

**APPLICANT INFORMATION:**

Name of applicant(s): 66 Greene Soho LLC

Trade name (DBA): TBD

Premises address: 66 Greene Street, New York, NY 10012

Cross Streets and other addresses used for building/premise:  
Spring and Broome Streets

**CONTACT INFORMATION:**

Principal(s) Name(s): Alexander Grant

Office or Home Address:

City, State, Zip: New York, NY 10012

Telephone #: email :

Landlord Name / Contact: Alexander Grant

Landlord's Telephone and Fax: 0

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Alexander Grant	N/A

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):  
A clothing store with a tavern wine cafe

**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:

Art Gallery

---

---

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:

N/A

---

---

**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: 5 Year Built : 1873

Describe neighboring buildings: Mixed: Residential/Commercial

Zoning Designation: M1-5A

Zoning Overlay or Special Designation (applicable) N/A

Block and Lot Number: 485 / 5

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 : \_\_\_\_\_

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? 74

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

no  yes Pending

If yes, what is the maximum occupancy for the premises? \_\_\_\_\_

If yes, what is the use group for the premises? \_\_\_\_\_

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? 4,000 sq ft

If more than one floor, please specify square footage by floors: 2,000/per 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? Staircase

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

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

**OVERALL SEATING INFORMATION:**

Total number of tables? 4 Total table seats? 36

Total number of bars? 1 Total bar seats? 14

Total number of "other" seats? 11 please explain: Lounge Seating (Ground Floor)

Total OVERALL number of seats in Premises: 61

**BARS:**

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 14

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: clothing store with tavern wine cafe

What are the Hours of Operation?

Sunday: Closed \_\_\_\_\_ to \_\_\_\_\_ Monday: 1pm to 2am Tuesday: 1pm to 2am Wednesday: 1pm to 2am Thursday: 1pm to 2am Friday: 1pm to 2am Saturday: 1pm to 2am

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

Will there be security personnel? \_\_\_ no X yes( if yes, what nights and how many?) 1

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

If yes, please describe : N/A

Will you have TV's ? \_\_\_ no X yes ( how many? ) 1

Type of MUSIC / ENTERTAINMENT: \_\_\_ Live Music \_\_\_ Live DJ \_\_\_ Juke Box X Ipod / CDs \_\_\_ none

Expected Volume level: X Background (quiet) \_\_\_ Entertainment level \_\_\_ Amplified Music (check all that apply)

Do you have or plan to install soundproofing? \_\_\_ no X yes

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

Please describe your sound system and sound proofing: TBD

Will you be permitting: Yes promoted events No scheduled performances No outside promoters

No any events at which a cover fee is charged? No private parties

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? X no \_\_\_ yes ( if yes, please attach plans)

Will you be utilizing No ropes No movable barriers No other outside equipment (describe) \_\_\_\_\_

Are your premises within 200 feet of any school, church or place of worship? X 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 1/2 " 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: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email : \_\_\_\_\_

Application submitted on  
behalf of the applicant by:

\_\_\_\_\_  
Signature

Print or Type Name Alexander Grant

Title Principal

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

<input type="radio"/> Original <input type="radio"/> Amended              Date _____
--

---

## ESTABLISHMENT QUESTIONNAIRE

---

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

***Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.***

### 1. Zoning

1a. State what the area is zoned for:  
(e.g., Residential, Business, Mixed etc.)

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits? Yes      No      Pending

### 2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address? Yes      No

If YES, please specify:

*If the address was changed due to a 911 update or other government action, please include documentation for the change.*

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

Currently Licensed     
 Previously Licensed     
 Never Licensed     
 Do Not Know

Name of Licensee:

License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

Yes      No      Do Not Know

***Any pending disciplinary action may delay a determination on this application or result in the disapproval.***

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed? Yes      No

Name of Licensee:

License Serial Number:

**3. Premises (interior):**

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:  
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?  
If yes, show the means of access on the interior diagram(s).

Yes                  No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?  
(e.g., hallway, stairwells, common areas, etc.)

Yes                  No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises:

3h. Number of tables?

3i. Number of seats at tables?

3j. Number of seats at bar or counter?

\*11@lounge and 14@bar

**4. Bars:**

4a. How many customer bars are located on the premises?  
*(a customer bar is where patrons may order, purchase or receive alcoholic beverages)*

4b. How many service bars? *(a service bar is for wait staff use exclusively)*

4c. Describe each bar in the fields below:

<b>Bar 1</b>	<b>Bar 2</b>	<b>Bar 3</b>
Bar Type:	Bar Type:	Bar Type:
Length:	Length:	Length:
Shape:	Shape:	Shape:
Location:	Location:	Location:

**Attach additional sheets if there are more than 3 bars.**



<input type="radio"/> Original <input type="radio"/> Amended                      OFFICE USE ONLY Date _____
---

**5. Kitchen:**

5a. Does the premises have a full kitchen?      Yes      No

If NO, does the premises have a food preparation area?      Yes      No

**Show Kitchen or Food Prep Area on the Interior Diagram**

**NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU**

5b. Is a chef/cook employed at the premises?      Yes      No

If YES, please list hours of day chef/cook will devote to the premises:

**6. Hotel or Bed & Breakfast:**

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises?      Yes      No

**7. Outdoor Areas:**

7a. Are there any outside areas used for the sale or consumption of alcohol?      Yes      No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:  
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

- |                   |      |         |          |        |
|-------------------|------|---------|----------|--------|
| Sidewalk Cafe     | Deck | Patio   | Porch    | Gazebo |
| Rooftop           | Yard | Balcony | Pavilion | Tent   |
| Other (describe): |      |         |          |        |

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control?      Yes      No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- |                   |      |           |        |            |
|-------------------|------|-----------|--------|------------|
| Fencing           | Wall | Shrubbery | Roping | Stanchions |
| Other (describe): |      |           |        |            |

7f. Is a permit required by the locality for outside area(s)?      Yes      No  
If yes, submit a copy of the permit.

<input type="radio"/> Original <input type="radio"/> Amended                      OFFICE USE ONLY Date
---

## PROPOSED METHOD OF OPERATION

*This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.*

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises?      Yes      No      **Clothing Store (Ground Floor)**  
*(If YES, please provide details on a separate sheet)*

1a. If the premises *is not* a catering establishment, will the premises periodically close to host private events?      Yes      No  
 If YES, how frequently?

2. Will the premises have music?      Yes      No

2a. If YES, check all that apply:      Recorded      DJ      Juke Box      Karaoke  
 Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):

2b. Will the premises use the services of an Event Promoter?      Yes      No

3. Will the premises permit dancing?      Yes      No

3a. If dancing is permitted, who will be permitted to dance?      Patrons      Employees for Entertainment      Both

3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing?      Yes      No

4. Will there be topless entertainment?      Yes      No

5. Will the business employ a manager?      Yes      No

5a. If NO, will principal(s) manage?      Yes      No

6. How many employees? (excluding principals and security personnel)

6a. If answer is "0" please provide an explanation:

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions).  
If applied for and pending, please indicate.

Workers' Compensation Carrier  
Name and Policy Number:

Disability Insurance Carrier Name  
and Policy Number:

**If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996**

8. Will security personnel be used at the premises?      Yes              No

9a. If YES, how many?

9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

***The Licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.***

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

Yes              No

10a. If NO, please explain:

**ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY**

A list of county closing hours is available at the following link:  
<http://sla.ny.gov/provisions-for-county-closing-hours>

This report is for informational purposes only in aid of identifying establishments potentially subject to 500 and 200 foot rules. Distances are approximated using industry standard GIS techniques and do not reflect actual distances between points of entry. The NYS Liquor Authority makes no representation as to the accuracy of the information and disclaims any liability for errors.

<b>Proximity Report For:</b>	
Location	<b>66 Greene St, New York, New York, 10012</b>
Geocode	<b>Latitude: 40.72309 longitude: -74.00085</b>
Report Generated On	<b>8/24/2022</b>

<b>8 Closest Liquor Stores</b>		
<b>Name</b>	<b>Address</b>	<b>Distance</b>
SOHO WINE GALLERY INC Ser #: 1023584	187 SPRING STREET NEW YORK, NY 10012	897 ft
GRANYETTE WINE & SPIRITS INC Ser #: 1336830	184A LAFAYETTE ST NEW YORK, NY 10013	1,059 ft
SOHO WINE & SPIRITS LTD Ser #: 1023583	459 W BROADWAY NEW YORK, NY 10012	1,118 ft
COOL WINE & SPIRITS LLC Ser #: 1332493	375B CANAL ST NEW YORK, NY 10013	1,159 ft
EL CORRAL SOHO INC Ser #: 1235206	406 BROOME ST, STORE H AKA 199 LAFAYETTE ST & CLEVELAND PL NEW YORK, NY 10013	1,208 ft
YOUNG NAM KANG Ser #: 1023586	52 SPRING STREET NEW YORK, NY 10012	1,246 ft
NOLITA WINE MERCHANTS LLC Ser #: 1263367	227 MULBERRY ST SEE NOTES NEW YORK, NY 10012	1,348 ft
GROTTA AZZURRA IMPORTS INC Ser #: 1259856	177 MULBERRY ST STORE 1A NEW YORK, NY 10013	1,471 ft

<b>Schools within 500 feet</b>		
<b>Name</b>	<b>Address</b>	<b>Distance</b>
No Schools within 500 feet		

<b>Churches within 500 feet</b>		
<b>Name</b>	<b>Address</b>	<b>Distance</b>
No Churches within 500 feet		

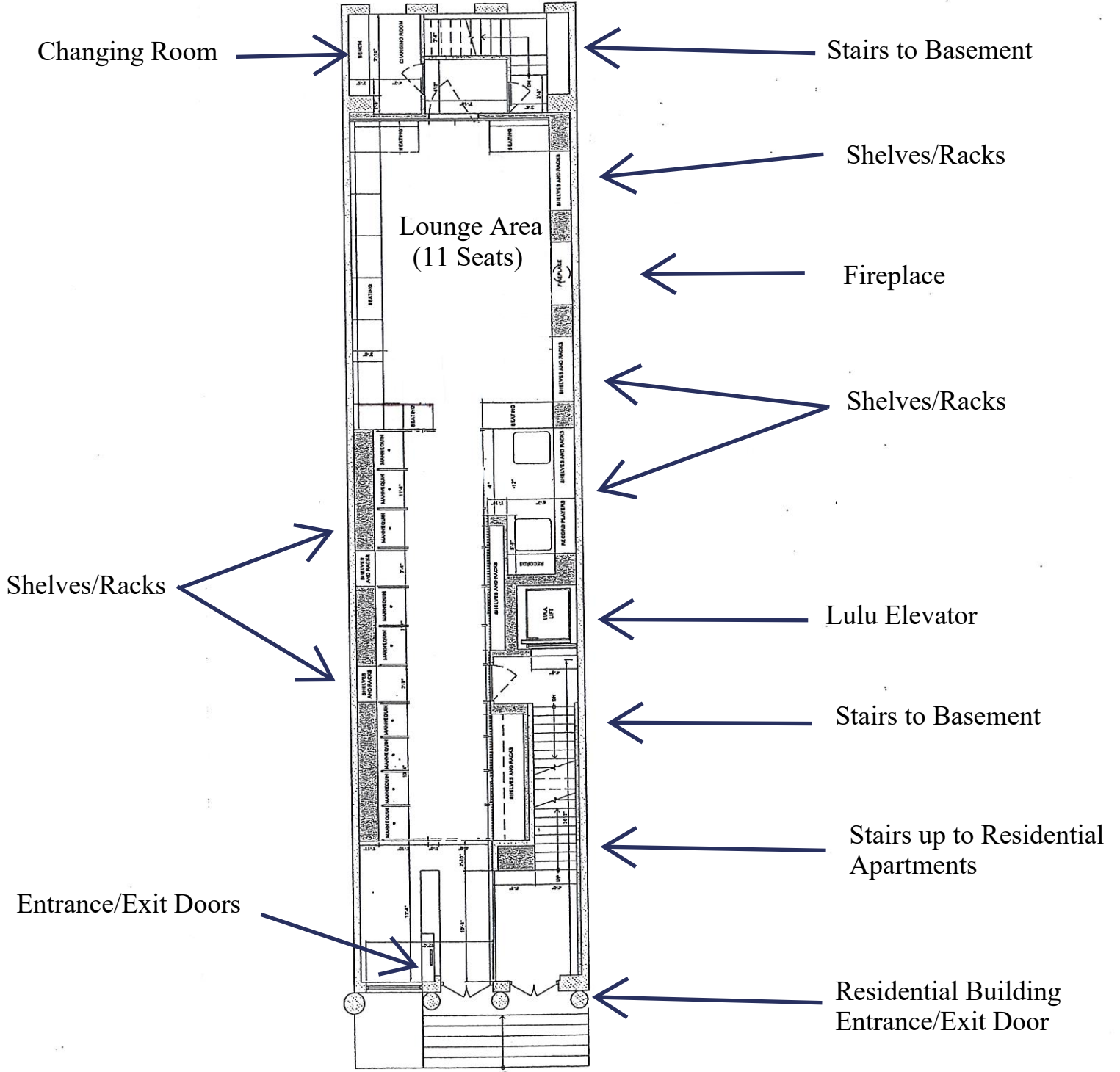
<b>Pending On Premises Liquor Licenses within 750 feet</b>		
<b>Name</b>	<b>Address</b>	<b>Distance</b>
No Active On Premises Liquor Licenses within 750 feet		

<b>Active On Premises Liquor Licenses within 750 feet</b>		
<b>Name</b>	<b>Address</b>	<b>Distance</b>
WING SOHO LLC, THE Ser #: 1304590	52 MERCER ST NEW YORK, NY 10013	467 ft

**Active On Premises Liquor Licenses within 750 feet**

<b>Name</b>	<b>Address</b>	<b>Distance</b>
BLOOMINGDALES INC Ser #: 1143172	504 BROADWAY 2ND FLOOR NEW YORK, NY 10012	493 ft
DOWNTOWN RESTAURANT CO LLC Ser #: 1025079	372 376 WEST BROADWAY NEW YORK, NY 10012	573 ft
LADUREE SOHO LLC Ser #: 1275681	396-398 W BROADWAY NEW YORK, NY 10012	580 ft
FELIX GREENE STREET SOHO LLC Ser #: 1330133	104 GREENE ST NEW YORK, NY 10012	608 ft
45 MERCER RESTAURANT LLC Ser #: 1262152	45 MERCER ST NEW YORK, NY 10013	615 ft
BROOME STREET BAR INC,THE Ser #: 1028408	361 363 W BROADWAY AKA 499 BROOME STREET NEW YORK, NY 10013	630 ft
AURORA SOHO INC Ser #: 1180926	510 BROOME ST W BROADWAY & THOMPSON STREETS NEW YORK, NY 10013	651 ft
ANTIQUÉ GARAGE INC Ser #: 1151001	41 MERCER STREET GRAND & BROOME NEW YORK, NY 10013	673 ft
BOQUERIA SOHO LLC Ser #: 1210705	171 SPRING STREET THOMPSON & W BROADWAY NEW YORK, NY 10012	698 ft
WINDY GATES SOHO INC Ser #: 1025191	80 82 SPRING STREET NEW YORK, NY 10012	732 ft

66 Greene Soho LLC  
66 Greene Street  
New York, NY 10012  
Ground Floor Diagram  
(Retail Space)



66 Greene Soho LLC  
66 Greene Street  
New York, NY 10012  
Basement Diagram

Stairs to Ground Floor

Storage

Dining Area

BAR

Sushi Prep Area

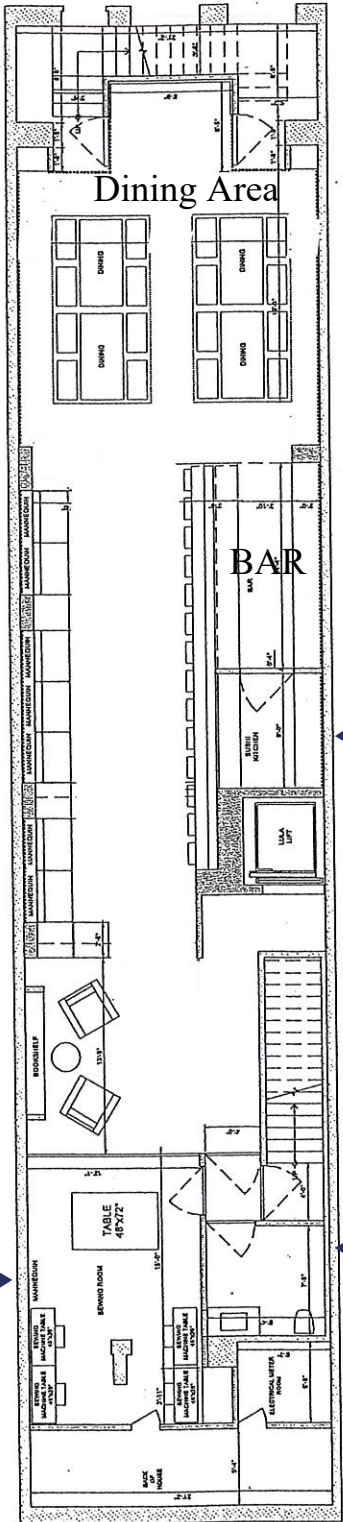
Lulu Elevator

Stairs to Ground Floor

Sewing Room

ADA Patron Restroom

Electrical Room



## **SUSHI MAKI**

### HAND-CUT

Tuna

Spicy Tuna

Salmon & Avocado

Yellowtail & Scallion

Yellowtail & Jalapeno

California

Shrimp Tempura

Scallop & Smelt Eggs

Kappa

Avocado

Vegetable

Salmon Skin

Soft Shell Crab

House Special

Lobster



# SHUKO

## Snacks

Edamame

Edamame Choclo

Shishito Sea Salt

Shishito Den Miso

Baby Corn, Honey Truffle