## HELBRAUN LEVEY

### CARMENCITA RESTAURANTE LLC 529 BROOME STREET NEW YORK, NY 10013

MANHATTAN COMMUNITY BOARD 2

David Gruber, Chair Bo Riccobono, First Vice Chair Jo Hamilton, Second Vice Chair Bob Gormley, District Manager



Antony Wong, Treasurer Susan Kent, Secretary Keen Berger, Assistant Secretary

#### COMMUNITY BOARD NO. 2, MANHATTAN

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P: 212-979-2272 F: 212-254-5102 E: info@cb2manhattan.org Greenwich Village \* Little Italy \* SoHo \* NoHo \* Hudson Square \* Chinatown \* Gansevoort Market

#### **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 <u>5</u> <u>business days</u> before the Committee meeting. In addition, bring <u>10 copies</u> 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
- 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): CARMENCITA RESTAURANTE LLC Trade name (DBA): PENDING Premises address: 529 BROOME STREET, NEW YORK, NY 10013 Cross Streets and other addresses used for building/premise: SULLIVAN & THOMPSON STREET CONTACT INFORMATION: Principal(s) Name(s): EDUARDO ANDRES DIAZ Office or Home Address: 529 BROOME STREET City, State, Zip: NEW YORK, NY 10013 Telephone #: email: Landlord Name / Contact: Landlord's Telephone and Fax: \_\_\_ NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD **EDUARDO ANDRES DIAZ** PARAISO GROUP LLC, 1312126 / 525-527 BROOME STREET, NEW YORK, NY / ACTIVE LA RUBIA RAW BAR LLC, 1345358/ 11 HOWARD STREET, NEW YORK, NY/ PENDING N/A

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

A CONTEMPORARY FRENCH INFLUENCED RESTAURANT FEATURING OCEANIC WINES FROM THE SOUTH OF FRANCE, ISREAL AND SPAIN. ACOMMPANIED WITH AN AVANT-GARDE COCKTAIL PROGRAM INSPIRED BY THE GOLDEN ERA OF THE 1970S ACAPULCOIN.

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:  BLACK TAP (1310074), A RESTAURANT SERVING BEER, WINE, LIQUOR & CIDER.
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?
If yes, please list DBA names and dates of operation:
BLACK TAP,1310074, 7/21/22-2/23

#### 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 : 1907
Describe neighboring buildings:  MIXED-USE (RESIDENTIAL & COMMERCIAL)
Zoning Designation: M1-5B
Zoning Overlay or Special Designation (applicable) N/A
Block and Lot Number: 476 / 19
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor?yes <a href="#"></a> yes <a href="#"></a> 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, APPLICANT WILL NOT BE MAKING CHANGE
Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space) 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 *PREMISES HAS A LNO*
If yes, what is the maximum occupancy for the premises? 74
If yes, what is the use group for the premises? UG#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? yesno *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: APPLICANT WILL CHANGE SIGNAGE TO REFLECT THE BUSINESS' TRADE NAME.

INTERIOR OF PREMISES:				
What is the total licensed square footage of the premises? 2,000 SQ. FT				
If more than one floor, please specify square footage by floors: BASEMENT/ CELLAR: 2,000 SQ. FT				
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the				
N/A				
If more than one floor, what is the access between floors? N/A				
How many entrances are there? How many exits? How many bathrooms ?				
* Ann				

area?

### Is there access to other parts of the building? \_\_\_\_ no \_\_\_\_ yes, explain: \_\_\_\_\_ **OVERALL SEATING INFORMATION:** Total number of tables? 13 Total table seats? 50 Total number of bars? <sup>1</sup> Total bar seats? <sup>5</sup> Total number of "other" seats? N/A please explain: N/A Total OVERALL number of seats in Premises : 55 BARS: How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 5 How many service bars are being applied for on the premises? 0 Any food counters? ✓ no \_\_\_ yes, describe : N/A 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, PROPOSED METHOD OF OPERATION:

pay for and receive food and alcoholic beverages.

