

d.b.a. Kaizen
144 Sullivan Corp
144 Sullivan St., South Store
New York, NY 10012

Small Plates:

Yellowfin Tuna Crudo
Curried Shrimp Chips

Fresh Baby Prawns
Kalamansi & Chilies

Shiso Wrapped Local Black Bass
Tamarind Pineapple Chutney

Peconic Bay Scallops
Puffed Rice, Coriander & Honeycrisp Apple Citrus Vinaigrette

Maryland Lump Crab Cake
Pomegranate, Endive & Cilantro

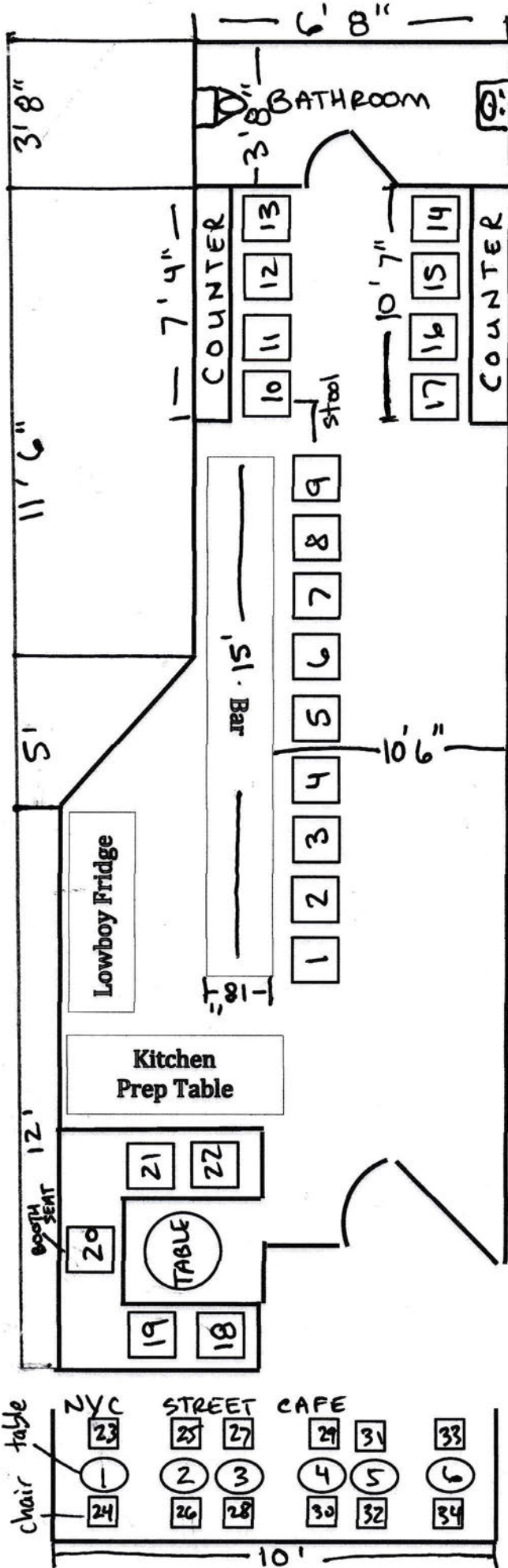
Green Mango & Ruby Red Grapefruit Salad
Caramel Fish Sauce, Toasted Rice Thai Basil & Fresh Mint

Desserts:

