

Meeting Date: 5/5/2022

AMENDED  
Full on - Premises Liquor License

**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:

NOELMAN 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: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

**NAMES OF ALL PRINCIPAL(s):**

**NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD**

ROHIT MALHOTRA

PRYM 1216 STREET LEVEL LLC

ROHIT MALHOTRA

PRYM 1216 BASEMENT LLC

ROHIT MALHOTRA

NISE AT 47 PARTNERS LLC

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 to 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 lot 0

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 <sup>& mezzanine</sup>

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? ☒ 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 <sup>Tavern</sup> Bar & Food \_\_\_\_\_ Restaurant \_\_\_\_\_ Club/ Cabaret \_\_\_\_\_ Hotel \_\_\_\_\_ Other: \_\_\_\_\_

What are the Hours of Operation?

Sunday: 11<sup>am</sup> to 2<sup>am</sup> Monday: 11<sup>am</sup> to 2<sup>am</sup> Tuesday: 11<sup>am</sup> to 1<sup>am</sup> Wednesday: 11<sup>am</sup> to 1<sup>am</sup> Thursday: 11<sup>am</sup> to 2<sup>am</sup> Friday: 11<sup>am</sup> to 1<sup>am</sup> Saturday: 11<sup>am</sup> to 1<sup>am</sup>

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
- ☐ 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.)

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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 Shoe 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: \_\_\_\_\_

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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:

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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: [REDACTED]

Address: \_\_\_\_\_

Email: ranm@membersonly.com

Application submitted on  
behalf of the applicant by:

[Signature]  
Signature

Print or Type Name Middell Sejal, 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.

[Signature]

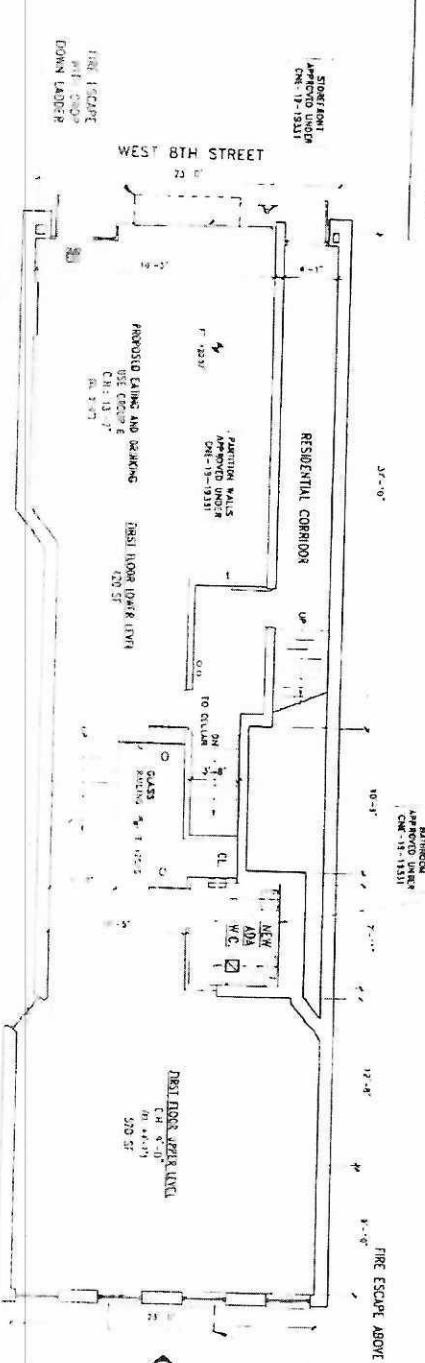
[Signature]

