

Meeting Date: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name of applicant(s):  
Laura Presbury One N K LLC

Trade name (DBA): BISOU

Premises address:  
112 Sixth Ave, New York, NY 10013

Cross Streets and other addresses used for building/premise:  
Watts St and Broome St

**CONTACT INFORMATION:**

Principal(s) Name(s):  
Laura Presbury

Office or Home Address: [REDACTED]

City, State, Zip: New York, NY 10003

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact:  
\_\_\_\_\_

Landlord's Telephone and Fax: \_\_\_\_\_

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

|                       |       |
|-----------------------|-------|
| <u>Laura Presbury</u> | _____ |
| _____                 | _____ |
| _____                 | _____ |

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

We aim to become the neighborhood meeting place for all residents of West Soho by giving our customers the experience and the feeling they have been transported to a Paris Café. We will be offering a wide selection of wines, cocktails, and tapas that will rotate seasonally. The wine will be hand-selected and of high quality for those with delicate palates. Our Mixologist will carefully craft the cocktails with unique flavors and twists to some classics. The tapas will be an assortment of meat and cheese boards and lite bites to satisfy our customers.

**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:

Restaurants: Mooncake Foods, a Chinese Restaurant. Prior to that, Rossetti's Pizza was the tenant for many 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: \_\_\_\_\_

---

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 : 1900

Describe neighboring buildings:

Mixed: Both Residential and Lower level Commercial spaces

Zoning Designation: MI-5B

Zoning Overlay or Special Designation (applicable) \_\_\_\_\_

Block and Lot Number: 00476 / 0015

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 : We do not plan to make any adjustments

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 We will have a few tables for a sidewalk cafe

What is the proposed Occupancy? 31 Interior(not including staff), 20 Outside

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? 33 Interior seating

If yes, what is the use group for the premises? business and residence(Building CofO)

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: \_\_\_\_\_)

## INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 800 sq ft with 630 Sq Ft net usable space

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?

25 sq ft frontage

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

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? 7 Total table seats? 22

Total number of bars? 1 Total bar seats? 9

Total number of "other" seats? 20 please explain: Sidewalk Cafe

Total OVERALL number of seats in Premises: 31 Interior, 20 Exterior

## BARS:

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 9

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

Any food counters?  no  yes, describe: \_\_\_\_\_

### *For Alterations and Upgrades:*

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

Currently, it is a curved bar with 6 fixed seats. We would like the update it to a L-shaped bar to have space for the additional 3 bar seats.

\* 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.

x

## 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: \_\_\_\_\_ Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_  
5pm to 12am 5pm to 12am 5pm to 12am 5pm to 12am 5pm to 12am 5pm to 1am 5pm to 1am

Will the business employ a manager?  no  yes, name / experience if known : Not Applicable

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: \_\_\_\_\_

We will have a few small speakers around the space to create a gentle atmosphere. For sound proofing it is required in our lease so this will be done by a professional.

