

Meeting Date: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name of applicant(s):  
357WBROADWAY, LLC

Trade name (DBA):  
The Residence + Cavi-AIR Cafe

Premises address:  
357 West Broadway, New York, NY 10013

Cross Streets and other addresses used for building/premise:

Broome Street, Grand Street

**CONTACT INFORMATION:**

Principal(s) Name(s):  
Ariel Arce, Mark Armenante, and Young Sohn

Office or Home Address: [REDACTED]

City, State, Zip: New York, NY 10018

Telephone #: [REDACTED]

**Landlord Name / Contact:**

LL: YM4 LLC / Contact: Julie Straley, KB Financial Advisory Partners LLC (Family Office Services)

Landlord's Telephone and Fax: [REDACTED]

**NAMES OF ALL PRINCIPAL(s):**

**NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD**

Ariel Arce

CURRENT (2): BadHair, LLC (DBA: Niche Niche) @ 43 MacDougal St NY, NY 10011 & Viejo Group, LLC (DBA: Air's Champagne Parlor) @ 127 MacDougal St NY, NY 10012

Mark Armenante

CURRENT: Cityvines, Inc @ 67 Engert Ave Brooklyn, NY 11222

Young Sohn

CURRENT: Cityvines, Inc @ 67 Engert Ave Brooklyn, NY 11222

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

This will be a three floor establishment. The first floor will feature a seated dinner series with a weekly rotating guest chef who will craft and create their own multi-course prefixe menu ranging from \$60-\$85. The second floor will have a deli goods alimentari as well as caviar for tasting and/or purchase. The third floor will host an intimate caviar and champagne lounge with cafe-esque seating. The Residence + Cavi-AIR Cafe plans to serve champagne, sparkling wines, and their adjacent cocktail counterparts to highlight wine with bubbles.

**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.)

N/A

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

2016-2017 Restaurant, 2017-2021 Vacant

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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: N/A

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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:

N/A

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**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: 3 Year Built : 1825

Describe neighboring buildings:

To the left is a commercial building and to the right is a retail business.

Zoning Designation: M1-5A

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

Block and Lot Number: 475 / 10

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 : no changes to be made

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? 136

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? 89

If yes, what is the use group for the premises? 1st floor - 6c, 2nd floor - 6, 3rd floor - 6

If yes, is proposed occupancy permitted?  yes  no, explain : Dept of Buildings re-zoned for use group 6 (document attached) on floors 2 and 3; full building under construction, plan to amend C of O

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? 3,478 sq ft

If more than one floor, please specify square footage by floors: 1st - 1,599 sq ft; 2nd - 1,209 sq ft; 3rd - 670 sq ft

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

Sidewalk seating - TBD per NY Open Restaurants program

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

How many entrances are there? 2 How many exits? 2 How many bathrooms? 3

Is there access to other parts of the building?  no  yes, explain: \_\_\_\_\_

## OVERALL SEATING INFORMATION:

Total number of tables? 28 Total table seats? 122

Total number of bars? 2 Total base seats? 14

Total number of "other" seats? \_\_\_\_\_ please explain: \_\_\_\_\_

Total OVERALL number of seats in Premises: 136

## BARS:

How many <sup>\*</sup>stand-up bars / bar seats are being applied for on the premises? Bars 2 Seats 14

How many service bars are being applied for on the premises? 2

Any food counters?  no  yes, describe: \_\_\_\_\_

### ***For Alterations and Upgrades:***

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

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<sup>\*</sup> 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:

12p to 12a      12p to 12a      12p to 12a      12p to 12a      12p to 12a      12p to 12a      12p to 12a

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

Will there be security personnel? X no \_\_\_ yes( if yes, what nights and how many?) \_\_\_\_\_

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? Yes

Please describe your sound system and sound proofing: Insulated soundproofing between floors

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

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

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? X no \_\_\_ yes ( if yes, please attach plans)

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

Are your premises within 200 feet of any school, church or place of worship? X 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: \_\_\_\_\_

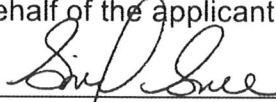
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: 4 A I A P (Jose Arenas or Marissa Resnick) Phone: 

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

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

Application submitted on  
behalf of the applicant by:



\_\_\_\_\_  
Signature

Print or Type Name Ariel Arce

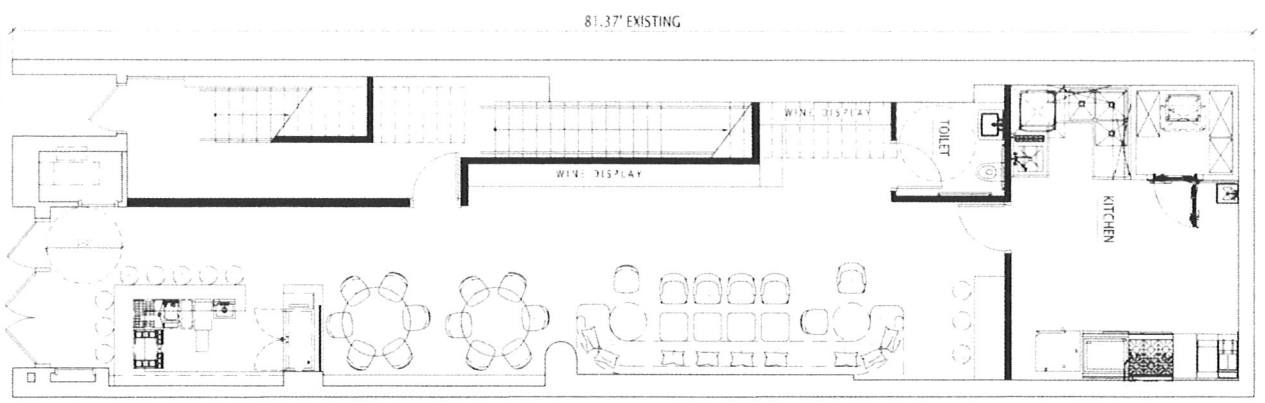
Title Owner

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.

