

Meeting Date: August 15, 2027

APPLICANT INFORMATION:

Name of applicant(s): Coffee NYC Inc

Trade name (DBA): Cafe Ubani

Premises address: 37 A Bedford Street

Cross Streets and other addresses used for building/premise:

B/n Carmine & Downing Sts

CONTACT INFORMATION:

Principal(s) Name(s): David Gogoreliani

Office or Home Address: 37 A Bedford Street

City, State, Zip: NYC NY 10014

Telephone #: [REDACTED] email: cafe@ubani.us

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

David Gogoreliani

Kakhaber Chigorani

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

Georgian bakery : cafe serving regional specialties, all day long

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.)

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

Luv Tea

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: _____

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:

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: 6 Year Built : 1900

Describe neighboring buildings: Mixed use

Zoning Designation: R6

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 528 / 1 76

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 : 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 COVID Seating

What is the proposed Occupancy? 10

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits? no yes 2 NO

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: new signage (installed July 2021)

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? Approx 1500sf
 If more than one floor, please specify square footage by floors: 750sf per floor
 If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?
Approx 150 square feet
 If more than one floor, what is the access between floors? interior stairwell
 How many entrances are there? 1 How many exits? How many bathrooms? 1
 Is there access to other parts of the building? Xno yes, explain:

OVERALL SEATING INFORMATION:

Total number of tables? 12 Total table seats? 24
 Total number of bars? -0- Total bar seats? -0-
 Total number of "other" seats? -0- please explain: n/a
 Total OVERALL number of seats in Premises : 24

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 0 Seats -0-
 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:

* 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 X Restaurant Club/ Cabaret Hotel Other:

What are the Hours of Operation?

Sunday: 8am to 10pm Monday: 8am to 11pm Tuesday: 8am to 11pm Wednesday: 8am to 11pm Thursday: 8am to 11pm Friday: 8am to 11pm Saturday: 8am to 11pm

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

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

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

If yes, please describe : _____

Will you have TV's ? no ___ yes (how many?) _____

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? _____

Please describe your sound system and sound proofing: Sonos with small speakers

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

___ any events at which a cover fee is charged? private parties

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) one employee designated to monitor the sidewalk

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? 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: Davit Gogoreliani Phone: 

Address: 37A Bedford St NYC

Email: cafe@ubani.us

Application submitted on behalf of the applicant by:

x Davit Gogoreliani
Signature

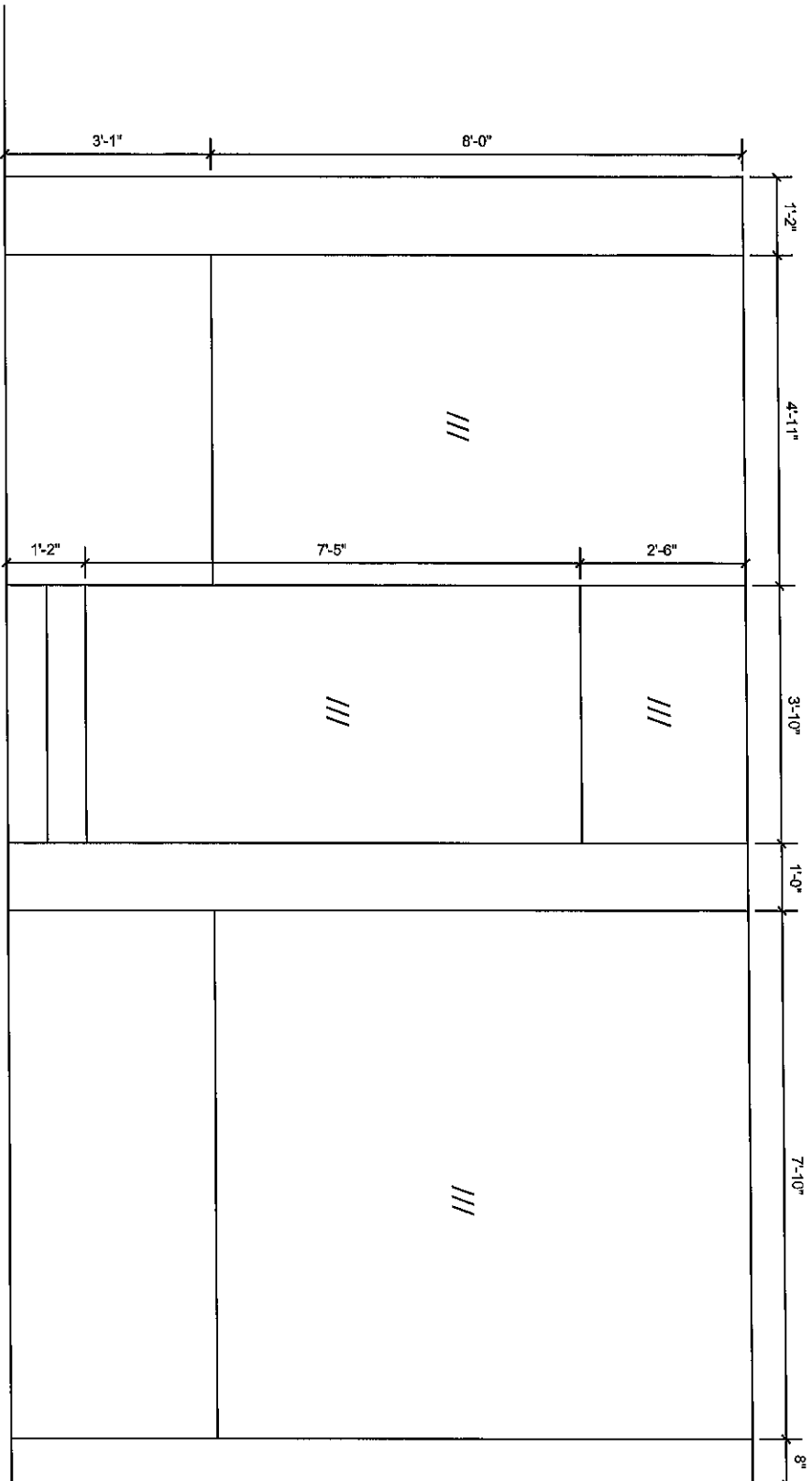
Print or Type Name Davit Gogoreliani

Title President

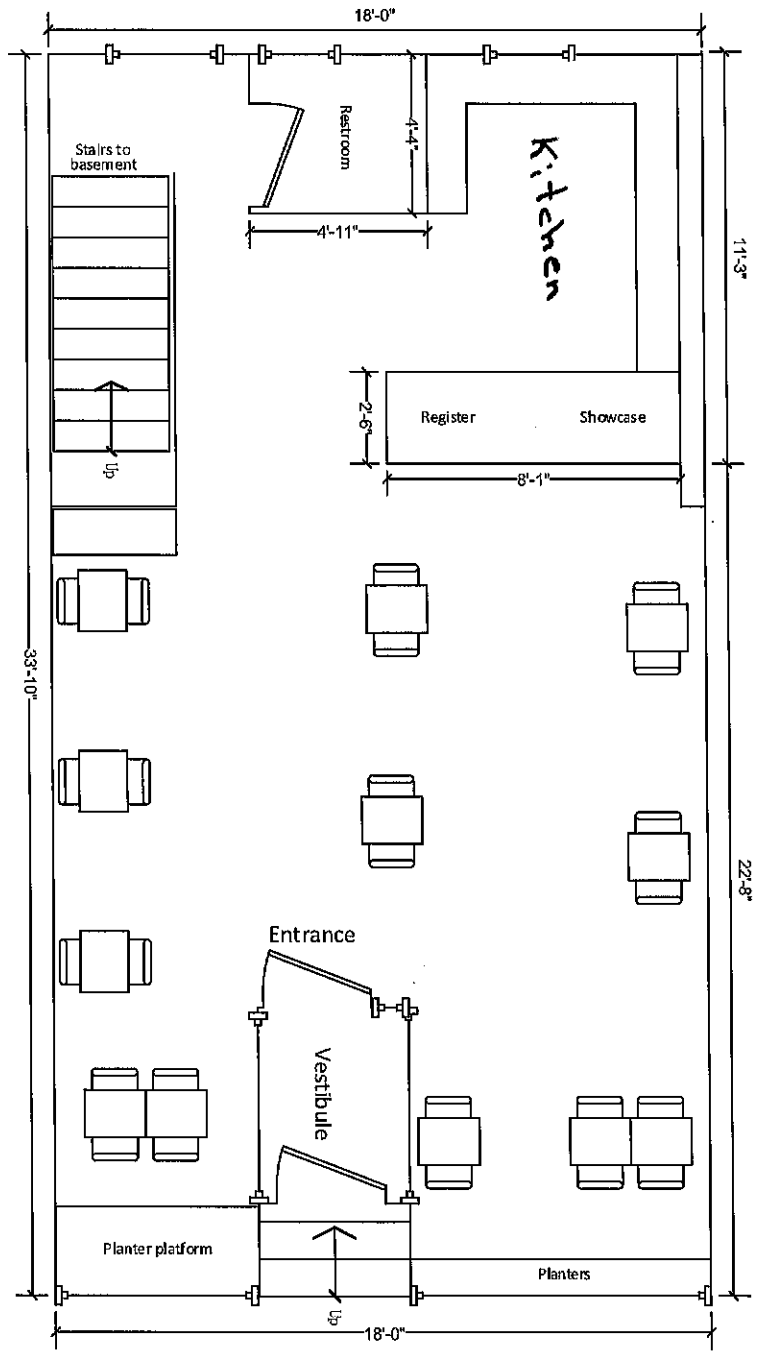
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.



