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COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

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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 **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 month's 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)

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s):
WESTSIDE MUSEUM, LLC

Trade name (DBA):

Premises address:
427 BROADWAY NEW YORK, NY 10013

Cross Streets and other addresses used for building/premise:

BROADWAY/HOWARD

CONTACT INFORMATION:

Principal(s) Name(s):
ROBERT FREY

Office or Home Address: _____

City, State, Zip: _____

Telephone #: _____ email : _____

Landlord Name / Contact:

Landlord's Telephone and Fax: _____

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

Robert Frey, Ned Collett _____

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

Restaurant on 5th floor of museum.

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:

5th floor (licensed premises), was previously offices;
the building was mixed use (retail ground
floor/offices upper floors.

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: NO

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:

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:
SOHO CAST IRON MANUFACUTRING/COMMERCIAL

Zoning Designation: M1/5/R9X

Zoning Overlay or Special Designation (applicable) SNX SOHO NOHO SPECIAL MIXED USE DISTRICT

Block and Lot Number: 231 / 8

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 _____

What is the proposed Occupancy? 150

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?

no yes ALT 1 IN PROGRESS

If yes, what is the maximum occupancy for the premises? 150

If yes, what is the use group for the premises? 6 EATING/DRINKING ESTABLISHMENT

If yes, is proposed occupancy permitted? yes no, explain : Alt-1 has been filed

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? 3100

If more than one floor, please specify square footage by floors: N/A

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

NO

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? 5

Is there access to other parts of the building? no yes, explain: SHARED FIRE STAIRS

OVERALL SEATING INFORMATION:

Total number of tables? 24 Total table seats? 95

Total number of bars? 1 Total bar seats? 7

Total number of "other" seats? 12 please explain: lounge area seating

Total OVERALL number of seats in Premises: 102

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: 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: 12pm 12 am Monday: 10am 12 am Tuesday: 10 am to 12 am Wednesday: 10 am to 12 am Thursday: 10am to 2 am Friday: 10 am to 2 am Saturday: 10 am to 2 am

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?) _____
*in-house staff will monitor entry-egress at main entrance

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?) _____ 1

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: _____

Speaker system TBD; no need for soundproofing is anticipated (background level music only)

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

___ N 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) *Patrons can wait indoors; staff will be instructed to minimize congregating outdoors

Will you be utilizing ___ N ropes ___ N movable barriers ___ N 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: Robert Frey Phone: [REDACTED]

Address: 4 [REDACTED]

Email : [REDACTED]

Application submitted on
behalf of the applicant by:



Signature

Print or Type Name Elke Hofmann

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

WESTSIDE MUSEUM, LLC
 407 ORCHARD AVENUE
 NEW YORK, NY 10017

FOR ALL CONSTRUCTION, NO CHANGE IN USE, OCCUPANCY, OR OCCUPANT LOAD IS PERMITTED WITHOUT THE APPLICATION.

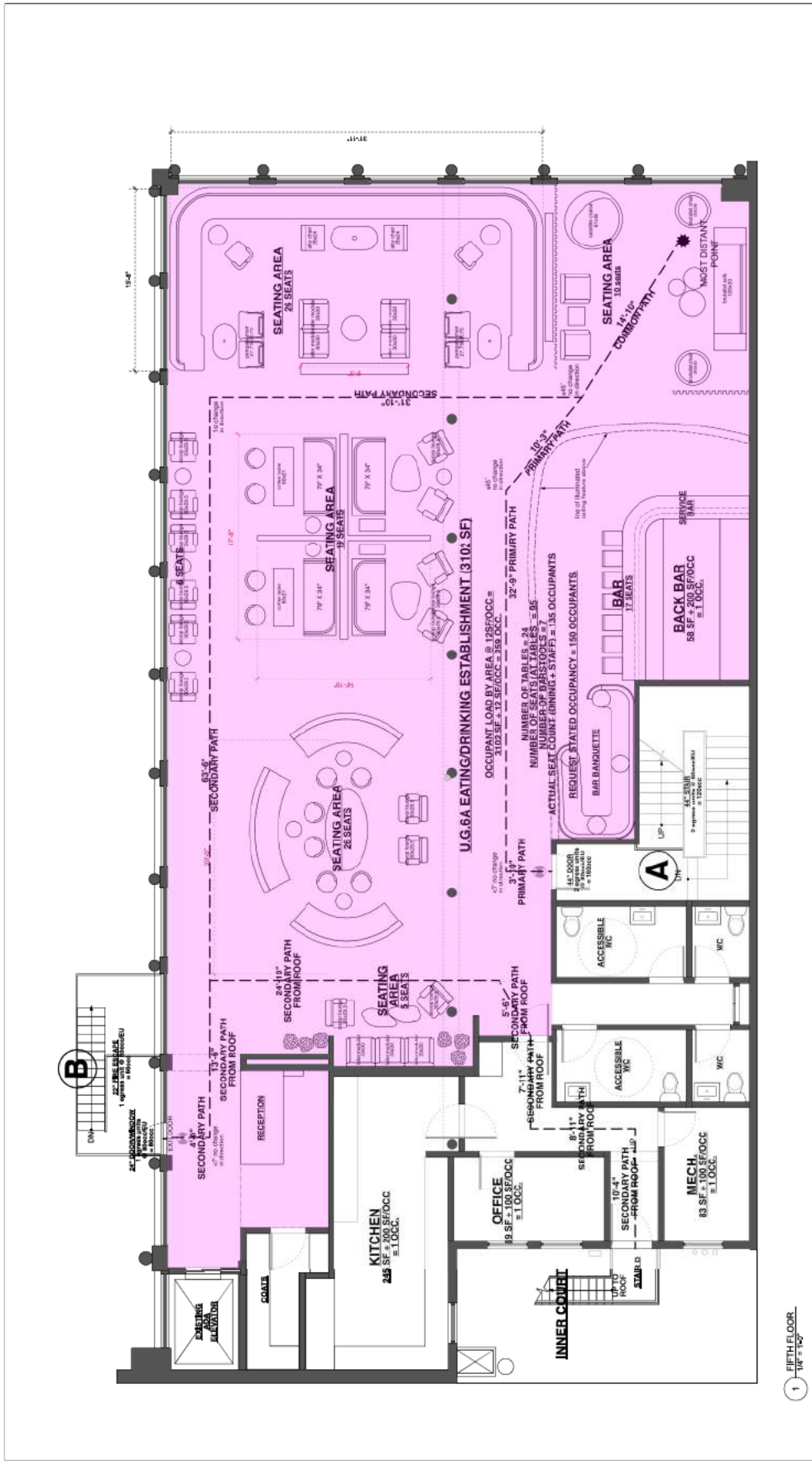
INTERIOR WORK ONLY. NO EXTERIOR WORK PROPOSED IN THIS APPLICATION.

