

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): PHILIP TESTA CHRIS MAIER "CARRIAGE HOUSE"

Trade name (DBA): 142 CARRIAGE HOUSE LLC

Premises address: 142 W 10TH STREET, NY, NY 10014

Cross Streets and other addresses used for building/premise: BETWEEN WARELY + GREENWICH

CONTACT INFORMATION:

Principal(s) Name(s): PHILIP TESTA + CHRIS MAIER

Office or Home Address: [REDACTED]

City, State, Zip: _____

Telephone #: [REDACTED] : PH [REDACTED] @THECARRIAGEHOUSENEWYORK.COM

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>Philip Testa</u>	_____
<u>Chris Maier</u>	_____
<u>Jordan Andino</u>	<u>2nd City Second Avenue LLC</u> <u>closed</u>

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

WE ARE A RESTAURANT THAT WILL SPECIALIZE IN FINE DINING,
AMERICAN FOOD INSPIRED BY FRENCH TECHNIQUES. WE WILL FOCUS
ON BRINGING A UNIQUE UPGRADE EXPERIENCE TO NOT ONLY OUR
COMMUNITY, BUT TO TRAVELERS ABOARD, AND SHARE THE CULTURES
OF NEW YORK'S VIBRANT AND DIVERSE HISTORY.

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:

LOUPO RESTAURANT

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:

LOUPO RESTAURANT

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 : _____

Describe neighboring buildings:

RESIDENTIAL BUILDINGS AND A NEARBY FIREHOUSE

Zoning Designation: _____

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: _____ / _____

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 : PENDING

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? _____

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? _____

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

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
(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: LANTERNS WILL BE UPDATED, AWNING REMOVED

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? ≈ 1900

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?

NO

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

How many entrances are there? 1 How many exits? 2 How many bathrooms? 3

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

OVERALL SEATING INFORMATION:

Total number of tables? 15 Total table seats? 56

Total number of bars? 1 Total bar seats? 12

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

Total OVERALL number of seats in Premises: 68

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 12

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

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 ____ Bar & Food X Restaurant ____ Club/ Cabaret ____ Hotel ____ Other: _____

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:

4 to 11 4 to 11 ___ to ___ 4 to 11 4 to 11 4 to 12 4 to 12

Will the business employ a manager? ___ no ☒ yes, name / experience if known : CESAR GARCIA

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 (ALREADY INSTALLED)

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

Please describe your sound system and sound proofing: SOUND PROOFING WAS PREVIOUSLY

INSTALLED BY THE OTHER TENANT

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: PHILIP TESTA Phone: [REDACTED] [REDACTED] [REDACTED]

Address: [REDACTED]

Email: PHIL @ THECARRIAGEHOUSENEWYORK.COM

Application submitted on
behalf of the applicant by:

Signature

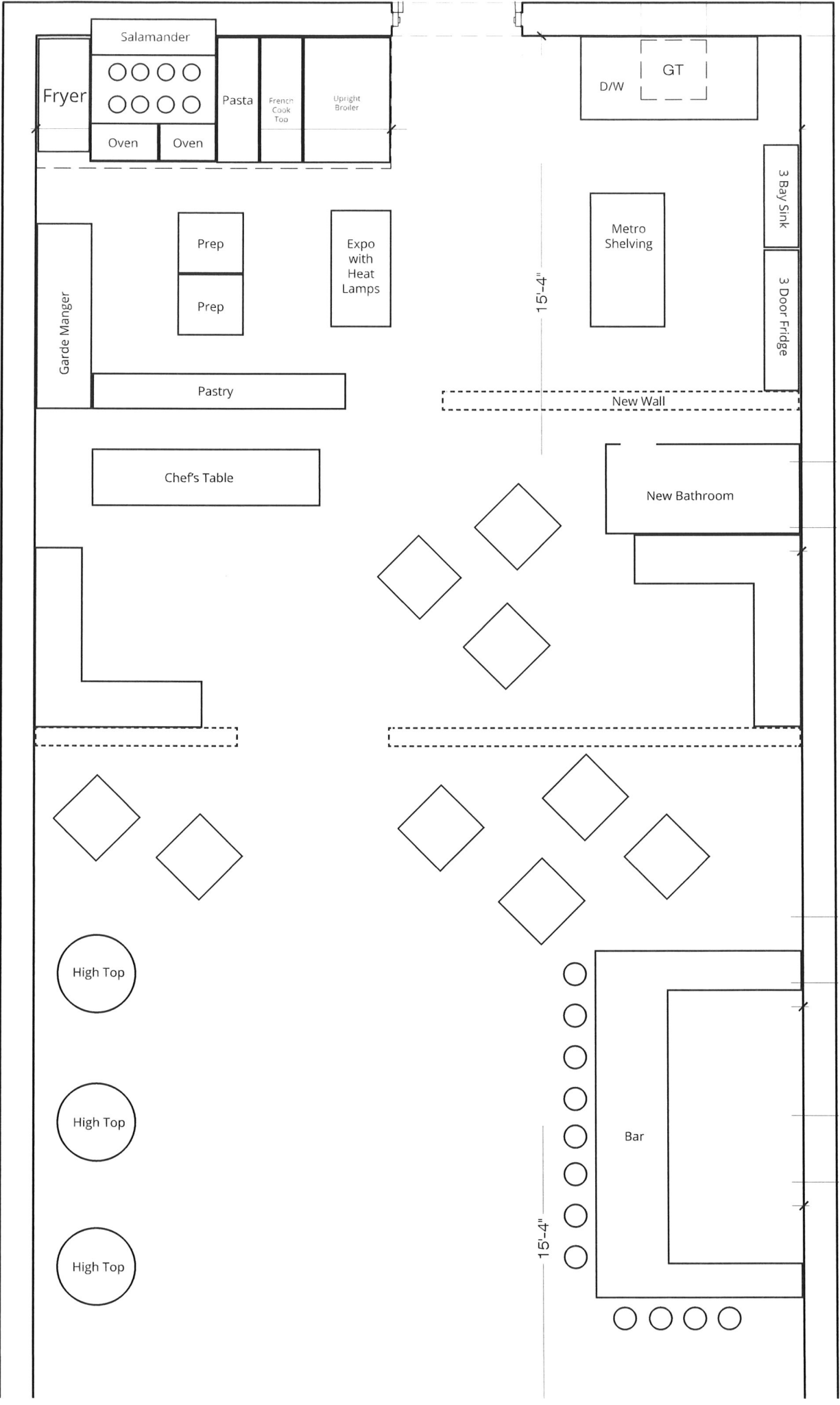
Print or Type Name _____

Title _____

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



12'-8"