

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): MEMBERS ONLY EXPERIENCE LLC

Trade name (DBA): MEMBERS ONLY

Premises address: 53 WEST 8TH STREET, NEW YORK, NY 10011

Cross Streets and other addresses used for building/premise:
NORMAN BUCHBINDER WAY, AVENUE OF THE AMERICAS

CONTACT INFORMATION:

Principal(s) Name(s): ROHIT MALHOTRA

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone #: [REDACTED] email: [REDACTED]

Landlord Name / Contact: 53 WEST 8TH STREET LLC

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(S):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>ROHIT MALHOTRA</u>	<u>PRYM 1216 STREET LEVEL LLC</u>
<u>ROHIT MALHOTRA</u>	<u>PRYM 1216 BASEMENT LLC</u>
<u>ROHIT MALHOTRA</u>	<u>NISI AT 47 PARTNERS LLC</u>

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
THE PREMISE IS A BRAND GALLERY FOR THE MEMBERS ONLY
Clothing BRAND THE ESTABLISHMENT WILL BE A Tavern license
with a food-menu which satisfies the SLA requirements as the Premises
will not have a full kitchen.

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: 5 Year Built: 1970

Describe neighboring buildings: mixed commercial
55 West 8th Street - 6 Floor Residential Building, 51 West 8th Street - 5 Floor Residential Building.

Zoning Designation: LC - LIMITED COMMERCIAL

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 572 1 70

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 NYC outdoor Dining Rules (cond)

What is the proposed Occupancy? 74

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? 74

If yes, what is the use group for the premises? _____

If yes, is proposed occupancy permitted? yes no, explain: updated CoO

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? 1,554 SF

If more than one floor, please specify square footage by floors: CELLAR FLOOR - 506 SF, Ground FL - 1048 SF

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? STAIRS

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

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

OVERALL SEATING INFORMATION:

Total number of tables? 20 Total table seats? 59

Total number of bars? 1 Total bar seats? 7

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

Total OVERALL number of seats in Premises: 66

BARS:

How many * stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 7

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

Any food counters? X no yes, describe: _____

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 X ^{Tavern} Bar & Food ___ Restaurant ___ Club/ Cabaret ___ Hotel ___ Other: _____

What are the Hours of Operation?

Sunday: 11^{am} to 1:30^{am} Monday: 11^{am} to 1^{am} Tuesday: 11^{am} to 1^{am} Wednesday: 11^{am} to 1^{am} Thursday: 11^{am} to 2^{am} Friday: 11^{am} to 2^{am} Saturday: 11^{am} to 2^{am}

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

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 : _____

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: Not selected as of yet

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? 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 1/2 " x 11").

Indicate the distance in feet from the proposed premise:

Name of School / Church: _____

Address: _____ Distance: _____

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 *Beer/Wine*
- 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:

LOCATION HAS BEEN VACANT FOR SEVERAL YEARS, PRIOR TO THAT IT
WAS A SHOES 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: _____

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:

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: Ran Malhotra Phone: 

Address: _____

Email : 

Application submitted on behalf of the applicant by:

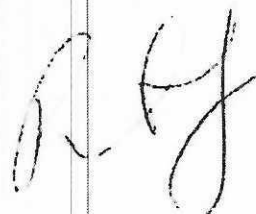

Signature

Print or Type Name M. Todd Ely, Esq.

Title Attorney

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.

