#### **APPLICANT INFORMATION:**

Name of applicant(s):	Pubke	y NYC LL	.C			_
Trade name (DBA):	Pubke	y NYC				
Premises address:	85 Washingto	on Place, N	lew York,	, NY 1001	1	
Cross Streets and othe	er addresses use	d for building	/premise:			
	6th Avenue ar	nd Washin	gton Squa	re West	<u> </u>	
CONTACT INFOR						
Principal(s) Name(s)	Thomas Pa	cchia				_
Office or Home Addre	ss:					<u></u>
City, State, Zip:	New Yor	k, NY				
		em:	ail :			
Landlord Name / Cor	ntact:					
Landlord's Telephone	and Fax:					
NAMES OF ALL PR	NCIPAL(s):	NAMES / LC		OF PAST / C	URRENT	LICENSES HELD
Thomas Pacchia		N/	Ά			

Marshall Mintz

Formerley Crow's/85 Washington Place

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

A neighborhood bar 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
- \_\_\_\_ an ALTERATION of an existing Liquor License
- X 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.)

Physical layout, hours and method of operations will remain the same. Ownership transfer

from Marshall Mintz to Thomas Pacchia

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

Bar Tavern

Is any license under the ABC Law currently active at this location? <u>X</u> yes \_\_\_\_\_\_no

If yes, what is the name of current / previous licensee, license # and expiration date: \_\_\_\_\_\_ Formerly Crow's / Serial# 1261642/Expiration date: 08/31/2022

Have any other licenses under the ABC Law been in effect in the last 10 years at this location?

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

Drinking with Good Dough LLC, 2012-Present; Washington Place Crow Inc., 1995-2011

Prior Licensees, 1935-1995

\*Premises is not subject to 500 Ft. law due to preexisting use.

## PREMISES:

By what right does the applicant have possession of the premises?
Own _X_LeaseSub-leaseBinding Contract to acquire real propertyother:
Type of Building: Residential Commercial _X Mixed (Res/Com) Other:
Number of floor: <u>5</u> Year Built : <u>1900</u>
Describe neighboring buildings: Mixed: Residential/Commercial
Zoning Designation:R7-2
Zoning Overlay or Special Designation (applicable)
Block and Lot Number:/ 71
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? yes $\{ m X}$ 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? <u>X</u> 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) $\underline{X}$ no $$ yes : explain $$
What is the proposed Occupancy?113
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?
noX yes
If yes, what is the maximum occupancy for the premises?113
If yes, what is the use group for the premises?6
If yes, is proposed occupancy permitted? <u>X</u> yesno, explain :
If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? <u>X</u> yesno
Do you plan to file for changes to the Certificate of Occupancy?yesX_ 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 $\X$ yes
(if yes, please describe:

# **INTERIOR OF PREMISES:**

What is the total licensed square footage of the premises? $1,700~{ m sq}~{ m ft}$
If more than one floor, please specify square footage by floors: $\underline{N/A}$
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area? ${ m N/A}$
If more than one floor, what is the access between floors?N/A
How many entrances are there? <u>1</u> How many exits? <u>2</u> How many bathrooms ? <u>2</u>
Is there access to other parts of the building?noX yes, explain:emergency exit door to parlor floor and basement access
OVERALL SEATING INFORMATION:
Total number of tables? <u>11</u> Total table seats? <u>22</u>
Total number of bars? <u>1</u> Total bar seats? <u>23</u>
Total number of "other" seats? please explain :stools at ledge by bar
Total OVERALL number of seats in Premises :
BARS:
How many *stand-up bars / bar seats are being applied for on the premises? Bars <u>1</u> Seats 23
How many service bars are being applied for on the premises? $\_$
Any food counters? X 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:**

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What type of establishment will this be? (check all that apply)

