

APPLICANT INFORMATION:

Name of applicant(s): Bistrotier LLC

Trade name (DBA): Libertine

Premises address: 684 Greenwich Street

Cross Streets and other addresses used for building/premise:
Christopher Street and W 10th Street

CONTACT INFORMATION:

Principal(s) Name(s): Cody Pruitt

Office or Home Address: [REDACTED]

City, State, Zip: New York, NY 10014

Telephone #: [REDACTED] email : cody@libertinenyc.com

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
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<u>Cody Pruitt</u>	<u></u>
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Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):

We are an all-day French bistro. In the morning, we will have to-go and to-stay cafe
service along with a full breakfast menu during the week and brunch on weekends. In
the afternoon, we will offer to-go and to-stay full lunch service. In the evening, we will
serve a full dinner menu centered around traditional seasonal French cuisine, alongside natural
French wine and classical French cocktails.

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.)

N/A

If this is for a new application, please list previous use of location for the last 5 years:

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: _____

Gaetana's, License # 1143575, 2003-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:

Current license in business since 2003. Premises has been continuously licensed since

before 1995, and potentially all the way back to the enactment of the ABC Law in 1933,

as well as during Prohibition and prior.

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: 2 Year Built : 1900

Describe neighboring buildings:

Mixed: Residential and Commercial

Zoning Designation: R6

Zoning Overlay or Special Designation (applicable) N/A

Block and Lot Number: 630 / 24

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 : All appropriate permits will be filed with LPC

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 Via NYC Open Restaurant Program

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 ☐ Pending

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: We will seek LPC approval for facade renovations, repair work and installation of new signage.

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 2,712 square feet

If more than one floor, please specify square footage by floors: Ground Floor: 1,812 sq ft and cellar: 900 sq ft

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

Sidewalk Cafe: 40 sq ft (Greenwich Street) and 150 sq ft (Christopher Street)

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

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

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

OVERALL SEATING INFORMATION:

Total number of tables? 21 Total table seats? 50

Total number of bars? 1 Total bar seats? 12

Total number of "other" seats? 22 please explain: sidewalk cafe area

Total OVERALL number of seats in Premises: 84 - Interior of Premises: 62, Exterior of Premises: 22

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? 0

Any food counters? x no yes, describe:

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes:

N/A

* 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:
8am to 1am 8am to 1am 8am to 1am 8am to 1am 8am to 1am 8am to 1am 8am to 1am

Will the business employ a manager? ☐ no ☒ yes, name / experience if known: Cody Pruitt

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: There are two existing sets of French doors on the Christopher Street side of the premises

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? _____

Please describe your sound system and sound proofing: The premises' sound system will be a small Sonos/iPod set-up with 4-5 small speakers, playing background music.

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

No any events at which a cover fee is charged? Yes 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: Church of St. Veronica

Address: 149 Christopher Street Distance: Church has been closed for more than a year.

Name of School / Church: _____

Name of School / Church: Village Community School

Address: 272 W 10th Street Distance: 183 FT (Entrance at W 10th Street)

Name of School / Church: _____

Address: _____ Distance: _____

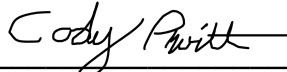
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: _____ Phone: _____

Address: _____

Email : _____

Application submitted on
behalf of the applicant by:



Signature

Print or Type Name Cody Pruitt

Title Managing Partner

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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