



## 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)

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 **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.
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)

**Meeting Date:** \_\_\_\_\_

**APPLICANT INFORMATION:**

Name of applicant(s):

\_\_\_\_\_

Trade name (DBA):

\_\_\_\_\_

Premises address:

\_\_\_\_\_

Cross Streets and other addresses used for building/premise:

\_\_\_\_\_

**CONTACT INFORMATION:**

**Principal(s) Name(s):**

\_\_\_\_\_


Office or Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: \_\_\_\_\_ email : \_\_\_\_\_

**Landlord Name / Contact:**

\_\_\_\_\_

Landlord's Telephone and Fax:  \_\_\_\_\_

**NAMES OF ALL PRINCIPAL(s):      NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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.)

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

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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: \_\_\_\_\_

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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:

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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: \_\_\_\_\_ Year Built : \_\_\_\_\_

Describe neighboring buildings:

\_\_\_\_\_

Zoning Designation: \_\_\_\_\_

Zoning Overlay or Special Designation (applicable) \_\_\_\_\_

Block and Lot Number: \_\_\_\_\_ / \_\_\_\_\_

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 : \_\_\_\_\_

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 \_\_\_\_\_

What is the proposed Occupancy? \_\_\_\_\_

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? \_\_\_\_\_

If yes, what is the use group for the premises? \_\_\_\_\_

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: \_\_\_\_\_

## INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? \_\_\_\_\_

If more than one floor, please specify square footage by floors: \_\_\_\_\_

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? \_\_\_\_\_

How many entrances are there? \_\_\_\_\_ How many exits? \_\_\_\_\_ How many bathrooms? \_\_\_\_\_

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

## OVERALL SEATING INFORMATION:

Total number of tables? \_\_\_\_\_ Total table seats? \_\_\_\_\_

Total number of bars? \_\_\_\_\_ Total bar seats? \_\_\_\_\_

Total number of "other" seats? \_\_\_\_\_ please explain : \_\_\_\_\_

Total OVERALL number of seats in Premises : \_\_\_\_\_

## BARs:

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

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: \_\_\_\_\_

\_\_\_\_\_

\* 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:  
\_\_\_\_ to \_\_\_\_    \_\_\_\_ to \_\_\_\_    \_\_\_\_ to \_\_\_\_    \_\_\_\_ to \_\_\_\_    \_\_\_\_ to \_\_\_\_    \_\_\_\_ to \_\_\_\_    \_\_\_\_ to \_\_\_\_

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? \_\_\_\_\_

Please describe your sound system and sound proofing: \_\_\_\_\_

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: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email : \_\_\_\_\_

Application submitted on  
behalf of the applicant by:

*Anna Tobin*

\_\_\_\_\_  
Signature

Print or Type Name \_\_\_\_\_

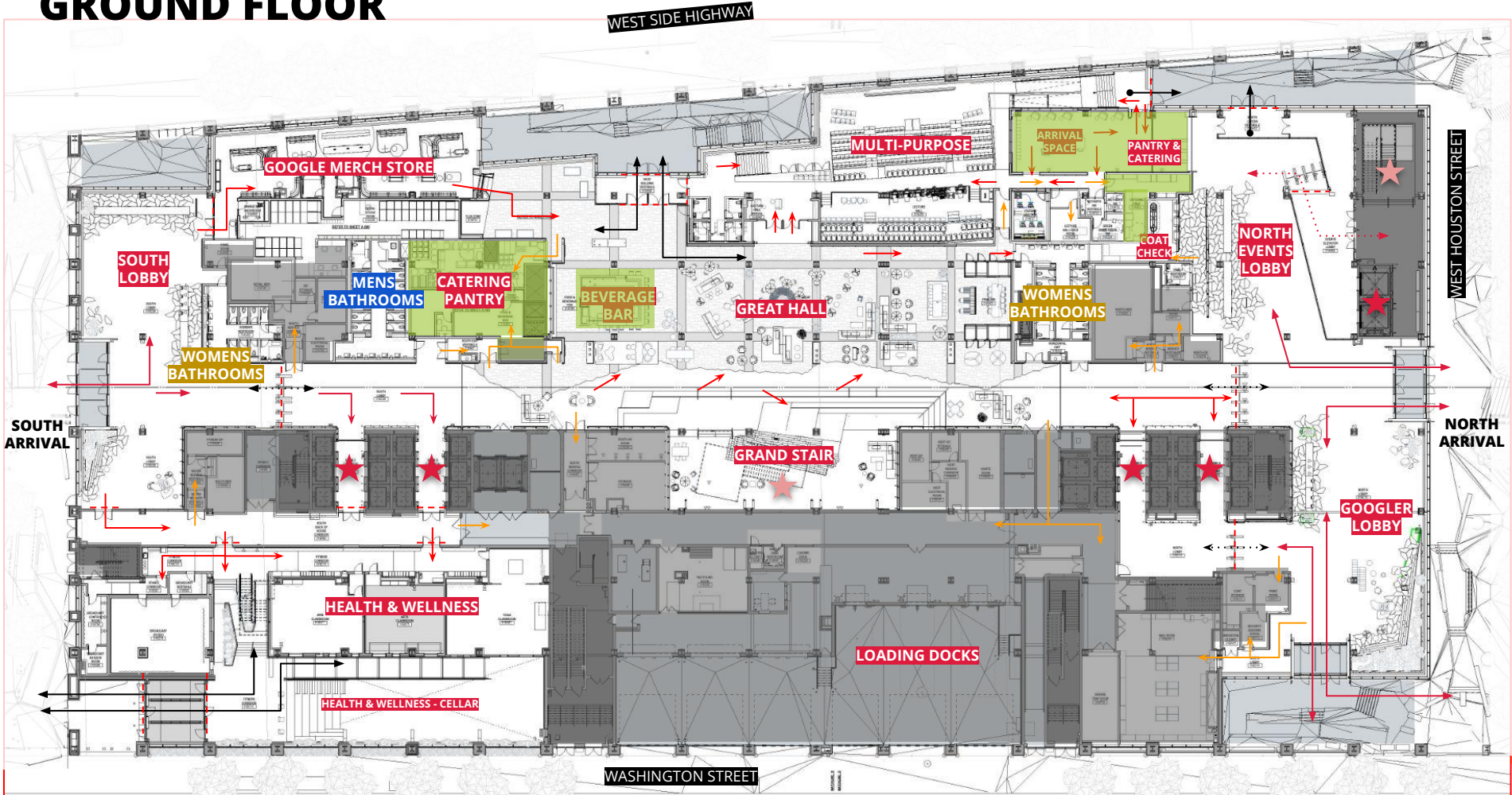
Title \_\_\_\_\_

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  
Donna Raftery, Co-Chair  
Robert Ely, Co-Chair

