

APPLICANT INFORMATION:

Name of applicant(s): Slowear New York Ltd

Trade name (DBA): Slowear

Premises address: 116 Prince Street, New York, NY 10012

Cross Streets and other addresses used for building/premise:
Greene and Wooster Streets

CONTACT INFORMATION:

Principal(s) Name(s): Marzio Compagno

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED] Italy

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>Slowear S.P.A. (Italian Company) - N/A</u>	<u>Marcel York (US based manager) N/A</u>
<u>Elisabetta Compagno</u>	<u>N/A</u>
<u>Nella Loera</u>	<u>N/A</u>
<u>Zara Albano</u>	<u>N/A</u>

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

We are an Italian brand boutique retail clothing store that will focus on selling apparel and other home goods. As part of our selling philosophy and Italian welcome, we would like to offer cocktails and other alcoholic beverage drinks to our purchasing clientele.

WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY):

- a new liquor license (Restaurant Tavern / On premise liquor Other) bottle club
- 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:

Retail Clothing Store and jewelry store

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:

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: 4 Year Built : 1877

Describe neighboring buildings: Mixed: Residential/Commercial

Zoning Designation: M1-5A

Zoning Overlay or Special Designation (applicable) N/A

Block and Lot Number: 500 / 18

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 _____

What is the proposed Occupancy? 43

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? 43

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: _____

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 2,250 SQ FT

If more than one floor, please specify square footage by floors: GF: 1,250 sq ft and basement: 1,000 sq ft

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? Staircase

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

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

OVERALL SEATING INFORMATION:

Total number of tables? 1 Total table seats? 2

Total number of bars? 0 Total bar seats? 0

Total number of "other" seats? 4 please explain: Couch by fitting room -seats 4

Total OVERALL number of seats in Premises: 6

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 0 Seats 0

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

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: Retail Store - Bottle Club

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
12pm to 6pm 11am to 7pm 11am to 7pm 11am to 7pm 11am to 7pm 11am to 7pm 11am to 7pm

Will the business employ a manager? ___ no X yes, name / experience if known : Ljola Parent

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

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)

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

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

Please describe your sound system and sound proofing: N/A

Will you be permitting: No promoted events No scheduled performances No outside promoters

No any events at which a cover fee is charged? No 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 No ropes No movable barriers No 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 1/2 " 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: _____

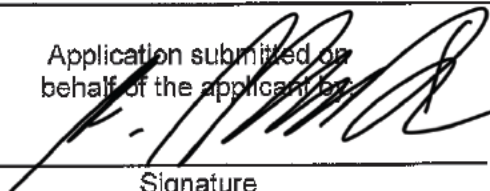
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: Marcel York Phone: [REDACTED]

Address: 116 Prince Street, Ground Floor, New York, NY 10019

Email: marcel.york@slowear.com

Application submitted on
behalf of the applicant by



Signature

Print or Type Name Marcel York

Title Manager

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.

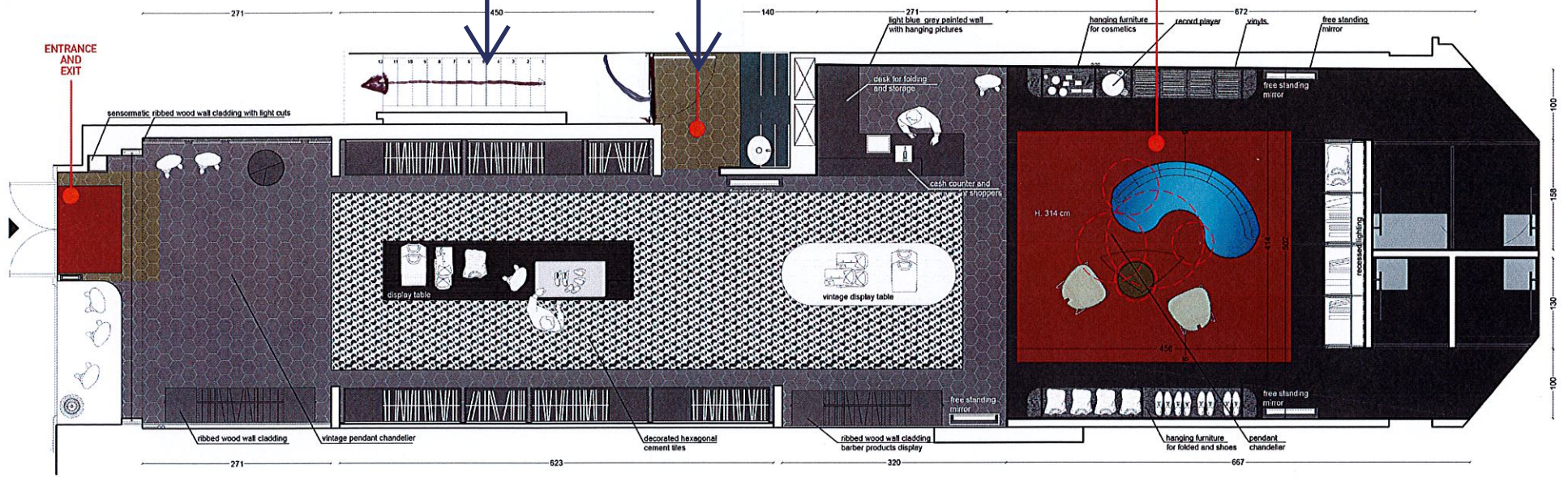


Community Board 2, Manhattan
SLA Licensing Committee
Carter Booth, Co-Chair
Robert Ely, Co-Chair

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er e
B r

SLW_NY PRINCE GROUND FLOOR



100
100
100

Staircase to Ground Floor

SLW_NY PRINCE FLOOR -1

