's 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)

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): TMSI, Inc. and USE LX LLC

Trade name (DBA): Intersect By Lexus

Premises address: 412 West 14th Street, New York, NY 10014

Cross Streets and other addresses used for building/premise:

411-417 West 13th Street, New York, NY 10014; 9th Avenue and Washington Street

CONTACT INFORMATION:

Principal(s) Name(s): Avisheh Avini

Office or Home Address: _____

City, State, Zip: New York, NY 10003

Telephone #: _____

email : _____

Landlord Name / Contact:

412 W. 14 Owner, LLC

Landlord's Telephone and Fax: _____

NAMES OF ALL PRINCIPAL(s):

SEE ATTACHED

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

SEE ATTACHED

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

The boutique gallery is a space where people can experience the brand without getting behind the steering wheel of a Lexus vehicle. Consisting of a vehicle display area, modest exhibition and event space complemented by a contemporary restaurant, sitting area and lounge, the venue is a place where people can be entertained, educated and interact with each other and engage with the latest activities of the Lexus brand.

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 : Change in Method of Operation

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

To add live music and DJ, which is currently limited to private/invitation events only, for other than private events.

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: _____

TMSI Inc. and USE LX LLC, Serial #1301803, expires 09/30/2022

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: 3 Year Built : Approximately 1901

Describe neighboring buildings:
Commerical - heavy retail with restaurants and some office space

Zoning Designation: M 1-5

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 646 / 7501

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 : n/a - no changes to be made

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 _____

What is the proposed Occupancy? 350

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? 439

If yes, what is the use group for the premises? 12A

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 Premises is open and operating
(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? 16,500 SF (public space approximately 6,700 SF)

If more than one floor, please specify square footage by floors: 1st Fl: 1,707 SF; 2nd Fl: 2,086 SF; 3rd Fl: 1,236 SF*
*these do not include restrooms, kitchen, storage areas, etc.

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 and elevators

How many entrances are there? 1 How many exits? 3 How many bathrooms? 4

Is there access to other parts of the building? no yes, explain: Access to a cellar which is not part of the leased premises and a roof which is part of the leased premises.

OVERALL SEATING INFORMATION:

Total number of tables? 32 Total table seats? 95

Total number of bars? 2 Total bar seats? 14

Total number of "other" seats? 14 please explain : Counter seating on 1st and 2nd floors

Total OVERALL number of seats in Premises : 123 plus lounge seating on 1st and 2nd floors

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 2 Seats 14

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

Any food counters? no yes, describe : Food/beverage counter on ground floor

For Alterations and Upgrades: N/A

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: Sitting area and bar event space, vehicle display area and flexible community space

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
SEE ATTACHED
___ to ___ ___ to ___ ___ to ___ ___ to ___ ___ to ___ ___ to ___

Will the business employ a manager? ___ no yes, name / experience if known : Grant Gardner

Will there be security personnel? ___ no yes(if yes, what nights and how many?) For events using the entire space

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) *private events only

Do you have or plan to install soundproofing? ___ no yes

IF YES, will you be using a professional sound engineer? n/a - premises is open and operating

Please describe your sound system and sound proofing: For music or film events soundproofing panels will cover the windows and separate the void from 3rd floor event space.

Will you be permitting: ___ promoted events scheduled performances ___ outside promoters
regular intimate performances

___ 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)
premises is open and operating

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: _____

HOURS OF OPERATION:

1st Floor: 7AM – 12AM Daily*
(11PM close when used for/in conjunction with events)

2nd Floor: 11AM – 12AM Daily
(11PM close when used for/in conjunction with events)

3rd Floor: Events to end by 11PM

*No alcohol will be served before 10AM

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: Grant Gardner Phone: [REDACTED]

Address: _____

Email : [REDACTED]

Application submitted on behalf of the applicant by:

DocuSigned by:

82AD8D73E3E64ED

Signature

Print or Type Name Avisheh Avini

Title Chief Legal Officer

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.

