Name of applicant(s): GREE	DI ISLAND LLC
Trade name (DBA):	7
Premises address:	ANDAM ST. NY NY 10013
Cross Streets and other addresses	sused for building/premise: ST - VAUCK ST.
CONTACT INFORMATION:	
Principal(s) Name(s):	HISA HAYASHI
	GI VANDAM ST. NY NY 10013
City, State, Zip:	NY NY WO13
Telephone #:	email:
andlord Name / Contact:	
andlord's Telephone and Fax:	
NAMES OF ALL PRINCIPAL(S): HIROHISA HAYASHI KOSI KAGAWA	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD ANSIN CLE "HIROHISA" 73 THOMBON ST 6/13 - Prese
SHOJI KATINO	
Tiefly describe the proposed operation We an estable Dessent menu	on (i.e. "We are a family restaurant that will focus on"): Ishwent featuring a TAPANese

WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY):
a new liquor license (RestaurantTavern / On premise liquorOther)
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.)
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?
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?
If yes, please list DBA names and dates of operation:

PREMISES:

By what right does the applicant have possession of the premises?
Own Lease Sub-lease Binding Contract to acquire use
Type of Building: Residential Commercial Mixed (Res/Com) Other:
Number of floor:Q Year Built :QOIY
Describe neighboring buildings:
Zoning Designation: MI-6
Zoning Overlay or Special Designation (applicable) HSQ
Block and Lot Number: 580/II
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor?yes _vno
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 : N A
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?TAVERN
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?23
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?yesnoNA
Do you plan to file for changes to the Certificate of Occupancy?yes
Will the façade or signage be changed from what currently exist at the premise? no yes
(if yes, please describe: WE WILL AND OUR OWN SIGN

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises?
If more than one floor, please specify square footage by floors:
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?
NO
If more than one floor, what is the access between floors?
How many entrances are there? How many exits? How many bathrooms ?
Is there access to other parts of the building? yes, explain:
OVERALL SEATING INFORMATION:
Total number of tables? Total table seats? 8
Total number of bars? Total bar seats? SERVICE BALONCY
Total number of "other" seats? please explain :
Total OVERALL number of seats in Premises :
BARS:
How many *stand-up bars / bar seats are being applied for on the premises? Bars O Seats
How many service bars are being applied for on the premises? Bars Seats
Any food counters? yes, describe :
For Alterations and Upgrades:
Please describe all current and existing bars / bar seats and specific changes:
* 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 Vother: Dessert Place

What are the Hours of Operation?
Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: Am Am Am Am Am Am Am A
Do you have or plan to install soundproofing?
IF YES, will you be using a professional sound engineer? 」
Please describe your sound system and sound proofing: TIAD + A FEW SMALL SIEAKERS
Will you be permitting: No promoted events Scheduled performances Outside promoters outside promoters any events at which a cover fee is charged?
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)
Are your premises within 200 feet of any school, church or place of worship?
Address: Distance:

Name of School / Church:
71447003,
Name of School / Church: Distance: Distance: Address:
Address: Distance:
Please provide contact information for Residents / Community Board and confirm that if complaints are made
Contact Person: HIROHISA HAYASHI
21 NA NA NA NA NA NA
Email:
Application submitted on behalf of the applicant by: Signature Print or Type Name Michael Keny Title Lepresentative

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

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