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

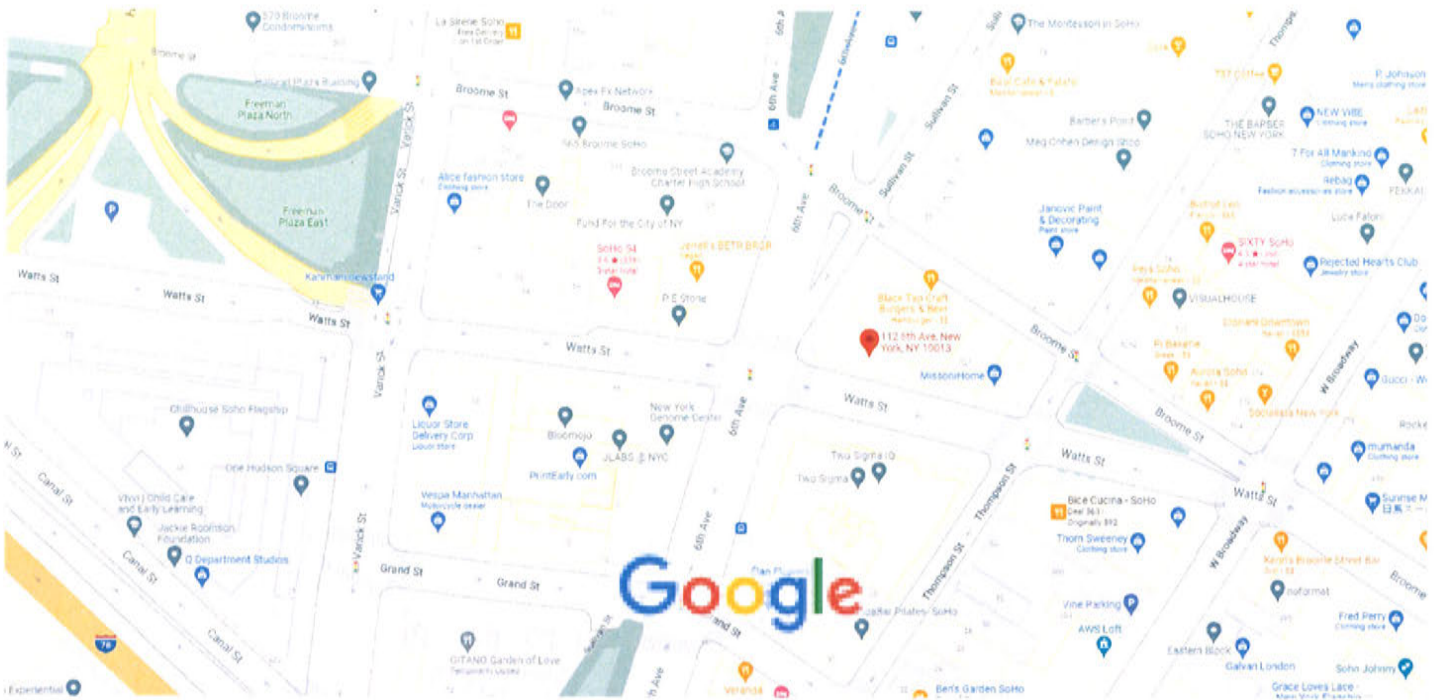
***If there is a school, church or place of worship within 200 feet of your premises or on the same block, please submit a block plot diagram or area map showing its' location in proximity to your applicant premises ( no larger than 8 ½ " x 11").***

Indicate the distance in feet from the proposed premise:

Name of School / Church: Broome Street Academy H.S.

Address: 121 6<sup>th</sup> Avenue Distance: 190'

# Google Maps 112 6th Ave



Map data ©2021 Google 50 ft



Name of School / Church: \_\_\_\_\_

Address: \_\_\_\_\_ Distance: \_\_\_\_\_

Name of School / Church: \_\_\_\_\_

Address: \_\_\_\_\_ Distance: \_\_\_\_\_

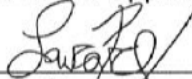
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: Laura Presbury Phone: [REDACTED]

Address: [REDACTED]

Email: [REDACTED]

Application submitted on behalf of the applicant by:

  
Signature

Print or Type Name Laura Presbury

Title Owner

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

### ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

**Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.**

#### 1. Zoning

1a. State what the area is zoned for:   
(i.e.. Residential, Business, Mixed)

1b. If applying for an on premises license does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits?  Yes  No  Pending

#### 2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address?  Yes  No

If "yes" please specify and give details:

*If the address was changed due to a 911 update or other government action, please include documentation for the change.*

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

Currently Licensed  Previously Licensed  Never Licensed  Do Not Know

Name of Licensee:  License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee, or prior licensee?

Yes  No  Do not know

**Any pending disciplinary action may delay a determination on this application or result in the disapproval.**

2e. If the proposed premises has not been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed?  Yes  No

Name of Licensee:  License Serial Number:

**3. Premises (Interior):**

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located(i.e. basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed? If yes, show the means of access on the interior diagram(s).  Yes  No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, etc., over which the applicant does not have exclusive possession and control? Example: hallways, stairwells, common areas, etc.  Yes  No

If YES, describe:

3f. How many public restrooms? If less than two(2) public restrooms you must request a waiver of the two(2) restroom rule in writing. Show restrooms on diagram.

