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COMMUNITY BOARD No. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE
NEW YORK, NY 10012-1899

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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 months 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)

APPLICANT INFORMATION:

Name of applicant(s):
ANAT DISHFUL, INC.

Trade name (DBA):
PENDING

Premises address:
41 GREENWICH AVENUE, NEW YORK, NY 10014

Cross Streets and other addresses used for building/premise:
CHARLES STREET & PERRY STREET

CONTACT INFORMATION:

Principal(s) Name(s):
JONATHAN GLASS

Office or Home Address: [REDACTED]

City, State, Zip: NEW YORK, NY 10002

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
ANAT SROR	CAFE PETISCO - 189 EAST BROADWAY NEW YORK NY (SERIAL #1268448 - INACTIVE)
JAKE DIETRICH	N/A
N/A	

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

A PLANT-BASED MEDITERRANEAN/MIDDLE-EASTERN CUISINE STYLE RESTAURANT/WINE BAR. THIS CONCEPT WILL CATER TO A CLIENTELE LOOKING FOR A HEALTHY VARIETY OF HOT AND COLD PLANT-BASED OPTIONS, AS WELL AS PLANT-BASED DRY GOODS SOURCED FROM ALL OVER THE MEDITERRANEAN AND MIDDLE EAST.

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 _____

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

RESTAURANT ("LA BOTA" - MEXICAN TAPAS BAR & RESTAURANT)

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

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 _____

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: 4 Year Built : 1900

Describe neighboring buildings:

MIXED-USE

Zoning Designation: C1-6

Zoning Overlay or Special Designation (applicable) L - LANDMARK

Block and Lot Number: 612 / 64

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 : PENDING

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 DOT OPEN RESTAURANTS PROGRAM

What is the proposed Occupancy? 60

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? 74

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 *N/A

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: WE WILL BE MAKING MINOR CHANGES TO THE SIGNAGE.

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1,550 FT²

If more than one floor, please specify square footage by floors: FIRST FLOOR = 1,300 / BASEMENT = 250

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

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

How many entrances are there? 1 How many exits? 1 How many bathrooms? 1

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

OVERALL SEATING INFORMATION:

Total number of tables? 2 Total table seats? 8

Total number of bars? 1 Total bar seats? 12

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

Total OVERALL number of seats in Premises: 20

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? 0

Any food counters? 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 Bar & Food Restaurant Club/ Cabaret Hotel Other: _____

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
9am to 11pm 8am to 11pm 8am to 11pm 8am to 11pm 8am to 11pm 8am to 12am 9am to 12am

Will the business employ a manager? no ___ yes, name / experience if known : N/A

Will there be security personnel? no ___ yes(if yes, what nights and how many?) N/A

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

If yes, please describe : N/A

Will you have TV's ? no ___ yes (how many?) N/A

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? N/A

Please describe your sound system and sound proofing: _____

THERE ARE CURRENTLY 6 SPEAKERS THAT ARE LOCATED ON THE VARIOUS WALLS OF THE PREMISES. THESE ARE USED FOR BACKGROUND RECORDED MUSIC ONLY.

Will you be permitting: promoted events ___ scheduled performances ___ outside promoters

___ any events at which a cover fee is charged? private parties (ON OCCASSION)

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: (N/A)

Address: _____ Distance: _____

Name of School / Church: _____

Address: (N/A) _____ 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: JONATHAN GLASS _____ Phone: [REDACTED] _____

Address: [REDACTED] _____

Email : INFO@SHOSH.NYC _____

Application submitted on
behalf of the applicant by:

Riley Maud

Digitally signed by Riley Maud
Date: 2022 09 22 15:15:07 04 00

Signature

Print or Type Name RILEY MAUD _____

Title REPRESENTATIVE _____

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

Jeanine Kiely, Chair
Susan Kent, First Vice Chair
Valerie De La Rosa, Second Vice Chair
Bob Gormley, District Manager



Antony Wong, Treasurer
Eugene Yoo, Secretary
Ritu Chatterjee, Assistant Secretary

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COMMUNITY BOARD 2 APPLICATION FOR A STATE LIQUOR AUTHORITY LICENSE ADDENDUM FOR OUTDOOR SEATING

For a Liquor License Application that includes any outdoor areas, please complete the following:

- Submit a diagram of outdoor seating indicating length and width of area(s) and location of all tables and chairs. Include all obstructions (trees, fire hydrants, proximity to bus stops, bike racks, signs, etc.).
- Submit photos of the premises where the sidewalk café and/or roadbed will be located. Required photos show one frontal, one left and one right side view of proposed sidewalk café and/or roadbed.
 - Photos must show complete sidewalk and/or roadway area where sidewalk café and/or roadbed will be including views to curb and neighboring properties.
 - If seating is in a rear yard show photos of yard and surrounding area, including upper view of adjacent buildings.