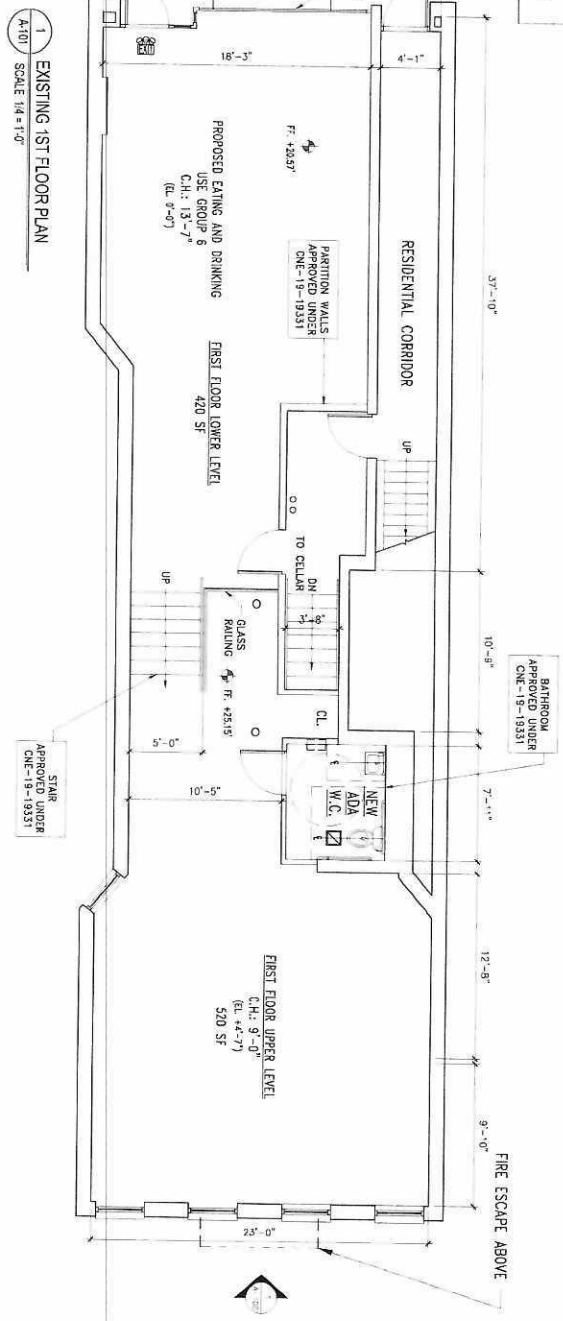




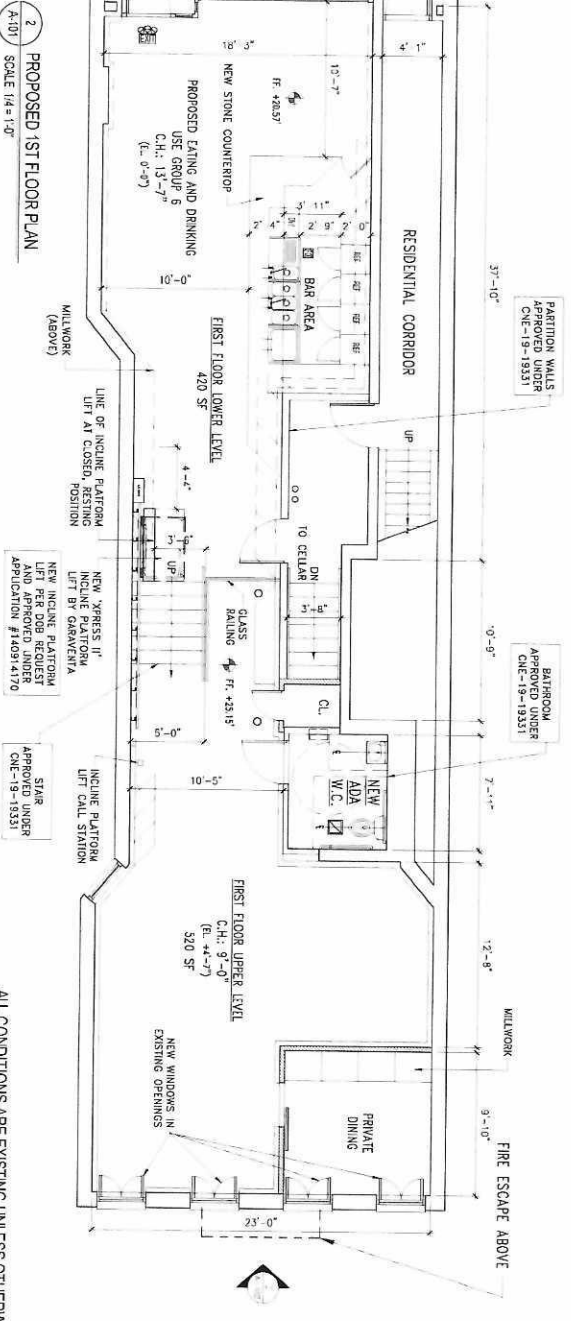
Community Board 2, Manhattan
SLA Licensing Committee
Carter Booth, Co-Chair
Robert Ely, Co-Chair