3g. List the maximum occupancy of the premises:

3h. Number of tables?  3i. Number of seats at tables?  3j. Number of seats at bar or counter?

**4. BARS:**

4a. How many customer bars are located on the premises? ( where patrons may order, purchase, or receive alcoholic beverages.)

4b. How many service bars\*? (A service bar is for wait staff use exclusively.)

4c. Describe each bar in the fields below:

| Bar 1  | Bar 2                          | Bar 3                          |
|--|--------------------------------|--------------------------------|
| Bar Type: <input type="text" value="Patron/Service Bar"/>                  | Bar Type: <input type="text"/> | Bar Type: <input type="text"/> |
| Length: <input 1="" 2"w"="" 7'-7="" and="" l="" type="text" value="16'2"/> | Length: <input type="text"/>   | Length: <input type="text"/>   |
| Shape: <input type="text" value="L-Shaped"/>                               | Shape: <input type="text"/>    | Shape: <input type="text"/>    |
| Bar 4  | Bar 5                          | Bar 6                          |
| Bar Type: <input type="text"/>   | Bar Type: <input type="text"/> | Bar Type: <input type="text"/> |
| Length: <input type="text"/>   | Length: <input type="text"/>   | Length: <input type="text"/>   |
| Shape: <input type="text"/>  | Shape: <input type="text"/>    | Shape: <input type="text"/>    |

X

Attach additional sheets if there are more than 6 bars.

*continued on next page*

**5. KITCHEN**

5a. Does premises have a full kitchen?    Yes    No

If NO, does premises have a food preparation area?    Yes    No

**Show Kitchen or Food Preparation Area on the Interior Diagram.**

**NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU**

5b. Is a chef/cook employed at the premises?    Yes    No

If YES, list hours of day chef/cook will devote to the premises: Will be determined based on menu prep time

**6. HOTEL or BED & BREAKFAST**

6a. How many floors?  

6b. How many guest rooms?  

6c. For Hotels Only: Is there a public restaurant on the Hotel Premises?    Yes    No

**7. OUTDOOR AREAS**

7a. Are there any outside areas used for the sale or consumption of alcoholic beverages?    Yes    No

7b. Check all types that apply:

(There must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram.)

- Sidewalk Cafe    Deck    Patio    Porch    Gazebo  
 Rooftop    Yard    Balcony    Pavilion    Tent  
 Other (describe):

7c. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? If Yes, how is it divided?

Yes    No

Public Passageway between sidewalk seating.

7d. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- Fencing    Wall    Shrubbery    Roping    Stanchions  
 Other (describe): Planters

7e. Is a permit required by locality for outside area(s)?    Yes    No

If yes, submit a copy of the permit.

**METHOD OF OPERATION**

*This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.*

The information provided in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1a. Select the type(s) of alcohol you intend to serve at the premises:

- Beer & Cider
- Wine, Beer & Cider
- Liquor, Wine, Beer & Cider

1b. Type of Establishment:

2. Will any other business be conducted at the premises? if "yes" provide details below or on a separate sheet:  Yes  No

2a. If the premises is not a catering establishment, will the premises periodically close to host private events?  Yes  No

2b. If "yes" how frequently?

3. Will premises have music?  Yes  No

3a. If "yes" check all that apply:  RECORDED  DJ  JUKE BOX  KARAOKE

LIVE MUSIC (Give details: i.e. rock bands, acoustic, jazz, etc.):

3b. Will the premises use the services of an Event Promoter?:  Yes  No

4. Will the premises permit dancing?  Yes  No

4a. If "yes", does your municipality require a "cabaret" or other permit granting permission for dancing?  Yes\*  No

\* If a permit is required, submit a copy of the permit. A copy must be submitted prior to issuance of the license.

4b. If dancing is permitted, who will be permitted to dance?  Patrons  Employees for entertainment  Both

4c. If YES, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing?  Yes  No

5. Will there be topless entertainment?  Yes  No

6. Will the business employ a manager?  Yes  No

6a. If "no" will principal(s) manage?  Yes  No

7. How many employees? (Excluding principals and security personnel.)  Excluding Principal

7a. If answer is zero employees ("0"), then provide an explanation below:

Original  Amended  Date

**8. NYS Law requires businesses to carry workers' compensation and disability insurance.**

If applied for and pending, please indicate.