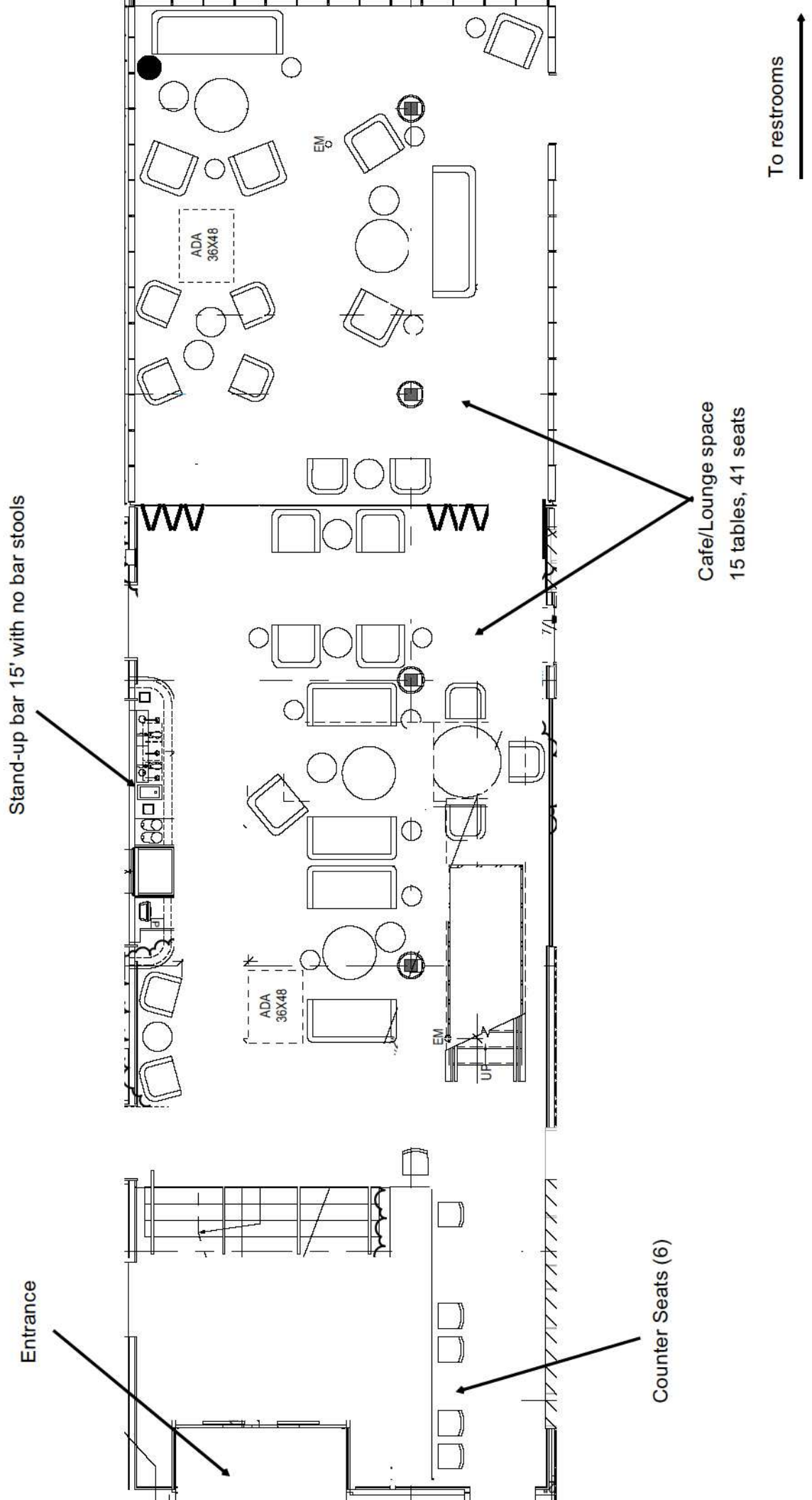


Community Board 2, Manhattan
SLA Licensing Committee
Carter Booth, Co-Chair
Robert Ely, Co-Chair

1. Floor Plans

TMSI Inc. and USE LX LLC as manager
412 W 14th Street
a/k/a 411-417 W 13th Street
New York, NY 10014