Sidewalk café will have no more than *(If premises is located on a corner please indicate for both streets):*

4 tables and 8 seats on GREENWICH Street

N/A tables and N/A seats on N/A Street

Hours of sidewalk café: 8AM to 11PM.

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): N/A

Roadbed will have no more than *(If premises is located on a corner please indicate for both streets):*

N/A tables and N/A seats on N/A Street

N/A tables and N/A seats on N/A Street

Hours of roadbed: N/A to N/A.

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): N/A

Rear yard will have no more than N/A tables and N/A seats

Hours of rear yard: N/A to N/A.

Does seating extend beyond the business frontage? No Yes

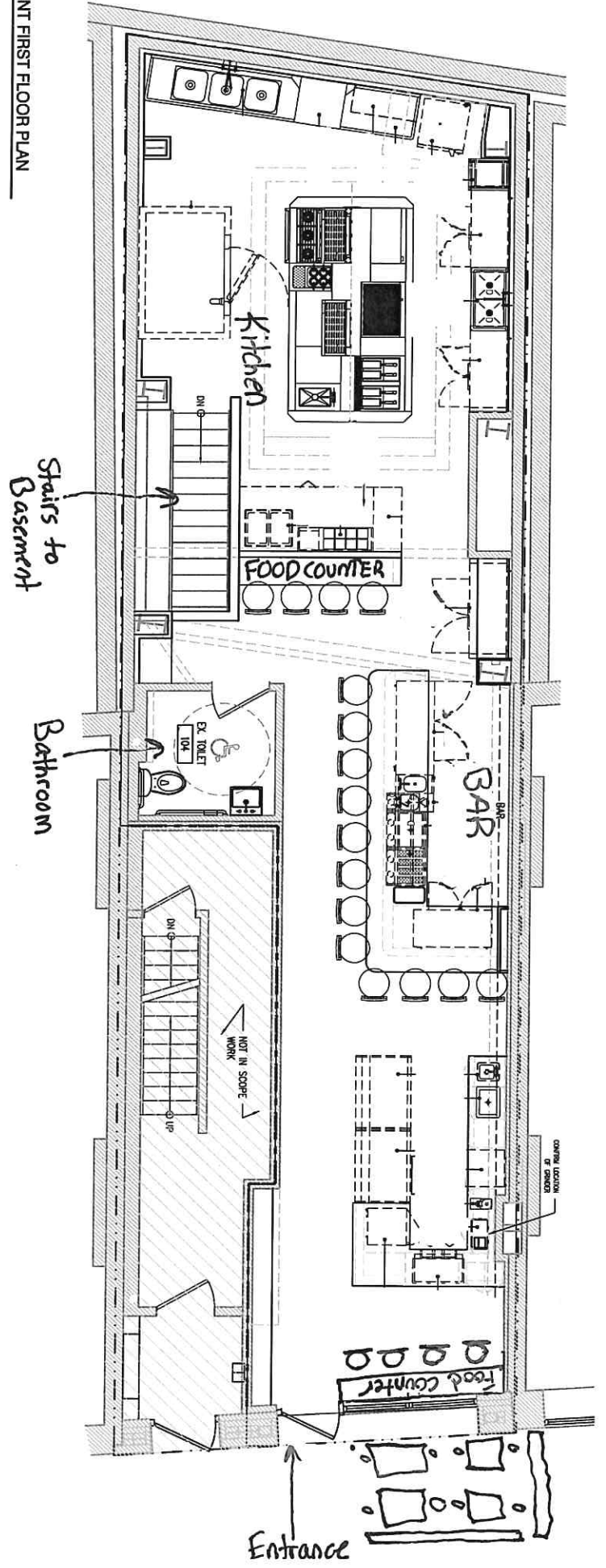
Will outdoor dining structures **on the sidewalk** be enclosed on three (3) or more sides? No Yes

Will outdoor dining structures **on the roadbed** be enclosed on three (3) or more sides? No Yes N/A

Is there any outdoor music, speakers or TVs? No Yes, please describe: _____

Will heating elements be used? No Yes, please describe: _____

2 EQUIPMENT FIRST FLOOR PLAN
1/4" = 1'-0"



1 EQUIPMENT CELLAR PLAN
1/4" = 1'-0"

