

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s):

_____ L. Pride on behalf of an entity to be determined _____

Trade name (DBA):

_____ Dante NYC _____

Premises address:

_____ 85 MacDougal Street New York, NY 10012 _____

Cross Streets and other addresses used for building/premise:

_____ N/A _____

CONTACT INFORMATION:

Principal(s) Name(s):

_____ Linden Pride _____

Office or Home Address: _____ 79-81 MacDougal Street _____

City, State, Zip: _____ New York, NY 10012 _____

Telephone #: _____ ([REDACTED]) _____

Landlord Name / Contact:

_____ Marshal Grobois _____

Landlord's Telephone and Fax: _____ 914-637-6200 _____

NAMES OF ALL PRINCIPAL(s):

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

_____ Nathalie Hudson _____

_____ Dante Grove st LLC, 79-81 Macdougall; Perry & Hudson, 551 hudson st _____

_____ James Symond _____

_____ as above _____

_____ Chris Cheung _____

_____ as above _____

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

_____ A heritage, family-run restaurant serving an all-day menu of fresh and seasonal Italian-inspired food, _____

_____ quality espresso and innovative beverages alongside classic aperitivo-style cocktails. _____

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:

Restaurant and Cooking School

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:

Hitchcock Restaurant Group LLC dba Abigail's Kitchen, Approx 2014-11/2022

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 : 1910

Describe neighboring buildings:
_____ Landmark mixed-use buildings _____

Zoning Designation: R7-2

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 526 / 26

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 : to be applied for

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, as per the Open Restaurants guidelines

What is the proposed Occupancy? 40

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? under 74

If yes, what is the use group for the premises? Use Group 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 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: Facade to be restored

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 598 sqft

If more than one floor, please specify square footage by floors: 537 sqft - first floor 61 sqft - basement

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

If more than one floor, what is the access between floors? Staircase from within kitchen

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

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

OVERALL SEATING INFORMATION:

Total number of tables? 8 Total table seats? 16

Total number of bars? 1 Total bar seats? 0

Total number of "other" seats? 14 please explain : Sidewalk/Roadbed (Open Restaurants)

Total OVERALL number of seats in Premises : 16 (indoors)
14 (outside)

BARS:

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

How many service bars are being applied for on the premises? 0

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: _____

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
10am to 2am 12pm to 2am 12pm to 2am 12pm to 2am 12pm to 2am 12pm to 2am 10am to 2am

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

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? Yes _____

Please describe your sound system and sound proofing: TBD, per the engineer's recommendations

Will you be permitting: promoted events scheduled performances outside promoters

any events at which a cover fee is charged? 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 ropes movable barriers other outside equipment (describe) _____

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: _____

Address: _____ Distance: _____

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: Linden Pride Phone: [REDACTED]

Address: 79-81 MacDougal Street New York, NY 10012

Email : [REDACTED]

Application submitted on
behalf of the applicant by:

[Signature]
Signature

Print or Type Name Linden Pride

Title Member

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]

[Signature]

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COMMUNITY BOARD 2 APPLICATION FOR A STATE LIQUOR AUTHORITY LICENSE ADDENDUM FOR OUTDOOR SEATING

For a Liquor License Application that includes any outdoor areas, please complete the following:

- Submit a diagram of outdoor seating indicating length and width of area(s) and location of all tables and chairs. Include all obstructions (trees, fire hydrants, proximity to bus stops, bike racks, signs, etc.).
- Submit photos of the premises where the sidewalk café and/or roadbed will be located. Required photos show one frontal, one left and one right side view of proposed sidewalk café and/or roadbed.
 - Photos must show complete sidewalk and/or roadway area where sidewalk café and/or roadbed will be including views to curb and neighboring properties.
 - For rear yard, show photos of yard and surrounding area, including upper view of adjacent buildings.

Name of Applicant: L. Pride on behalf of an entity to be determined

Address of Premises: 85 Macdougall, New York, NY 10014

Sidewalk café will have no more than *(If premises is located on a corner please indicate for both streets):*

3 tables and 6 seats on Macdougall Street

 tables and seats on Street

Hours of sidewalk café: 10am to 10pm .

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc):

NA

Roadbed will have no more than *(If premises is located on a corner please indicate for both streets):*

4 tables and 8 seats on Macdougall Street

 tables and seats on Street

Hours of roadbed: 10am to 10pm .

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc):

Rear yard will have no more than tables and seats

Hours of rear yard: to .

