

MAIZON NEW YORK LLC
651-667 HUDSON ST
NEW YORK, NY 10014

MANHATTAN 2 COMMUNITY BOARD
QUESTIONNAIRE PACKET

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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 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):

MAIZON NEW YORK LLC

Trade name (DBA):

PENDING

Premises address:

651-667 HUDSON STREET AKA 18 9th Avenue

Cross Streets and other addresses used for building/premise:

GANSEVOORTSTREET, WEST13 STREET

CONTACT INFORMATION:

Principal(s) Name(s):

TOSH BERMAN AND MICHAEL TANHA

Office or Home Address:

City, State, Zip:

Telephone #:

email :

Landlord Name / Contact:

MICHAEL ACHENBAUM

Landlord's Telephone and Fax:

NAMES OF ALL PRINCIPAL(s):

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

TOSH BERMAN

MICHAEL TANHA

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

Maizon aims to provide a captivating immersive and sensory experience that is shared among friends

This concept promises elevated coastal design, a thoughtful Mediterranean menu, and a vibrant

atmosphere featuring curated music.

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:

WAS PREVIOUSLY A NIGHTCLUB/RESTAURANT

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:

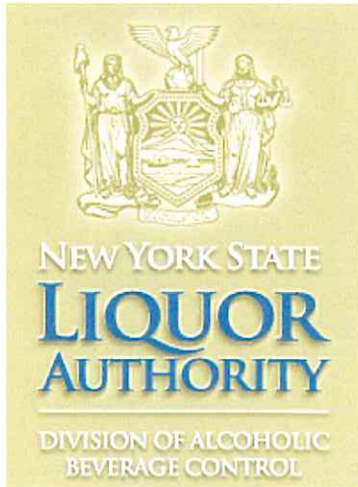
see attached

March 28, 2021 | 12:13 pm

COVID-19 Updates

COVID-19 is still spreading, even as the vaccine is here. Wear a mask, social distance and stay up to date on New York State's vaccination program.

[GET THE FACTS >](#)



Andrew M. Cuomo, Governor
 Vincent G. Bradley, Chairman
 Greeley T. Ford, Commissioner

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Public Query - Results

Found 4 matches for: *County = NEW, Address Line 1 = 18 9th avenue* in Premises Location
 Displaying records 1 - 4.

Premises Name	Address	License Class	License Type	Expiration Date	License Status
CGM-GH LLC & PAIGE GH GROUP LLC & CHESTER WSA LLC	18 9TH AVENUE CORNER WEST 13TH STREET NEW YORK, NY 10014	252	OP	09/30/2022	License is Active
CGM-GH LLC & PAIGE GH GROUPLLC & CHESTER WSA LLC	18 9TH AVENUE NEW YORK, NY 10014	901	OP	09/30/2022	License is Active
GOD SAVE THE KING LLC	18 9TH AVENUE STORE NO 2 LITTLE W 12TH ST & W 13TH ST NEW YORK, NY 10014	252	OP	11/30/2019	License is Inactive
GOD SAVE THE KING LLC	18 9TH AVENUE STORE NO 2 NEW YORK, NY 10014	901	OP	11/30/2019	License is Inactive

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New York State Liquor Authority • 80 S. Swan Street • 9th Floor • Albany, New York • 12210-8002

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: 13 Year Built : 2003

Describe neighboring buildings:

commercial and 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

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 : _____

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 please see plans*

What is the proposed Occupancy? 290

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? 414

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: possible cosmetic changes, signage

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? approx 8,600

If more than one floor, please specify square footage by floors: 7,800 & 800

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

900 sq ft

If more than one floor, what is the access between floors? stairs and elevator

How many entrances are there? 1 How many exits? 2 How many bathrooms? 4

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

MEZZANINE: 1 BAR/6 SEATS & 5 TABLES/22 SEATS

OVERALL SEATING INFORMATION:

Total number of tables? 68 Total table seats? 210

Total number of bars? 2 Total bar seats? 27

Total number of "other" seats? _____ please explain : _____

Total OVERALL number of seats in Premises : 237

GROUND FLOOR: (DINING ROOM & ENCLOSED PATIO)

DINING ROOM: 1 CIRCULAR BAR/21 SEATS
18 TABLES/60 SEATS

ENCLOSED PATIO: 1 RAW BAR /11 SEATS
45 TABLES/128 SEATS

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 2 Seats 27

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

Any food counters? no yes, describe : RAW BAR

For Alterations and Upgrades:

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

* 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 1AM 11AM to 1AM 11AM to 1AM 11AM to 1AM 11AM to 1AM 11AM to 1AM 11AM to 1AM

Will the business employ a manager? no yes, name / experience if known : CHARITY JOHNSTON

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 : retractable roof -CLOSING BY 10PM

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: _____

Will you be permitting: promoted events scheduled performances outside promoters

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

*LIMIT OF 6 FULL BUYOUTS / YEAR IN ATRIUM AREA

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: _____

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: CHARITY JOHNSTON Phone: ██████████

Address: _____

Email : ████████████████████

Application submitted on
behalf of the applicant by:



Signature

Print or Type Name HEATHER KIRK, HELBRAUN&LEVEY LLP

Title Director of Licensing

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

DESIGN TEAM

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18TH 8TH AVE. | NEW YORK, NY 10014



THESE DESIGN PLANS ARE THE PROPERTY OF MONOCHROME. THE RE-USE OF THESE PLANS IN PART OR IN TOTAL WITHOUT THE EXPRESS WRITTEN CONSENT OF MONOCHROME IS PROHIBITED.

(A) GENERAL NOTES: ANY ERRORS, AMBIGUITIES OR OMISSIONS IN THIS AND ALL SPECIFICATIONS SHALL BE REPORTED TO US FOR CORRECTION BEFORE ANY PART OF THE WORK IS STARTED, UNLESS EXPRESSLY SPECIFIED. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE FROM THE LOCAL JURISDICTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE FROM THE LOCAL JURISDICTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE FROM THE LOCAL JURISDICTION. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND INSURANCE FROM THE LOCAL JURISDICTION.

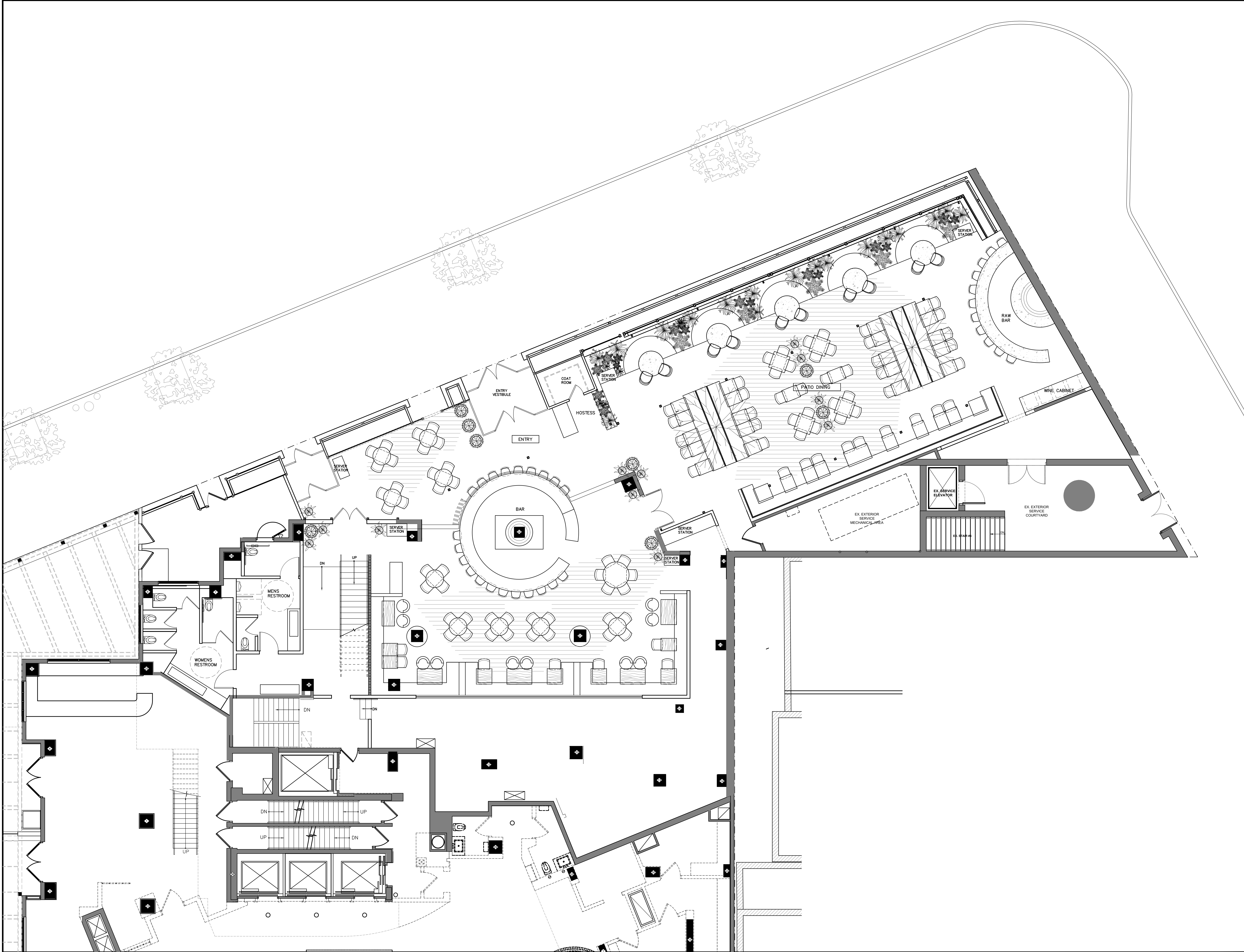
(B) NOTE TO ARCHITECT AND/OR GENERAL CONTRACTOR: PROVIDE THE NAME OF THE ARCHITECT AND/OR CONTRACTOR AND IS DRAWN FROM AVAILABLE ARCHITECTURAL INFORMATION. WE DO NOT PURPORT TO BE ARCHITECTS OR ENGINEERS. ALL MEASUREMENTS ARE BASED ON PHYSICAL VERIFICATION AND NOT MONOCHROME KNOW AT THE TIME OF BINDING IF SUCH WORK IS NOT PRACTICED OR OTHERWISE BOUND FOR ITS INTENT AND PURPOSE.

