APPLICANT INFORMATION: Name of applicant(s): White Horse Hospitality LLC Trade name (DBA): White Horse Tavern Premises address: 561 - 567 Hudson Street Cross Streets and other addresses used for building/premise: Hudson + West 11th Street CONTACT INFORMATION: Principal(s) Name(s): Eytan Sugarman Office or Home Address: New York, NY 10036 City, State, Zip: email: sohobbqnyc@gmail.com Telephone #: Landlord Name / Contact: Landlord's Telephone and Fax: __ NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD NAMES OF ALL PRINCIPAL(s): Hunt + Fish Club, Southern Hospitality, Suede Eytan Sugarman Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."): Historic Neighborhood Tavern

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				
\overline{X} 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.)				
Expansion of the tavern to the 561 a space adjacent to the tavern. Use of the space will allow for				
increased seating.				
If this is for a new application, please list previous use of location for the last 5 years:				
Is any license under the ABC Law currently active at this location? X yes no				
If yes, what is the name of current / previous licensee, license # and expiration date:				
White Horse Hospitality 1318058 10/31/2023				
Have any other licenses under the ABC Law been in effect in the last 10 years at this location? yes _X_no				
If yes, please list DBA names and dates of operation:				

:

PREMISES:

By what right does the applicant have possession of the premises?					
Own X Lease Sub-lease Binding Contract to acquire real property other:					
Type of Building: Residential Commercial _X_Mixed (Res/Com) Other:					
Number of floor:4 Year Built :902					
Describe neighboring buildings: Mostly mixed use buildings comprised of storefront and residence					
Zoning Designation:					
Zoning Overlay or Special Designation (applicable)					
Block and Lot Number: 633 / 53					
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? $_$ yes $_$ X no					
Is the premise located in a historic district? X yesno					
(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? \underline{X} yes \underline{n} 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) noXyes : explainLicensed outdoor cafe in addition to areas allowed by open restourants program.					
What is the proposed Occupancy?180 allowed by open restaurants program					
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?					
\underline{X} _noyes					
If yes, what is the maximum occupancy for the premises?180					
If yes, what is the use group for the premises?					
If yes, is proposed occupancy permitted? X yes no, explain :					
If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? X yesno					
Do you plan to file for changes to the Certificate of Occupancy? yes \underline{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? X no yes					
(if yes, please describe:					

INTERIOR OF PREMISES: What is the total licensed square footage of the premises? 4576 sq. ft. If more than one floor, please specify square footage by floors: 2500 ground level 2076 basement storage If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area? 240 If more than one floor, what is the access between floors? __Stairs How many entrances are there? $\frac{5}{2}$ How many exits? $\frac{5}{2}$ How many bathrooms? $\frac{3}{2}$ Is there access to other parts of the building? \underline{X} no $\underline{\hspace{1cm}}$ yes, explain: $\underline{\hspace{1cm}}$ **OVERALL SEATING INFORMATION:** Total number of tables? 30 Total table seats? 128 Total number of bars? ___1 Total bar seats? __22____ Total number of "other" seats? _____ please explain : _____ Total OVERALL number of seats in Premises: 180 BARS: How many *stand-up bars / bar seats are being applied for on the premises? Bars $\frac{1}{1}$ Seats $\frac{22}{1}$ How many service bars are being applied for on the premises? $^{0}$ Any food counters? ____ no __X yes, describe : ____ Pizza Counter

Please describe all current and existing bars / bar seats and specific changes:

Full bar in the main room with 12 bar stools. no changes to be made to this set up.

PROPOSED METHOD OF OPERATION:

For Alterations and Upgrades:

What typ	e of establishmer	nt will this be? (ch	neck all that apply)			
Bar	X Bar & Food	Restaurant	Club/ Cabaret	Hotel	Other: _	

