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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: April 5th on 7th

APPLICANT INFORMATION:

Name of applicant(s): XEO CANTINA INC.

Trade name (DBA):
TBD

Premises address:
334 BOWERY STREET, NEW YORK NY 10012

Cross Streets and other addresses used for building/premise:

GREAT JONES STREET, BOND STREET OTHER ADDRESSES: 334-336 BOWERY

CONTACT INFORMATION:

Principal(s) Name(s): DIEU KHUU

Office or Home Address: [redacted]

City, State, Zip: [redacted]

Telephone #: [redacted] email : [redacted]

Landlord Name / Contact:
Infinite Realty LLC

Landlord's Telephone and Fax: [redacted]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
DIEU KHUU	SAIGON SHACK CORP d/b/a THE BOIL - 139 Chrystie Street, New York, NY 10002 - Full Liquor License CB3 (2013-present)
	SAIGON PROJECT INC d/b/a THE BOIL - 17 Waverly Place, New York, NY 10003 - Full Liquor License CB2 (2016-present)
	DD76 CORP d/b/a THE BOIL – 8 Erie Street, Jersey City, NJ 07302 - Full Liquor License (2020-present)
	SAIGON IN & OUT CORP d/b/a SAIGON SHACK - 114 Macdougal St, New York, NY 10012 (No Liquor License CB2) (2010-present)

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

Modern Asian restaurant serving creative southeast Asian dishes.

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.)

Addition of booths, extended hours on Friday and Saturday, new ownership and cuisine

If this is for a new application, please list previous use of location for the last 5 years:

Pizzeria/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: _____

Infinite Hospitality Group LLC - Serial # 1333595 - Expiration 5/31/2023

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:

Gia (2021-present)

Gino Sorbillo LLC (2016-2021)

Forcella La Pizza di Napoli (2011-2016)

Vancant (2008-2011)

PREMISES:

By what right does the applicant have possession of the premises?

___ Own X Lease ___ Sub-lease ___ Binding Contract to acquire real property ___ other: _____

Type of Building: ___ Residential ___ Commercial X Mixed (Res/Com) ___ Other: _____

Number of floor: 8 Year Built : 1909

Describe neighboring buildings:
Mixed-use. Nearby buildings are 3-5 stories with ground store and residences above.

Zoning Designation: C6-1

Zoning Overlay or Special Designation (applicable) n/a

Block and Lot Number: 530 / 38

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 Sidewalk (and NYC Open Restaurants to extend if permissible)

What is the proposed Occupancy? 60

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? 60

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 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: Changing text and colors of awning

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? approximately 2,100 sq ft

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?

250 sq. ft.

If more than one floor, what is the access between floors? N/A

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

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

OVERALL SEATING INFORMATION:

Total number of tables? _ 16 __ Total table seats? __44 ____

Total number of bars? 1 Total bar seats? 8

Total number of "other" seats? 2 please explain : Noodle bar (counter)

Total OVERALL number of seats in Premises : 54

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 8

How many service bars are being applied for on the premises? 0

Any food counters? ___ no ✓ yes, describe : Noodle bar

For Alterations and Upgrades:

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

There is currently one existing bar with 5 seats, we are adding an additional 5 seats for a total of 10 bar seats.

* 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:
12pm to 12am	12pm to 12am	12pm to 12am	12pm to 12am	12pm to 12am	12pm to 2am	12pm to 2am

Will the business employ a manager? ___ no ✓ yes, name / experience if known : TBD

Will there be security personnel? ✓ 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? ___ no ✓ yes

If yes, please describe : Front windows open but will generally remain closed

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? No

Please describe your sound system and sound proofing: _____

Existing sound insulation in ceiling, sound system consist of iPod/iPhone with 12 ceiling speakers.