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

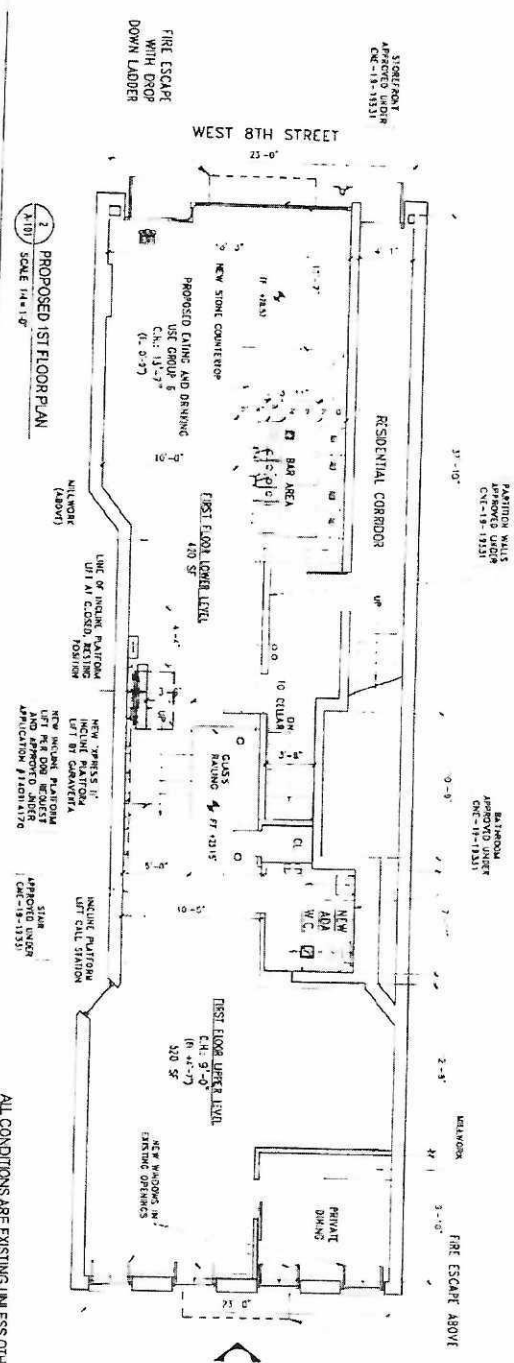


LEGEND

- NEW MASONRY WALL
- NEW WITH STUO PARTITION WALLS



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



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

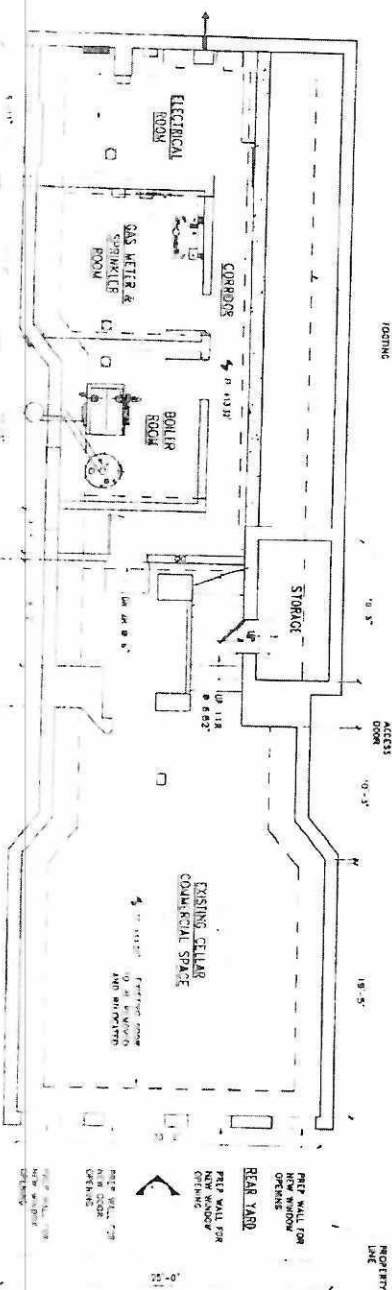
ALL CONDITIONS ARE EXISTING UNLESS OTHERWISE NOTED



DATE: 08 31 2021  
PROJECT: 2021-09  
PT  
AS NOTED  
A-101.00  
3 OF 5  
M. NEW YORK

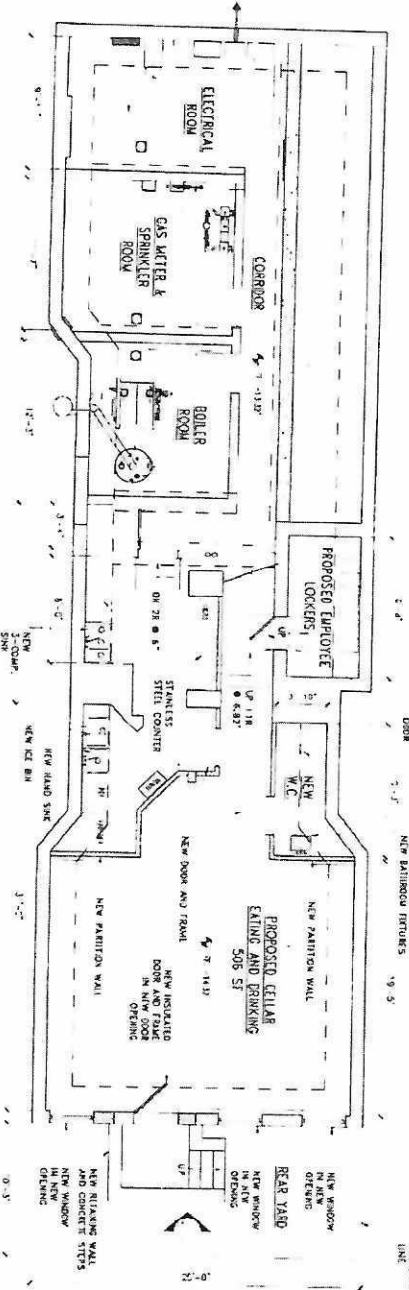


LEGEND  
 NEW ASBESTY WALL  
 NEW WITH STUD PARTITION WALLS



1. EXISTING CELLAR BASEMENT PLAN  
 A100 SCALE 1/8" = 1'-0"

CELLAR BASEMENT



2. PROPOSED CELLAR BASEMENT PLAN  
 A100 SCALE 1/8" = 1'-0"

CELLAR BASEMENT

ALL CONDITIONS ARE EXISTING UNLESS OTHERWISE NOTED

NEW YORK  
 ARCHITECTURE  
 100 WEST 8TH STREET  
 NEW YORK, NY 10014



EXISTING AND PROPOSED  
 CELLAR BASEMENT PLANS  
 DATE 08.31.2021  
 PROJECT 2021-09  
 AS NOTED  
 A-100.00  
 1:00