APPLICANT INFO	DRMATION:				
Name of applicant(s):	Babi Restaur	ant Inc			
Trade name (DBA):	Brasserie Vie	etnam			
Premises address:	282 Bleecker	St, New York, NY 10014			
Cross Streets and oth	er addresses us	sed for building/premise:			
	Between 7th	Ave S & Morton St			
CONTACT INFOR	RMATION:				
Principal(s) Name(s)	Rongan Huar	ng (Ray), President Michael Min, Vice Pre	sident		
Office or Home Addre	ss: _				
City, State, Zip:					
Telephone #:		_ email :			
Landlord Name / Cor	ntact:				
Landlord's Telephone	and Fax:				
NAMES OF ALL PRI	NCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICE	NSES HELD		
Rongan Huang (Ray	γ), President	First time applying for NYS Liquor Authority I	icense		
Michael Min, Vice President		LHG Restaurant Inc DBA South of the Clouds,	LHG Restaurant Inc DBA South of the Clouds, RW 1311938		
		16 W 8th St, New York, NY 10011			
		2018 - Present			
Briefly describe the pr	oposed operation	on (i.e. "We are a family restaurant that will focus on	"):		
Vietnamese Cu	isine is served	l in our restaurant. You will be served honest, he	ealthy		
and exciting fo	od. It's traditi	onal Vietnamese with our own added twist, dee	p and rich		
with flavors, di	stinct and unf	orgettable.			

Meeting Date: October , 2022

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: Kumo Sushi, Japanese Restaurant since 2011						
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						
· ———· · ———						
If yes, what is the name of current / previous licensee, license # and expiration date:N/A						
If yes, what is the name of current / previous licensee, license # and expiration date: N/A Lindsey Buffet Restaurant Inc DBA Kumo Sushi, RW 1259907 Exp 1/31/2021 Have any other licenses under the ABC Law been in effect in the last 10 years at this location?						
If yes, what is the name of current / previous licensee, license # and expiration date: N/A Lindsey Buffet Restaurant Inc DBA Kumo Sushi, RW 1259907 Exp 1/31/2021 Have any other licenses under the ABC Law been in effect in the last 10 years at this location? yesno						

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 :1910
Describe neighboring buildings: Mixed Residential and Commerical Buildings
Zoning Designation: C2-6
Zoning Overlay or Special Designation (applicable)N/A
Block and Lot Number:587 /24
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? 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 : explainRoadway Seating
What is the proposed Occupancy?8
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?
no _v yes
If yes, what is the maximum occupancy for the premises?74 Max
If yes, what is the use group for the premises?6C
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? yesno 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? yes
(if yes, please describe:

INTERIOR OF PREMISES:					
What is the total licensed square footage of the premises?About 2,300 sq ft					
If more than one floor, please specify square footage by floors: 1st Fl: 1,500 Basement: 800					
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area? About 170 sq ft					
If more than one floor, what is the access between floors?Stairs					
How many entrances are there?1 How many exits?1 How many bathrooms ?3 2 public, 1 employee Is there access to other parts of the building? no yes, explain:					
OVERALL SEATING INFORMATION:					
Total number of tables? <u>13</u> Total table seats? <u>50</u>					
Total number of bars?1_ Total bar seats?6					
Total number of "other" seats? please explain :					
Total OVERALL number of seats in Premises :56					
BARS:					
How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 0					
How many service bars are being applied for on the premises?0					
Any food counters? ves, describe :					
For Alterations and Upgrades: N/A					
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:

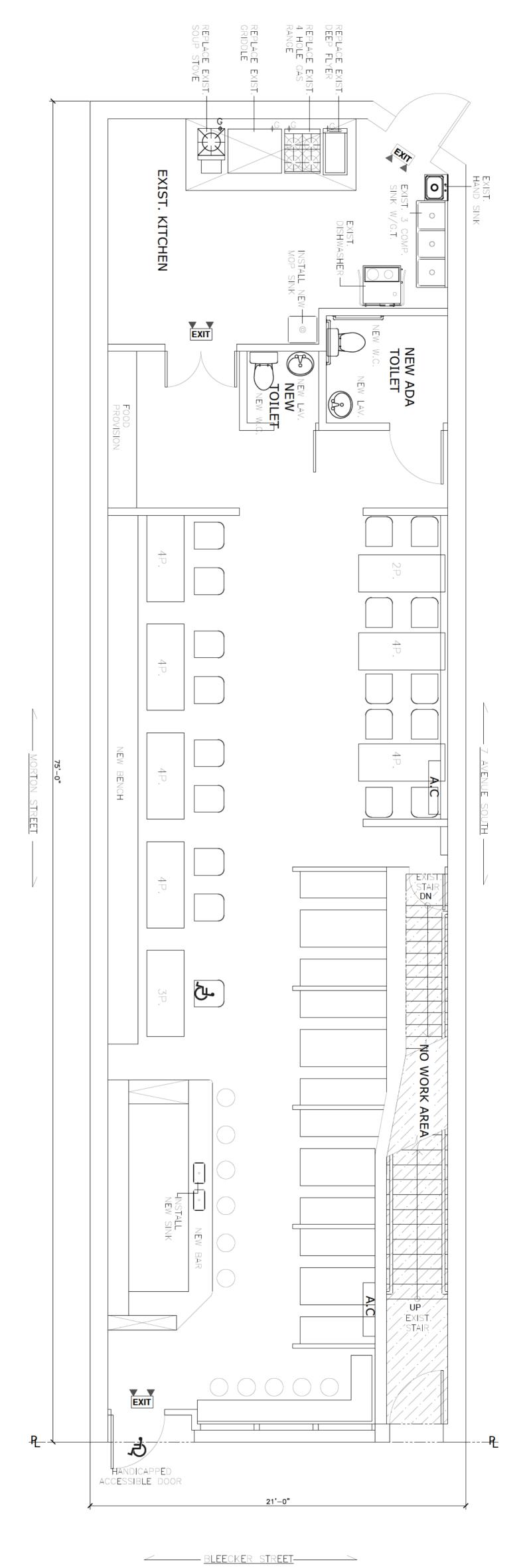
What type	of establishmer	nt will this be? (ch	neck all that apply)			
Bar	Bar & Food	✓ Restaurant	Club/ Cabaret	Hotel	Other: _	

What are th	ne Hours of Op	eration? 11	AM - 12 AM, 7 I	DAYS		
Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
to	to	to	to	to	to	to
Will the bus	siness employ	a manager? _	no yes,	name / experie	nce if known :	Feng Liu
Will there be Do you hav	e security pers e or plan to ins	connel? <u>V</u> no stall French do	o yes(if ye ors, accordion do	s, what nights a ors or windows	nd how many that open? _	?) N/A no yes
If yes, pleas	se describe : _	no changes	made to the e	xisting store fr	ont	
Will you hav	ve TV's ?	no <u>v</u> yes	(how many?)	1 (volume wi	ll be muted)	
Type of MU	JSIC / ENTER	TAINMENT: _	Live Music	_Live DJ	Juke Box 🗸	Ipod / CDsnone
Expected V (check all the		✓ Backgrour	nd (quiet) E	ntertainment lev	vel Ampl	ified Music
Do you hav	e or plan to ins	stall soundproc	ofing? 🔽no _	yes		
IF YES, will	I you be using	a professional	sound engineer?	N/A		
Please desc	cribe your soui	nd system and	sound proofing:			
any ev	vents at which	a cover fee is o	vents sched charged?	rivate parties		side promoters ewalk caused by you
			es, please attach			
Will you be		•	ovable barriers			(describe)
If there is a	emises within 2 Neighborhod a school, chui	200 feet of any od Church of och or place o lot diagram o	school, church of Greenwich Villa fworship within rarea map shov	or place of worsl age, 269 Bleec a 200 feet of yo	nip? no ker St - 191 f <i>ur premises (</i>	yes ft or on the same block fy to your applicant
Indicate the	distance in fe	et from the pro	posed premise:			
Name of So	chool / Church:	N/A				
Address:					Distance:	

Name of School / Church:	
Address:	Distance:
Name of School / Church:	
Address:	Distance:
Please provide contact information for Residents / Community Board and co	onfirm that if complaints are made
Contact Person: Feng Liu (Danny), Manager Phone:	
Address:282 Bleecker St, New York, NY 10014	
Email :	
Application submitted on behalf of the applicant by:	
/s/ Sam Park	
Signature	
Print or Type NameSam Park	
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



2 1ST FLOOR PLUMBING PLAN
P 1 SCALE 1/4" = 1'-0"