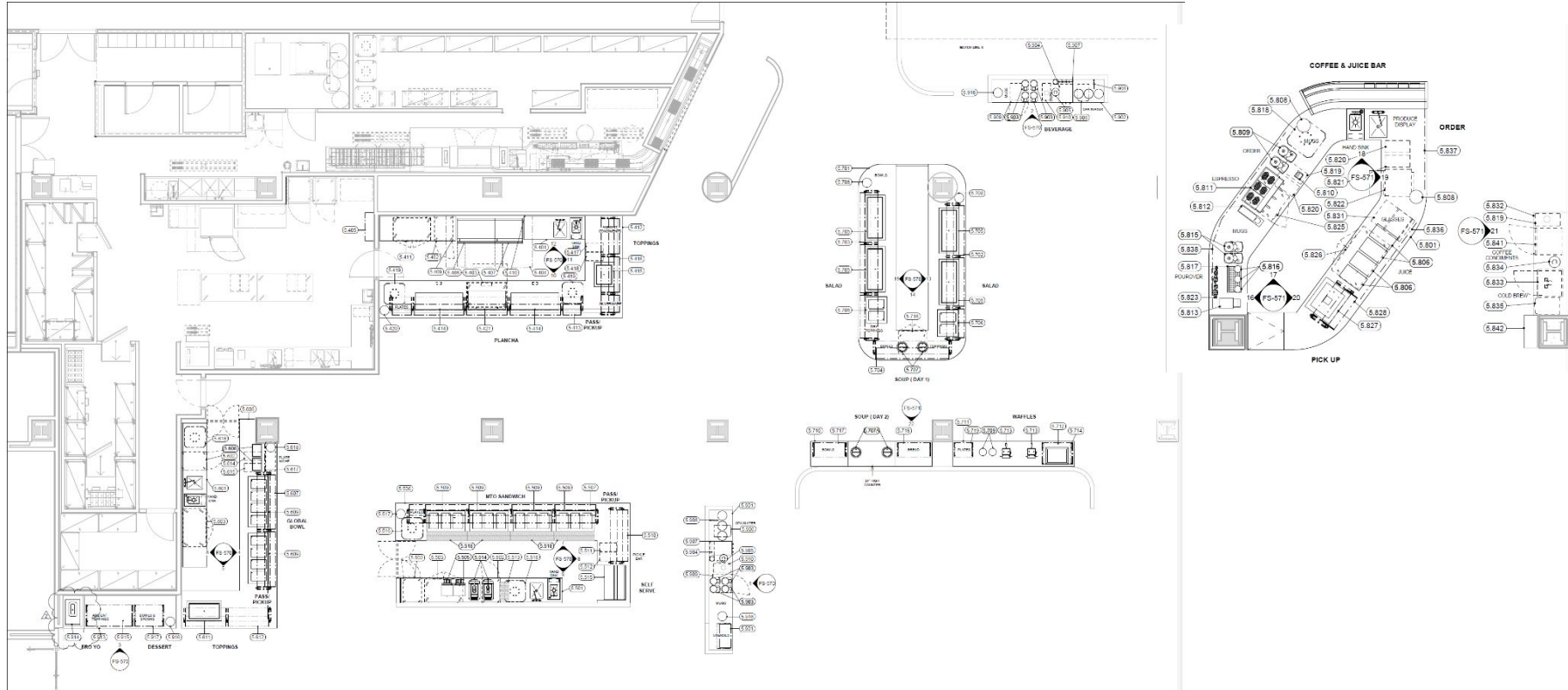
# GROUND FLOOR



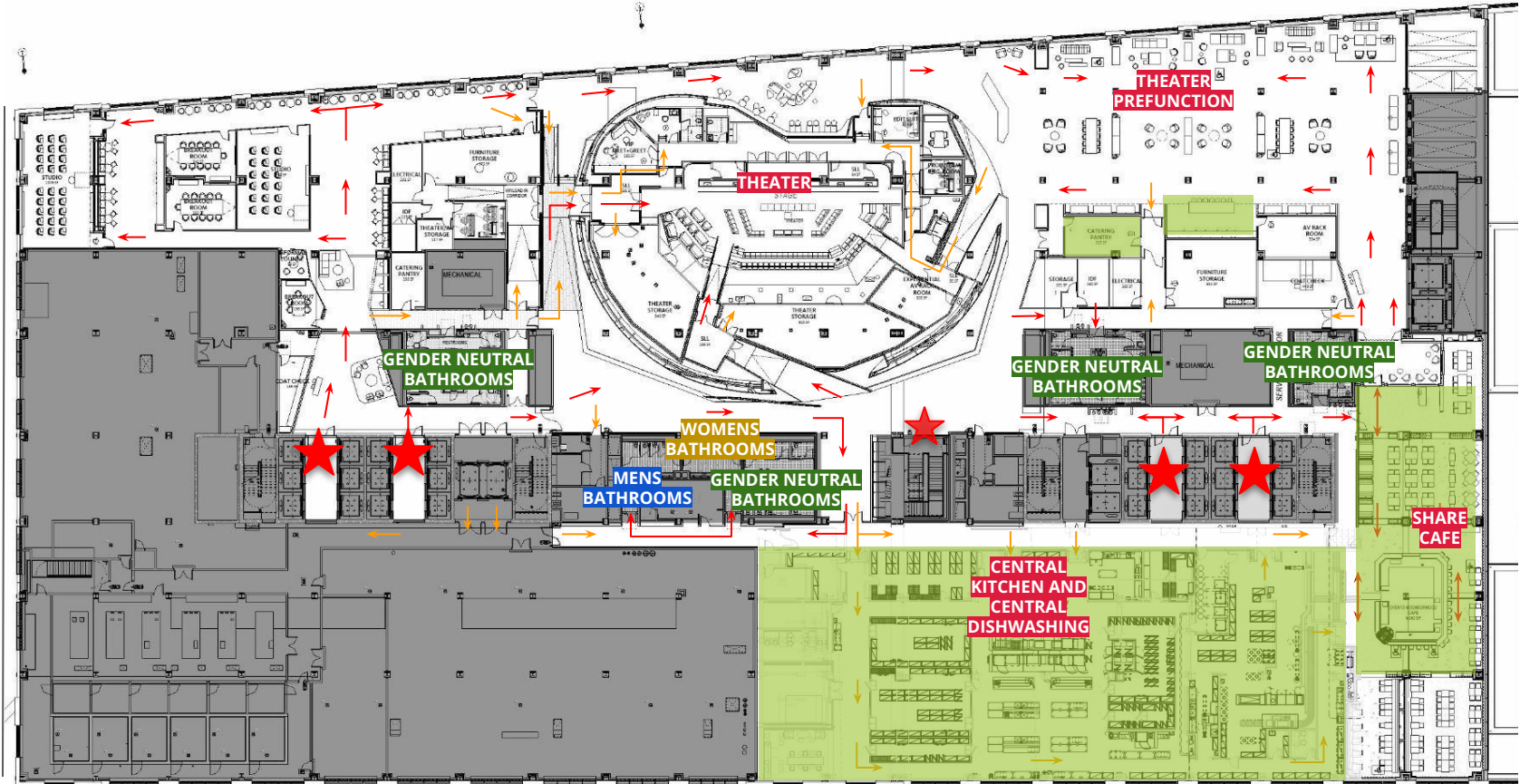