8a. Workers' Compensation Carrier Name and Policy Number:

8b. Disability Insurance Carrier Name and Policy Number:

**If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996.**

9. Will there be security personnel be used at the premises?  Yes  No 9a. If YES, how many?

9b. If "yes" provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired.

**The Licensee is responsible for assuring that security personnel you hire is registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.**

10. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How you will monitor alcohol sales; prevent sales to minors and sales to intoxicated persons. How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

The Manager and any other Employee will be required to maintain an orderly establishment. This will be executed by not over-serving patrons and refusing to serve patrons that appear to be intoxicated. If patrons of the establishment become unruly, they will be asked to leave immediately. If further assistance is needed, the authorities will be called, and this Patron/ Patrons will be prohibited from returning to the establishment. If any altercations occur, the authorities will be contacted immediately, and this Patron/Patrons will be banned from returning to the establishment.

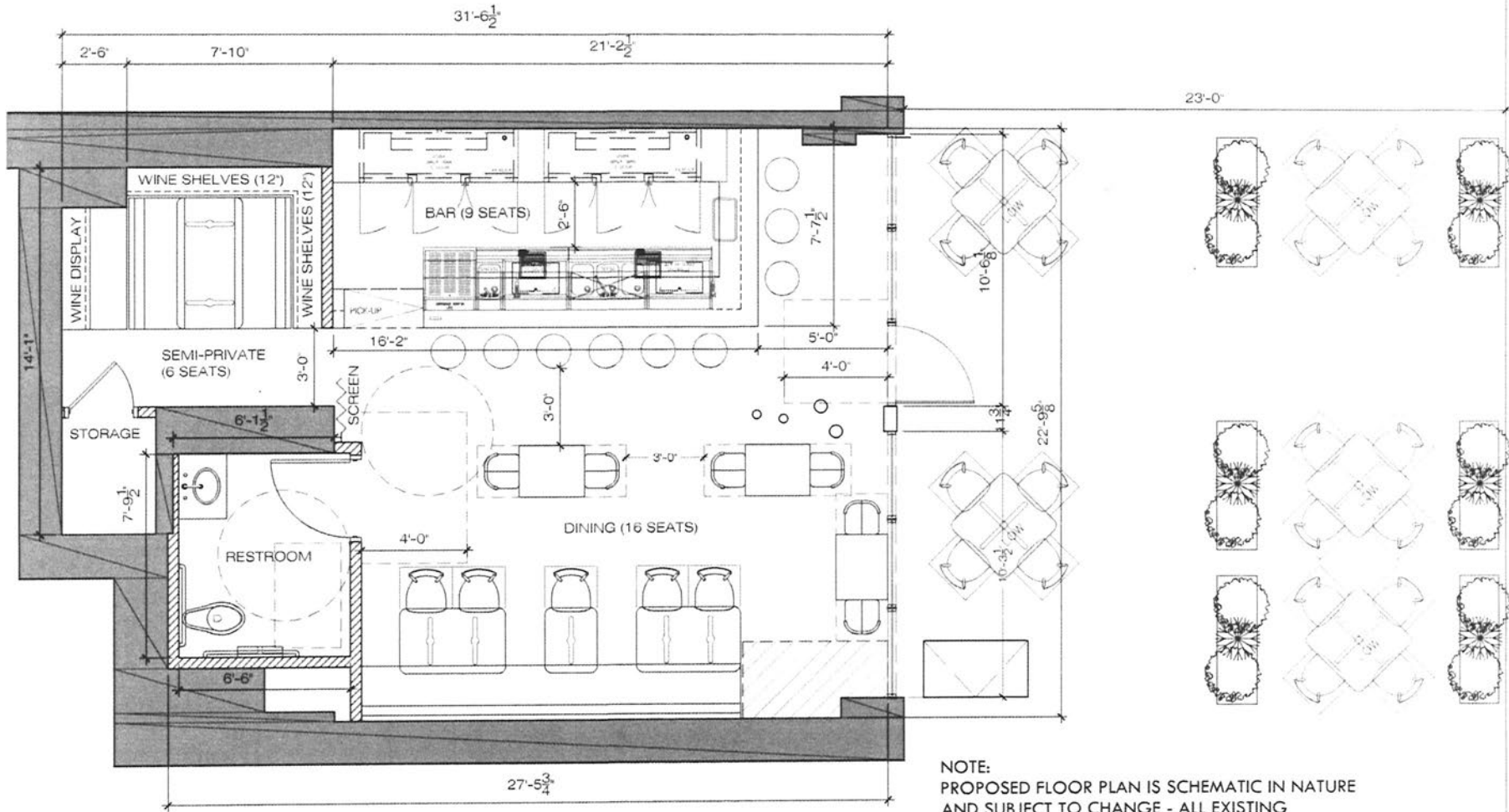
11. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advanced Notice ?

