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COMMUNITY BOARD NO. 2, MANHATTAN

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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)

Meeting Date: 11/1/22 and 11/3/22

APPLICANT INFORMATION:

Name of applicant(s):

David Rodolitz, on behalf of a entity to be determined

Trade name (DBA):

Bar ITO

Premises address:

637 Hudson St. New York, New York, 10014

Cross Streets and other addresses used for building/premise:

Hudson St. and Horatio St.

CONTACT INFORMATION:

Principal(s) Name(s):

David Rodolitz

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone #: [REDACTED]

email : [REDACTED]

Landlord Name / Contact:

Landlord's Telephone and Fax: [REDACTED]

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

David Rodolitz: LLC Member at locations of Empellon: Sada One LLC (1241709) (230 W 4th); Sada Three LLC (1280002)(132 St Marks Pl); Sada 510 Madison LLC (1293330)(510 Madison Ave); Sada 3WS LLC (1321878)(195 Freedom Pl. So); and of Ito: 75 Barclay LLC (1322090)(75 Barclay Street)

Josh Capon: LLC Member of Ito: (75 Barclay LLC (1322090)(75 Barclay Street)

Gary Vaynerchuk, LLC Member of Ito: 75 Barclay LLC (1322090)(75 Barclay Street)

Conor Hanlon

Kevin Kim, LLC Member of Ito: 75 Barclay LLC (1322090)(75 Barclay Street)

Masashi Ito, LLC Member of Ito: 75 Barclay LLC (1322090)(75 Barclay Street)

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

We are a full-service Japanese restaurant that will serve food and drinks.

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 (New application, temporary based on sale of assets)

___ 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:

Restaurant: High Street on Hudson (HSNYC LLC)

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: _____

HSNY LLC, Serial No. 1286807, Expires 11/30/2023

Have any other licenses under the ABC Law been in effect in the last 10 years at this location?
 yes no [do not know tenant prior to High Street]

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: Cellar and floor 1 Year Built : 1999

Describe neighboring buildings: Commercial, residential

Zoning Designation: Commercial

Zoning Overlay or Special Designation (applicable) C1-6

Block and Lot Number: 00627-7501

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? yes no
(basement not for patron use)

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 : Not filed yet

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 Outdoor seating for restaurants pursuant to Open Restaurants

What is the proposed Occupancy? Maximum occupancy is 74; premises to seat 62 inside

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?

no yes
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If yes, what is the maximum occupancy for the premises? 74 or less

If yes, what is the use group for the premises? Use Group 6 (retail store)

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 branding, signage and awning, new windows/doors, paint and cleaning)

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 2700 sq ft

If more than one floor, please specify square footage by floors: 1800 sq ft ground floor, 900 sq ft cellar

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

200-250 sq ft (Open Restaurants)

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

How many entrances are there? 2 How many exits? 2 How many bathrooms ? 2

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

OVERALL SEATING INFORMATION:

Total number of tables? 20 Total table seats? 54

Total number of bars? 1 Total bar seats? 5

Total number of "other" seats? 25 please explain : Outdoor seating

Total OVERALL number of seats in Premises : 59 indoor + 25 outdoor

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 5

How many service bars are being applied for on the premises? None

Any food counters? no yes, describe : _____

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: A small bar will be created in front space of restaurant (see attached floorplan) which will consist of 5 seats and offer full dining menu

* 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:

11AM to 12AM 11AM to 12AM 11AM to 12AM 11AM to 12AM 11AM to 12AM 11AM to 1AM 11AM 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 TBD

If yes, please describe : Undecided until full plans are created and professional trades have surveyed the space

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: We will be streaming background music through SONOS and applying absorption materials in strategic areas to improve the guest experience

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)

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: David Rodolitz, Phone: [REDACTED]

Address: 637 Hudson Street, New York, NY 10014

Email : [REDACTED]

Application submitted on
behalf of the applicant by:



Signature

Print or Type Name Elke Hofmann, Esq.

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
Donna Raftery, Co-Chair Robert
Ely, Co-Chair

