HELBRAUN | LEVEY

239 WEST 4TH STREET RESTAURANT LLC
239 WEST 4TH STREET
NEW YORK, NY 10014

MANHATTAN COMMUNITY BOARD 2

40 FULTON STREET 28TH FLOOR NEW YORK, NY 10038 T 212 219 1193 F 212 226 7554

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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)

APPLICANT INFORMATION:

Name of applicant(s):
239 WEST 4TH STREET RESTAURANT LLC

Trade name (DBA):
PENDING

Premises address:
239 WEST 4TH STREET NEW YORK, NY 10014

Cross Streets and other addresses used for building/premise:

WEST 10TH STREET AND CHARLES STREET

CONTACT INFORMATION:

Principal(s) Name(s):
BRENDAN SODIKOFF

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
BRENDAN SODIKOFF	4 CHARLES STREET RESTAURANT LLC, 4 CHARLES STREET, NY, NY 10014
N/A	
N/A	

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

A WELCOMING NEIGHBORHOOD ITALIAN RESTAURANT, WHERE THE COMMUNITY CAN GATHER IN A RELAXING ENVIRONMENT.

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

- [x] 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:

PREVIOUSLYUSED AS "FEDORA"A BAR/TAVERN,CURRENTLY VACANT.

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: _____

LITTLE WISCO LLC (PREVIOUS LICENSEE)SN:1247217, EXP: 2/28/21

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 : 1839

Describe neighboring buildings:
MIXED USE, RESIDENTIALAND COMMERCIAL

Zoning Designation: C2-6

Zoning Overlay or Special Designation (applicable) R6

Block and Lot Number: 611 / 4

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 : NO CHANGES

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? 54

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? USE GROUP 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: N/A

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1600

If more than one floor, please specify square footage by floors: 1000 main fl / 600 cellar

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?

none

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 ? 3

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

OVERALL SEATING INFORMATION:

Total number of tables? 8 Total table seats? 39

Total number of bars? 1 Total bar seats? 15

Total number of "other" seats? 0 please explain : N/A

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 15

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: 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: _____

What are the Hours of Operation?

Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
9AM to 2AM	9AM to 2AM	9AM to 2AM	9AM to 2AM	9AM to 2AM	9AM to 2AM	9AM to 2AM

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

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 : N/A

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? N/A

Please describe your sound system and sound proofing: _____

6 SONOS STYLE SPEAKERS LOCATED BELOW BOOTH SEATS.

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

___ any events at which a cover fee is charged? ✔ private parties *(ON OCCASSION)*

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: _____ Distance: _____

Name of School / Church: _____

Address: N/A _____ 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: ERIKA GOLZ _____ Phone: [redacted] _____

Address: [redacted] _____

Email : [redacted] _____

Application submitted on
behalf of the applicant by:

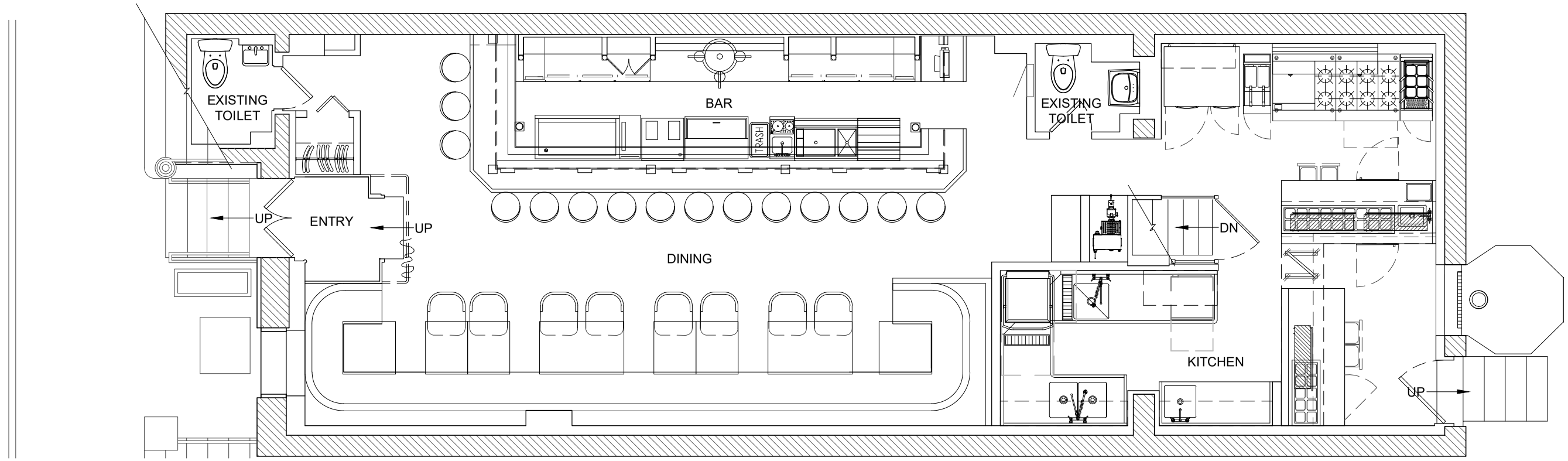
_____
Signature

Print or Type Name_____

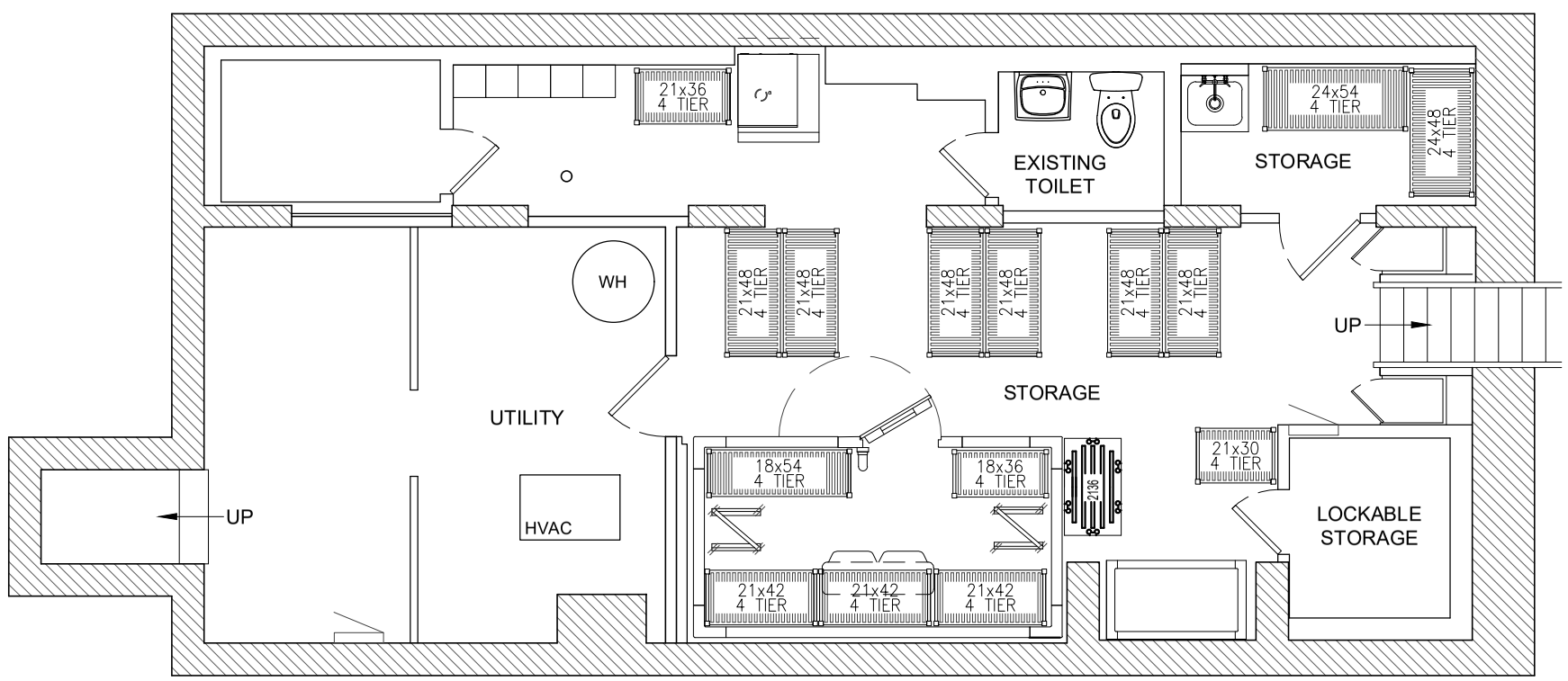
Title_____

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



BASEMENT



CELLAR

HOGSALT

PROJECT:

FEDORA
239 W 4TH STREET
NEW YORK, NY 10014

SKETCH TITLE:

PROPOSED FLOOR PLANS

SCALE: 3/16" = 1'-0"

DATE ISSUED: 02/17/22

DRAWN BY: SWS

SKETCH #:

A-2