

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

**APPLICANT INFORMATION:**

Name of applicant(s):  
St Tropez Soho LLC

Trade name (DBA):  
St Tropez Soho

Premises address:  
194-196 Spring Street

Cross Streets and other addresses used for building/premise:  
Sullivan & Thompson Streets

**CONTACT INFORMATION:**

Principal(s) Name(s):  
Yohann Pecheux

Office or Home Address: 194-196 Spring Street

City, State, Zip: New York, NY 10012

Telephone #: [REDACTED] email : st.tropezwinebar@gmail.com

Landlord Name / Contact:  
[REDACTED]

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Yohann Pecheux	For all Principals:
Fabian Pichard	St Tropez Wine Bar- OP Liquor #1324076- 302-304 West 4th Street
Ulrich Lerissel	St Tropez Soho LLC (instant premises)- RW #1313689
Gerald Barthelemy	

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

The Applicant is an intimate French restaurant featuring the authentically prepared cuisine of Provence, France, and specializing in wine uniquely paired with their menu. Their are seeking to add full liquor to their offerings to allow for custom drinks intended to reflect the region and further compliment their menu.

**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.)

Seeking to upgrade from a Restaurant Wine License to a Restaurant On-Premises Liquor License so that they may expand their offerings and offer patrons custom drink to further compliment their menu.

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?  yes  no

If yes, what is the name of current / previous licensee, license # and expiration date: \_\_\_\_\_

St Tropez Soho LLC- Serial #1313689- Expiration 12/31/2022

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: R7-2

Zoning Overlay or Special Designation (applicable) C1-5

Block and Lot Number: 489 / 18

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? \* yes  no  
\*Ground floor and basement

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 Open Restaurants

What is the proposed Occupancy? 42

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: \_\_\_\_\_

**INTERIOR OF PREMISES:**

What is the total licensed square footage of the premises? 1200 square feet

If more than one floor, please specify square footage by floors: Ground floor- ~800 sq ft; Basement- ~400 sq ft

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

Open Restaurants Sidewalk Cafe with 5 tables and 10 seats- Approximately 53 sq. feet

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

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

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

**OVERALL SEATING INFORMATION:**

Total number of tables? 7 Total table seats? 34

Total number of bars? 1 Total bar seats? 8

Total number of "other" seats? 0 please explain : \_\_\_\_\_

Total OVERALL number of seats in Premises : 42

**BARS:**

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 8

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: 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   X   Restaurant     Club/ Cabaret     Hotel     Other: \_\_\_\_\_

What are the Hours of Operation?

Sunday:      Monday:      Tuesday:      Wednesday:      Thursday:      Friday:      Saturday:  
12pm to 12am   12pm to 12am   12pm to 12am   12pm to 12am   12pm to 1am   12pm to 1am   12pm to 1am

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   *\*Existing Soundproofing*

IF YES, will you be using a professional sound engineer? \_\_\_\_\_

Please describe your sound system and sound proofing: Ipod with simple/small speakers

Will you be permitting:    promoted events    scheduled performances    outside promoters

any events at which a cover fee is charged?    private parties   *\*Occasional small parties- birthdays, etc.*

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)   *\*An employee is designated to insure that the sidewalk does not become congested and patrons are not loitering outside the establishment*

Will you be utilizing    ropes    movable barriers    other outside equipment (describe) \_\_\_\_\_

For the sidewalk cafe/open restaurants only

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: Yohann Pecheux Phone: 

Address: 

Email: ST.TROPEZWINEBARGGMAIL.COM

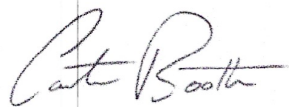
Application submitted on behalf of the applicant by:

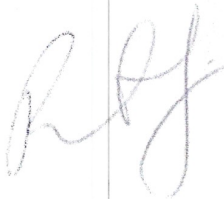
  
\_\_\_\_\_  
Signature

Print or Type Name Yohann Pecheux

Title LLC Managing Member

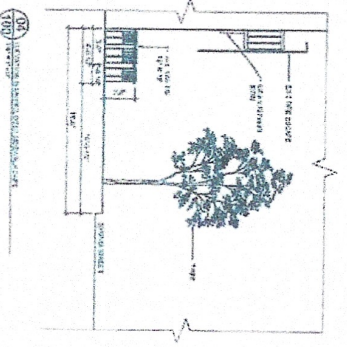
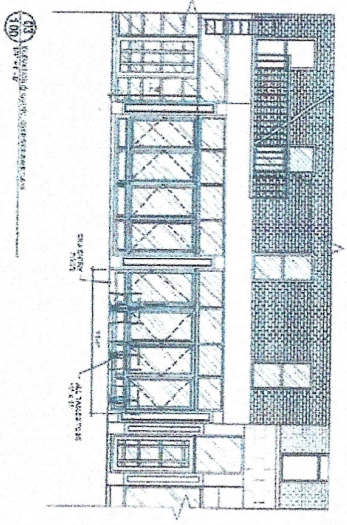
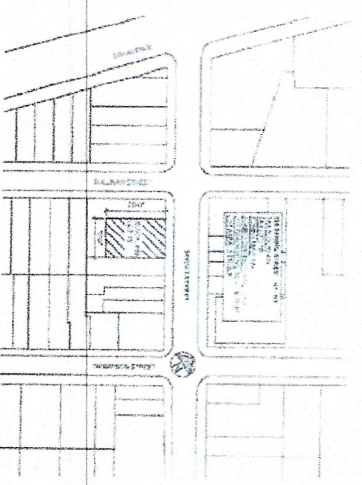
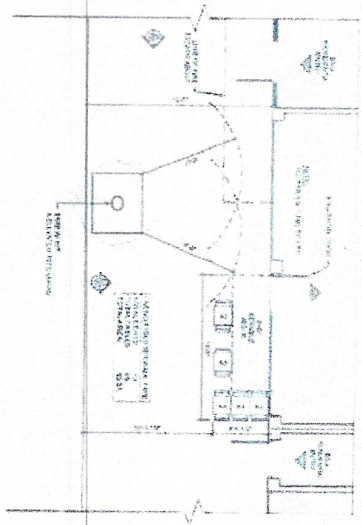
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.





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

# Sidewalk Cafe



1. This plan is drawn in accordance with the provisions of the City of New York, Chapter 24 of the Rules of the City Planning Commission, and the City of New York, Chapter 24 of the Rules of the City Planning Commission, and the City of New York, Chapter 24 of the Rules of the City Planning Commission.

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1822 -  
ST. TROPEZ  
Wine Bar  
138 Spring Street,  
New York, NY 10012

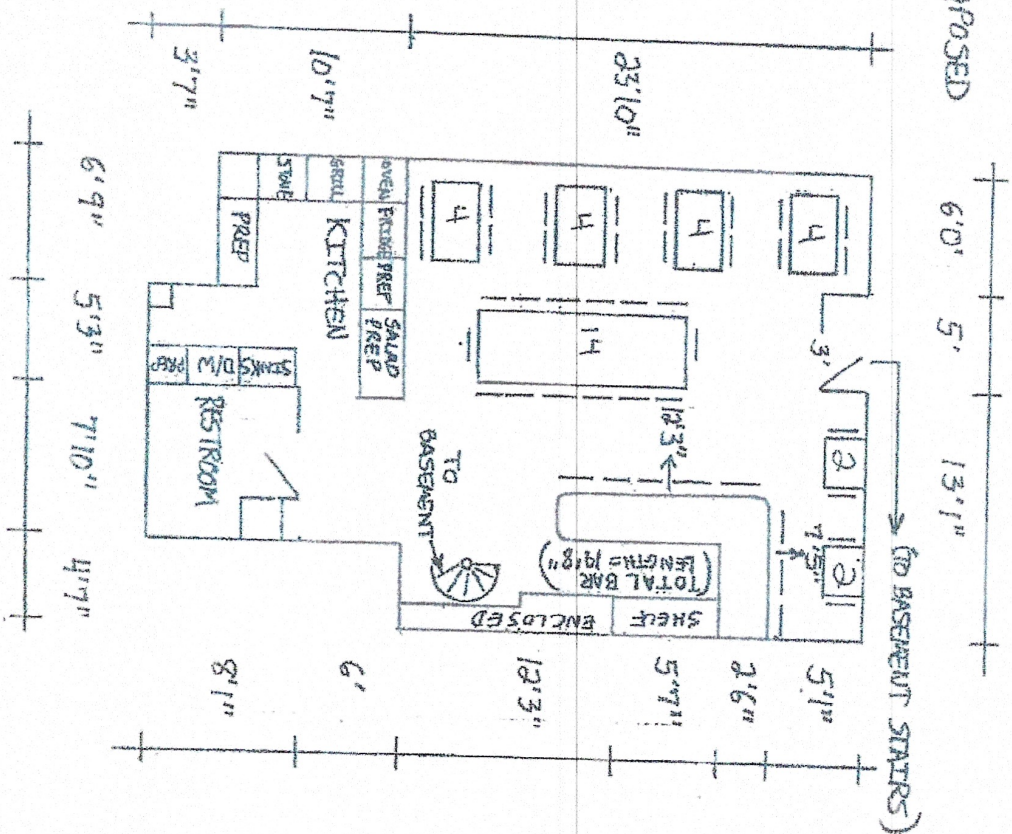
SW

PROPOSED UNENCLOSED  
SIDEWALK CAFE PLAN

DATE	1/15/11
PROJECT	1822 - ST. TROPEZ WINE BAR
CLIENT	138 SPRING STREET
SCALE	AS SHOWN
DRAWN BY	SW
CHECKED BY	SW
DATE	1/15/11
TOTAL FEE	SW-100.00

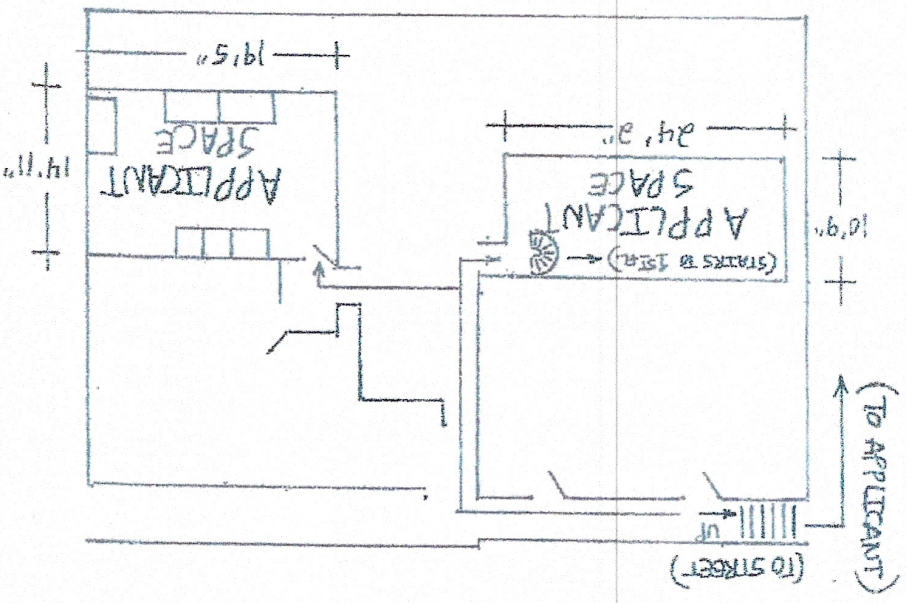
INTERIOR DIAGRAM - PROPOSED  
 196 SPRING STREET  
 NEW YORK, N.Y.  
 AUGUST 28, 2018  
 NOT TO SCALE

- 7 TABLES
- 34 SEATS
- 8 BAR STOOLS





INTERIOR DIAGRAM - BASEMENT  
196 SPRING STREET  
NEW YORK, N.Y.  
AUGUST 28, 2018  
NOT TO SCALE



Basement