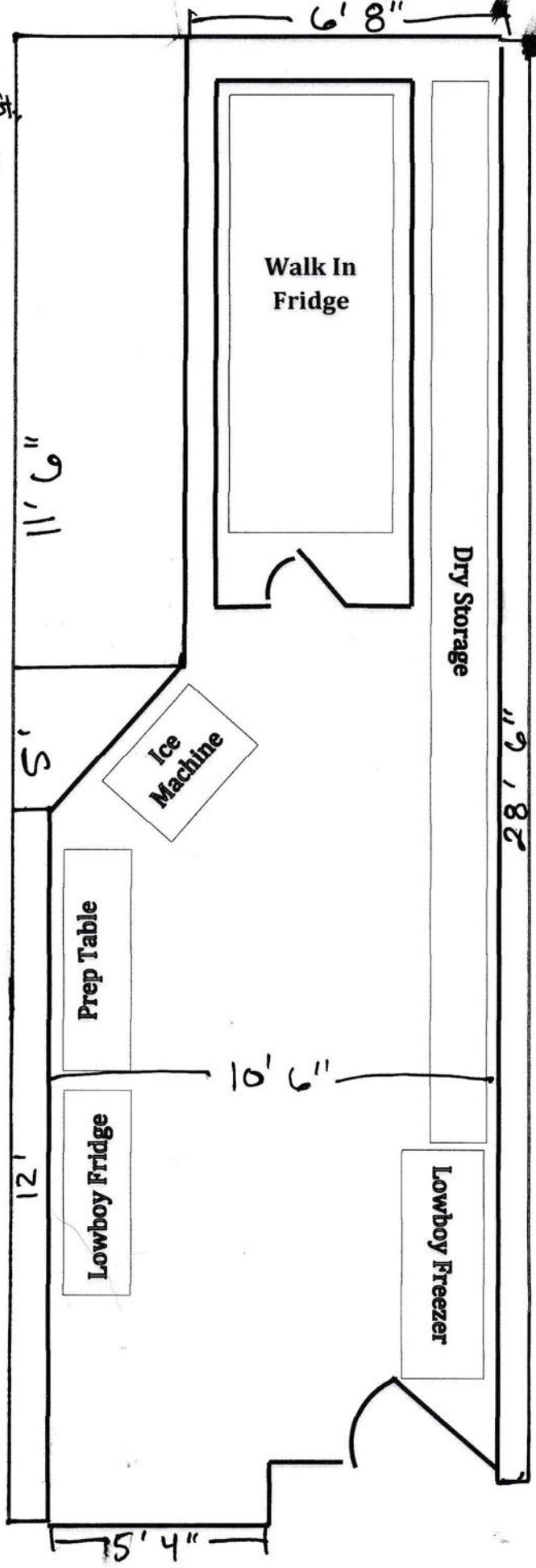
Seasonal Gelato & Sorbet

Vanilla Rice Pudding
Seasonal Fruit

G. GROUND FLOOR



BASEMENT



Location:
144 Sullivan St.
South Store,
New York,
NY 10012.

Corp:
144 Sullivan
Corp.

