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COMMUNITY BOARD NO. 2, MANHATTAN

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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 month's 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: 2/ /2022

APPLICANT INFORMATION:

Name of applicant(s):
WSA Cafe LLC

Trade name (DBA):
C+C Coffee + Cocktails

Premises address:
18 Ninth Avenue, lobby cafe space, New York, NY 10014

Cross Streets and other addresses used for building/premise:
9th Avenue - between Little West 12th Street and 13th Street

CONTACT INFORMATION:

Principal(s) Name(s):
Michael Achenbaum, William Achenbaum

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact:
Hotel Gansevoort Group LLC has a ground lease for the property with approximately 78 years remaining.

Landlord's Telephone and Fax: (T) [REDACTED] (F) [REDACTED]

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

William Achenbaum
Current: Gansevoort Hotel: Hotel Gansevoort Group LLC and Paige GH Group LLC
18 Ninth Avenue, NY, NY 10014

Michael Achenbaum
Current: CGM-GH LLC, Paige GH Group LLC and Chester WSA LLC; 18 Ninth Avenue,
NY, NY 10014
Previous: Gansevoort Park & Lounge: 420 Park Avenue South, NY, NY 10016

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
Small cafe/lounge in the first floor lobby level of hotel

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 : Corporate Change

If upgrade, alteration, or transfer, please describe specific nature of changes:

(Please include physical or operational changes including hours, services, occupancy, ownership, etc.)

The corporate change is in connection with the member of the licensee.

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: 1) Hotel license is held by Hotel Gansevoort Group LLC and Paige GH Group LLC, as manager #1146037, Exp 2/28/2022

2) Restaurant license at the hotel is held by CGM-GH LLC, Paige GH Group LLC and Chester WSA LLC #1146048 Exp 9/30/2022

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:

Provocateur Night Club - previously occupied other retail space in the hotel building, but is no longer open

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: 15 Year Built : 2003

Describe neighboring buildings:
Commercial, Mixed Use, Residential

Zoning Designation: M1-5

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 628 / 4

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? yes no*
Premises occupies only a small portion of the ground floor of the building
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

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 outdoor space on Ninth Avenue - within property line

What is the proposed Occupancy? 74 maximum

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?
 no yes Any new permits required will be obtained prior to opening.

If yes, what is the maximum occupancy for the premises? 74 maximum

If yes, what is the use group for the premises? 5/6

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 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? 1,068 (826 sf inside, 242 sf outside)

If more than one floor, please specify square footage by floors: n/a

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?
outside space (within property line) 242sf

If more than one floor, what is the access between floors? n/a

How many entrances are there? 1 How many exits? 1* How many bathrooms? 1*
*There is also an emergency exit through the hotel lobby (*additional restrooms in hotel)

Is there access to other parts of the building? no yes, explain: emergency exit into hotel lobby

OVERALL SEATING INFORMATION:

Total number of tables? 10 Total table seats? 28

Total number of bars? 1 Total bar seats? 6

Total number of "other" seats? 20 please explain: sidewalk seating within property line

Total OVERALL number of seats in Premises: 34

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 6

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: Cafe/lounge

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
7AMto12AM 7AMto12AM 7AMto12AM 7AMto12AM 7AMto12AM 7AMto12AM 7AMto12AM

Outdoor cafe: 11pm close daily
Will the business employ a manager? ___ no X yes, name / experience if known : TBD

Will there be security personnel? X no ___ yes(if yes, what nights and how many?) n/a

Do you have or plan to install French doors, accordion doors or windows that open? X no ___ yes

If yes, please describe : _____

Will you have TV's ? X no ___ yes (how many?) _____

Type of MUSIC / ENTERTAINMENT: ___ Live Music ___ Live DJ ___ Juke Box X Ipod / CDs ___ none

Expected Volume level: X Background (quiet) ___ Entertainment level ___ Amplified Music
(check all that apply) *no music at exterior cafe

Do you have or plan to install soundproofing? X no ___ yes

IF YES, will you be using a professional sound engineer? n/a

Please describe your sound system and sound proofing: mid-range sound system for background music, less than 75dB

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? X 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? X 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: _____

