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## COMMUNITY BOARD No. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

[www.cb2manhattan.org](http://www.cb2manhattan.org)

P: 212-979-2272 F: 212-254-5102 E: [info@cb2manhattan.org](mailto: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 months 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)

## APPLICANT INFORMATION:

Name of applicant(s):

MINO WINE BAR LLC

Trade name (DBA):

MINO BRASSERIE

Premises address:

225 WEST 12TH STREET NEW YORK, NY 10011

Cross Streets and other addresses used for building/premise:

7 AVENUE, GREENWICH AVENUE

## CONTACT INFORMATION:

Principal(s) Name(s):

YOHANN PECHEUX

Office or Home Address:

City, State, Zip:

Telephone #:

email : MINOBRASSERIE@GMAIL.COM

Landlord Name / Contact:

Landlord's Telephone and Fax:

**NAMES OF ALL PRINCIPAL(s):**

FABIEN PICHARD

GERALD BARTHELEMY

ULRICK LERISSEL

**NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD**

ST TROPEZ SOHO - 194 196 SPRING ST

ST TROPEZ - 302 304 W 4TH ST

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

FRENCH RESTAURANT-

**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:

\_\_\_\_\_  
MIRTOS RESTAURANT INC (LICENSE #1282600) AND : TWELFTH STREET CORP (LICENSE #1282602)

\_\_\_\_\_  
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: \_\_\_\_\_  
N/A

\_\_\_\_\_  
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:

\_\_\_\_\_  
MIRTOS RESTAURANT INC (LICENSE #1282600) AND : TWELFTH STREET CORP (LICENSE #1282602)

\_\_\_\_\_  
ACTIVE FROM 11/24/2014 - 01/31/2019

## 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: 6 Year Built : 1837

Describe neighboring buildings:

MIXED USE - COMMERCIAL AND RESIDENTIAL

Zoning Designation: C1-6

Zoning Overlay or Special Designation (applicable) N/A

Block and Lot Number: 617 / 29

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 DOT ROADWAY DINING

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

If yes, what is the maximum occupancy for the premises? 120

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

If yes, is proposed occupancy permitted? ☒ yes ☐ no, explain : planned occupancy is 74

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: Just changing the sign

## INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 2,500 sq ft approx.

If more than one floor, please specify square footage by floors: 1,500 sq ft (ground fl)

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

DOT DINING; SIDEWALK CAFE

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

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

Is there access to other parts of the building? ☒ no ☐ yes, explain: \_\_\_\_\_

## OVERALL SEATING INFORMATION:

Total number of tables? 27 Total table seats? 54

Total number of bars? 1 Total bar seats? 12

Total number of "other" seats? \_\_\_\_\_ please explain : \_\_\_\_\_

Total OVERALL number of seats in Premises : 66

## 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? ☒ 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 ☒ Restaurant ☐ Club/ Cabaret ☐ Hotel ☐ Other: \_\_\_\_\_

What are the Hours of Operation?

Sunday:      Monday:      Tuesday:      Wednesday:      Thursday:      Friday:      Saturday:  
12pm to 12am   12pm to 12am   12pm to 12am   12pm to 12am   12pm to 12am   12pm to 1am   12pm to 1am

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?) \_\_\_\_\_

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? \_\_\_\_\_

Please describe your sound system and sound proofing: \_\_\_\_\_  
4 SMALL SPEAKERS(1 IN EACH CORNER)

Will you be permitting: ☐ promoted events ☐ scheduled performances ☐ outside promoters

☐ any events at which a cover fee is charged? ☒ private parties (ON OCCASSION)

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: N/A

Address: N/A Distance: N/A

Name of School / Church: N/A

Address: N/A Distance: N/A

Name of School / Church: N/A

Address: N/A Distance: N/A

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:

/S/ HEATHER KIRK

Signature

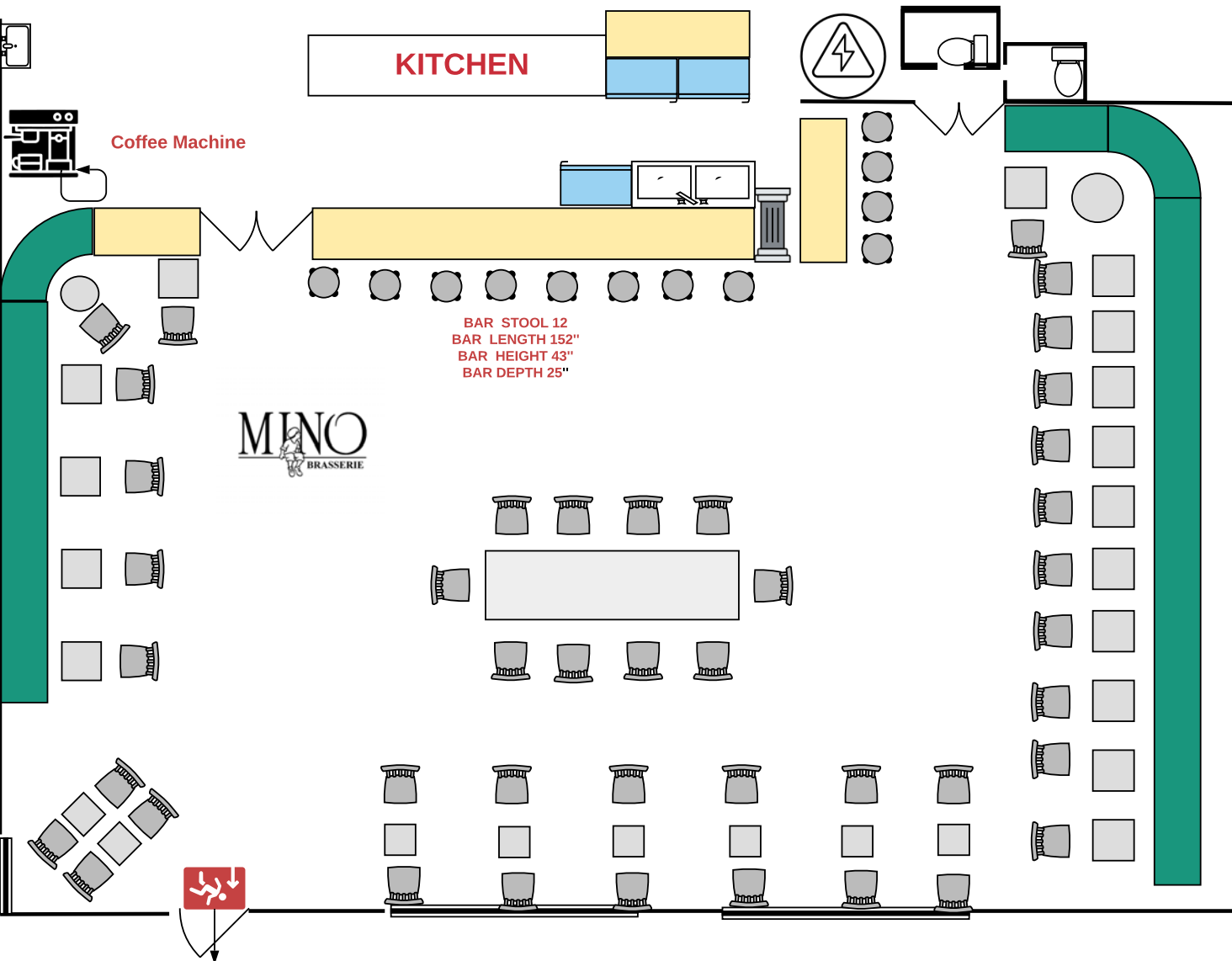
Print or Type Name HEATHER KIRK

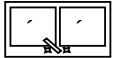











Title REPRESENTATIVE

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



-  Double Sink Compartment
-  Bar Fridge
-  Revolving Door
-  Dinning Chair 52
-  Bar Stool 12
-  Table 27
-  Restroom
-  Circle Table
-  Bench
-  Bar Countertop
-  Entrance & Exit
-  Electric Panel



DOT ROADWAY  
PATIO

