

Meeting Date: 11/ /2022

APPLICANT INFORMATION:

Name of applicant(s): HC Operator Inc.

Trade name (DBA): TBD

Premises address: 29-35 Ninth Avenue
[REDACTED]

Other Streets and other addresses used for building/premise:
13th and 14th Street; 401-403 West 13th Street

CONTACT INFORMATION:

Principal(s) Name(s): Michael Cayre

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact:
[REDACTED]

Landlord's Telephone and Fax: [REDACTED]

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

Michael Cayre Cipriani South Street, 10 South Street, New York, NY 10004

_____ Casa Cipriani South Street, 10 South Street, New York, NY 10004

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

Private member club with full service restaurant operated by Jean-Georges Vongerichten as well as a library, music lounge and meeting spaces.

WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY):

- a new liquor license (Restaurant Tavern / On premise liquor Other)
Club License
- 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:

Davide - restaurant

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: _____

prior licensee: 29 33 Ninth Avenue LLC, serial #1305942, expiration 7/31/2021

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:

Spice Market, 2004 - 2016

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 : 1910

Describe neighboring buildings:
commercial; mixed use; industrial

Zoning Designation: M1-5

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 646 / 7503

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 : to be filed - within a month

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? 350

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?
 no yes
TCO - to be amended Alt 1 filed

If yes, what is the maximum occupancy for the premises? 380

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
seating cap/event cap

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) Alt1 for TCO

Will the façade or signage be changed from what currently exist at the premise? no yes

(if yes, please describe: Only doors - with landmarks

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 12,000

If more than one floor, please specify square footage by floors: 1st floor is entrance only, cellar floor

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

n/a

If more than one floor, what is the access between floors? Elevator and stair access from 1st floor entrance to cellar

How many entrances are there? 1 How many exits? 1 How many bathrooms? 2

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

OVERALL SEATING INFORMATION:

Total number of tables? 97 Total table seats? 254

Total number of bars? 2 Total bar seats? 16

Total number of "other" seats? _____ please explain : _____

Total OVERALL number of seats in Premises : 270

BARs:

How many * stand-up bars / bar seats are being applied for on the premises? Bars 2 Seats 16

How many service bars are being applied for on the premises? 0

Any food counters? 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 Restaurant Club/ Cabaret Hotel Other: Private Member Club

APPROXIMATE TABLES/SEATS

Library:	12 Tables 44 Seats
Main Dining:	32 Tables 88 Seats
Private Dining:	8 Tables 18 Seats
Bar:	12 Tables 26 Seats 11 Bar stools
Music Lounge:	15 Tables 30 Seats 5 Bar stools
Back Lounge:	16 Tables 32 Seats
Private Booths:	2 with seating for up to 16
TOTAL:	Tables –97 Seats – 254 Bar stools – 16

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
10AM to 12AM 10AM to 12AM 10AM to 12AM 10AM to 12AM 10AM to 2AM 10AM to 2AM 10AM to 2AM

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

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

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? no

Please describe your sound system and sound proofing: Soundproofing includes sound absorption panels on the walls, acoustical spray on the ceilings as well as quiet rock

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: Shan Ng Phone: 

Address: 

Email :  _____

Application submitted on
behalf of the applicant by:

Donald M. Bernstein

Signature

Print or Type Name Donald M. Bernstein

Title Attorney

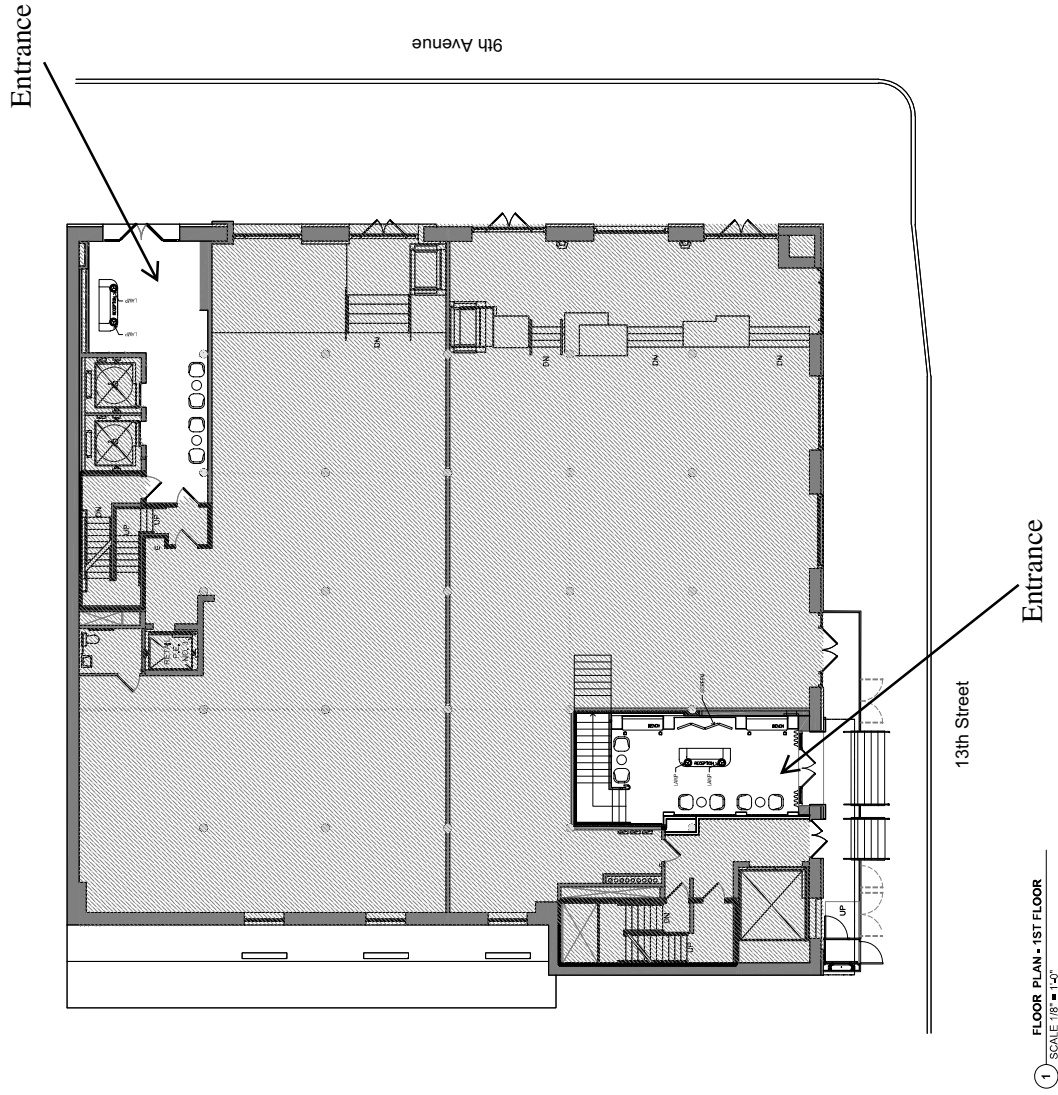
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.



