

**APPLICANT INFORMATION:**

Name of applicant(s): Pubkey NYC LLC

Trade name (DBA): Pubkey NYC

Premises address: 85 Washington Place, New York, NY 10011

Cross Streets and other addresses used for building/premise:  
6th Avenue and Washington Square West

**CONTACT INFORMATION:**

Principal(s) Name(s): Thomas Pacchia

Office or Home Address: [REDACTED]

City, State, Zip: New York, NY [REDACTED]

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
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Thomas Pacchia	N/A
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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
- ☒ 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? ☒ 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?  
☒ yes ☐ no

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 ☒ 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 : 1900

Describe neighboring buildings: Mixed: Residential/Commercial

Zoning Designation: R7-2

Zoning Overlay or Special Designation (applicable) \_\_\_\_\_

Block and Lot Number: 552 / 71

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? 113

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? 113

If yes, what is the use group for the premises? 6

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

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: New signange from Formerly Crow's to Pubkey NYC

## INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1,700 sq ft

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?

N/A

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? 2

Is there access to other parts of the building? no X yes, explain: emergency exit door to parlor floor and basement access

## OVERALL SEATING INFORMATION:

Total number of tables? 11 Total table seats? 22

Total number of bars? 1 Total bar seats? 23

Total number of "other" seats? 4 please explain: stools at ledge by bar

Total OVERALL number of seats in Premises: 49

## BARs:

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 23

How many service bars are being applied for on the premises? 0

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:

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

Bar X Bar & Food Restaurant Club/ Cabaret Hotel Other: \_\_\_\_\_

What are the Hours of Operation?

Sunday:      Monday:      Tuesday:      Wednesday:      Thursday:      Friday:      Saturday:  
12pm to 2am   12pm to 2am   12pm to 2am   12pm to 2am   12pm to 4am   12pm to 4am   12pm to 4am

Will the business employ a manager? \_\_\_ no X yes, name / experience if known : TBD

Will there be security personnel? \_\_\_ no X yes( if yes, what nights and how many?) 2/every night@front door

Do you have or plan to install French doors, accordion doors or windows that open? X no \_\_\_ yes

If yes, please describe : \_\_\_\_\_

Will you have TV's ? X no \_\_\_ yes ( how many? ) \_\_\_\_\_

Type of MUSIC / ENTERTAINMENT: \_\_\_ Live Music \_\_\_ Live DJ \_\_\_ Juke Box X Ipod / CDs \_\_\_ none

Expected Volume level: X Background (quiet) \_\_\_ Entertainment level \_\_\_ Amplified Music  
(check all that apply)

Do you have or plan to install soundproofing? \_\_\_ no X yes

IF YES, will you be using a professional sound engineer? No

Please describe your sound system and sound proofing: Noise dampeners.

Will you be permitting: No promoted events No scheduled performances No outside promoters

No any events at which a cover fee is charged? X private parties

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? \_\_\_ no X yes ( if yes, please attach plans) Security will make prevent loitering in front of the premises.

Will you be utilizing No ropes No movable barriers No other outside equipment (describe) No

Are your premises within 200 feet of any school, church or place of worship? \_\_\_ no X 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: St. Joseph's Church in Greenwich Village

Address: 371 6th Avenue Distance: Under 200 FT \*

Name of School / Church: \_\_\_\_\_

**\*Premises is not subject to 200 Ft. law due to preexisting use - See attached letter\***

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: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email : \_\_\_\_\_


Application submitted on  
behalf of the applicant by:

\_\_\_\_\_  
Signature

Print or Type Name Thomas 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.



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

Pubkey NYC LLC  
d/b/a PubKey  
85 Washington Place  
New York, NY 10011  
Basement Diagram

