Jeannine Kiely, Chair Susan Kent, First Vice Chair Valerie De La Rosa, Second Vice Chair Bob Gormley, District Manager



Antony Wong, Treasurer Euegene Yoo, Secretary Ritu Chattree, Assistant Secretary

COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

New York, NY 10012-1899

www.cb2manhattan.org P: 212-979-2272 F: 212-254-5102 E: info@cb2manhattan.org Greenwich Village * Little Italy * SoHo * NoHo * Hudson Square * Chinatown * Gansevoort Market

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 <u>5</u> <u>business days</u> before the Committee meeting. In addition, bring <u>10 copies plus supporting material</u> <u>requested</u> 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. <u>Speak to Florence Arenas at the Board Office</u>. 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 **<u>required</u>** 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:

APPLICANT INFORMATION:

Name of applicant(s): Organic Grill Inc.

Trade name (DBA): n/a

Premises address: 133 W 3rd St., New York, NY 10012

Cross Streets and other addresses used for building/premise:

MacDougal St and 6th Ave

CONTACT INFORMATION:

Principal(s) Name(s):

Julia Chetobar

Office or Home Address: 133 W 3rd St

City, State, Zip: <u>New York, NY 10012</u>

Telephone #:	err	email : info@theorganicgrill.com
•		

Landlord Name / Contact:

Landlord's Telephone and Fax:

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

Julia Chetobar Organic Grill Inc., 123 1st Ave. NYC (RW-#1267131)

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

family orienteded vegan restaurant

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)
- x OTHER : removal of existing license

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:

restaurant

Is any license under the ABC Law currently active at this location?	? yes	<u> </u>	
---------------------------------------------------------------------	-------	----------	--

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? _x_yes ____no

If yes, please list DBA names and dates of operation:

<u>1283408 Raman Ya Inc. (RW)</u>

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 _X_Mixed (Res/Com) Other:				
Number of floor: <u>4</u> Year Built : <u>1900</u>				
Describe neighboring buildings: Typical NYC neighborhood commercial w/residential above				
Zoning Designation: <u>R7-2</u>				
Zoning Overlay or Special Designation (applicable) <u>C1-5</u>				
Block and Lot Number:543 /67				
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? yes \underline{x} 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) <u>x</u> no yes : explain				
What is the proposed Occupancy? <u>28 patrons + 5 staff max = 33</u>				
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?				
<u>x</u> no <u>yes</u> (Has LNO for eating/drinking retail use group 6)				
If yes, what is the maximum occupancy for the premises? <u>74</u>				
If yes, what is the use group for the premises? <u>6</u>				
If yes, is proposed occupancy permitted? <u>x</u> yes <u>no</u> , explain :				
If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? yesno n/a				
Do you plan to file for changes to the Certificate of Occupancy? yes \x 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? <u>x</u> no <u>yes</u>				
(if yes, please describe:				

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1,200 ground floor only
If more than one floor, please specify square footage by floors: <u>n/a</u>
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? <u>n/a</u>
How many entrances are there? <u>1</u> How many exits? <u>1</u> How many bathrooms ?
Is there access to other parts of the building? nox yes, explain: basement (storage)
OVERALL SEATING INFORMATION:
Total number of tables? <u>14</u> Total table seats? <u>28</u>
Total number of bars? <u>1</u> Total bar seats? <u>0</u>
Total number of "other" seats? please explain :
Total OVERALL number of seats in Premises : 28
BARS:
How many *stand-up bars / bar seats are being applied for on the premises? Bars <u>1</u> Seats <u>0</u>
How many service bars are being applied for on the premises?
Any food counters? no _X 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 _x_Restaurant ___Club/ Cabaret ___Hotel ___Other: _____

What are the Hours of Operation?

Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
12p _{to} 2	<u>12p _{to}12a</u>	<u>12p_{to}12a</u>	<u>12p_tð2a_</u>	<u>12p_to</u> 12a_	12p _{to} 12a	12p_t02a_
Will the bus	iness employ	a manager? _	<u>x</u> no <u>yes</u> ,	name / experie	ence if known :	
Will there b Do you hav	e security pers e or plan to ins	sonnel? <u>x</u> n stall French do	o yes(if ye ors, accordion de	es, what nights a pors or windows	and how many that open?	?) no yes
lf yes, pleas	se describe : _					
Will you hav	ve TV's?_ <u>x</u> _	no yes	(how many?)			
Type of ML	JSIC / ENTER		Live Music	Live DJ	Juke Box <u>x</u>	Ipod / CDsnone
Expected V (check all th		X Backgrou	nd (quiet) E	intertainment lev	vel Ampli	fied Music
Do you hav	e or plan to in	stall soundproo	ofing? <u>x</u> no _	yes		
IF YES, will	you be using	a professional	sound engineer	?		
Please des	cribe your sou	nd system and	l sound proofing:	_small, bluetoot	th personal spe	aker
			ventsschec charged?x p	rivate parties (side promoters ax for family, corporate
•	•	•	ss vehicular traffic es, please attach		itrol on the side	ewalk caused by your
Will you be	utilizing	ropes m	ovable barriers	other outsid	de equipment	(describe)
Are your pre	emises within	200 feet of any	/ school, church o	or place of wors	hip? <u>×</u> no	yes
please sub	mit a block p	•	r area map shov	•	•	or on the same block, y to your applicant
Indicate the	distance in fe	et from the pro	posed premise:			
Name of Sc	hool / Church	:				

Name of School / Church:	
Address:	Distance:
Name of School / Church:	
Address:	Distance:
Please provide contact information for Residents / Comm you will address it immediately.	nunity Board and confirm that if complaints are made
Contact Person:	Phone:
Address: 133 w 3rd St., New York, NY 10012	
Email : info@theorganicgrill.com	
Application su behalf of the ap	
<u> </u>	ure
Print or Type Name_John Sprin	nger
Title Represer	ntative

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.

Junitati

Community Board 2, Manhattan SLA Licensing Committee Donna Raftery, Co-Chair Robert Ely, Co-Chair