# 2ND FLOOR PLAN

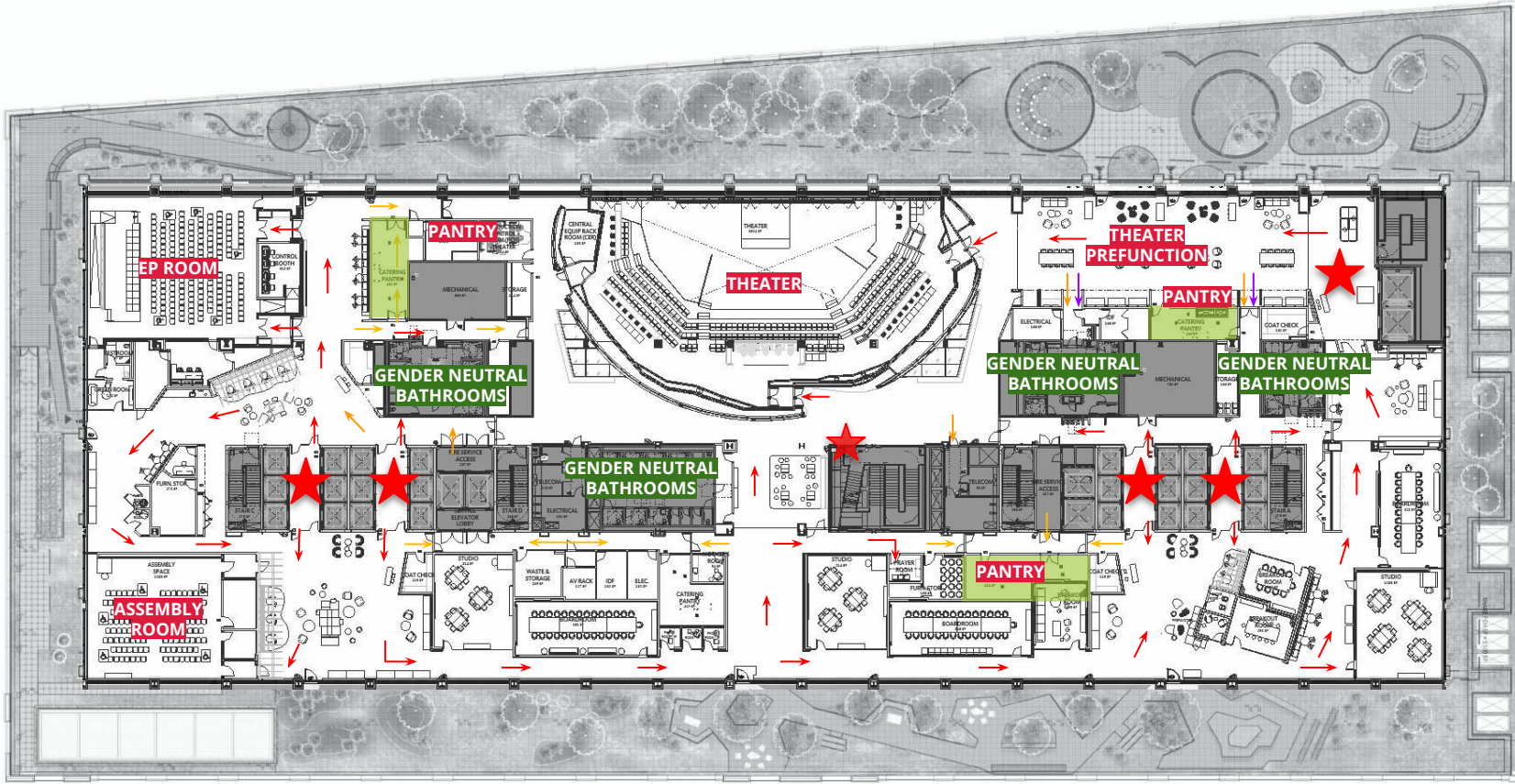
There is a full anchor cafe and Juice Bar on 2 that is on hold at this time: Global Bowl, Deli and Plancha grill with Salad Bar. Probably will not change once reactivated