Yes  No

11a. If "no" explain.

**ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY**

A list of county closing hours is available at the following link: <http://www.sla.ny.gov/provisions-for-county-closing-hours>



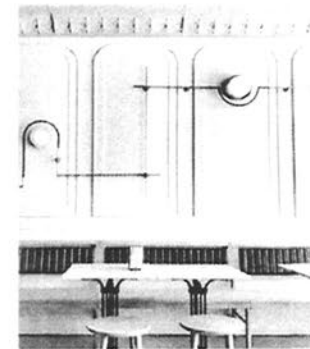
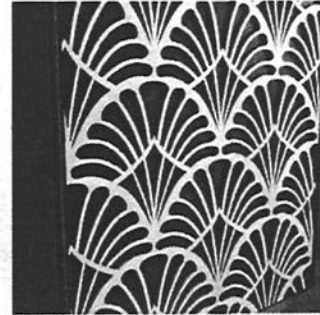
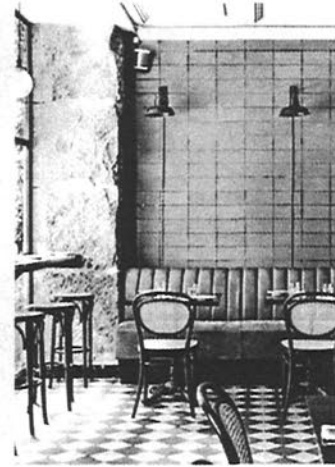
PROPOSED FLOOR PLAN  
SCALE 1/4" = 1'-0"



Bison.

# THE INSPIRATION

THE DECOR WILL CONSIST OF SOFT COLORS AND WARM LIGHTING—AN ODE TO PARISIAN ART DECO WITH A MODERN TWIST. WE HAVE ATTACHED SOME PHOTOS AND A TEMP MOCK-UP FOR OUR VISION. WITH SOCIAL MEDIA BEING A KEY COMPONENT IN MARKETING A RESTAURANT/BAR, WE WILL CURATE A DESIGN THAT WILL NOT ONLY BE INVITING TO CUSTOMERS ON OUR SOCIAL PAGES, BUT THEY WILL WANT TO SHARE IT ON THEIRS.