Address: _____ Distance: _____

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: Michael Achenbaum Phone: [REDACTED]

Address: [REDACTED]

Email : [REDACTED]

Application submitted on
behalf of the applicant by:



Signature

Print or Type Name Michael Achenbaum

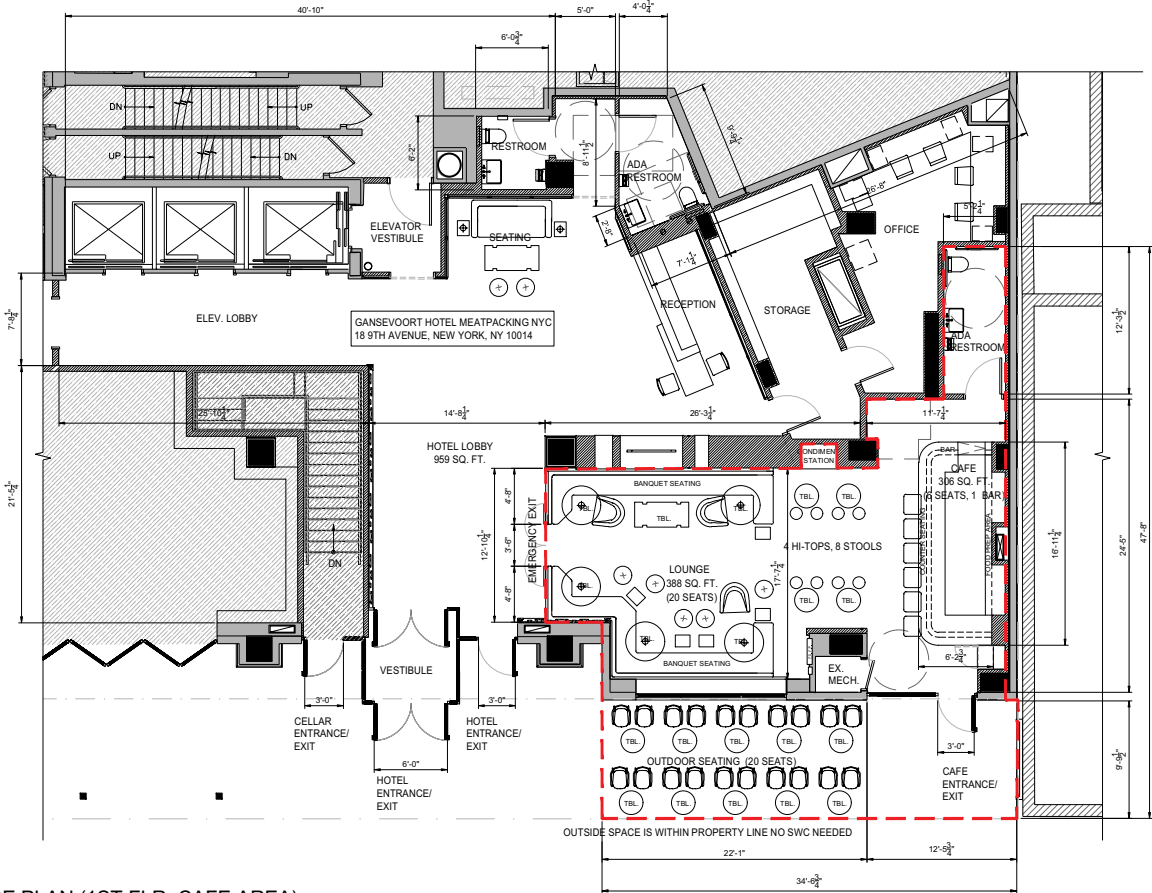
Title Principal

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

WSA Cafe LLC
 10 tables, 28 seats
 1 stand-up bar, 6 bar stools



- INTERIOR:**
 6 TABLES
 20 SEATS
 4 HI-TOP TABLES
 8 STOOLS
 1 BAR
 6 BAR STOOLS
- EXTERIOR:**
 10 TABLES
 20 SEATS

LLP1 LIQUOR LICENSE PLAN (1ST FLR. CAFE AREA)

SCALE: 1/8" = 1'-0"