Note: This Form is provided to be used primarily as a tool for the design of the project. It is not intended to be used as a substitute for the professional engineering services of a registered professional engineer. The use of this Form is subject to the terms and conditions of the contract between the owner and the engineer.

CONSTRUCTION MANAGER: _____
 PROJECT: _____
 CONSULTING ENGINEER: _____
 LICENSE NO.: _____
 STATE: _____
 PROJECT NO.: _____
 DATE: _____

WESTSIDE MUSEUM, LLC
 407 ORCHARD AVENUE
 NEW YORK, NY 10017
 TEL: 212.227.2000

CONSTRUCTION PLAN
 A-106.00



KEYED CONSTRUCTION NOTES	TRAVEL DISTANCE	PLUMBING FIXTURE COUNT	OCCUPANT LOAD AND EGRESS CAPACITY CALCULATIONS	GENERAL SYMBOLS LEGEND	CONSTRUCTION SYMBOLS LEGEND
01 EXISTING 2 HOUR RATED PARTITIONS 02 NEW 2 HOUR RATED PARTITIONS 03 NEW RAILING AT EXISTING RAMP 04 NEW RAILING AT NEW RAMP 05 EXISTING FIRE ESCAPE ABOVE	MAXIMUM PERMITTED (as per 27-553 & Table 8-4 for Occupancy Group F4 - Assembly): Primary = 88' x 1.5 = 127'-6" (sprinkled) Secondary = 125' x 1.2 = 150'-0" (sprinkled) PROVIDED: Common Path = 14'-10" ± 35', OK Primary = 61'-4" ± 137'-0", OK Secondary = 14'-10" ± 31'-10" ± 63'-6" ± 4'-0" = 114'-2" ± 137'-6", OK	5th Floor: 1500cc (based occupancy) Escalator: 2800cc Total: 1760cc ⇒ 88 female + 88 male Fixtures Req'd (as per Table 403.1): 1 WC/700cc ⇒ 2 WC for each gender 1 LAV/200cc ⇒ 1 LAV for each gender Water is served in this Eating/Drinking Establishment, therefore as per 410.1, no additional fixtures are required. 5 WCs Provided 2 LAV/gender (x 1 WC req'd, OK) 2 LAV/gender (x 1 WC req'd, OK)	OCCUPANT LOAD BY AREA: Bar/Dining: 3102sf + 12sf floor = 2590cc. Back Bar: 10cc. Office: 10cc. Total: 2790cc (Storage: 10cc, BY 65% COV. N.T.) EGRESS CAPACITY (DOORS) Kitchen: 100cc. Bar: 100cc. Back Bar: 9cc. Office: 4cc. Total: 180cc. Mechanical/Storage: 50cc. Respectfully request stated occupancy of 150 persons.	PROPERTY LINE EXISTING CONSTRUCTION TO REMAIN FULL HEIGHT EXISTING CONSTRUCTION TO REMAIN EXISTING CONSTRUCTION NEW CONSTRUCTION AREA NOT IN CONTACT NEW DOOR EXISTING DOOR TO REMAIN ROOM NAME / NUMBER TAG ENTRY SET	NEW PARTITION TYPE TAG NEW DOOR TAG FLOOR ELEVATION EXIT SIGNS KEYED CONSTRUCTION NOTE TAG AREA OF EXISTING/FIXED ESTABLISHMENT

1 FIFTH FLOOR
 1/8" = 1'-0"