WE ACCEPT NO RESPONSIBILITY FOR WORK DONE BY ANY ARCHITECT AND/OR CONTRACTOR AND WILL NOT BE RESPONSIBLE FOR ANY ERRORS OR OMISSIONS. STRUCTURAL CONDITIONS OR BY SUBSTITUTION OR CHANGES IN EQUIPMENT ON THIS PLAN.

REVISION	DATE
▲	
▲	
▲	
▲	

CONCEPTUAL SET
XX.XX.XX
SHEET

ID-1



FIXTURE EQUIPMENT FLOOR PLAN SCALE: 3/16"=1'-0" |

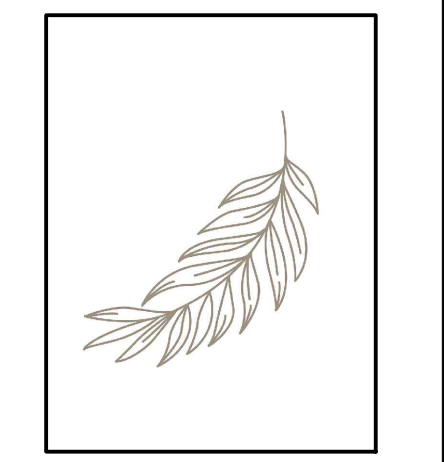
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MAIZON



