

Meeting Date: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name of applicant(s): MANSIONS OF GLORY HOSPITALITY LLC

Trade name (DBA): TBD

Premises address: 53 SPRING ST.

Cross Streets and other addresses used for building/premise:  
MULBERRY ST. / LAFAYETTE ST.

**CONTACT INFORMATION:**

Principal(s) Name(s): DOMHNALL BYRNES

Office or Home Address: 53 SPRING ST.

City, State, Zip: NY NY 10012

Telephone #: 

Landlord Name / Contact: 53 SPRING STREET ASSOCIATES LLC

Landlord's Telephone and Fax: \_\_\_\_\_

**NAMES OF ALL PRINCIPAL(s):**      **NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD**

DOMHNALL BYRNES      \_\_\_\_\_

DANIEL DELANEY      \_\_\_\_\_

JACK KELLY      \_\_\_\_\_

DAMIEN BANNON      \_\_\_\_\_

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

We will be a BAR featuring a full menu. We ARE APPLYING FOR A RESTAURANT ON-PREMISE license because we HAVE a full menu and a full kitchen. We will operate the same AS GATSBY'S, WHO were there previously.

**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.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

BAR / TAVERN WITH A FULL MENU

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:

GATSBY'S OP #1126274 4/2002 - 2/2021

**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: 1900

Describe neighboring buildings: MIXED USE

Zoning Designation: C6-2

Zoning Overlay or Special Designation (applicable) SPECIAL LITTLE ITALY DISTRICT

Block and Lot Number: 495, 43

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 2 FLOORS

(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC?  yes  no, please explain: N/A

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 OPEN RESTAURANT'S SEATING

What is the proposed Occupancy? RESTAURANT

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? 125

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: WE WILL INSTALL OUR OWN SIGN



**INTERIOR OF PREMISES:**

What is the total licensed square footage of the premises? 3850

If more than one floor, please specify square footage by floors: 1st Flr - 2850 Bsmt - 1000

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

Open restaurant seating on the sidewalk with 2 tables + 8 seats against the building using 70'

If more than one floor, what is the access between floors? Interior staircase

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: ACCESS TO THE BUILDING LOBBY AS AN EMERGENCY FORM OF EGRESS

**OVERALL SEATING INFORMATION:**

Total number of tables? 37 Total table seats? 92

Total number of bars? 1 Total bar seats? 15

Total number of "other" seats? 0 please explain: 0

Total OVERALL number of seats in Premises: 109

**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: \_\_\_\_\_

\* 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: 12 pm to 2 am Monday: 2 pm to 2 am Tuesday: 2 pm to 2 am Wednesday: 2 pm to 2 am Thursday: 2 pm to 4 am Friday: 2 am to 4 am Saturday: 12 pm to 4 am

Will the business employ a manager?  no \_\_\_ yes, name / experience if known: OWNER will manage 9 years experience

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: THERE IS A ONE HALF WINDOW THAT OPENS

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: \_\_\_\_\_

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?  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?  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: \_\_\_\_\_

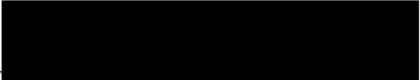
Name of School / Church: \_\_\_\_\_

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

Name of School / Church: \_\_\_\_\_

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

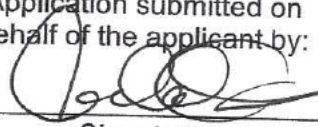
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: DOMHNALL BYRNES Phone: 

Address: 53 SPRING ST. N.Y. N.Y. 10012

Email: 

Application submitted on behalf of the applicant by:



Signature

Print or Type Name Michael Kelly

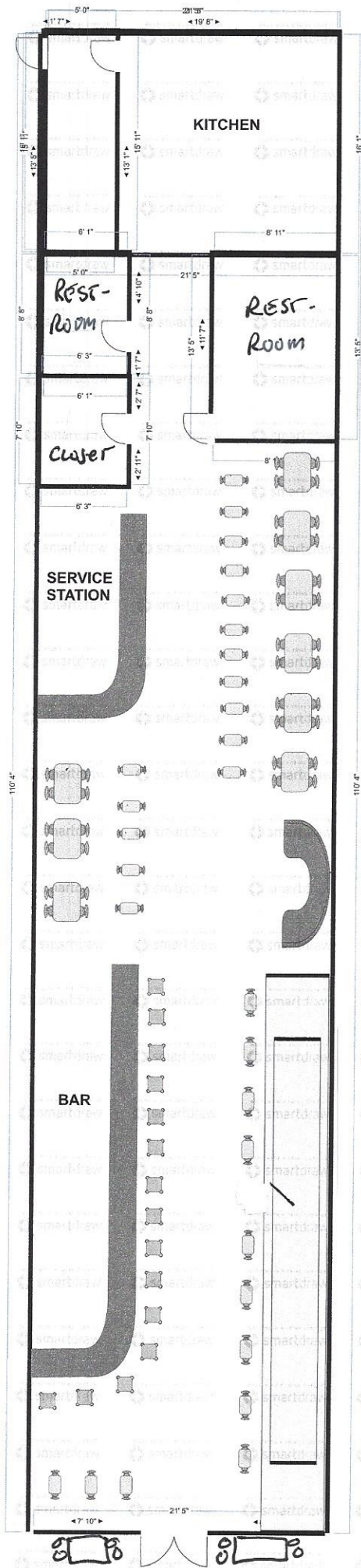
Title Representative

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





1st Floor  
 37 Tables  
 92 Seats  
 15 Bar Stools