Will you be permitting: ___ promoted events ___ scheduled performances ___ outside promoters

___ any events at which a cover fee is charged? ✓ private parties ie: birthday parties

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) ____

N/A

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: 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 / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: DIEU KHUU Phone: [redacted]

Address: [redacted]

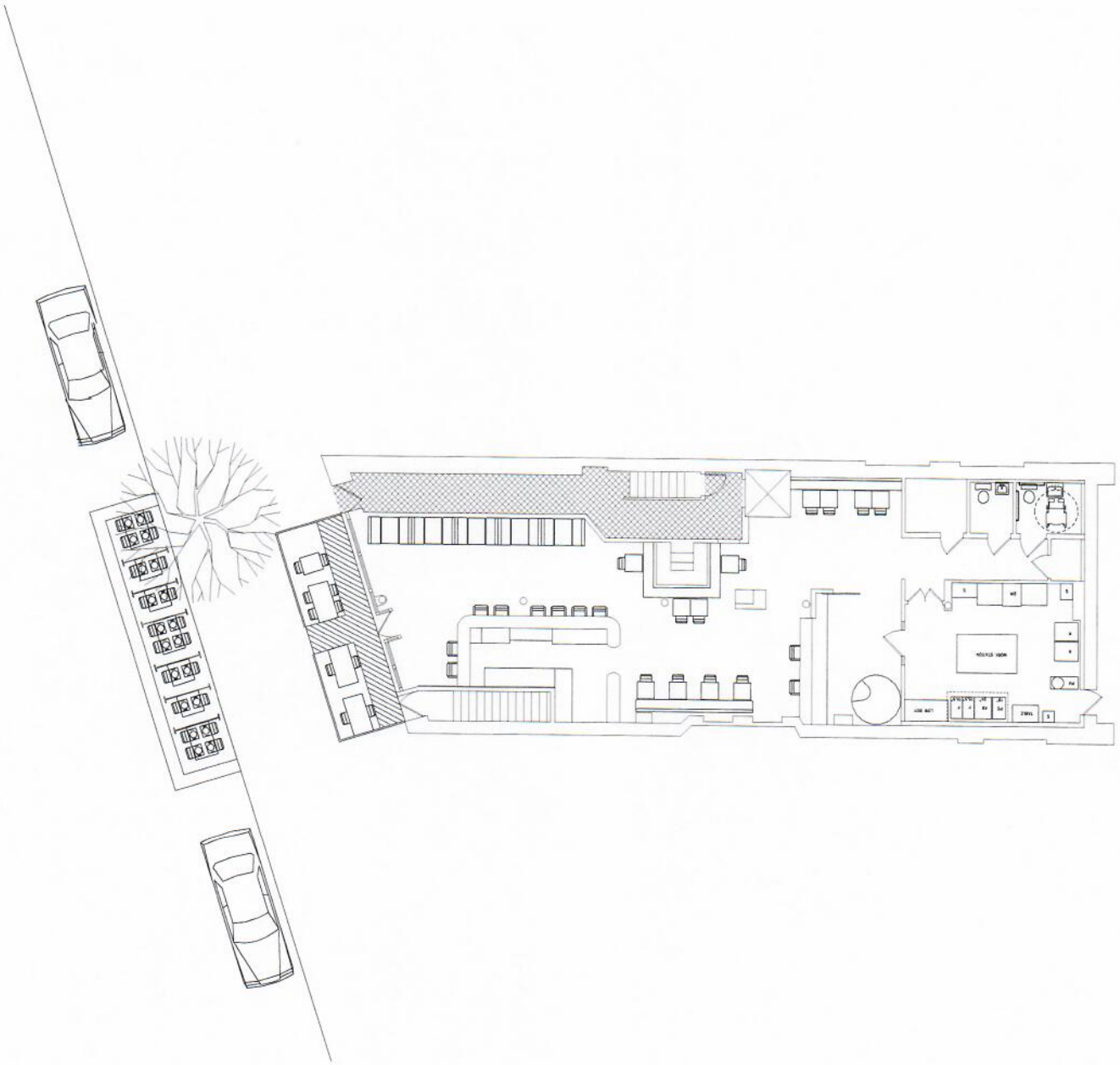
Email : [redacted]

Application submitted on behalf of the applicant by:

Signature

Print or Type Name DIEU KHUU

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
Donna Raftery, Co-Chair
Robert Ely, Co-Chair