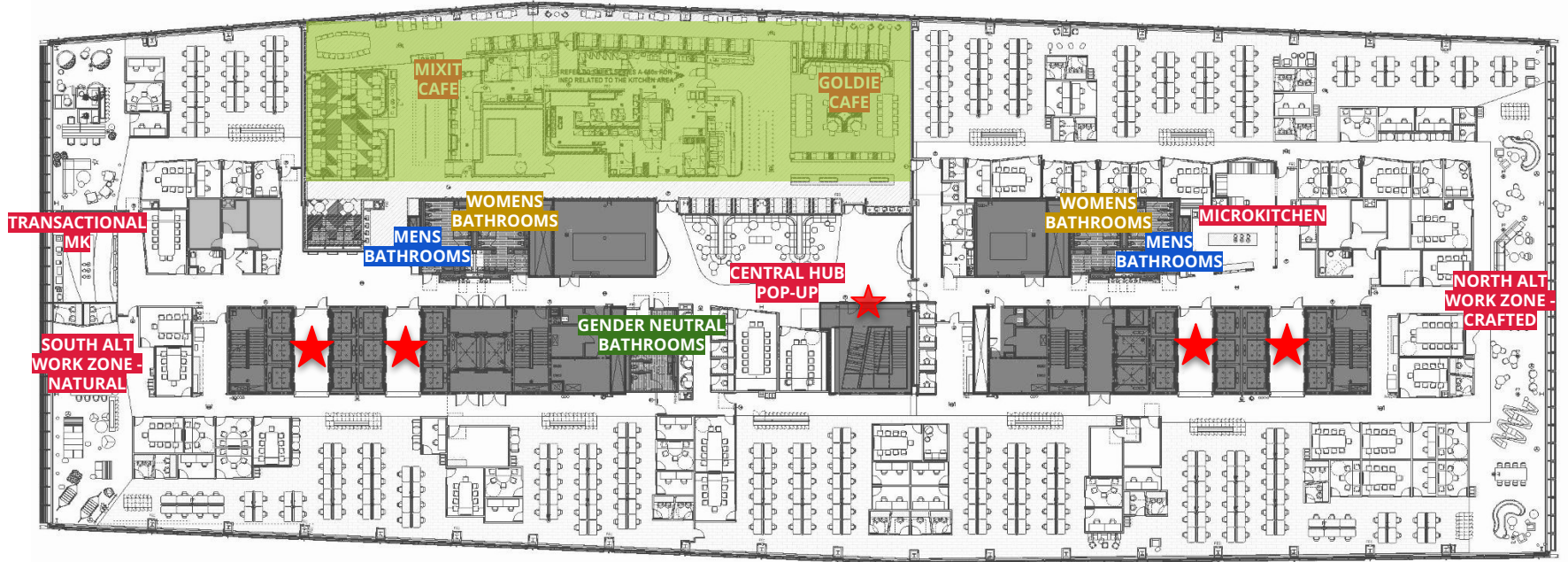
# 3RD FLOOR PLAN



# 4TH FLOOR PLAN



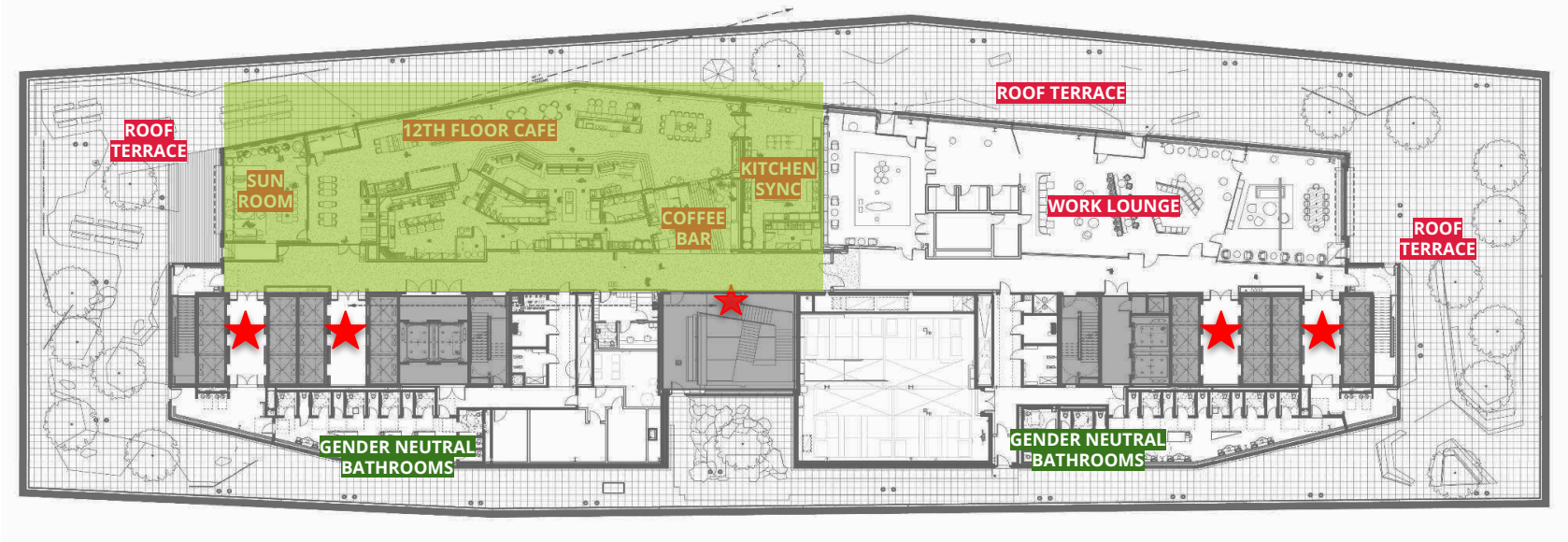
# 6TH FLOOR PLAN



# 9TH FLOOR PLAN



# 12TH FLOOR PLAN



# MiXiT Menu Framework

Concept = Curated Salads and grain bowls  
 Service style = Meals made to order  
 Portion size = Complete meals  
 Menu rotation = Seasonal menu with weekly specials  
 MiXiT Recipe Index