What type of establishment will this be? (check all that apply)						
Bar	Bar & Food	✓ Restaurant	Club/ Cabaret	Hotel	Other:	

What are the	Hours of Op	eration?				
Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
12PM to 1AM 1	2PM to 1AM	12PM to 1AM	12PM to 1AM	12PM to 1AM	12PM to 2AM	12PM to 2AM
Will the busin	ess employ	a manager? _	no <u></u> yes,	name / experie	nce if known:	MARCELLO MENA
Will there be Do you have	security pers or plan to ins	sonnel? n stall French do	oors, accordion do	s, what nights a ors or windows	nd how many? that open? <u> </u>	1 SECURITY PERSONNEL EVERYDAY FROM 7PM TO CLOSE NO Yes
If yes, please	describe : N	J/A				
Will you have	TV's? <u>√</u>	no yes	( how many? )			
Type of MUS	IC / ENTER	TAINMENT: _	Live Music	_Live DJJ	uke Box 🗹 I	pod / CDsnone
Expected Vol		✓ Backgroui	nd (quiet) E	ntertainment lev	el Amplif	ied Music
Do you have	or plan to ins	stall soundproc	ofing?no _	<u>∕</u> yes		
IF YES, will yo	ou be using a	a professional	sound engineer?	YES		
APPLICANT WIL	L HAVE 6 CEIL	ING SPEAKERS.	SOUND PROOFING: _ MUSIC WILL BE CON OOFING ENGINEER,	TROLLED BY MAN	IAGEMENT, PLAY OOFING.	ED AT AN AMBIENT
Will you be pe	ermitting:	_ promoted ev	vents schedu	uled performand	es outsi	de promoters
any even	its at which a	a cover fee is o	charged? 🗸 pr	vate parties (C	N OCCASSION)	
Do you have pestablishment	olans to man ? no	age or addres	s vehicular traffic es, please attach p	and crowd cont plans)	rol on the side	walk caused by your
Will you be uti	lizing r	opes mo	ovable barriers	other outsid	e equipment (d	lescribe)
N/A				×		
			school, church or		ip? <u> </u>	yes
If there is a se please submi premises ( no	t a block pl	ot diagram or	area map show	200 feet of you ing its' location	r premises or in proximity	on the same block to your applicant
Indicate the dis	stance in fee	t from the pro	posed premise:			
Name of Scho	ol / Church:	N/A				

Address: N/A	Distance:
Name of School / Church:	
Address:	Distance:
Please provide contact information for Residents / you will address it immediately.	Community Board and confirm that if complaints are made
Contact Person: MARCELLO MENA	Phone:
Address: 529 BROOME STREET, NEW YORK, NY 10013	
Email :	
$ \frac{1}{2}$ $\frac{1}{2}$	on submitted on the applicant by: ignature
Print or Type Name_ADF	RIANNA GOLOVATII
Title_REF	PRESENTATIVE

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

## Carmencita Menu

JAMÓN PATA NEGRA (GF) iberico de bellota & tomato	ROASTED MAITAKE MUSHROOMS (GF) (V)
	Chimichurri, romesco, pickled chilis and crispy kale, almonds
SEASONAL OYSTERS	
with yuzu kosho mignonette	WAGYU HANGER STEAK (GF) carrot purée, charred leeks & anchovy aioli
SCALLOP BRANDADE	
with caviar	
	HALIBUT (GF)
PORCINI DOUGHNUTS with raclette cheese	Marinated Swiss chard, manilla clams, garlic aioli and jamón and charred leek consommé
CRISPY PIG EARS	Sides
with lime, mint	POMMES FRITTES PRESSE
	with black truffle, sauce bigarade
SEARED FOIE GRAS TOAST	
with preserved cherries, brown butter	
	Desserts
TARAMASALATA	TRES LECHES
with smoked trout, and vierge	merengue & berry compote
STUFFED GRILLED MOREL MUSHROOM	CHOCOLATE CREMOSO
with chicken mousse, chestnuts	caramel, hazelnuts & cookie crumble
MEJILLONES	
linguine, vermouth & fennel	
PAN SEARED ORA KING SALMON (GF)	