d.ba.
Kaizen

Kaizen

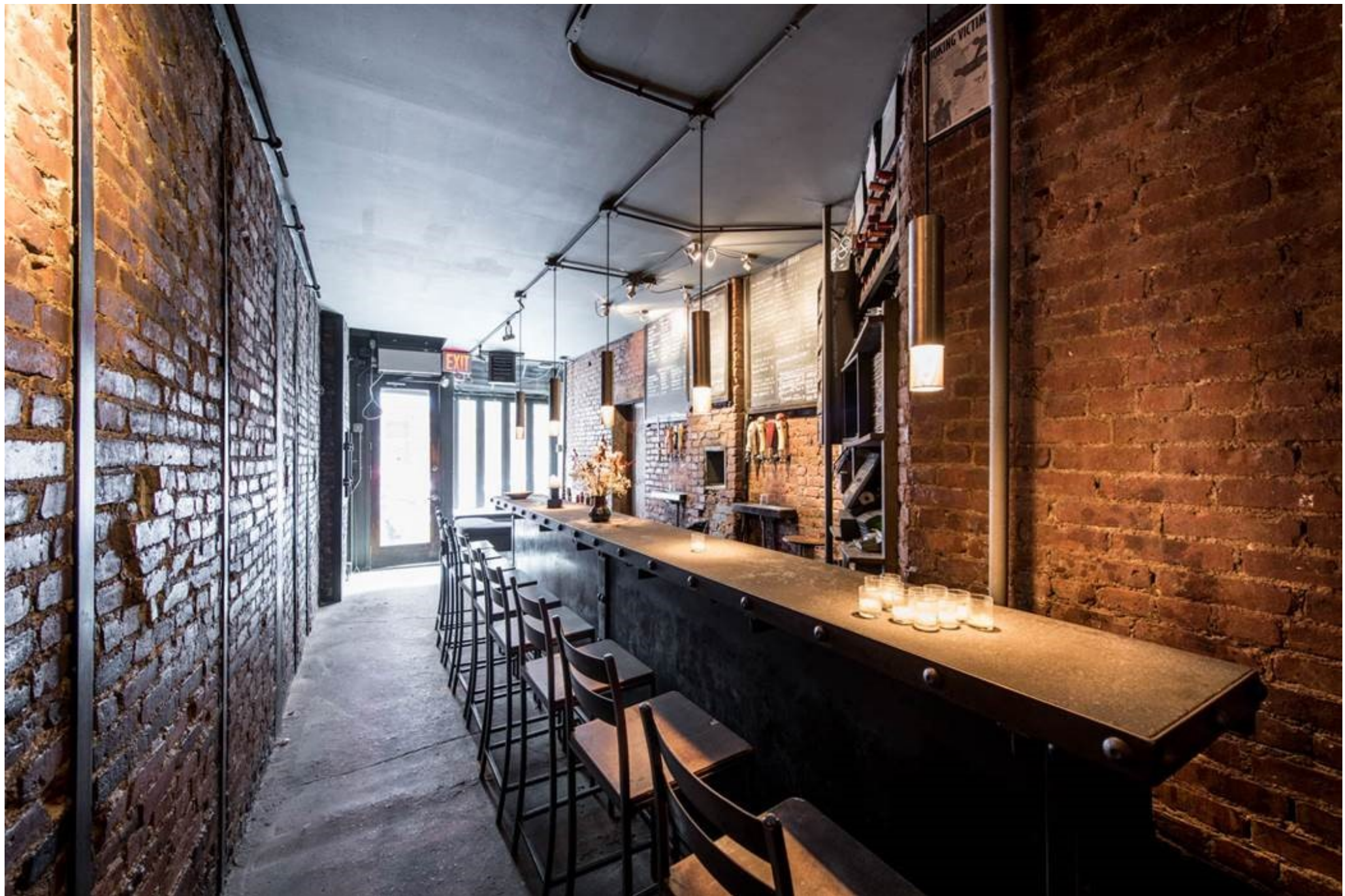
Fact Sheet

Address:	144 Sullivan St., South Store, New York, NY 10011
Concept:	Asian Small Plates with Sake, Wine, and Beer in a warm inviting environment. Kaizen translation: “Change for the Better” and “Continuous Improvement.” Philosophy meaning to continuously improve operations and involve all employees.
Projected Opening Date:	May-June 2022
Cuisine:	Asian Small Plates
Signature Dishes:	Yellowfin Tuna Crudo with Curried Shrimp Chips. Fresh Baby Prawns with Kalamansi & Chilies. Shiso Wrapped Local Black Bass with Tamarind Pineapple Chutney. Green Mango & Ruby Red Grapefruit Salad with Caramel Fish Sauce, Toasted Rice, Thai Basil & Mint. Peconic Bay Scallops with Puffed Rice, Coriander & Honeycrisp Apple Citrus Vinaigrette. Maryland Lump Crab Cake with Pomegranate, Endive & Cilantro.
Beverage Program:	Sake, Wine, Beer & Cider. House Made; Limeade, Tamarind-Ginger Soda, & Lychee Soda. Espresso, Stumptown Drip Coffee & Cold Brew, Harvey & Son Loose Teas.
Average Price Per Person:	(Dinner) \$39 (Lunch) \$14
Seats:	25 guests inside, 12 guests in roadway cafe
Owners:	Tim Dugan, Soulayphet Schwader, Dr. Neil Patel & Nick Bradley (75 years of restaurant experience combined)
Executive Chef:	Tim Dugan
Corporate Name:	144 Sullivan Corp.
Hours of Operation:	Daytime: Monday – Sunday 11:00am – 5:00pm Evening: Monday – Sunday 5:00pm – 11:00pm
Reservation Policy:	Walk-ins only. No Reservations.
Wheelchair Access:	Street level is accessible
Payment Methods:	American Express, MasterCard, Visa, Discover, Apple Pay, and Cash











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:

Mixed use

(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.

