WF1 LLC
29 CORNELIA STREET
NEW YORK, NY 10014

MANHATTAN COMMUNITY BOARD 2
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 month's 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.
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)
APPLICANT INFORMATION:

Name of applicant(s):
WF1 LLC

Trade name (DBA):
PENDING

Premises address:
29 CORNELIA STREET, NEW YORK, NY 10014

Cross Streets and other addresses used for building/premise:
BLEECKER & W 4TH STREET

CONTACT INFORMATION:

Principal(s) Name(s):
JUSTIN WEITZ

Office or Home Address: 29 CORNELIA STREET

City, State, Zip: NEW YORK, NY 10014

Telephone #: ________ email: ________

Landlord Name / Contact:
29 CORNELIA LLC c/o BEACH LANE MANAGEMENT INC

Landlord’s Telephone and Fax: ________

NAMES OF ALL PRINCIPAL(s):

JUSTIN WEITZ

STEVE SCHNEIDER

DEREK FELDMAN

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

SUSHI ON WEST 10TH LLC (1305184), 210 W 10TH ST, NEW YORK, NY 10014

NISHIWAKI LLC (1299911), 217 ELD RIDGE STREET, NEW YORK, NY 10002

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

WE ARE AN ESTABLISHED JAPANESE BRAND KNOWN FOR OUR BLEND OF COMFORT AND HIGH END CUISINE. WE INTEND TO SERVE JAPANESE AMERICAN FUSION/IZAKAYA IN AN INTIMATE SETTING.
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:

THE CORNELIA STREET CAFE

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: ______________________

N/A

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:

THE CORNELIA STREET CAFE, 1977-2018
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: 1903

Describe neighboring buildings:

MIXED-USE

Zoning Designation: R6

Zoning Overlay or Special Designation (applicable) N/A

Block and Lot Number: 590 / 45

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: N/A)

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 SIDEWALK CAFE

What is the proposed Occupancy? 70

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? 95

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

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: N/A)
INTERIOR OF PREMISSES:

What is the total licensed square footage of the premises? 2,100 SQ. FT

If more than one floor, please specify square footage by floors: 1ST FLR: 900 SQ. FT & CELLAR: 1,200 SQ. FT

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area? SIDEWALK CAFE, APPROX. 88 SQ. FT

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

How many entrances are there? 1 How many exits? 1 How many bathrooms? 4

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

OVERALL SEATING INFORMATION:

7 TABLES OUTSIDE
14 SEATS OUTSIDE

Total number of tables? 6CELLAR Total table seats? 12-GRD FLR

Total number of bars? 2 Total bar seats? 24-GRD FLR

Total number of “other” seats? 14 please explain: SIDEWALK CAFE SEATING

Total OVERALL number of seats in Premises: 58

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? __________

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: ____________________________
What are the Hours of Operation?

**OUTDOOR HOURS:
SUN- SAT: 12PM-10PM**

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Will the business employ a manager?  __ no  _yes, name / experience if known: _BEN YABROWS

Will there be security personnel?  _yes_ (if yes, what nights and how many?)  __N/A__

Do you have or plan to install French doors, accordion doors or windows that open?  __ no  _yes

If yes, please describe: _APPLICANT PLANS TO USE EXISTING FRENCH DOORS THAT CAN OPEN_

Will you have TV’s?  _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?  _yes_ (if yes, please attach plans)

IF YES, will you be using a professional sound engineer?  __N/A__

Please describe your sound system and sound proofing: _18 SMALL CEILING SPEAKERS SPREAD THROUGHOUT PREMISE TO PROVIDE AMBIENT BACKGROUND MUSIC ONLY_

Will you be permitting:  ____ promoted events  ____ scheduled performances  ____ outside promoters

____ any events at which a cover fee is charged?  _yes_ (ON OCCASSION)

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)  __N/A__

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:  (_N/A_)

Address: ___________________________  Distance: __________

Name of School / Church: ___________________________
Address: (N/A) __________________________ 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: STEVE SCHNEIDER Phone: __________

Address: 29 CORNELIA STREET, NEW YORK, NY 10014

Email: ____________________________________________

Application submitted on behalf of the applicant by:

_________________________________________________
Signature

Print or Type Name: HEATHER KIRK

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.

[Signature]

Community Board 2, Manhattan
SLA Licensing Committee
Carter Booth, Co-Chair
Robert Ely, Co-Chair
Small Bites:
Tokyo Bikini pressed waffle, aged Gruyère
Flaming Hot Mochi Fries malted vinegar powder
Oshizushi jamón iberico, preserved truffle
Spicy Edamame

Appetizers:
Mochi Dumplings umami butter emulsion, puffed hazelnuts
Agua Chili prawns, kinome tiger’s milk
Milk Bread Gyoza wagyu, koji egg emulsion
Tomago Tostada black truffle, chili
Fried Chicken Steamed Bun dill pickle butter, puffed coriander
Crudité Deconstructed Caesar
Fried Chicken Karage, gochujang sauce

Entrees:
Super Smash Burger dry-aged double patty, fondue
A5 Wagyu Katso Sando
Tea-Smoked Yakitori pork belly, yuzu kosho tare
Donabe Rice Hand Rolls (For 2) hairy crab, duck egg
Smoked Japanese Beef grilled Japanese A1
Whole Roasted Kinmedai tortillas, Tsukemono, sansho
Hong Kong Style Duck miso pancakes, Okinawa hoisin, Scallions and cucumbers slices for Garnish
Sides:

Take Out Butter Noodles, homemade chili oil

100 Layer Potato Stick, spicy mayo dipping sauce

Fried Chicken Skin, Caviar Platter

Dessert:

Edible balloon, helium

Aerated Foie Gras Beignet extra powder

Brown Butter Soft Serve hojicha caramel

Birthday Cake in designer packaging