FIRST FLOOR



SECOND FLOOR

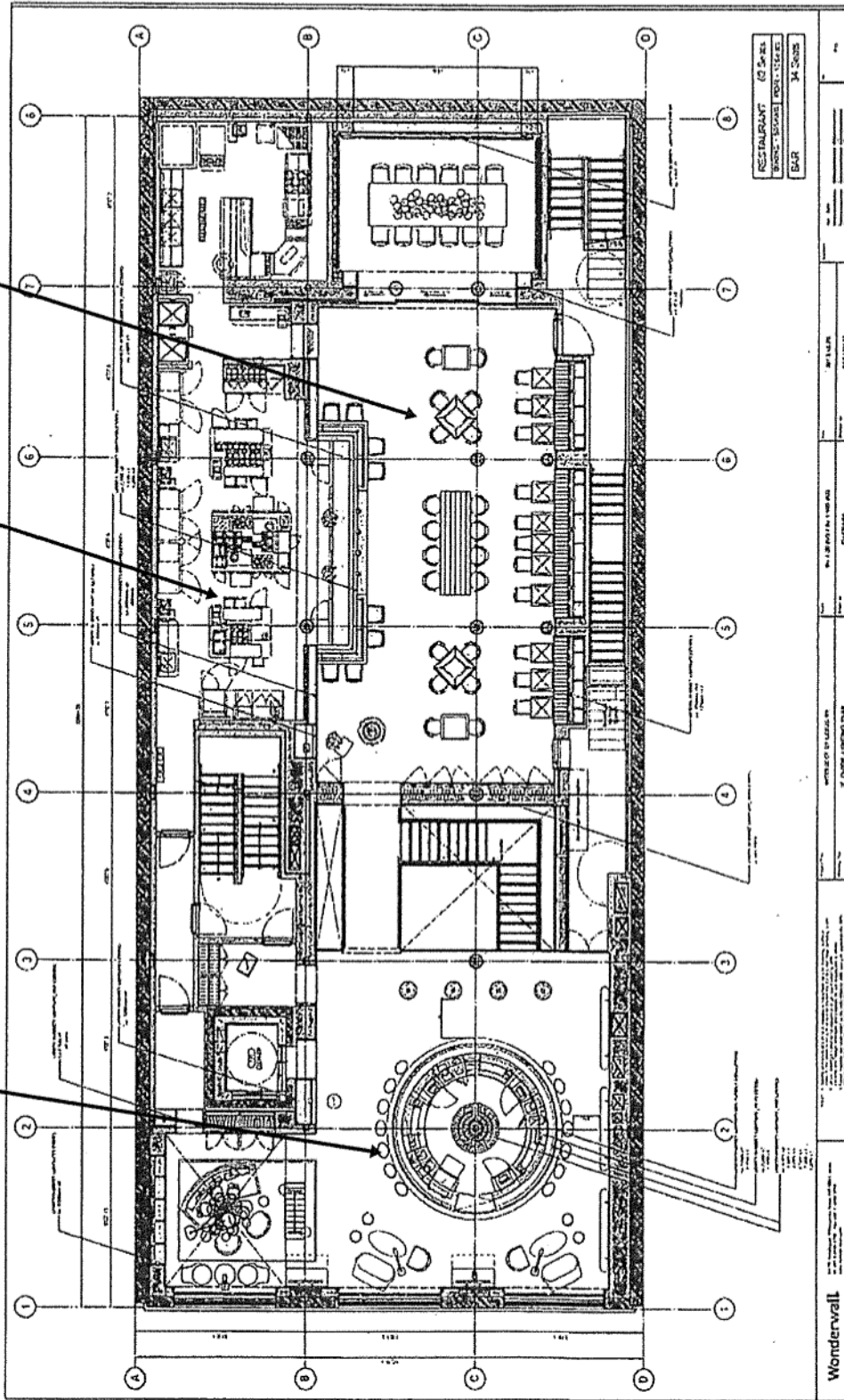
TMSI Inc. and USE LIX, LLC as manager
 412 W. 14th Street, Unit 1N/North Unit
 a/k/a 411-417 W 13th Street
 New York, NY 10014



Bar 54' with 14 bar stools

Kitchen

Restaurant space
 17 Tables/54 Seats plus 8 counter seats



TMSI Inc. and USE LX, LLC as manager
412 W. 14th Street, Unit 1N/North Unit
a/k/a 411-417 W 13th Street
New York, NY 10014



THIRD FLOOR