Mixed use 5 Floor walk-up

2b. Is or has the building/proposed premises been known by any other address?

Yes No

If "yes" please specify and give details:

n/a

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:

The Deluxe Room Inc. d.b.a. The Room

License Serial Number:

1034241

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?

n/a

2f. Is any other floor or area of the building currently licensed?

Yes No

Name of Licensee:

n/a

License Serial Number:

n/a

3. Premises (Interior):

3a. List the total number of floors of the business establishment to be licensed, including the basement: 2, Sout Store

3b. List the floor(s) where the proposed premises will be located(i.e. basement, ground floor, 2nd & 3rd floor, etc.) ~~1st Fl~~ Ground Floor + Basement

3c. Where is the alcohol stored? basement

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: n/a

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. 1

3g. List the maximum occupancy of the premises: 30

3h. Number of tables? 1 3i. Number of seats at tables? 5 3j. Number of seats at bar or counter? 17

4. BARS:

4a. How many customer bars are located on the premises? (where patrons may order, purchase, or receive alcoholic beverages.) 1

4b. How many service bars*? (A service bar is for wait staff use exclusively.) 0

4c. Describe each bar in the fields below:

Bar 1	Bar 2	Bar 3
Bar Type Rectangle - Cement	Bar Type 	Bar Type
Length 15' L x 1'6" W	Length 	Length
Shape Rectangle	Shape 	Shape
Bar 4	Bar 5	Bar 6
Bar Type 	Bar Type 	Bar Type
Length 	Length 	Length
Shape 	Shape 	Shape

Attach additional sheets if there are more than 6 bars.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

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: 7am - 11pm

6. HOTEL or BED & BREAKFAST

6a. How many floors? n/a

6b. How many guest rooms? n/a

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): NYC Open Street Cafe

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

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

- Fencing Wall Shrubbery Roping Stanchions

Other (describe):

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

If yes, submit a copy of the permit. - to be obtained once we receive lease and licenses from DOH & SLA.

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: Wine + Beer Cafe

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? Once a Season at most.

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.): No Live music permitted in space.

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.) 6-7

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

LANDLORD IDENTIFICATION INFORMATION

In order to obtain the most accurate information this form should be completed by the Landlord. This form must be completed and submitted regardless of whether the property owner is a third party landlord or the applicant.

1. Name of Landlord (as it appears on lease and deed): ~~Daniel Lavian~~ 144 Sullivan Street
Equities Inc. LLC
c/o Ultimate Group Management Inc.

2. Landlord Mailing Address: 1 West 34th St., Suite 703

City: New York State: NY Zip Code: 10001

3. Telephone Number of Landlord: ()

4. Landlord Principals (ALL landlord principals must be disclosed below.)

Name	Address (if different than Landlord's Mailing Address above)
Daniel Lavian	same address

Name	Address (if different than Landlord's Mailing Address above)
 	

Name	Address (if different than Landlord's Mailing Address above)
 	

Name	Address (if different than Landlord's Mailing Address above)
 	

5. Are any of the Landlord Principals currently or previously licensed under the ABC Laws? Yes No

Serial Number	Licensee Name
 	

Serial Number	Licensee Name
 	

Serial Number	Licensee Name
 	

6. Are any of the Landlord Principals police officers?: Yes No

If yes, list names below:

Name

Name

7. List number of years real property has been owned or legally controlled by the landlord: 15 years

APPLICANT STATEMENT

I, [print name] Nick Bradley

(the sole proprietor, partner, corporate principal or, LLC/LLP member)

understand that the State Liquor Authority will rely on each and every answer in the application and accompanying documents in reaching its determination and state, under penalty of perjury, that all statements and representations therein are true to the best of my knowledge and belief; and

I state that the location and description of the premises to be licensed does not violate any requirement of the ABC law or other state or local ordinances; and

I understand that if any change occurs in the information provided to the Authority in the application, the licensee must notify the Authority by certified mail within 48 hours and if any change occurs after receipt of the license, the licensee must notify the Authority by certified mail within 10 days. I understand that failure to give such notice may result in disapproval of the application or revocation or non-renewal of any license for which this application is submitted; and

I understand that the licensee will be bound by the statements and representations made in the application, including, but not limited to the licensee's method of operation and the identity of persons with an ownership or financial interest in the licensed premises; and that all statements and representations made become conditions of the license; and

I understand that any physical alterations to, or changes to the size of the area used for the sale and consumption of alcoholic beverages, must be reported to the Authority and may require the approval of the Authority; and

I understand that the licensee must keep the Authority advised of any change in the mailing addresses of the licensee, the licensee's principals, and the licensee's landlord.

