Meeting Date:	
APPLICANT INFORMATION:	
Name of applicant(s): Carmine Street Beers Inc.	
Frade name (DBA): Carmine Street Beers	
Premises address: 52A Carmine Street, New York, NY	10014
Cross Streets and other addresses us	sed for building/premise:
Bedford Street & Bleecker Street	
CONTACT INFORMATION:	
Principal(s) Name(s): Brian Monteiro	
Office or Home Address: 52A Carmi	ne Street
City, State, Zip: New York, NY 1001	
Telephone #: 212-633-2337	email: carminestreetbeers@gmail.com
Landlard Name / Contact:	
Landlord's Telephone and Fax:	
Landiord's Telephone and Tax.	
NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Brian Monteiro	Current location (alterations application)
	tion (i.e. "We are a family restaurant that will focus on"):
A family owned and operated bottl	e shop and beer bar with 500 beer to-go and 14 drafts on tap that has
been licensed and operating since	2013 .

a new liquor license (Restaurant Tavern / On premise liquor Other)						
an UPGRADE of an existing Liquor License X an ALTERATION 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 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						
is any license under the ABC Law currently above at the resultant ———————————————————————————————————						
If yes, what is the name of current / previous licensee, license # and expiration date:						
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: Year Built :1900
Describe neighboring buildings: Mixed-use
Zoning Designation: R6
Zoning Overlay or Special Designation (applicable)
Block and Lot Number:/56
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? $\underline{\hspace{0.2cm}}$ yes $\underline{\hspace{0.2cm}}$ no
Is the premise located in a historic district? X yes no
(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? yes _X no, please explain : Existing rear yard
Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space) no _X_ yes : explain _Rear yard
What is the proposed Occupancy?
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?
no _X*_ yes *Letter of No Objection
If yes, what is the maximum occupancy for the premises?
If yes, what is the use group for the premises?6
If yes, is proposed occupancy permitted? X yes no, explain :
If yes, is proposed occupancy permitted.
If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit?yesno
Do you plan to file for changes to the Certificate of Occupancy? yes _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? Approximately 1200 total square feet
If more than one floor, please specify square footage by floors: Indoors- Approx 750 sq feet; Basement- 284 sq feet; Rear yard- 170 sq feet
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?
Rear yard- Approximately 170 square feet
If more than one floor, what is the access between floors? Interior stairs
How many entrances are there? _ 1 How many exits? _ 1 How many bathrooms ? _ 1
Is there access to other parts of the building? X no yes, explain:
OVERALL SEATING INFORMATION:
Total number of tables? 10 Total table seats? 30 *Indoors- 3 tables, 14 seats at tables, 10 bar seats *Outdoors- 7 tables, 16 seats at tables
Total number of bars? 1 Total bar seats? 10
Total number of "other" seats? _0 please explain :
Total OVERALL number of seats in Premises : _40
BARS:
How many *stand-up bars / bar seats are being applied for on the premises? Bars1_ Seats10_
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:
Alteration to include outdoor seating area- 7 tables and 16 seats at tables
* 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 & FoodRestaurantClub/ CabaretHotelOther:

What are the Hours of Operation	nn? *Indoor h	ours- 12pm-12	am; Outdoor ho	urs- 12pm-10p	m
Sunday: Monday: Tu					
2pm to 12am 12pm 12am 12pr					
Will the business employ a ma					
Will there be security personned Do you have or plan to install F	el? X no French doors	yes(if ye , accordion do	s, what nights ar ors or windows	nd how many? that open? X	noyes
If yes, please describe :			,		
Will you have TV's ? no	_X_ yes (he	ow many?) _2	(TV's just show	he beer menus)
Type of MUSIC / ENTERTAIN	IMENT: X	Live Music _	_Live DJJ	uke Box XI	pod / CDsnone
Expected Volume level: X (check all that apply)	Background	(quiet) E	ntertainment lev	el Amplif	ied Music
Do you have or plan to install	soundproofin	g?no <u>></u>	yes		
IF YES, will you be using a pro	ofessional so	und engineer?			
Please describe your sound sy	ystem and so	ound proofing:			
Simple speakers with volume of	control				
Will you be permitting: pr	omoted ever	nts sched	luled performand	ces outs	ide promoters
any events at which a co	ver fee is cha	arged? p	rivate parties		
Do you have plans to manage establishment? no X	or address yes (if yes,	vehicular traffi please attach	c and crowd con plans)	trol on the side	ewalk caused by your
Will you be utilizing rope	es mov	able barriers	other outsid	de equipment (describe)
Are your premises within 200	feet of any s	chool, church	or place of wors	nip? no .	yes
If there is a school, church please submit a block plot of premises (no larger than 8	diagram or a	worship withi area map sho	n 200 feet of yo wing its' locatio	ur premises o on in proximit	or on the same block y to your applicant
Indicate the distance in feet fr	om the prop	osed 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 / Comm you will address it immediately.	
Contact Person: Kimberly Summers c/o DiPasquale & Summ	ners LLPphone: 646-383-4607
Address: 555 Fifth Avenue, 14th Floor, New York, NY 10017	
Email: Kimberly@DS-LawOffices.com	
Application subbehalf of the application subb	cant by:
Print or Type Name Brian Mo	onteiro
Title Preside	ont

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.

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Community Board 2, Manhattan SLA Licensing Committee Donna Raftery, Co-Chair Robert Ely, Co-Chair

Built-in Banquette-Design Inspiration

CARMINE STREET BEERS