David Gruber, Chair Bo Riccobono, First Vice Chair Jo Hamilton, Second Vice Chair Bob Gormley, District Manager



Antony Wong, Treasurer
Susan Kent, Secretary
Keen Berger, Assistant Secretary

COMMUNITY BOARD No. 2, MANHATTAN

3 Washington Square Village New York, NY 10012-1899

www.cb2manhattan.org

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 <u>5</u> <u>business days</u> before the Committee meeting. In addition, bring <u>10 copies</u> 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): SKYBIRD HÖSPITALITY PARTNERS LLC Trade name (DBA): **PENDING** Premises address: 109 MULBERRYSTREET Cross Streets and other addresses used for building/premise: **CANAL AND HESTER STREETS CONTACT INFORMATION:** Principal(s) Name(s): ROBERTCHEN, ESTELLALEE, KEN CHANG, ERIC HUANG Office or Home Address: 109 MULBERRYSTREET City, State, Zip: NEW YORK, NY 10013 _ email: ROBERT@NEWYORKVYBES.COM Telephone #: Landlord Name / Contact: Landlord's Telephone and Fax: NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD NAMES OF ALL PRINCIPAL(s): **ROBERTCHEN** N/A **ESTELLALEE** N/A **KEN CHANG** N/A **ERIC HUANG** N/A Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."): New York Vybes intends to serve a wide variety of entrees that will be of American, Italian and Asian of origin. Piano over dinner hours and weekend brunch service. A jazz ensemble playing and singing over dinner hours and weekend brunch.

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: NEW CONSTRUCTION BUILDING				
Is any license under the ABC Law currently active at this location? yes				
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:				
N/A				

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: 7 Year Built : 2019
Describe neighboring buildings: MIXED USE, RESIDENTIAL AND COMMERCIAL
Zoning Designation: C6-2G
Zoning Overlay or Special Designation (applicable)
Block and Lot Number: 206 / 24
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? \checkmark 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) yes : explain
What is the proposed Occupancy? 220
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits? no yes *PENDING*
If yes, what is the maximum occupancy for the premises? 221
If yes, what is the use group for the premises? LI
If yes, is proposed occupancy permitted? _ ' yes _X_ no, explain : APPLICANT IS FILING FOR AN
UPDATED CO TO REFLECT THE OCCUPANCY AND USE CHANGES
If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? 📈 yesno
Do you plan to file for changes to the Certificate of Occupancy? yes no *PENDING* (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: SIGNAGE

INTERIOR OF PREMISES:		
What is the total licensed square footage of the premises? 9,800 SQ FEET		
If more than one floor, please specify square footage by floors: APPROX4,900 SQ FEETPER FLOOR		
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? AN INTERNAL STAIRCASE		
How many entrances are there? ² How many exits? ³ How many bathrooms ? ⁵		
Is there access to other parts of the building? ves, explain:		
OVERALL SEATING INFORMATION:		
Total number of tables? 42 Total table seats? 192		
Total number of bars? 2 Total bar seats? 21		
Total number of "other" seats? 7 please explain : SUSHI COUNTER		
Total OVERALL number of seats in Premises : 220		
BARS:		
How many *stand-up bars / bar seats are being applied for on the premises? Bars 2 Seats 22		
How many service bars are being applied for on the premises?		
Any food counters? no X_ yes, describe : SUSHI COUNTER WITH 7 SEATS		
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 orde pay for and receive food and alcoholic beverages.		
PROPOSED METHOD OF OPERATION:		
What type of establishment will this be? (check all that apply)		
BarBar & Food/RestaurantClub/ CabaretHotelOther:		

What are the Hours of Operation?				
Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:				
<u>AM</u> to 11PM 7AM to 12AM 7AM to 12AM				
Will the business employ a manager? no✓ yes, name / experience if known : *PENDING				
Will there be security personnel? \checkmark 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? \checkmark no yes				
f yes, please describe : N/A				
Nill you have TV's ? no _✓ yes (how many?) 4				
Гуре of MUSIC / ENTERTAINMENT: ✓ Live Music				
Expected Volume level: Background (quiet) Entertainment level Amplified Music check all that apply)				
Do you have or plan to install soundproofing?no/ yes				
F YES, will you be using a professional sound engineer? YES				
Please describe your sound system and sound proofing:				
Will you be permitting: promoted events				
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 barriersother 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 $\frac{1}{2}$ " x 11").				
ndicate 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 / Commo	unity Board and confirm that if complaints are made	
Contact Person: N/A	Phone: N/A	
Address: N/A		
Email : N/A		
Application sub behalf of the ap		
Signatu	re	
Print or Type Name		
Title		

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