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



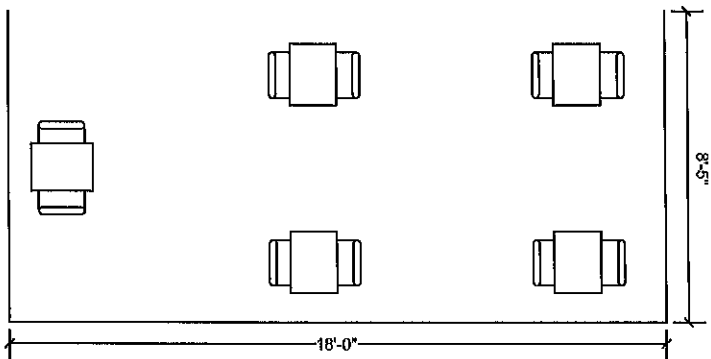
FRONT ELEVATION
 37A Bedford Street
 New York, NY
 August 15, 2022
NOT TO SCALE



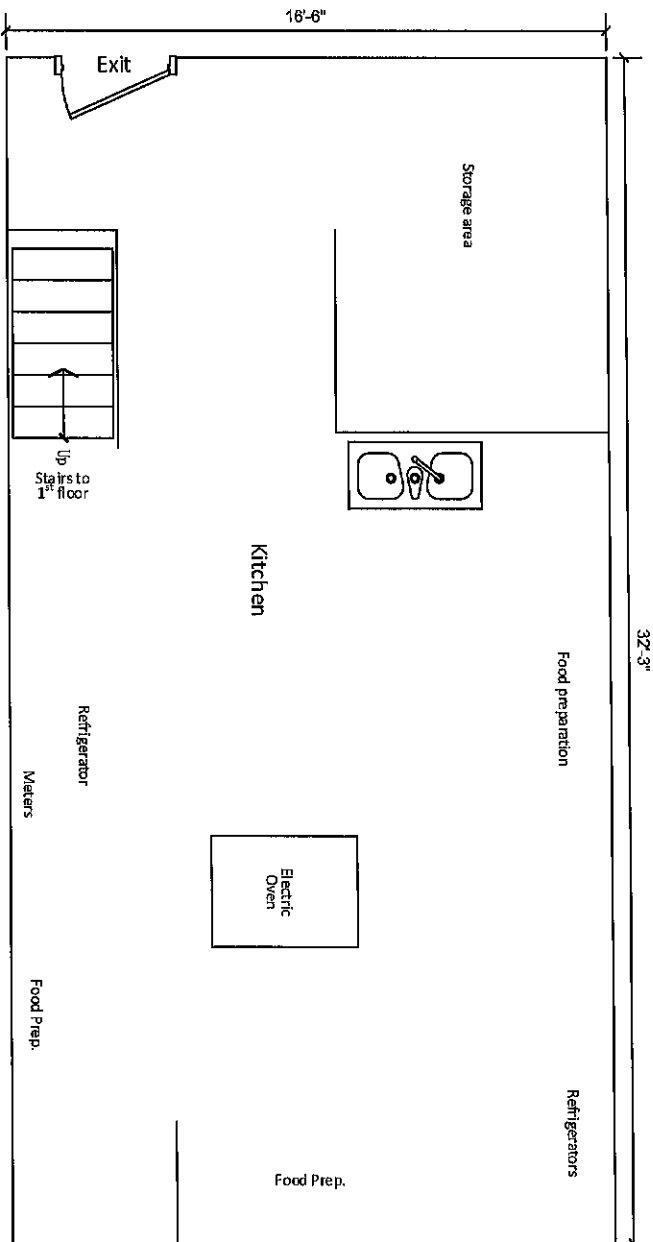
Interior seating
12 tables/24 seats

Exterior seating
5 tables/10 seats

INTERIOR DIAGRAM - 1st FLOOR
37A Bedford Street
New York, NY
August 15, 2022
NOT TO SCALE



Bedford Street



INTERIOR DIAGRAM – Basement
 37A Bedford Street
 New York, NY
 August 15, 2022
 NOT TO SCALE