*Bisou.*

# THE TEMP MOCK-UP

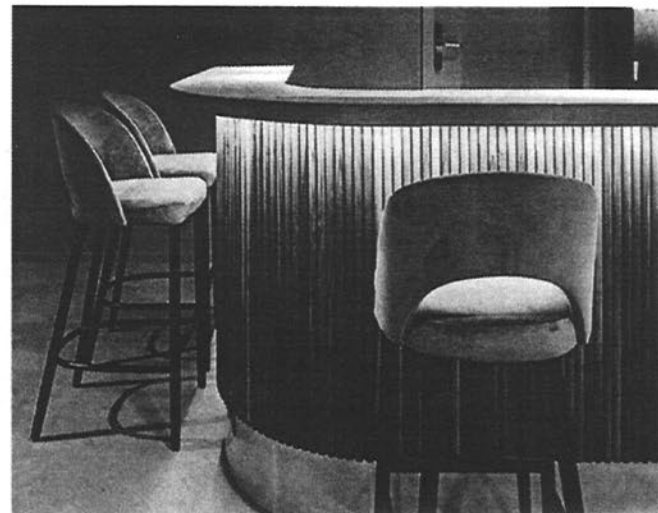
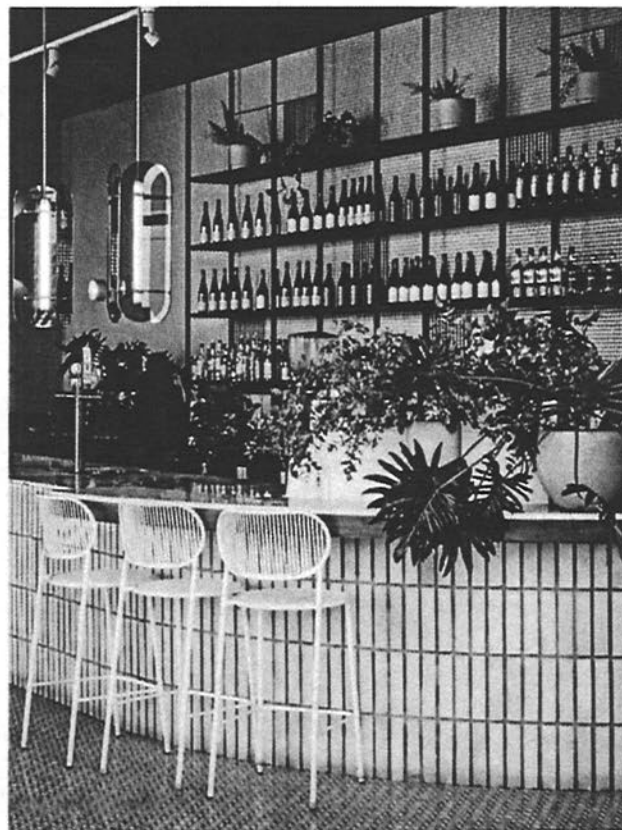
- COLORS: MINT GREEN, SALMON, GOLDS, AND OAK
- ROUND SCONCES AND MIRRORS
- LEATHER AND VELVETS
- WOOD PANELING DETAILS
- FRENCH STYLE CHECKERED FLOOR