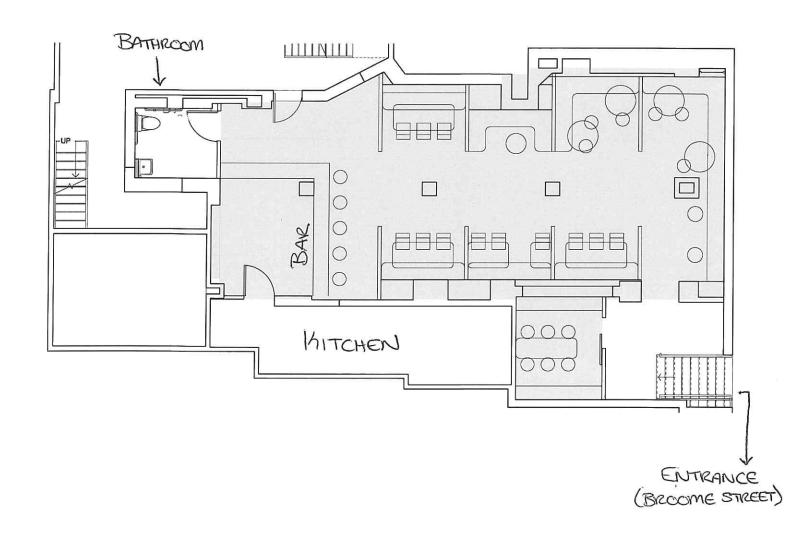
Butter beans, fire roasted tomatoes &

pea tendrils

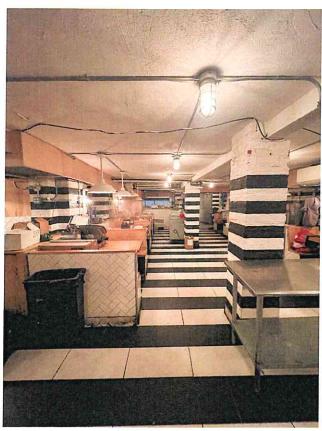
# Carmencita

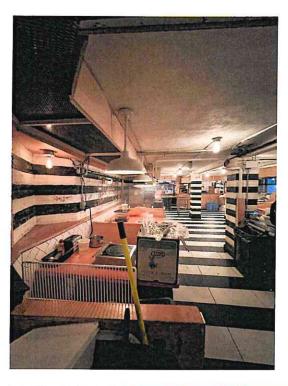
# COCKTAILS

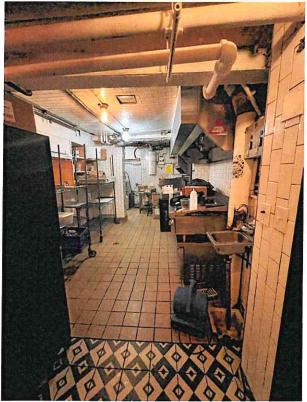
$\overline{\underline{\downarrow}}$	CARMENCITA 400 Conejos, Pineapple, Lime, Cilantro, Habanero	19
	AMAZONIA Yaguara Cachaca, Peach, Lemon, Honey, Mint	20
$\overline{\underline{I}}$	1-800-SENSUAL Strawberry Infused Hornitos Tequila, Fino Sherry, Lemon, Raspberry, Rose, White Pepper	18
$\overline{\underline{Y}}$	<b>DAYDREAM</b> Cumbé Aguardiente, St. Germain, Lemon, Lime, Pineapple, Agave	19
$\overline{\underline{\mathbf{I}}}$	MAMASITA SOUR  Pear infused 99 Quebranta by Pisco 100, Lemon, Chamomile, Egg White	20
$\overline{\underline{Y}}$	<b>OLD HAVANA</b> Havana Anejo Blanco, mint, demarara lime	20
	<b>EL CABALLERO</b> Suntory Toki, amaro, yuzu soda	22
Ţ	SPICY MESS  Amass Gin, lemon, orange bitter, pepper syrup	21
	CHIKI CHIKI BOOM BOOM  Rompe Corazon Reposado, chocolar  bitters, angostura bitters, cinnamon syrup	21

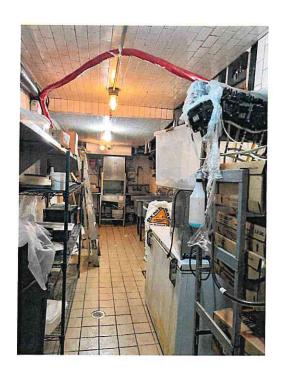


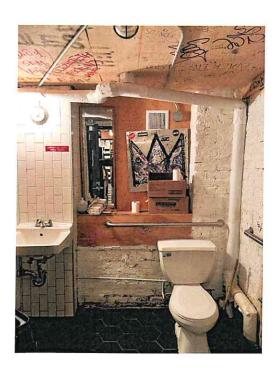












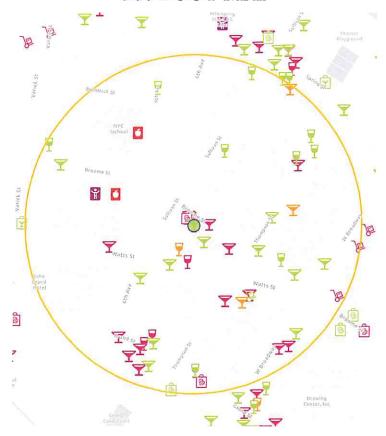
### HELBRAUN LEVEY

### NEIGHBORHOOD MAP



### HELBRAUN LEVEY

#### 500 FOOT MAP



GREEN MARTINI= OP LICENSE
PINK MARTINI= INACTIVE OP LICENSE
GREEN WINE= TW/ RW LICENSE
PINK WINE= INACTIVE TW/ RW LICENSE