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

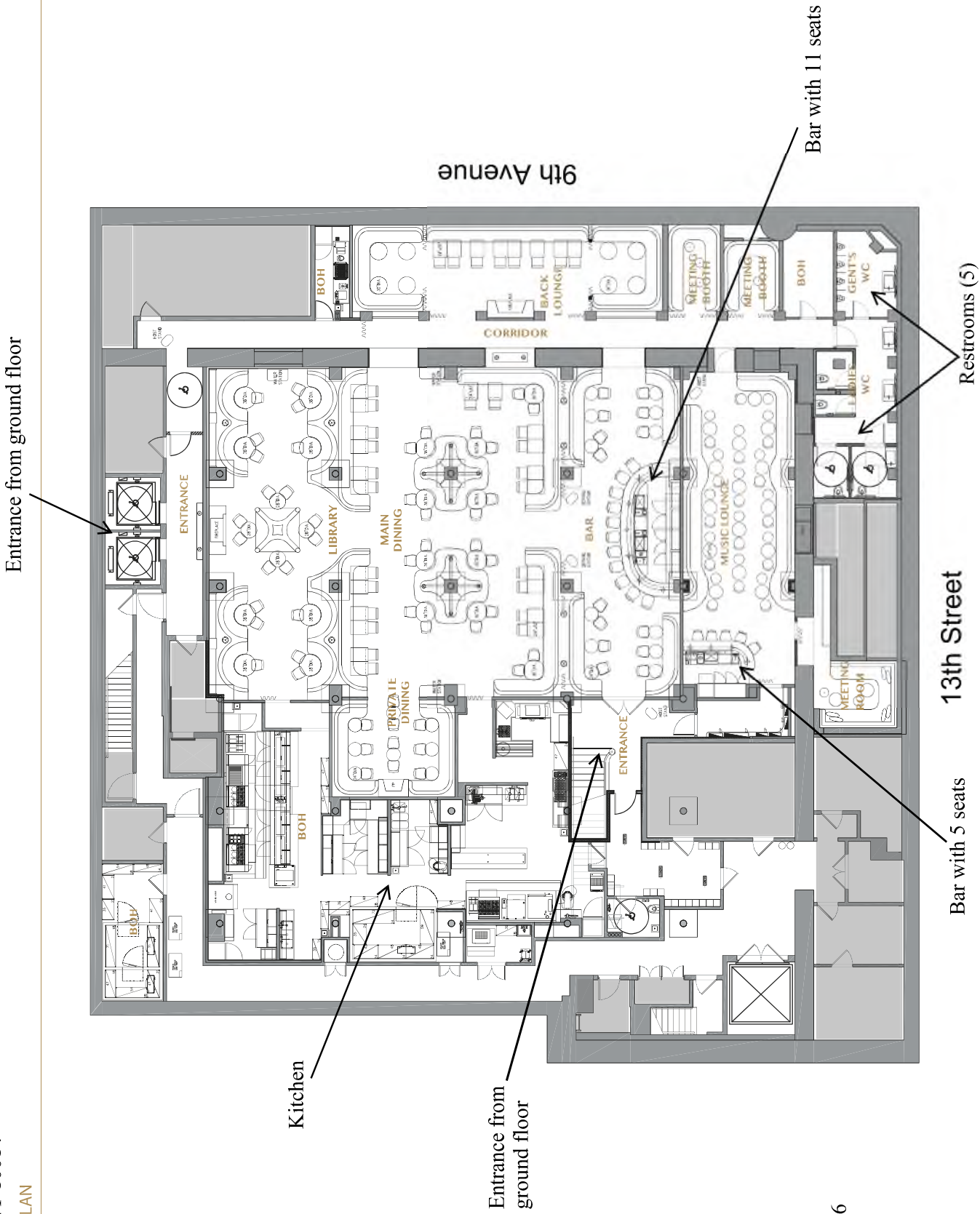
HC OPERATOR INC.
29-35 Ninth Avenue
New York, NY 10014
ENTRY FROM STREET FLOOR PLAN

GROUND FLOOR ACCESS



1 FLOOR PLAN - 1ST FLOOR
SCALE 1/8" = 1'-0"

HC OPERATOR INC.
29-35 Ninth Avenue
New York, NY 10014
MAIN FLOOR PLAN



Entrance from ground floor

Kitchen

Entrance from ground floor

Bar with 11 seats

Restrooms (5)

13th Street

Bar with 5 seats

Tables: 97
Seats: 254
Bar Stools: 16