Bar	<u>X</u> Bar & Food	Restaurant	Club/ Cabaret	Hotel	Other:	
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What are t	he Hours of O	peration?				
Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
om_to 2am	12pm <sub>to</sub> 2am	12pm <sub>to</sub> _2am	12pm to 2am	12pm_to4am	12pm to 4am	12pm to 4am
Will the bu	siness employ	a manager?	no <u></u> yes	s, name / exper	ience if known :	TBD
Will there t Do you ha	be security per ve or plan to in	sonnel?ı ıstall French d	no <u>X</u> yes( if y loors, accordion o	/es, what nights doors or windov	and how many? vs that open?	<u>2/every night@front</u> <u>x</u> noyes
lf yes, plea	se describe : <sub>-</sub>					
Will you ha	we TV's ? $\underline{X}$	_noyes	s(how many?)			
Type of M	USIC / ENTER		Live Music	Live DJ	_Juke Box <u>X</u>	lpod / CDsnone
Expected \ (check all t		X Backgrou	und (quiet)	Entertainment l	evel Ampli	fied Music
Do you ha	ve or plan to ir	stall soundpro	oofing?no	_X_yes		
IF YES, wi	II you be using	j a professiona	al sound enginee	r? <u>No</u>		
					npeners.	
Do you ha establishm	ve plans to ma nent? no	anage or addre	yes, please attac	ffic and crowd c ch plans) Secur prem	rity will make p sies.	ewalk caused by your prevent loitering in front of
			ny school, churc			,
please su	a school, chi bmit a block ( no larger th	plot diagram	or area map sh	nin 200 feet of j owing its' loca	/our premises ( tion in proximit	or on the same block, ty to your applicant
			proposed premise			
Name of §	School / Churc	h: <u>St. Jos</u>	eph's Church	in Greenwicl	1 Village	<b></b>
Address:	371 6th A	venue		<u></u>	Distance:	Under 200 FT *
						<b>_</b>

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Address:	Distance:
Name of School / Church:	
Address:	Distance:
Please provide contact information for Residents / C you will address it immediately.	ommunity Board and confirm that if complaints are made
Contact Person:	Phone:
Address:	
Email :	
	n submitted on he applicant by:
Si	gnature
Print or Type Name	nomas Pacchia

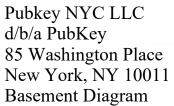
Title\_\_\_Founder

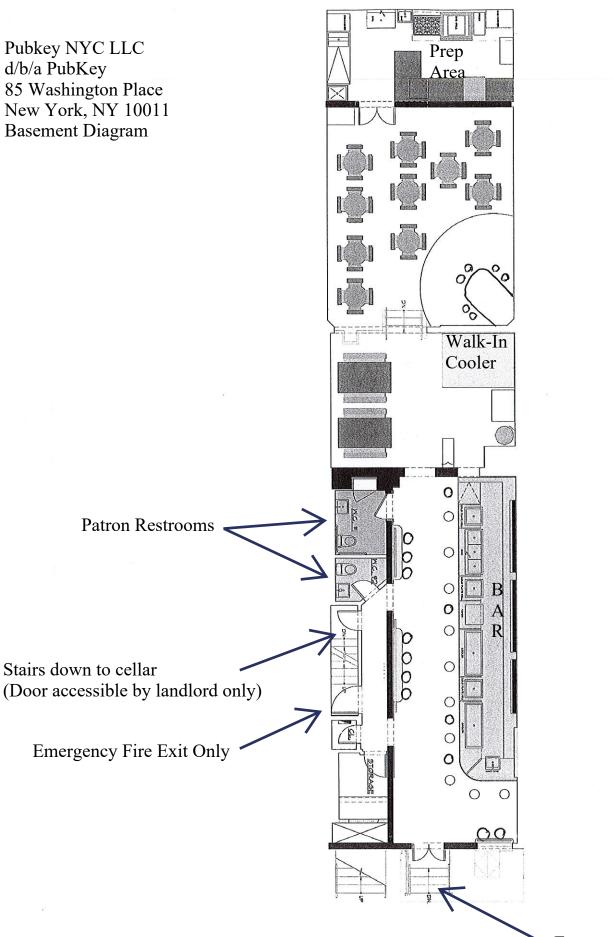
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.

\* \* \* \* \*

Cat Booth

Community Board 2, Manhattan SLA Licensing Committee Carter Booth, Co-Chair Robert Ely, Co-Chair





Entrance/Exit Door