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COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

www.cb2manhattan.org

P: 212-979-2272 F: 212-254-5102 E: info@cb2manhattan.org

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):
RAJMIR HOLDINGS INC

Trade name (DBA):
Hudson Bar And Books

Premises address:
636 Hudson Street

Cross Streets and other addresses used for building/premise:
Horatio Street & Jane Street

CONTACT INFORMATION:

Principal(s) Name(s):
Raju Mirchandani

Office or Home Address: 636 Hudson Street

City, State, Zip: New York, NY 10014

Telephone #: _____

email : _____

Landlord Name / Contact:

Landlord's Telephone and Fax: _____

NAMES OF ALL PRINCIPAL(s):

Raju Mirchandani

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

Current Hudson Bar and Books 636 Hudson Street, NY, NY 10014 and Bombay Bistro 31 Cornelia Street, NY, NY 10014

Past Lexington Bar and Books 1020 Lexington Avenue, NY, NY 10021, Le Bateau 230 East 51st Street, NY, NY 10022

Beekman Bar and Books 889 First Avenue NY NY 10022 and The Royal Monkey 438 Second Avenue NY NY 10010

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

We are a neighborhood bar that has been open and operating at the present location since 1990.

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.)

Alteration to their OP TAVERN L CENSE The Alteration would be adding additional space to their premises on the first floor and basement and offering a non smoking area

The expansion is accomplished by opening a doorway in the interior portion of the current space into the adjoining space.

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? yes no

If yes, what is the name of current / previous licensee, license # and expiration date: _____

RAJMAR HOLDINGS INC #1025637 10/31/2022

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:

RAJMAR HOLDINGS INC has been operating since 1990 to date.

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: Year Built

Describe neighboring buildings:

Zoning Designation:

Zoning Overlay or Special Designation (applicable) None

Block and Lot Number: /

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 Open Restaurant appx 100 sqft

What is the proposed Occupancy?

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?

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

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: N/A

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? Current: 697.77 sq ft Proposed: 1,333.93 sq ft

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

Current: 1st Fl: 486 sq ft Basement: 211.77 sq ft Proposed: 1st Fl: 697.77 sq ft Basement: 636.16 sq ft

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

100 sqft

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

How many entrances are there? ^{Proposed} 2 How many exits? ^{Proposed} 2 How many bathrooms? 2

Is there access to other parts of the building? X no ___ yes, explain: _____

OVERALL SEATING INFORMATION:

Current Tables: 7 Proposed Tables: 19

Current Seats at Tables: 30 Proposed Seats at Tables: 60

Total number of tables? _____ Total table seats? _____ Current Bars: (1) Customer Bar & (1) Service Bar
Proposed Bars: (1) Customer Bar & (2) Service Bar

Total number of bars? _____ Total bar seats? _____ Current Bar Seats: (12) Proposed Bar Seats: (12)

Total number of "other" seats? _____ please explain: Back lounge

Total OVERALL number of seats in Premises: 72

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 12

How many service bars are being applied for on the premises? 2 1 current and 1 proposed

Any food counters? X no ___ yes, describe: _____

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: Existing bar of 20 feet plus two returns, 6 feet, 12 bar seats. No changes to existing bar - pre-covid

* 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: _____ Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____
5pm to 1am 5pm to 1am 5pm to 1am 5pm to 1am 5pm to 1am 5pm to 2 am 5pm 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?) _____
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?) 2

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? _____

Please describe your sound system and sound proofing: Amplifier - low volume

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)

Will you be utilizing ropes movable barriers other outside equipment (describe) _____

N/A

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: _____

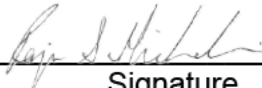
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: Tamdin Dorjee Phone: [REDACTED]

Address: 636 Hudson Street

Email : ajaybarandbooks@gmail.com

Application submitted on
behalf of the applicant by:



Signature

Print or Type Name Raju Mirchandani

Title President

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

**BASEMENT
NEW SPACE**

11.91 FT

STAIRS TO SIDE WALK

**STORAGE
SODA. JUICES**

FOOD PREP AREA

FRIDGE

FRIDGE

HAND WASH SINK

20.5 FT

**BASEMENT
HUDSON BAR AND BOOKS**

10.33 FT

STAFF ROOM

WINE , BEER STORAGE

STORAGE CLEANING

STAIRS TO SIDE WALK

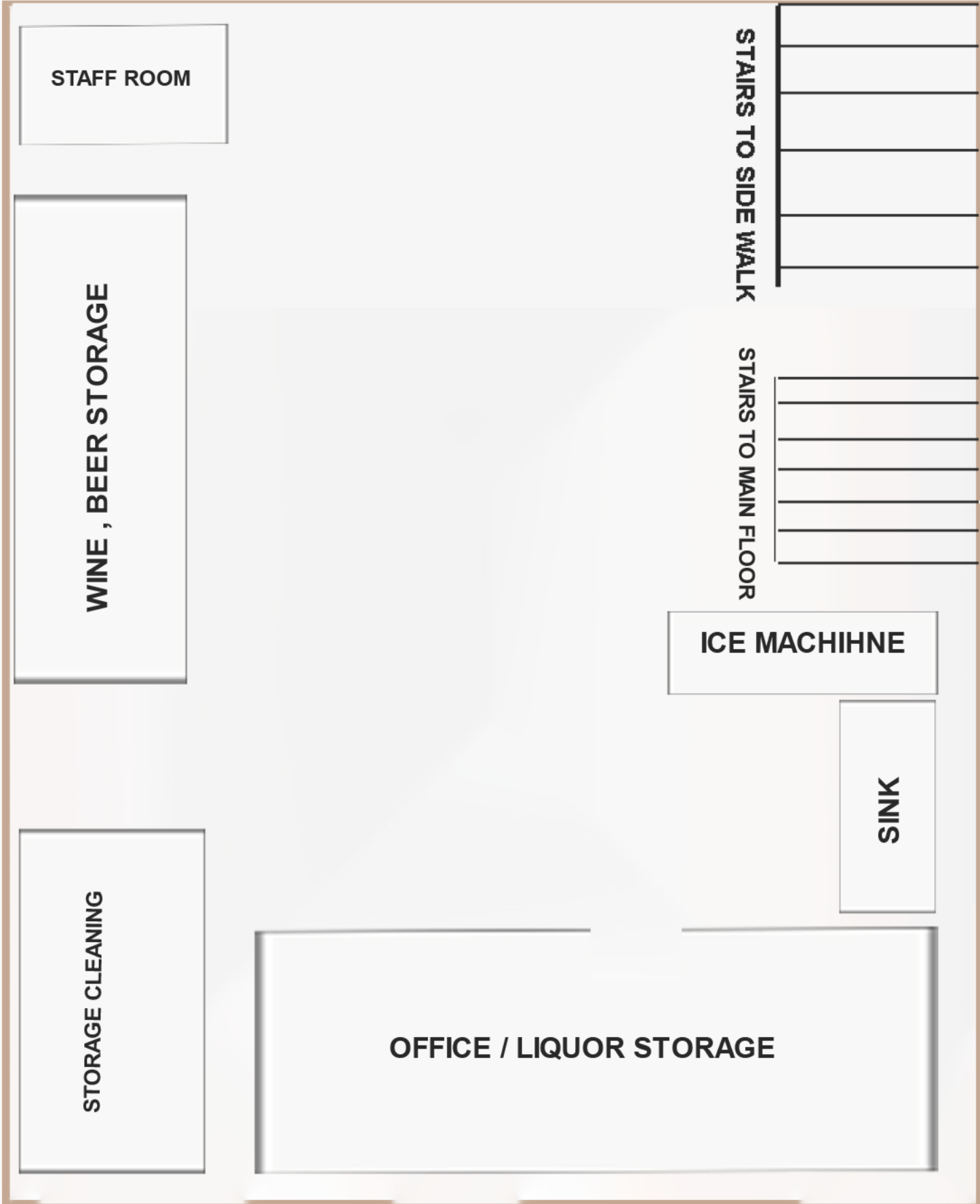
STAIRS TO MAIN FLOOR

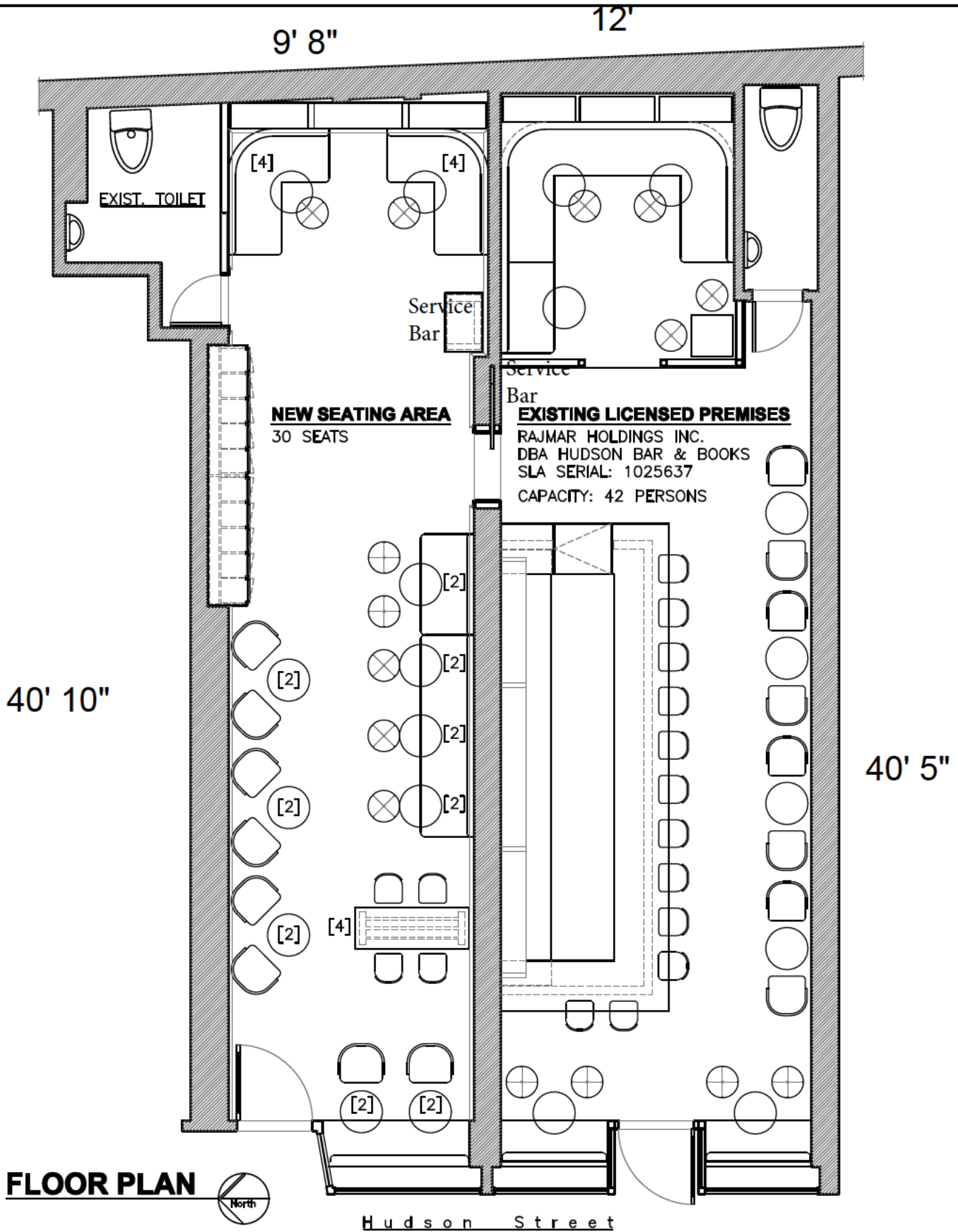
ICE MACHIHNE

SINK

OFFICE / LIQUOR STORAGE

20.5 FIT





Hudson Bar & Books
Rajmar Holdings Inc.
636 Hudson Street - New York, NY 10014

MGS•Studio, Inc.
244 East 30th Street
New York, NY 10016
Tel: 917.450.2857

DRAWING NO.:
LL-1

NOT DRAWN TO SCALE