Name of applicant(s):	Watches of Switzerland LLC			
Trade name (DBA):	Watches of Switzerland			
Premises address:	58-60 Greene Street, New York, NY 10012			
Cross Streets and oth	er addresses used for building/premise:			
Broome & Spring S	Streets			
CONTACT INFORMA	TION:			
Principal(s) Name(s)	: David Hurley			
Office or Home Addre				
City, State, Zip:				
Telephone #:	email :			
Landlord Name / Cor	ntact: Premier Equities Management, LLC			
Landlord's Telephone	and Fax:			
NAMES OF ALL PRI	INCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD			
David Hurley	Watches of Switzerland LLC; 500 W 33rd St, New York, NY 100)01		
Damian Otwinowski	(Active License - Serial #1342533)			
<u>Robert Behsar Jr.</u>				
Briefly describe the pr	roposed operation (i.e. "We are a family restaurant that will focus on…"):			
Luxury watch retaile	pr			

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

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

X OTHER : Bottle Club

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:

Watch Retailer

Is any license under the ABC Law currently active at this location?	yes	<u> </u>
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If yes, what is the name of current / previous licensee, license # and expiration date:

n/a

Have any other licenses under the ABC Law been in effect in the last 10 years at this location?

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 _x_LeaseSub-leaseBinding Contract to acquire real propertyother:			
Type of Building: Residential Commercial _X_Mixed (Res/Com) Other:			
Number of floor:5 Year Built :1873			
Describe neighboring buildings: Mixed, residential/commerical			
Zoning Designation:M1-5A			
Zoning Overlay or Special Designation (applicable)n/a			
Block and Lot Number:485 /7502			
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? <u>x</u> yes no			
Is the premise located in a historic district? X yes no			
(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? <u>X</u> 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) <u>x</u> no yes : explain			
What is the proposed Occupancy?164			
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?			
<u>x</u> no <u>yes</u> 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 _x_ no, explain : _applicant will make request			
to change occupancy			
If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? <u>x</u> yesno			
Do you plan to file for changes to the Certificate of Occupancy? <u>X</u> 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? noX yes			
(if yes, please describe:Addition of branding flush against facade			

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises?9,989				
If more than one floor, please specify square footage by floors: <u>5,257 - basement; 4,732 - ground floor</u>				
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? Stairs and elevator				
How many entrances are there? 2 How many exits? 2 How many bathrooms ? 2				
Is there access to other parts of the building? noX yes, explain: ADA access and fire exit via residential lobby				
OVERALL SEATING INFORMATION:				
Total number of tables? _0 Total table seats? _0				
Total number of bars? <u>1</u> Total bar seats? <u>5</u>				
Total number of "other" seats? 8 please explain : one x 2 seater couch and 6 individual chairs				
Total OVERALL number of seats in Premises :13				
BARS:				
How many *stand-up bars / bar seats are being applied for on the premises? Bars <u>1</u> Seats <u>5</u>				
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:				
* 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 _X_Other: Watch retail

What are the Hours of Operation?

Sunday; Monday: Tuesday: Wednesday: Thursday; Friday: Saturday;						
12pmo 6pm 11amo 8pm 11amo 8pm 11amo 8pm 11amo 8pm 11amo 8pm 11amo 8pm						
Will the business employ a manager? no _x_yes, name / experience if known : Store Director: Perri Dash Store Manager: Bria Sutto						
Will there be security personnel? no yes(if yes, what nights and how many?) <u>2 personnel/7</u> days Do you have or plan to install French doors, accordion doors or windows that open? <u>X</u> no yes						
If yes, please describe :						
Will you have TV's ? <u>×</u> noyes (how many?)						
* on occasion Live DJJuke Box _X_Ipod / CDsnone						
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? <u>no</u>						
Please describe your sound system and sound proofing: suspended ceiling speakers with audio limiter						
on media player. Speakers to be enclosed to limit transmission through ceilings.						
Will you be permitting: promoted events scheduled performances outside promoters						
any events at which a cover fee is charged? <u>x</u> private parties sales events						
Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? <u>X</u> no yes (if yes, please attach plans)						
Will you be utilizing ropes movable barriersother 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 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 / C	Church:	
Address:		Distance:
you will address it i		nity Board and confirm that if complaints are made
Address:		
Email :		
	Application subm	nitted on

behalf of the applicant by:

Signature

David Hurley Print or Type Name_ Title___ President/CEO

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.

Cat Booth

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