I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the application may result in revocation of any license for which the application was submitted; and

I understand that any false statement or misrepresentation will constitute cause for disapproval of the application or revocation or non-renewal of any license for which this application is submitted.

Nick Bradley
Signature

12/13/21
Date

PERSONAL QUESTIONNAIRE

- a. All principals to the license application must complete this questionnaire in full. (e.g., lenders, donors, guarantors and managers must also complete this questionnaire.)
- b. If you are a **lender, donor or guarantor** you must state your relationship to the applicant.
- c. Make duplicate blank forms as necessary.
- d. Answer all questions below.
- e. Attach additional sheets if more space is needed.

Name of Applicant 144 Sullivan Corp.

1. STATE OF IDENTIFICATION

Print YOUR name Nick Bradley Date of Birth [REDACTED] Social Security Number [REDACTED]

Residence Street Address [REDACTED] Gender Male Female

City New York State NY Zip Code 10006 Residence Telephone [REDACTED] Cellular Telephone [REDACTED]

E-mail Address [REDACTED] U.S Citizen Yes No If NOT U.S. citizen - country of citizenship [REDACTED]

Married Yes No If Married, Spouse Name Anne Morgan Miller Spouse Social Security Number [REDACTED]

2. POSITION (or interest) you will hold (check each);

- | | | |
|---|---|---|
| <input type="checkbox"/> President | <input type="checkbox"/> Director | <input type="checkbox"/> Stockholder -----> [REDACTED] Number of shares owned |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Manager | <input type="checkbox"/> LLC Member -----> [REDACTED] Percentage of ownership |
| <input type="checkbox"/> Secretary | <input checked="" type="checkbox"/> Partner | <input type="checkbox"/> LLC Manager |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> General Partner | <input type="checkbox"/> Lender* |
| <input type="checkbox"/> Chairman | <input type="checkbox"/> Limited Partner | <input type="checkbox"/> Donor* |
| <input type="checkbox"/> Officer | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Guarantor* |
| <input type="checkbox"/> ABC Officer | <input type="checkbox"/> Joint Account Holder | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Other (describe) | [REDACTED] | |

*If Lender, Donor, or Guarantor please state your relationship to the applicant.

[REDACTED]

Print YOUR Name

3. RESIDENCE HISTORY

List your residence history for the past FIVE (5) years to the PRESENT DATE.

Address	From (mm/yyyy)	To (mm/yyyy)
75 West St., Apt. ^{4F} 4A , New York, NY 10006	JULY 2013	JUNE 2021
Address	From (mm/yyyy)	To (mm/yyyy)
75 West St., Apt 9M, New York, NY 10006	JULY 2021	PRESENT
Address	From (mm/yyyy)	To (mm/yyyy)
Address	From (mm/yyyy)	To (mm/yyyy)

4. EMPLOYMENT HISTORY

List your employment history for the past FIVE (5) years to PRESENT DATE.
 Also, list any employment history that shows experience in the alcohol industry.
 Add additional sheets if necessary.

From (mm/yyyy)	To (mm/yyyy)	Employer
JUNE 2013	PRESENT	Kio Restaurant, LLC.
Position		Employer Address
Operating Partner		[Redacted] St, [Redacted] York, NY [Redacted]
Type of Business		
Laotian Restaurant		

From (mm/yyyy)	To (mm/yyyy)	Employer
Position		Employer Address
Type of Business		

From (mm/yyyy)	To (mm/yyyy)	Employer
Position		Employer Address
Type of Business		

Print YOUR Name

5. LICENSE HISTORY / AFFILIATIONS

5(a) If you are an applicant (e.g., proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business? Yes No

5(b) Will you take an active part in the operation of the business to be licensed? Yes No

If YES, please explain the nature of activity and the hours you will devote to the business (hours, days, responsibilities):

- General Operations Manager ; Bookkeeping, Reporting, Payroll, NYC licenses, Public Relations, On-line presence, etc.