LEGEND:

[Symbol]	NEW MASONRY WALL
[Symbol]	NEW METAL STUD PARTITION WALLS



1
EXISTING 1ST FLOOR PLAN
A-101
SCALE 1/4"=1'-0"



2
PROPOSED 1ST FLOOR PLAN
A-101
SCALE 1/4"=1'-0"

ALL CONDITIONS ARE EXISTING UNLESS OTHERWISE NOTED

ISSUED TO: JACOBUS PRESERVATION COMMISSION APPROVAL

NO.	DATE	DESCRIPTION
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ARCHITECT
M G NEW YORK
ARCHITECTURE HEALTH CARE HISTORIC PRESERVATION
1150 AVENUE OF THE AMERICANS, SUITE 1000
NEW YORK, NY 10019
TEL: 212-691-1000
WWW.MGNYARCH.COM

323-C-2021-09

PROJECT NUMBER: 2021-09
DRAWING BY: PT

DATE: AS NOTED
SCALE: AS NOTED
DRAWING NO: A-101.00
PAGE: 3 OF 5
DESIGNED BY: JACOBUS PRESERVATION

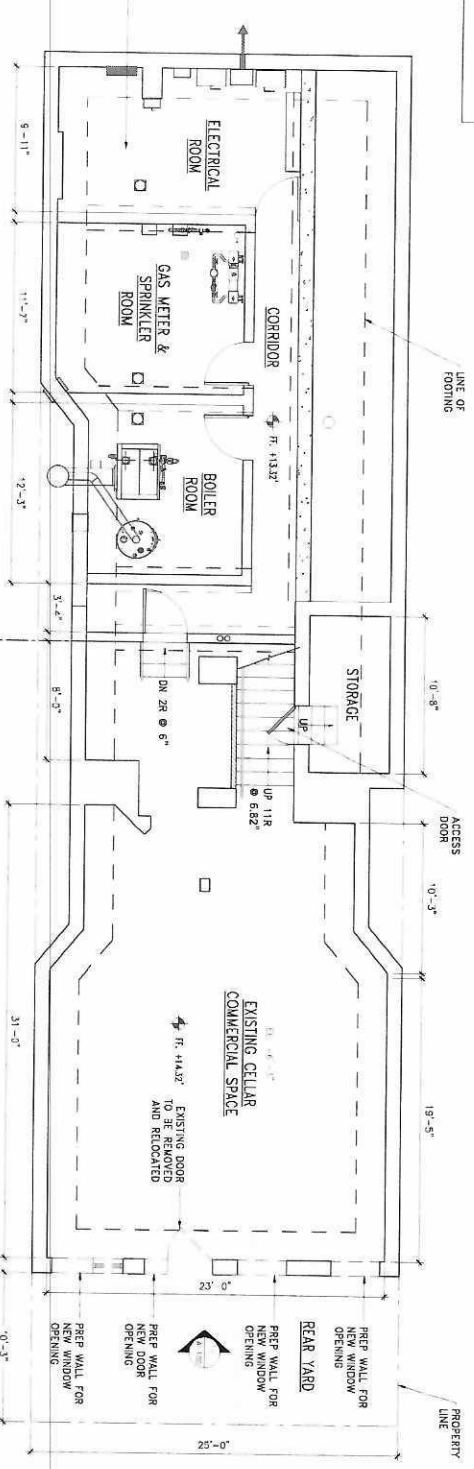
63 WEST 8TH STREET
NEW YORK, NY 10011

EXISTING AND PROPOSED