*Bisou.*

# THE BAR IDEA

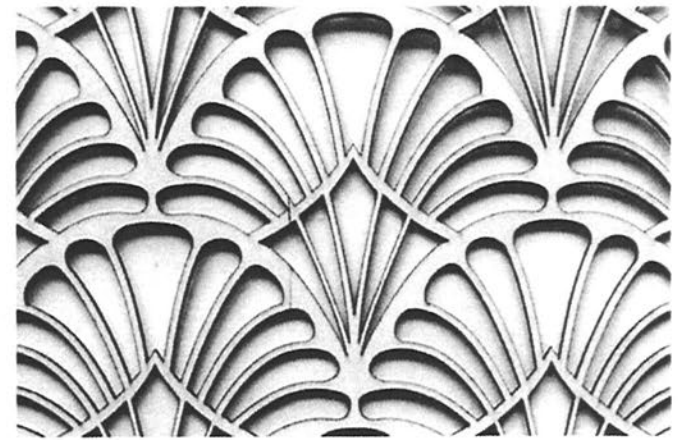
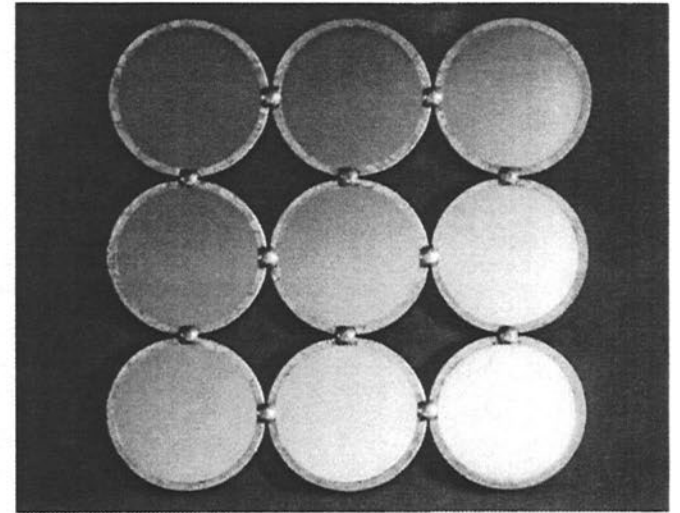
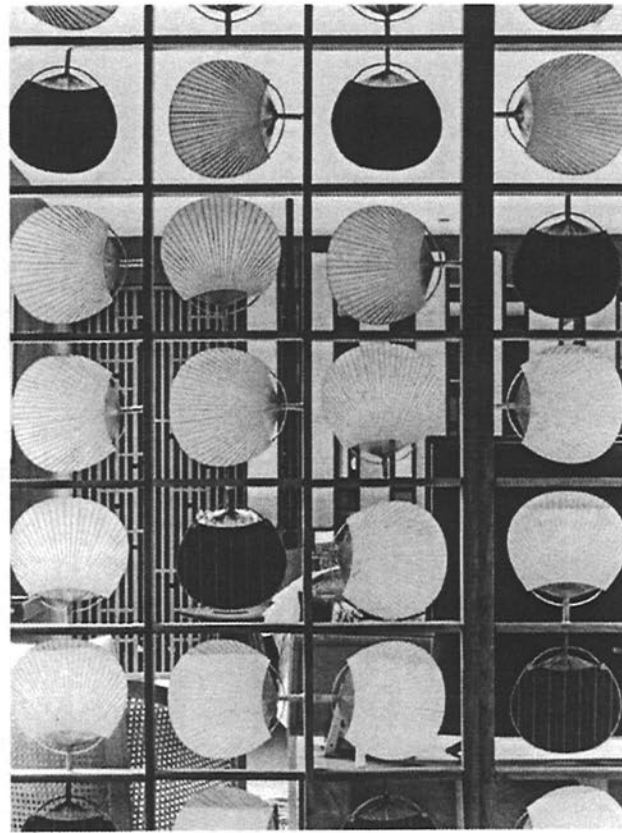
- LIGHT COLORS
- STRAIGHT/RECTANGLE  
BAR
- WOOD PANELING
- GRANITE TOP
- OPEN SHELVING BEHIND



*Bisou.*

# THE PRIVATE ROOM

- SEATS A SMALL PARTY
- WINE BOTTLES ON WALL INSIDE FOR DECOR AND STORAGE
- SLIDING HANGING PRIVACY SCREEN LIKE THE FAN EXAMPLE BUT WITH ROUND MIRRORS OR FRENCH ART DECO DESIGN
- WHEN NOT IN USE OPEN FOR MORE SEATING



*Bisou.*

*Bison.*  
THANK YOU.

## MINNEOLA, LLC

270 Madison Avenue - Suite 1500  
New York, NY 10016  
Tel: (212) 808-0298  
Fax: (212) 370-4024  
RCSusser@gmail.com

October 18, 2021

### VIA E-MAIL

Rafe Evans  
Walker Malloy & Co. Inc.  
157 Columbus Avenue  
New York, NY 10023

Re: Space f/k/a Mooncake Foods

Please be advised that Laura Presbury, via an entity to be named, as tenant, and Minneola, LLC the owner of 110-114 Avenue of the Americas a/k/a 24-34 Watts Street have agreed in principle (but not binding until the parties execute a lease) to lease the rental space formerly occupied by Mooncake Foods, at 112-114 Avenue of the Americas.