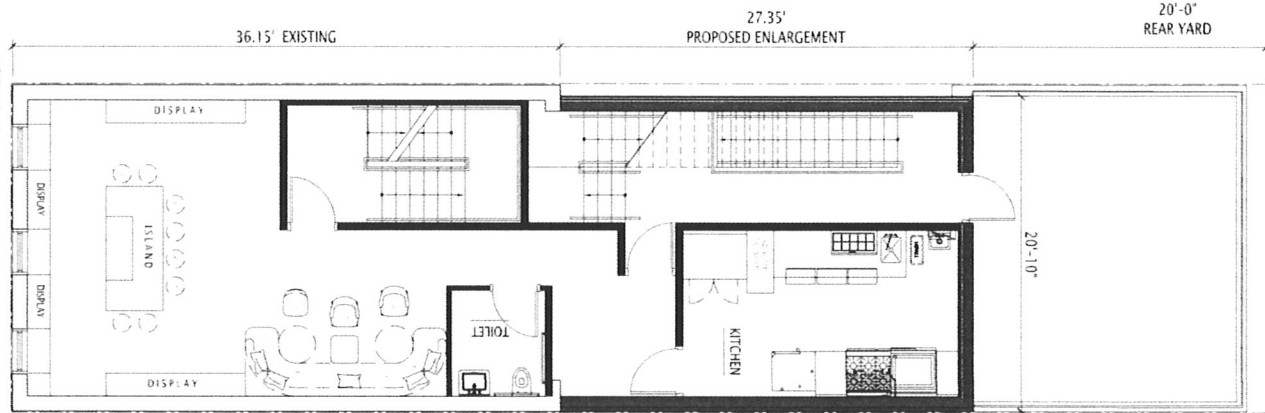


Community Board 2, Manhattan  
SLA Licensing Committee  
Carter Booth, Co-Chair  
Robert Ely, Co-Chair

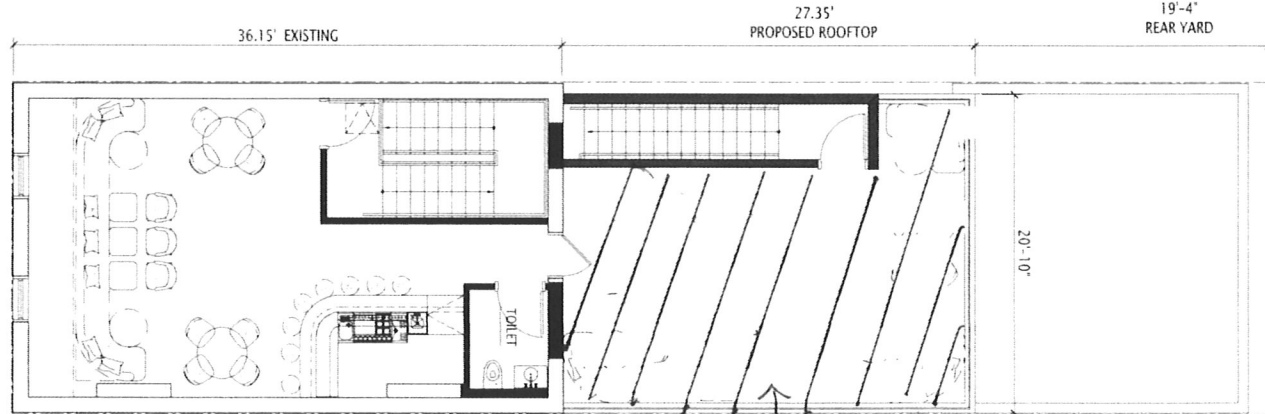
PROPOSED FIRST FLOOR PLAN



PROPOSED SECOND FLOOR PLAN



PROPOSED THIRD FLOOR PLAN



NOT part of  
licensed premise

No.	REVISIONS	Date
1		
<b>CZ NC CODE CONSULTING</b> PLANNING ENGINEERING, P.C. 1000 PARK BLVD., SUITE 200 MASSAPQUA PARK, NY 11762 (631) 728-7888 www.czncc.com		
<b>APPLICANT OF RECORD:</b> RILEY TARANTINO ENGINEERING 1000 PARK BLVD., SUITE 200 MASSAPQUA PARK, NY 11762 (631) 728-7888		
PROJECT ADDRESS: 337 WEST BROADWAY MANHATTAN		
SHEET TITLE: OPTION A		
CLIENT:	JOB #	
MARK ARBEVAANTE & YOUNG SOHN		
DATE: 1.8.21	PROJECT NO: 201	
DRAWN BY: CZ	CHECK BY: CZ	
<b>A-001.00</b> SHEET: 1 OF 1		