

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): West 4th + Barrow LLC

Trade name (DBA): The Spaniard

Premises address: 186 West 4th Street, Store 2

Cross Streets and other addresses used for building/premise:
Barrow + Jones Street

CONTACT INFORMATION:

Principal(s) Name(s): Mark Gibson

Office or Home Address: 186 West 4th Street

City, State, Zip: New York, NY 10014

Telephone #: [REDACTED] email: [REDACTED]

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

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

Mark Gibson
Michael McFerran See attached

Liam Buaci Curtin

David Mobally

Paul Calapa

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

Neighborhood Restaurant welcoming families, couples, etc. with delicious fare in a warm and convivial atmosphere

Rider

1. Bua New York LLC - 122 Saint marks Place, New York, New York - Member/Manager - 2004 - 1154910
2. Wilfie & Nell LLC - 228 West 4th Street, New York, New York - Member/Manager - 2008 - 1207765.
3. TIG Astoria, LLC - 30-09 34th Street, Astoria, New York - Member/Manager - 2008 - 1218506
4. Crown Alley LLC - 1590 2nd Avenue, New York, New York - Member/Manager - 2011 - 1259150
5. The Wren New York LLC - 344 Bowery, New York, New York - Member/Manager - 2011 - 1253507
6. Garage Astoria LLC - 29-12 14 23rd Ave, Astoria, NY
member/mgr - 2014 - 1275538
7. West 4th + Barrow LLC - 190-192 W4th St,
New York, NY - 2016 - Present - 1293296

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.)

license adjacent store, two additional bars

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

West 4th + Barrow LLC / 1293296 / 11-30-2022

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:

186 West 4th Management LLC 8/6/2014 - 2014

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: 9 Year Built: 19th Century

Describe neighboring buildings: Mixed Use

Zoning Designation: C 1-5

Zoning Overlay or Special Designation (applicable) R-6

Block and Lot Number: 590 / 7502

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 - none

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? N/A

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? 225

If yes, what is the use group for the premises? 6

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: new signage

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? Approx 2500 sf
If more than one floor, please specify square footage by floors: GF - 1750 Bsmt - 820

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? Interior Stairway

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

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

OVERALL SEATING INFORMATION:

Total number of tables? 36 Total table seats? 104

Total number of bars? 3 Total bar seats? 38

Total number of "other" seats? 11 please explain: Counter seats

Total OVERALL number of seats in Premises: 153

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 3 Seats 38

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

Any food counters? no yes, describe: _____

For Alterations and Upgrades:

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

approx 60' x 9", 38 stools at 2 bars; adding 2 additional bars (Rear left, approx 20' x 6'; Rear right, approx 10' x 5')

* 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: _____

What are the Hours of Operation?

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

12 to 4 12 to 4 12 to 4 12 to 4 12 to 4 11 to 4 11 to 4
Pm am Pm am Pm am Pm am Pm am am am am 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?) 2/3 as needed

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?) 2 (1 currently exists)

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 (currently exists, but additional area will also be sound proofed as well)

IF YES, will you be using a professional sound engineer? No

Please describe your sound system and sound proofing: Ipod generated with small speakers

Will you be permitting: promoted events scheduled performances outside promoters

any events at which a cover fee is charged? private parties (occasional)

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) Security

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: _____


Name of School / Church: _____

Address: _____ Distance: _____

Name of School / Church: _____

Address: _____ Distance: _____

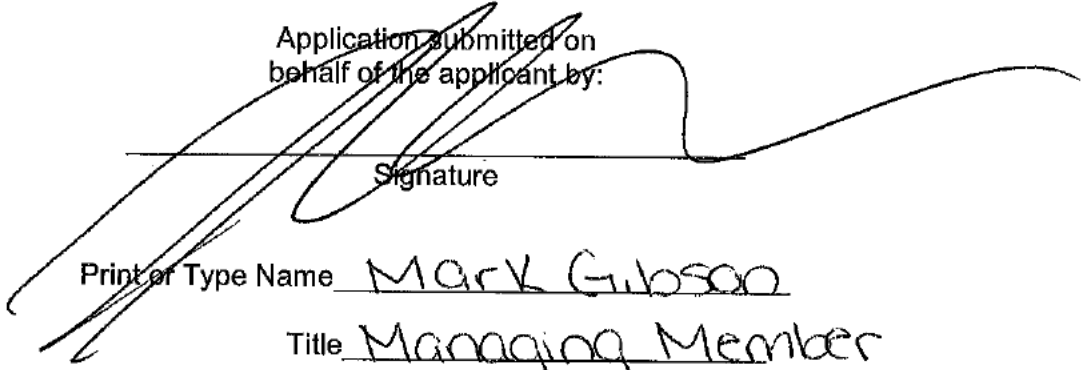
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: Mark Gibson Phone: 

