

Meeting Date: June/ /2022

APPLICANT INFORMATION:

Name of applicant(s):
Paige GH Group LLC and Hotel Gansevoort Group LLC

Trade name (DBA):
Gansevoort Hotel

Premises address:
18 Ninth Avenue, New York, New York 10014

Cross Streets and other addresses used for building/premise:
Ninth Avenue between West 13th Street and Little West 12th Street.

CONTACT INFORMATION:

Principal(s) Name(s):
Michael Achenbaum

Office or Home Address: 18 Ninth Avenue

City, State, Zip: New York, New York 10014

Telephone #: (212) 206-6700 email : [REDACTED]

Landlord Name / Contact:
The licensee, Hotel Gansevoort Group LLC, has a ground lease for the property.

Landlord's Telephone and Fax: [REDACTED]

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

Michael Achenbaum

William Achenbaum

Alex Berman

Current Premises:
1)Hotel Gansevoort Group LLC and Paige GH Group LLC- 18 Ninth Avenue, New York, New York 10014
2) CGM-GH LLC, Paige GH Group LLC and Chester WSA LLC- 18 Ninth Avenue, New York, New York 10014
3) WSA Café LLC- 18 Ninth Avenue, New York, New York 10014

Previous Premises:
TGA II LLC, One 29 Park LLC and Highgate Hotels, LP- 420 Park Avenue South, New York, New York 10016

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
Hotel with restaurant, bar/lounge and rooftop.

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.)

To remove certain parts of the licensed space including the cellar and rooftop

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

N/A

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: 1) CGM-GH LLC, Paige GH Group LLC and Chester WSA LLC #1146048 exp. 9/30/2022; 2) WSA Cafe LLC #1329727 exp. 5/31/2023

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:

Provocateur Night Club- previously occupied other retail space in the hotel building but is no longer open.

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: 13 Year Built : 2003

Describe neighboring buildings:
Commercial, Mixed Use, Residential

Zoning Designation: M1-5

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 628 / 4

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? yes no
13 floors

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 : 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 roof and garden patio/cafe

What is the proposed Occupancy? Approx 750

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? Approx. 750

If yes, what is the use group for the premises? UG5, UG6, UG9

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
*premise is already open

Do you plan to file for changes to the Certificate of Occupancy? yes no and operating
(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? Approx. 118,778 SF (including mechanical floors)

If more than one floor, please specify square footage by floors: Approx. 8,477/floor

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

Ground exterior: 1400 SF; Roof exterior: 2,215 SF

If more than one floor, what is the access between floors? Elevator/Stairs

How many entrances are there? 4 How many exits? 7 How many bathrooms? 7 public

Is there access to other parts of the building? no yes, explain: Entrance to WSA Cafe LLC from hotel lobby

OVERALL SEATING INFORMATION:

Total number of tables? 28 Total table seats? 89

Total number of bars? 2 Total bar seats? 12

Total number of "other" seats? 131 please explain : lounge/counter seats

Total OVERALL number of seats in Premises : 232

BARS:

How many ^{*}stand-up bars / bar seats are being applied for on the premises? Bars 2 Seats 12

How many service bars are being applied for on the premises? 1

Any food counters? no yes, describe :

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: There are currently 3 stand-up bars and 1 service bar. The alteration will remove one stand-up bar located on the roof.

* 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?

Hotel 24/7

Sunday: _____ Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____
_____ to _____ _____ to _____ _____ to _____ _____ to _____ _____ to _____ _____ to _____

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?) 6-15 per day
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 N/A- this is an existing and open property

IF YES, will you be using a professional sound engineer? N/A

Please describe your sound system and sound proofing: N/A- this is an existing open and operating property

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) N/A- this is an existing open and operating property

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 ½ " 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: _____

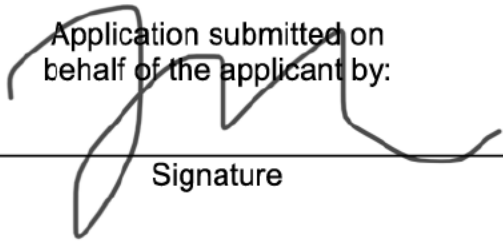
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: Ryan Kossman Phone: [REDACTED]

Address: 18 Ninth Avenue, New York, New York 10014

Email : Ryan@thehg.com

Application submitted on
behalf of the applicant by:



Signature

Print or Type Name Michael Achenbaum

Title Principal

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
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