

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): Bobby Babak Khorrami

Trade name (DBA): Tokyo Tavern. or TBI

Premises address: 183 Grand Street NY NY 10013

Cross Streets and other addresses used for building/premise:
Mulberry Between Mulberry & Center

CONTACT INFORMATION:

Principal(s) Name(s): Bobby Babak Khorrami

Office or Home Address: _____

City, State, Zip: _____

Telephone #: _____ email: _____

Landlord Name / Contact: BES LLC

Landlord's Telephone and Fax: _____

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>Babak B. Khorrami</u>	<u>Harrow 720 Tenth Ave NY NY 10036</u>
<u>Babak Khorrami</u>	<u>Meso 22 Elm Place Ave NY 10890</u>
<u>Babak Khorrami</u>	<u>Derby 96 Poughkeepsie NY 12601</u>

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
A Japanese / American Experience with food served in small plates with concentration on SUSHI and Show Casing American / Japanese Spirits.

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:

Retail.

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: 3 Year Built: 1910

Describe neighboring buildings: Condo/American/Italian Museum on One Side / Cafe/Bagel the other side

Zoning Designation: _____

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 1 (One), _____

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 3-4 tables outside

What is the proposed Occupancy? 30-35

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? _____

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

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: Basic Sign with the name

What are the Hours of Operation?

Sunday: 12 to 2 Monday: 4 to 2 Tuesday: 4 to 2am Wednesday: 4 to 2am Thursday: 4 to 2 Friday: 4 to 2 Saturday: 12 to 2

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?) 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: Double no Ceiling and Spray Soundproof

Will you be permitting: NO 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? no yes (if yes, please attach plans)

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

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 1/2 " x 11").

Indicate the distance in feet from the proposed premise:

Name of School / Church:

Address: Distance:

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 600 Sq. Ft.

If more than one floor, please specify square footage by floors: _____

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

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

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

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

OVERALL SEATING INFORMATION:

Total number of tables? 10 Total table seats? 24

Total number of bars? 1 Total bar seats? 10

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

Total OVERALL number of seats in Premises: 34

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 10-12

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

Any food counters? 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 Restaurant Club/ Cabaret Hotel Other: _____

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: Bobby B Khorrami Phone: _____

Address: _____

Email: _____

Application submitted on behalf of the applicant by:



Signature

Print or Type Name Bobby Babak Khorrami

Title Omer

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