Address: 186 West 4th Street

Email: Mark@thespaniardnyc.com

Application submitted on behalf of the applicant by:


Signature

Print or Type Name Mark Gibson

Title Managing Member

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

Existing

hOmE

hOmE creative studio
37 greenpoint ave
brooklyn, ny 11222
646.280.8881 WWW.HOME-NYC.COM

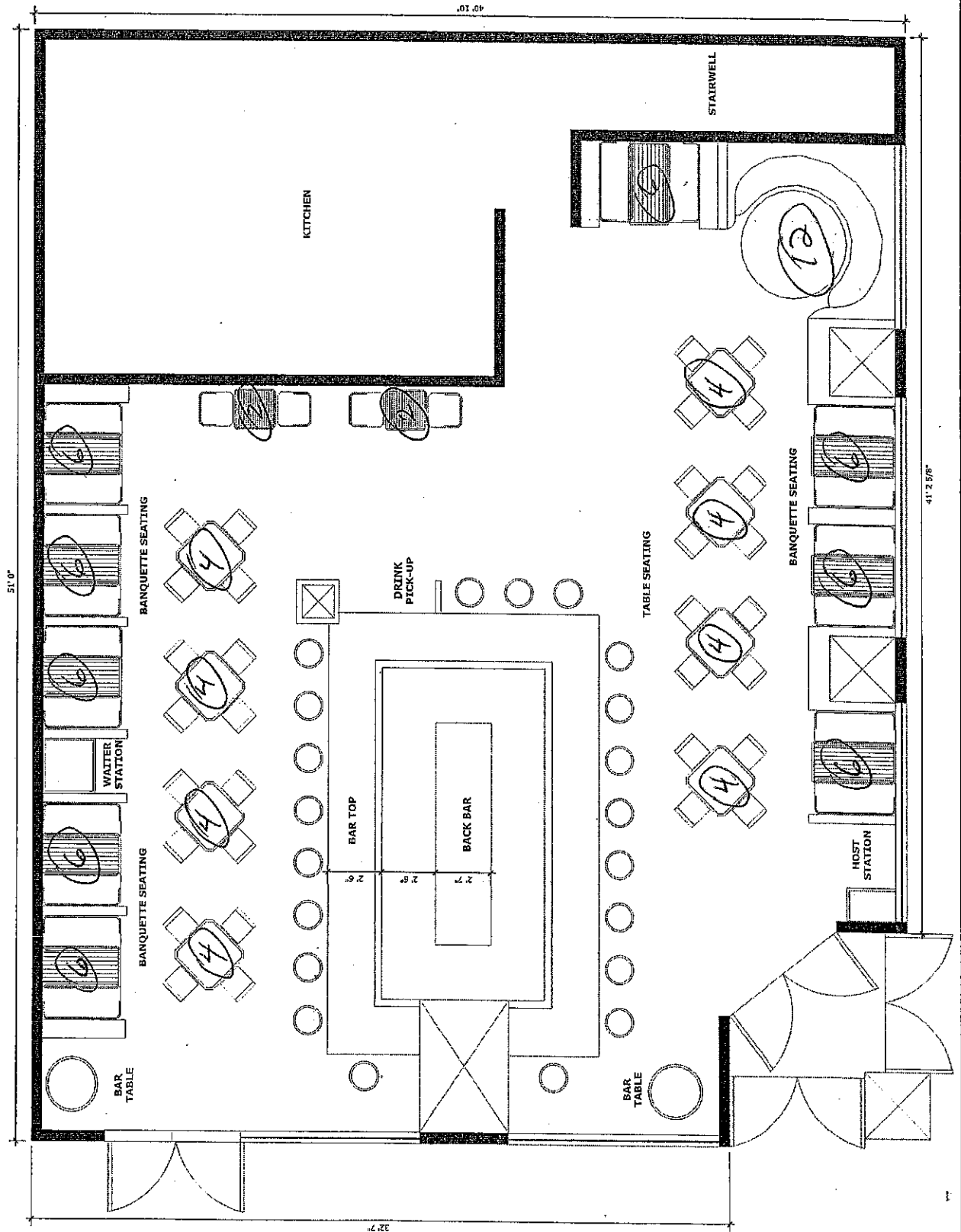
192 W 4TH ST
new york, new york 10014

SEATING COUNT:
BAR:
BANQUETTE:
TABLE:

PLAN

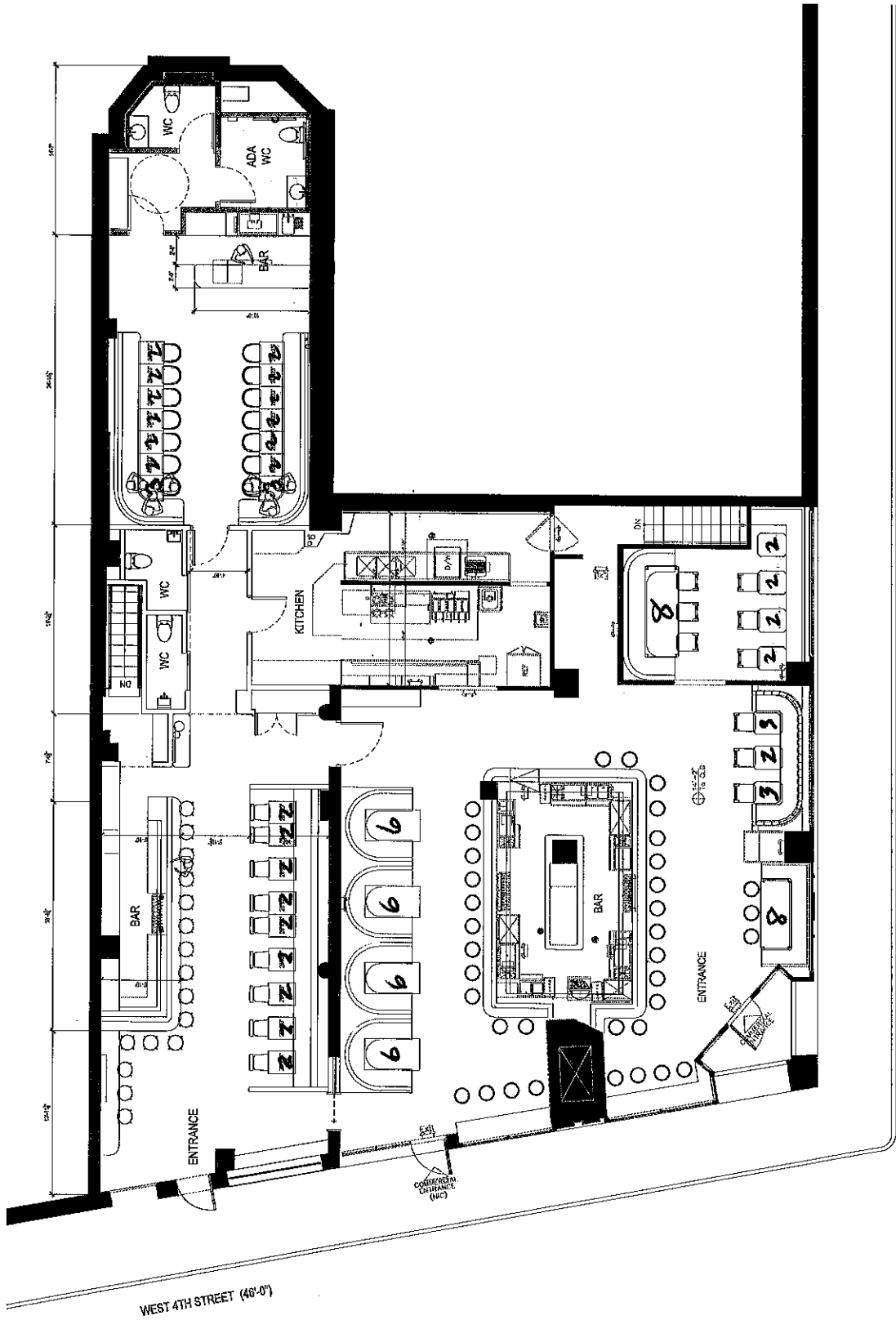
192 W 4TH STREET
NY, NY 10014

DATE: 05.11.14
SCALE: 1/2" = 1'-0"



22 Tables
102 Seats at Tables

Proposed



BARROW STREET

36 Tables
 104 chairs
 38 Barstools
 11 Counter stools

01 SPANIARD EVENTS SPACE PLAN

NOT FOR CONSTRUCTION

CONTRACTOR: PARTS AND LABOR DESIGN
 427 BROOKLYN AVENUE
 NEW YORK, NY 10012 P: 646.242.1212

ARCHITECT: KUSHNER STUDIOS
 395 BROADWAY, 4TH FL., NEW YORK, NY 10013 T: 212.692.6814

PROJECT: THE SPANIARD EVENTS SPACE
 190 West 4th Street, NY 10014

DRAWING TITLE: EVENTS SPACE PLAN

NO. DATE REVISIONS:

DESIGNER: []
 CHECKED BY: []
 DATE: []

ALL RIGHTS RESERVED. This drawing is the property of Kushner Studios and is not to be reproduced, copied, or used in any way without the express, written consent of Kushner Studios.

ROOM & EQUIPMENT: