

HELBRAUN || LEVEY

WF1 LLC  
29 CORNELIA STREET  
NEW YORK, NY 10014

MANHATTAN COMMUNITY BOARD 2

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## COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

[www.cb2manhattan.org](http://www.cb2manhattan.org)

P: 212-979-2272 F: 212-254-5102 E: [info@cb2manhattan.org](mailto:info@cb2manhattan.org)

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### **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 months 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.
6. Letter of Understanding or Letter of Intent from the Landlord.
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):**

**NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD**

JUSTIN WEITZ

STEVE SCHNEIDER

DEREK FELDMAN

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

NISHIWAKI LLC (1299911), 217 ELDRIDGE 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

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If this is for a new application, please list previous use of location for the last 5 years:

THE CORNELIA STREET CAFE

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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

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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

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**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 PREMISES:**

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?

SIDEWALKCAFE, 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? <sup>12- GRD FLR</sup><sub>8- CELLAR</sub> \_\_\_\_\_ Total table seats? <sup>24- GRD FLR</sup><sub>18- CELLAR FLR</sub> \_\_\_\_\_

Total number of bars? 2 Total bar seats? <sup>11 GRD FLR</sup><sub>5 CELLAR</sub> \_\_\_\_\_

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

Sunday: 12PM to 1AM Monday: 12PM to 1AM Tuesday: 12PM to 1AM Wednesday: 12PM to 2AM Thursday: 12PM to 2AM Friday: 12PM to 2AM Saturday: 12PM to 2AM

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

Will there be security personnel?  no  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 ?  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? 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?  private parties (ON OCCASSION)  
\*APPROX. 10-20 PER YEAR

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 1/2 " 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 HEATHERKIRK

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.



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

**Crudite 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

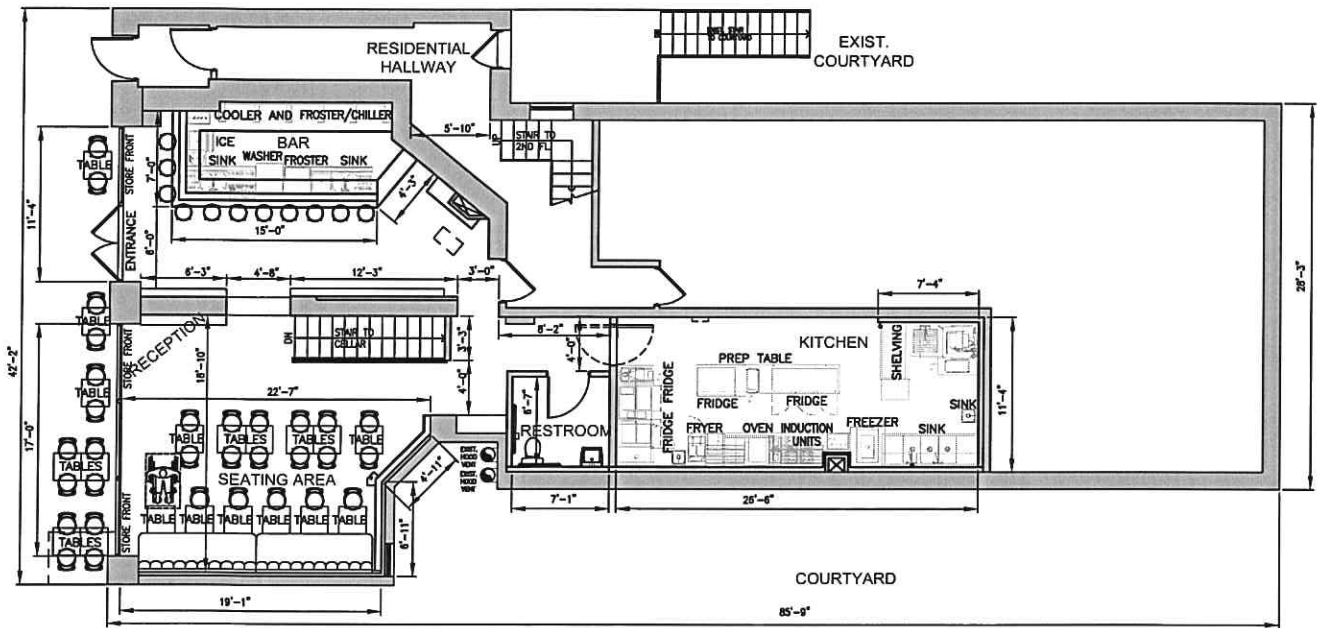
**Dessert:**

**Edible balloon**, helium

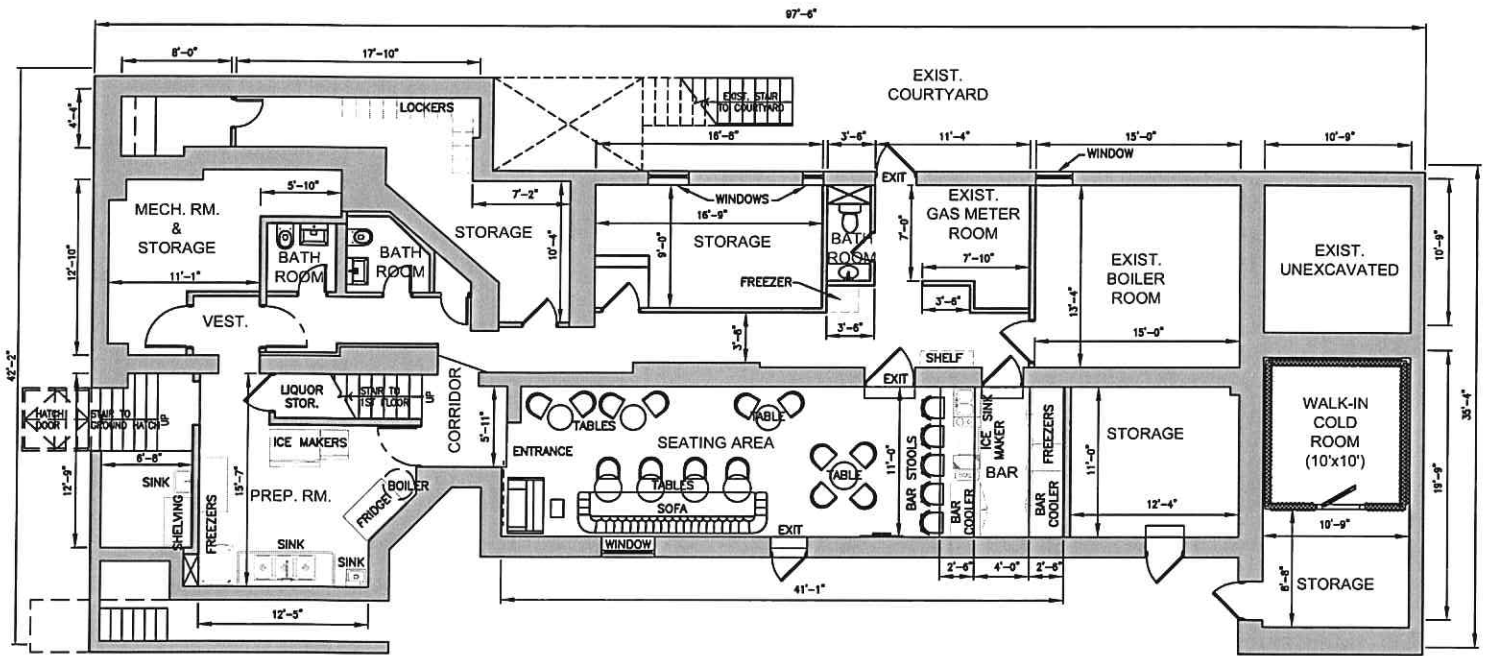
**Aerated Foie Gras Beignet** extra powder

**Brown Butter Soft Serve** hojicha caramel

**Birthday Cake** in designer packaging



GROUND FLOOR



Basement / Cellar