1ST FLOOR PLANS

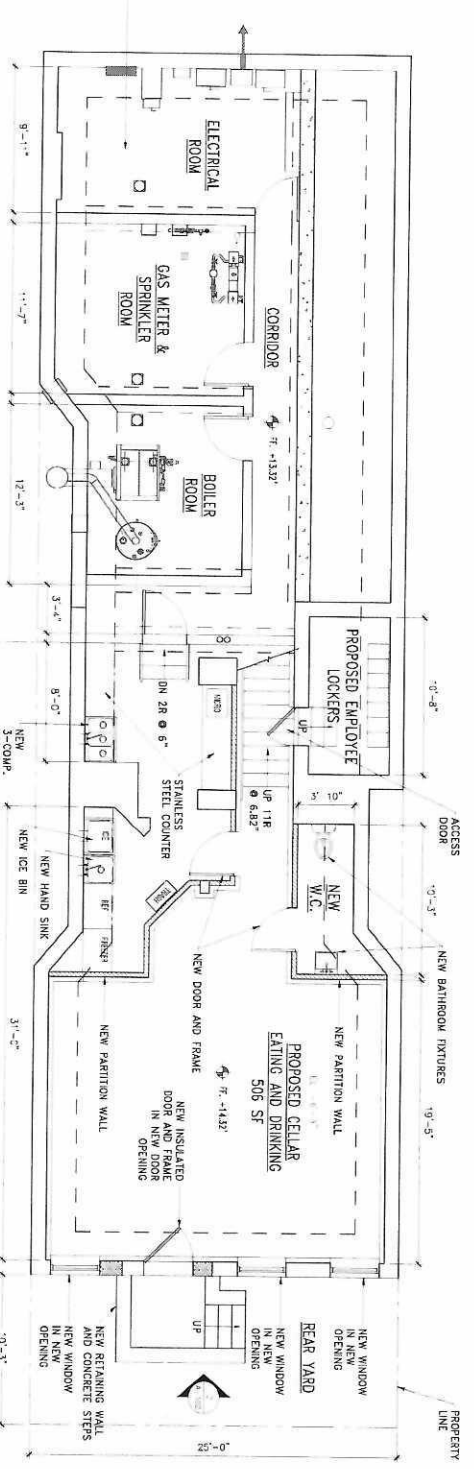
DATE: 08 31 2021
PROJECT NUMBER: 2021-09
DRAWING BY: PT

SCALE: AS NOTED
DRAWING NO: A-101.00
PAGE: 3 OF 5
DESIGNED BY: JACOBUS PRESERVATION

LEGEND:
 [Symbol] NEW MASONRY WALL
 [Symbol] NEW METAL STUD PARTITION WALLS



1 EXISTING CELLARBASEMENT PLAN
 SCALE 1/4"=1'-0"



2 PROPOSED CELLARBASEMENT PLAN
 SCALE 1/4"=1'-0"

CELLAR BASEMENT

ALL CONDITIONS ARE EXISTING UNLESS OTHERWISE NOTED

ISSUED TO LANDMARK PRESERVATION COMMISSION FOR APPROVAL

M G NEW YORK ARCHITECTURE HEALTH CARE HISTORIC ARCHITECTURE
 110 WEST 42ND STREET
 NEW YORK, NY 10018



CLIENT	BERNER MANAGEMENT 545 WEST 111TH STREET NEW YORK, NY 10019
PROJECT NUMBER	08 31 2021
DATE	2021-09
SCALE	AS NOTED
DRAWN BY	A-100.00
CHECKED BY	2-04-5
DATE	08/31/2021