Does seating extend beyond the business frontage? No Yes

Will outdoor dining structures **on the sidewalk** be enclosed on three (3) or more sides? No Yes

Will outdoor dining structures **on the roadbed** be enclosed on three (3) or more sides? No Yes

Is there any outdoor music, speakers or TVs? No Yes, please describe:

Will heating elements be used? No Yes, please describe: Electric with permit

MENU

INSALATA & ANTIPASTI

House made ricotta, daily-baked focaccia, salsa di peperoncino 12

Burrata, roasted beets, basil, fennel pollen & toasted rye 18 (v)

Citrus & bitter leaf salad with olives & fennel 14 (Vg, g)

Dante's chopped seasonal salad with Italian dressing; 15 (Vg, g)

Hamachi crudo, with zucchini, chilli, lemon & bottarga 21 (g)

Jamon iberico, guindilla peppers, pan con tomate 24

Manchego, jamon iberico, san danielle, chorizo, guindilla peppers, pan con tomate, olives 45

Salumi misti of mortadella, san danielle, sopressata, prosciutto gran cotto, house pickles, mixed marinated olives 35 (g)

SOURDOUGH FLATBREADS

Verde, spicy lamb sausage, mozzarella, arugula 16

Caprese, mozzarella, pomodoro, chilli, basil 15 (v)

Bianco, crème fraîche, provolone, pancetta, leek, thyme 16

HANDMADE PASTA

Pappardelle all'ragu, braised wild boar, pork, parmigiano reggiano 24

Fazzoletti with pesto genovese, stracciatella & pangrattato 22 (v)

Saffron tagliarini with blue crab, cherry tomato, garlic and chilli 22

SECONDI

Chicken al Mattone with braised peppers, capers & oregano 35

Grain fed fillet steak, broccolini, porcini butter 27 (g)

Pan roasted salmon fillet, zucchini agrodolce, braised red onion, pinenuts, yellow raisin 27 (g)

Pork and beef meatballs with pecorino & ciabatta 13/22

VERDURA

Steamed broccolini, olive oil, lemon & sea salt 9 (Vg, g)

Shishito peppers, bagna cauda, smoked paprika 10 (g)

Roman cauliflower with pesto trapanese 12 (v)

FORMAGGI

Brunet (goats milk - Italy) / Manchego (sheep milk - Spain) / Gorgonzola Piccante (cows milk - Italy)

16

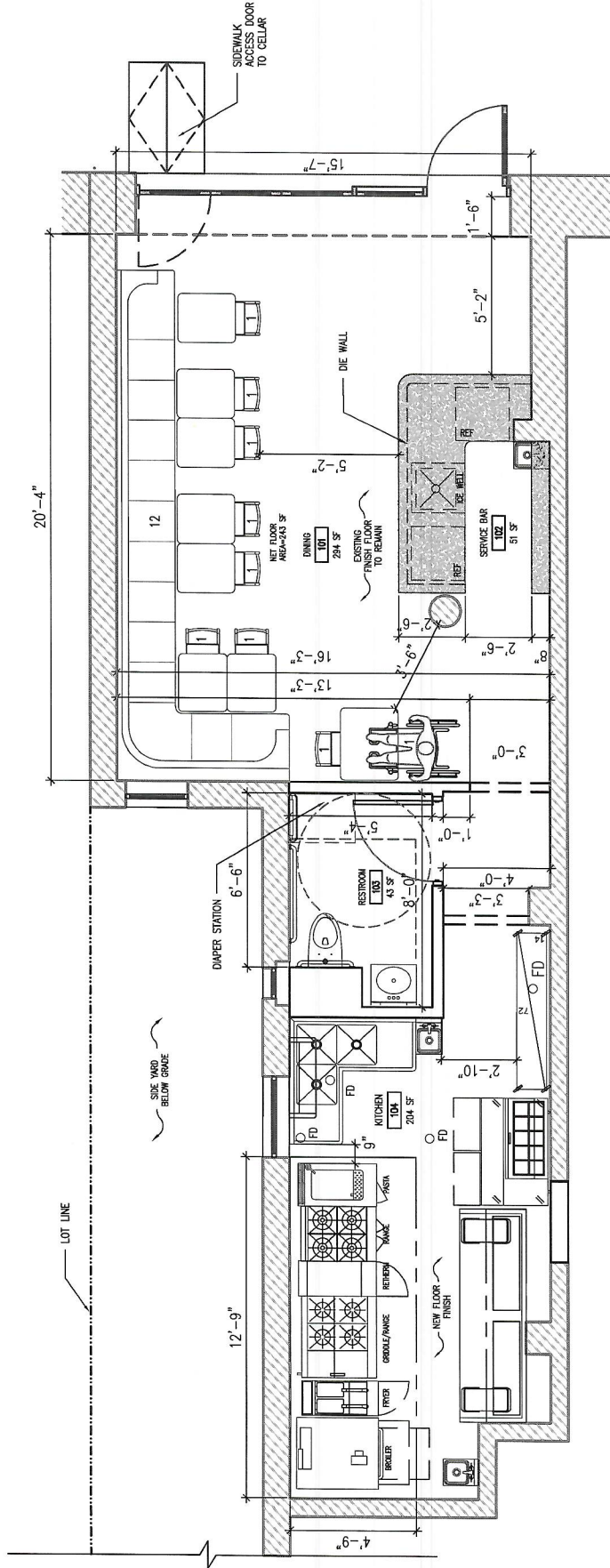
v: Vegetarian

Vg: Vegan

g: Gluten Free

Our restaurant serves food cooked to order, consuming raw or undercooked meats, poultry, seafood, shellfish or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.