5(c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans? Yes No

If YES, please provide information below:

Business Name: Business Address:
Type of Interest: Date Interest Began: License Serial Number:

Business Name: Business Address:

Type of Interest: Date Interest Began: License Serial Number:

Business Name: Business Address:

Type of Interest: Date Interest Began: License Serial Number:

Print **YOUR** Name

5. LICENSE HISTORY / AFFILIATIONS

5(d) Other than as itemized in 5(c) above, have you ever applied in New York State or anywhere for a license or permit to traffic in alcoholic beverages, including any application as a partnership, limited partnership, limited liability entity or corporation in which you are/were a principal? Yes No

If YES, please provide information below:

Name of Applicant	Address of Premises	
<input type="text"/>	<input type="text"/>	
Disposition	Date of Filing	License Serial Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Applicant	Address of Premises	
<input type="text"/>	<input type="text"/>	
Disposition	Date of Filing	License Serial Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Applicant	Address of Premises	
<input type="text"/>	<input type="text"/>	
Disposition	Date of Filing	License Serial Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Applicant	Address of Premises	
<input type="text"/>	<input type="text"/>	
Disposition	Date of Filing	License Serial Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

5(e) Has a license or permit listed above been REVOKED, CANCELLED or otherwise **Involuntarily Terminated**? Yes No

If YES, please provide information below:

5(f) Are you a police commissioner or law enforcement / police officer? Yes No

If YES, please provide details:

Print YOUR Name

[Empty box for name]

6. CONVICTION RECORD AND PENDING CRIMINAL CASES

6(a) Have you or your spouse ever been convicted of a crime addressed by the provisions of Section 126 of the ABC Law (see instructions for statutory disqualifications) which would forbid a person to traffic in alcoholic beverages?

YOU Yes No
SPOUSE Yes No

If YES, please provide details

[Empty box for details]

6(b) Have you or your spouse ever been CONVICTED (including pleas of guilty or suspended sentences) of any felony, misdemeanor, driving while intoxicated (DWI), or driving while ability impaired (DWAI)?

YOU Yes No
SPOUSE Yes No

If the applicant answers YES, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an Affidavit explaining all details.

If the Spouse answers YES to this question, please submit a Personal Questionnaire for the Spouse along with a Certificate of Disposition.

6(c) If you have previously been approved for a license and had been convicted of any felony, misdemeanor or other type of offense except minor traffic infractions, were all convictions reported to the Authority?

YOU Yes No
 Not Applicable
SPOUSE Yes No
 Not Applicable

If NO, please attach a Certificate of Disposition by the court clerk for each case. If convicted of a felony, please submit a Certificate of Relief from Disabilities, if available. Please submit an affidavit explaining all details.

6(d) Are there any ARRESTS, INDICTMENTS or SUMMONSES PENDING against you or your spouse - including driving while intoxicated or impaired?

YOU Yes No
SPOUSE Yes No

If YES, please provide a copy of the Accusatory Instrument.

7. Do you have any relationship with the current / past owner of the business at this location?

YOU Yes No
SPOUSE Yes No

If YES, please state exactly what the relationship is. (e.g., family member, friend, employer, etc.)

[Empty box for relationship details]

8. Signature:

[Handwritten signature]

Date:

12/12/21

Terri Cude, *Chair*
Daniel Miller, *First Vice Chair*
Susan Kent, *Second Vice Chair*
Bob Gormley, *District Manager*



Antony Wong, *Treasurer*
Keen Berger, *Secretary*
Erik Coler, *Assistant Secretary*

COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

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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)

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): 144 Sullivan Corp.