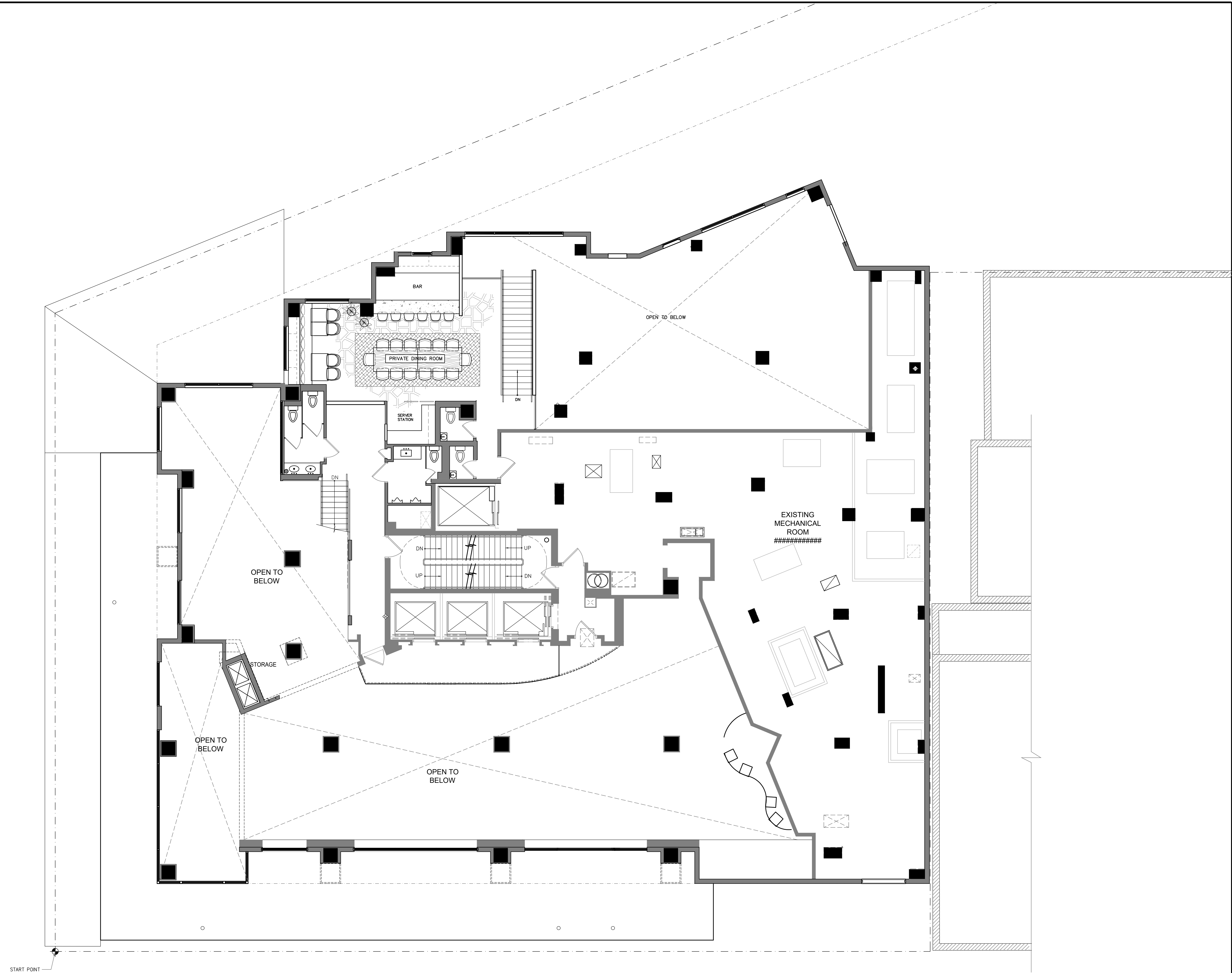
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(B) NOTE ON FINISHES OR FINISHING SPEC: THE PLAN IS SUBMITTED AS A GUIDE FOR THE MANUFACTURER. BEFORE THE FABRICATION BEGINS, THE CONTRACTOR AND/OR MANUFACTURER SHALL VERIFY THE FABRICATION DIMENSIONS BY SURVEY. THE CONTRACTOR AND/OR MANUFACTURER SHALL STAND NO EXPENSE FOR REPAIR OR REWORK OF THESE OR ANY EQUIPMENT FROM ACTUAL MEASUREMENT. NOT THE SOLE DUTY AND RESPONSIBILITY OF THE CONTRACTOR AND/OR MANUFACTURER TO DETERMINE ACTUAL DIMENSIONS AND DETAILS AND FABRICATION SHALL BE IN ACCORDANCE WITH ACCEPTED GOOD PRACTICE AND PROCEDURE AND WE, MONOCHROME, KNOW AT THE TIME OF ISSUING THIS DRAWING THAT THE CONTRACTOR AND/OR MANUFACTURER SHALL BE FULLY RESPONSIBLE FOR ITS INTENT AND PURPOSE.

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WE ACCEPT NO RESPONSIBILITY FOR WORK DONE BY ANY ARCHITECT AND/OR CONTRACTOR AND WILL NOT BE RESPONSIBLE FOR ANY ERRORS OR OMISSIONS. WE WILL NOT BE RESPONSIBLE FOR ANY ERRORS OR OMISSIONS, UNLESS WE ARE ADVISED OF SUCH ERRORS OR OMISSIONS BY THE ARCHITECT AND/OR CONTRACTOR OR BY A LOCAL BUILDING CODE, ORDINANCE, STRUCTURAL CODES OR BY SUBSTITUTION OR CHANGES IN EQUIPMENT ON THIS PLAN.



START POINT

REVISION

DATE

CONCEPTUAL SET

XX.XX.XX

SHEET

ID-1.2