MENU



INTERIOR SPACE-TOTAL AREA 598 SF
FOH AREA 294 SF
INTERIOR NET AREA- 243 SF
TOTAL SEATING - 22

1 FIRST FLOOR - CONSTRUCTION PLAN
1/4" = 1'-0"

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

**Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section.
See sample diagrams at the end of this application.**

1. Zoning

1a. State what the area is zoned for:
(e.g., Residential, Business, Mixed etc.)

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits? Yes No Pending

2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address? Yes No

If YES, please specify:

If the address was changed due to a 911 update or other government action, please include documentation for the change.

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

Currently Licensed Previously Licensed Never Licensed Do Not Know

Name of Licensee: License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

Yes No Do Not Know

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed? Yes No

Name of Licensee: License Serial Number:

OFFICE USE ONLY			
<input type="radio"/> Original	<input type="radio"/> Amended	Date	

3. Premises (interior):

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?
If yes, show the means of access on the interior diagram(s). Yes No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?
(e.g., hallway, stairwells, common areas, etc.) Yes No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises: 3h. Number of tables?
(indoors)

3i. Number of seats at tables? 3j. Number of seats at bar or counter?

4. Bars:

4a. How many customer bars are located on the premises?
(a customer bar is where patrons may order, purchase or receive alcoholic beverages)

4b. How many service bars? *(a service bar is for wait staff use exclusively)*

4c. Describe each bar in the fields below:

Bar 1

Bar Type:

Length:

Shape:

Location:

Bar 2

Bar Type:

Length:

Shape:

Location:

Bar 3

Bar Type:

Length:

Shape:

Location:

Attach additional sheets if there are more than 3 bars.

<input type="radio"/> Original <input type="radio"/> Amended OFFICE USE ONLY Date _____

5. Kitchen:

5a. Does the premises have a full kitchen? Yes No

If NO, does the premises have a food preparation area? Yes No

Show Kitchen or Food Prep Area on the Interior Diagram

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU

5b. Is a chef/cook employed at the premises? Yes No

If YES, please list hours of day chef/cook will devote to the premises:

6. Hotel or Bed & Breakfast:

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises? Yes No

7. Outdoor Areas:

7a. Are there any outside areas used for the sale or consumption of alcohol? Yes No

Note: will participate in Open Restaurants

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

- | | | | | |
|--|-------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Sidewalk Cafe | <input type="checkbox"/> Deck | <input type="checkbox"/> Patio | <input type="checkbox"/> Porch | <input type="checkbox"/> Gazebo |
| <input type="checkbox"/> Rooftop | <input type="checkbox"/> Yard | <input type="checkbox"/> Balcony | <input type="checkbox"/> Pavilion | <input type="checkbox"/> Tent |

Other (describe):

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? Yes No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- | | | | | |
|----------------------------------|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Wall | <input type="checkbox"/> Shrubbery | <input type="checkbox"/> Roping | <input type="checkbox"/> Stanchions |
|----------------------------------|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|

Other (describe):

7f. Is a permit required by the locality for outside area(s)? Yes No

If yes, submit a copy of the permit.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

PROPOSED METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises? Yes No
(If YES, please provide details on a separate sheet)

1a. If the premises *is not* a catering establishment, will the premises periodically close to host private events? Yes No

If YES, how frequently? Estimated 1 x per month

2. Will the premises have music? Yes No

2a. If YES, check all that apply: Recorded DJ Juke Box Karaoke

Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):

2b. Will the premises use the services of an Event Promoter? Yes No

3. Will the premises permit dancing? Yes No

3a. If dancing is permitted, who will be permitted to dance? Patrons Employees for Entertainment Both

3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No

4. Will there be topless entertainment? Yes No

5. Will the business employ a manager? Yes No

5a. If NO, will principal(s) manage? Yes No

6. How many employees? (excluding principals and security personnel) tbd

6a. If answer is "0" please provide an explanation:

OFFICE USE ONLY
<input type="radio"/> Original <input type="radio"/> Amended Date

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions).
If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:

Disability Insurance Carrier Name and Policy Number:

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996

8. Will security personnel be used at the premises? Yes No

9a. If YES, how many?

9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

The licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

A principal and/or a general manager will be onsite at all times to oversee staff and operations. All staff will be trained in proper alcohol service techniques to prevent sales to minors and to visibly intoxicated persons. As the premises are small and open, the manager will be able to supervise and observe patrons and staff. in the event that patrons become unruly or an altercation ensues beyond the control of staff, the local precinct will be notified.

10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

Yes No

10a. If NO, please explain:

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link:

<http://sla.ny.gov/provisions-for-county-closing-hours>