Trade name (DBA): Kaizen

Premises address: 144 Sullivan St., South Store, NY, NY 10011

Cross Streets and other addresses used for building/premise:
Sullivan St. between Prince and Houston

CONTACT INFORMATION:

Principal(s) Name(s): Nick Bradley

Office or Home Address: [REDACTED]

City, State, Zip: New York, NY 10006

Telephone #: [REDACTED]

Landlord Name / Contact: 144 Sullivan Street Equities Inc., LLC
c/o Ultimate Group Management, Inc.

Landlord's Telephone and Fax: Daniel Lavian (917) 770-0906

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>Nick Bradley</u>	<u>d.b.a. Khe-Yo, KioRestaurant, LLC</u> <u>[REDACTED]</u>
<u>Dr. Neil Patel</u>	<u>n/a</u>

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
Southeast Asian Small Plate cafe serving wine, sake, and beer. Daytime will focus on house made non-alcoholic beverages (limeade, tamarind-ginger soda, and espresso and loose tea). We are a chef driven concept with Tim Dagan, formerly of Ditch Plains, delivering seasonal small plates. Our environment will be cozy and hospitable.

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.)

No upgrades or alterations required as the space is already set-up for our concept. We will be installing all new refrigeration and espresso machine.

If this is for a new application, please list previous use of location for the last 5 years: Space has been vacant for over 5 years.

Previously the space was The Deluxe Room Inc. d.o.b.a. The Room. It was a wine and beer license. we are not affiliated.

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:

The Deluxe Room Inc. d.o.b.a. The Room
Serial [REDACTED] 12/12/2013 - 11/30/2015, last license in space.

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: 5TO - 6F Year Built: 1900

Describe neighboring buildings: Mostly 5 Floor Walk-ups.

Zoning Designation: Mixed use

Zoning Overlay or Special Designation (applicable) n/a

Block and Lot Number: 518 / 36

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: no changes proposed or planned.

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 NYC Open Street-Restaurant Cafe, 12 seats in street out front to be seating.

What is the proposed Occupancy? 30

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? 74

If yes, what is the use group for the premises? Store-Commercial

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 - n/a

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? 550 Sq. Ft. = GF

If more than one floor, please specify square footage by floors: 550 Sq. Ft = basement

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

100 Sq. Ft.

If more than one floor, what is the access between floors? hatch on sidewalk for basement =

How many entrances are there? 2 How many exits? 2 How many bathrooms? 1 ^{Storage only}

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

OVERALL SEATING INFORMATION:

Total number of tables? 1 Total table seats? 5

Total number of bars? 1 Total bar seats? 9

Total number of "other" seats? 8 please explain: Counters facing wall / mirror.

Total OVERALL number of seats in Premises: 22 inside + 12 outside

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? 0

Any food counters? no yes, describe: Food can be ordered at bar / counter for take-out / delivery.

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:

11am to 11pm 11am to 11pm 11am to 11pm 11am to 11pm 11am to 11pm 11am to 11pm 11am to 11pm

Will the business employ a manager? no yes, name / experience if known: Tim Dugan - over 20 yrs experience.

Will there be security personnel? no yes (if yes, what nights and how many?) Tim will ensure orderly

Do you have or plan to install French doors, accordion doors or windows that open? no yes behaviour & check i.d. & Vax proof.

If yes, please describe: n/a

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: The ceiling will be sound proofed by our professional sound engineer.

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 (maybe once or twice a year)

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) _____

Management will move any "traffic" related to our operation along or call the NYPD.

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: St. Anthony of Padua Church

Address: [Redacted] Distance: (150 feet approx.)


Name of School / Church: _____

Address: _____ Distance: _____

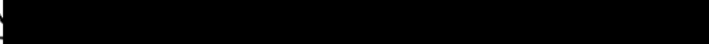
Name of School / Church: _____

Address: _____ Distance: _____

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

Contact Person: Nick Bradley Phone: 

Address: 

Email: 

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Application submitted on behalf of the applicant by:

Nick Bradley
Signature

Print or Type Name Nick Bradley
Title CEO / 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.

Carter Booth

Robert Ely

Community Board 2, Manhattan
SLA Licensing Committee
Carter Booth, Co-Chair
Robert Ely, Co-Chair