ALL CONDITIONS ARE EXISTING UNLESS OTHERWISE NOTED

REVISIONS

1	ISSUED TO ARCHITECT FOR APPROVAL
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ISSUED TO ARCHITECT FOR APPROVAL

M/G NEW YORK
 ARCHITECTS
 100 WEST 11TH STREET
 NEW YORK, NY 10011



BRINK MANAGEMENT
 361 PARK AVENUE SOUTH
 NEW YORK, NY 10016

PROJECT
 63 WEST 8TH STREET
 NEW YORK, NY 10011

TITLE
 EXISTING 2ND AND
 3RD FLOOR PLANS

ISSUE DATE
 08 31 2021

PROJECT NUMBER
 2021-09

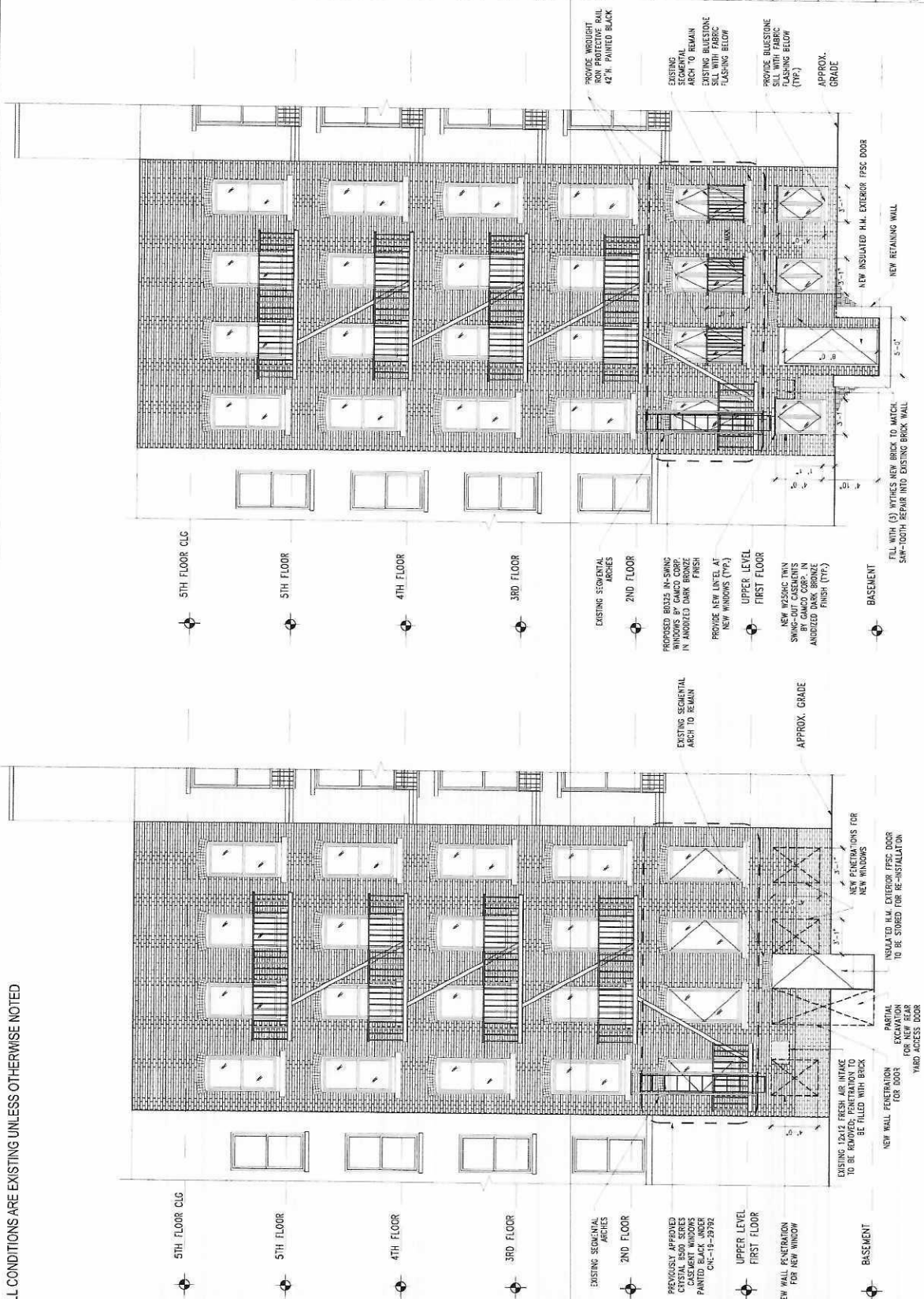
DRAWING DATE
 PT

SCALE
 AS NOTED

DRAWING NUMBER
 A-102.00

SHEET NUMBER
 2 OF 5

DATE OF APPROVAL



2 PROPOSED REAR ELEVATION
 A-102 SCALE 1/4" = 1'-0"

1 EXISTING REAR ELEVATION
 A-102 SCALE 1/4" = 1'-0"