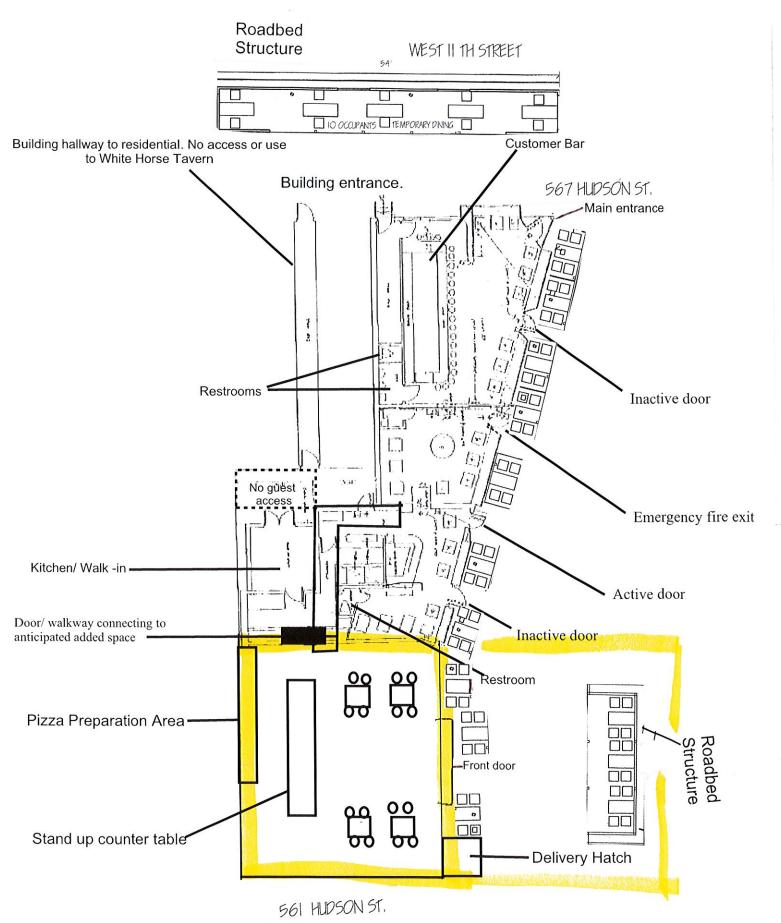
^{*} A stand-up bar is any bar or counter (whether seating or not) over which a member of the public can order, pay for and receive food and alcoholic beverages.

	What are the	Hours of Op	eration?				
	Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
10	<u>0am</u> to <u>4am</u> N	oon to 4am	Noonto_4am]	N <u>oon</u> to <u>4am</u>	Noon to 4am	Noon to 4am	10am to 4am
	Will the busing	ness employ	a manager? _	no <u>X</u> yes	, name / experie	ence if known:	
	Will there be Do you have	security person or plan to in	sonnel? <u>X</u> n stall French do	o yes(if yors, accordion o	es, what nights loors or window	and how many s that open? _	?)yes
	If yes, please	e describe : _					
	Will you have TV's ? no \underline{X} yes (how many?) $\underline{\hspace{1cm}}^5$						
	Type of MUSIC / ENTERTAINMENT: Live Music Live DJ Juke Box _X_ Ipod / CDsnone						
	Expected Volume level: \underline{X} Background (quiet) $\underline{\underline{X}}$ Entertainment level $\underline{\underline{X}}$ Amplified Music (check all that apply)						
	Do you have or plan to install soundproofing? \underline{X} no $\underline{\hspace{1cm}}$ yes						
	IF YES, will	you be using	a professiona	l sound enginee	r?		
	Please describe your sound system and sound proofing: Sonos Sound System						
				eventsschero		ncesoul	side promoters
				ess vehicular traf ves, please attac		ontrol on the sid	dewalk caused by your
	Will you be	utilizing	_ropesr	movable barriers	sother out	side equipment	(describe)
	Are your pro	emises within	n 200 feet of ar	ny school, churc	h or place of wo	rship? X no	yes
	please sub	mit a block		or area map sh			or on the same block ity to your applicant
	Indicate the distance in feet from the proposed premise:						
	Name of So	chool / Churc	ch:				
	Address: _				,,	Distance):
	Name of S	chool / Churc	ch:				

Address:		Distance:
Name of School /	Church:	
Address:		Distance:
Please provide co you will address it		esidents / Community Board and confirm that if complaints are made
Contact Person:	Eytan Sugarman	Phone:
Address:	567 Hudson Street	
Email :		
	¥	Application submitted on behalf of the applicant by: Signature
	Print or Type	NameEytan Sugarman TitlePrincipal

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



Anticipated space to be added