**Minneola, LLC**

By: 

Robert C. Susser

Manager of General Partner of Manager

# THE MENU

- CHARCUTERIE
- TUNA TARTARE & GUACAMOLE
- BURRATA & JAMBON DE PARME
- QUINOA SALAD
- OLIVES & NUTS
- HUMMUS & TZATZIKI DIPS
- STEAK TARTARE
- SMOKED SALMON TOAST



*Bisou.*

## Licensed Premises within 500ft

- Black tap craft burgers and beers / 529 Broome St
- Her name was Carmen / 527 Broome St
- Mishka Soho / 519 Broome St
- Lupe's / 110 Sixth Ave
- Jerrell's BETR BRGR / 117 6th Ave
- Pera Soho / 54 Thompson St
- Bistrot Leo / 60 Thompson St
- Aurora Soho / 510 Broome St
- Pi Bakery / 512 Broome St
- Butterfly Soho / 60 Thompson St
- Bice Cucina Soho / 15 Watts St
- Soho 54 Hotel / 54 Watts St
- Taureau / 558 Broome St
- Cipriani / 376 W Broadway



Kate Presbury &lt;katepresbury@gmail.com&gt;

**112 6th Ave**

2 messages

**Kate Presbury** <katepresbury@gmail.com>  
To: info@sohoalliance.org

Wed, Oct 13, 2021 at 1:25 PM

Hi Sean,

I believe it was you that I just spoke to on the phone. I just wanted to thank you for taking the time to talk with me and offer your suggestions. I appreciate it.

Please feel free to contact me if needed at this email.

Thank you for your time,  
Laura "Kate" Presbury

 BISOU.pdf**Sean** <seansweeneynyc@gmail.com>  
To: Kate Presbury <katepresbury@gmail.com>

Wed, Oct 13, 2021 at 6:42 PM

Thank you. We try to help.

I bet the CB will encourage you at the meeting to reduce your closing hours. Consider alternatives.

Good luck on your enterprise and welcome to the neighborhood. If you have any more questions, do not hesitate.

Sean

Sean Sweeney  
DirectorSoHo Alliance  
PO Box 429  
New York, NY 10012  
sohoalliance.org  
212-353-8466  
info@sohoalliance.org

On Oct 13, 2021, at 4:25 PM, Kate Presbury <katepresbury@gmail.com> wrote:

Hi Sean,

I believe it was you that I just spoke to on the phone. I just wanted to thank you for taking the time to talk with me and offer your suggestions. I appreciate it.

Please feel free to contact me if needed at this email.

Thank you for your time,  
Laura "Kate" Presbury

 BISOU.pdf

Jeanine Kiely, Chair  
Susan Kent, First Vice Chair  
Valerie De La Rosa, Second Vice Chair  
Bob Gormley, District Manager



Antony Wong, Treasurer  
Eugene Yoo, Secretary  
Ritu Chattree, 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 STATE LIQUOR AUTHORITY LICENSE ADDENDUM FOR OUTDOOR SEATING

For a Liquor License Application that includes any outdoor areas, please complete the following:

- Submit a diagram of outdoor seating indicating length and width of area(s) and location of all tables and chairs. Include all obstructions (trees, fire hydrants, proximity to bus stops, bike racks, signs, etc.).
- Submit photos of the premises where the sidewalk café and/or roadbed will be located. Required photos show one frontal, one left and one right side view of proposed sidewalk café and/or roadbed.
  - Photos must show complete sidewalk and/or roadway area where sidewalk café and/or roadbed will be including views to curb and neighboring properties.
  - If seating is in a rear yard show photos of yard and surrounding area, including upper view of adjacent buildings.

**Sidewalk café** will have no more than (If premises is located on a corner please indicate for both streets):

5 tables and 20 seats on sixth ave/Sullivan Street  
         tables and          seats on          Street

Hours of sidewalk café: 5pm to 11pm .

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): there is a tree that sits directly in front of the restaurant but is almost to the roadbed

**Roadbed** will have no more than (If premises is located on a corner please indicate for both streets):

         tables and          seats on          Street  
         tables and          seats on          Street

Hours of roadbed:          to          .

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc):         

**Rear yard** will have no more than          tables and          seats

Hours of rear yard:          to          .

Does seating extend beyond the business frontage?  No  Yes

Will outdoor dining structures **on the sidewalk** be enclosed on three (3) or more sides?  No  Yes

Will outdoor dining structures **on the roadbed** be enclosed on three (3) or more sides?  No  Yes

Is there any outdoor music, speakers or TVs?  No  Yes, please describe:         

Will heating elements be used?  No  Yes, please describe: stand alone gas heaters in winter