## MIXIT SEASON - Summer

	Rotation	Type	Allergen	Name of dish	Ingredients
<b>Salad Greens</b>					
Greens 1	Always offered	Leafy		Arugula	Arugula
Greens 2	Always offered	Leafy		Mesclun	Mesclun
Greens 3	Always offered	Hearty		Kale	Kale
Greens 4	Always offered	Crunchy		Romaine	Romaine
Greens 5	Weekly				
<b>Cold Well Ingredients - static</b>					
Mixin' 1	Always offered	Raw vegetable		Avocado	Avocado, Avocado Pulp, Lemon Juice
Mixin' 2	Always offered	Raw vegetable		Carrot	Carrot, Shredded
Mixin' 3	Always offered	Raw vegetable		Cucumber	Cucumber
Mixin' 4	Always offered	Raw vegetable		Tomato	Grape Tomato
Mixin' 5	Always offered	Cheese	milk	<b>Parmesan Cheese</b>	<b>Parmesan Cheese</b>
Mixin' 6	Always offered	Cold Protein	egg	<b>Egg</b>	<b>Hard Cooked Egg</b>
<b>Cold Well Ingredients - seasonal</b>					
Mixin' 7	Seasonal	Seafood	FinFish	Salmon	
Mixin' 8	Seasonal			Corn	Corn
Mixin' 9	Seasonal			Cilantro	Cilantro
Mixin' 10	Seasonal		milk	Jicama	Jicama
Mixin' 11	Seasonal			Radish	Radish
Mixin' 12	Seasonal			Black Bean	Black Bean
Mixin' 13	Weekly				
Mixin' 14	Weekly				
Mixin' 15	Weekly				
<b>Hot Well Ingredients</b>					
Hot Item	Weekly	Grain		Quinoa	Quinoa
Hot Item	Weekly	Vegetarian	alcohol, soy, sulfur	<b>Ginger Koji Tofu</b>	<b>Tofu, Ginger, Shio Koji</b>
Hot Item	Always Offered			Herb Roasted Chicken	Chicken, Garlic, Parsley, Oregano, Rosemary, Olive Oil, Salt, Pepper
Hot Item	Optional			Roast Sweet Potato	
<b>Dry Toppings - Behind Line</b>					
Dry Mixin' 1	Always offered	Dry	gluten (wheat), Barley, Milk, Soy	<b>Olive Oil Crouton</b>	<b>White Bread, Olive Oil, Salt, Pepper</b>
Dry Mixin' 2	Seasonal	Dry		corn chip	
Dry Mixin' 3	Weekly			Sesame Furikake	
<b>Dry Toppings - Self Served</b>					
Dry Topping 1	Always offered	Nut	tree nut (almond)	<b>Almond</b>	<b>Almond</b>
Dry Topping 2	Always offered	Seed		Pepita	Pepita (Pumpkin Seed)
Dry Topping 3	Always offered	Seed		Sunflower Seed	Sunflower Seed
Dry Topping 4	Always offered	Dried fruit		Dried Cranberry	Dried Cranberry
<b>Core Dressing</b>					
Dressing 1	Seasonal			<b>Chili-Oregano Dressing</b>	
Dressing 2	Seasonal		alcohol, sulfur, soy	<b>Sesame Miso Dressing</b>	Canola Oil, Rice Vinegar, <b>Sesame Oil, White Miso</b> , Salt, Pepper, Xanthan Gum
Dressing 3	Always Offered		alcohol, mustard, sulfur	<b>Zinfandel Vinaigrette</b>	Canola Oil, <b>Red Wine Vinegar</b> , Lemon Juice, Garlic Puree, Shallot Puree, <b>Dijon Mustard</b> , Sugar, Xanthan Gum, Salt, Pepper
Dressing 4	Always Offered		soy, fin fish, milk, mustard,	<b>Caesar Dressing</b>	<b>Veganise</b> , Extra Virgin Olive Oil, Lemon Juice, <b>Parmesan Cheese</b> , Roasted Garlic Puree, Kosher Salt, <b>Anchovy Fillet</b> , Pepper, Xanthan Gum
<b>MiXiT Sample Menu Cameo</b>					
Signature Salad 1			alcohol, buckwheat, sesame, soy, sulfur	<b>Sesame Noodler</b>	<b>Soba Noodle</b> , Spinach, Napa Cabbage, Cucumber, Corn, Tomato, <b>Ginger-Koji Tofu</b> , <b>Sesame Furikake</b> , <b>Sesame Miso Vinaigrette</b>
Signature Salad 2			Milk, Sulfur	<b>Baja</b>	Romaine, Spinach, Red Cabbage, Herb-Roasted Chicken, Black Bean, Corn, Tomato, <b>Cotija</b> , Tortilla Chip, Cilantro, <b>Chili-Oregano Vinaigrette</b>
Signature Salad 3			alcohol, mustard, sulfur, fin fish, soy, gluten (wheat, barley) milk	<b>Salmon Caesar</b>	<b>Salmon with Mustard and Tarragon</b> , Romaine, Kale, Jicama, <b>Olive Oil Crouton</b> , Radish, <b>Classic Caesar Dressing</b>
<b>Weekly Specials</b>					
			<b>Allergen</b>	<b>Name of dish</b>	<b>Ingredients</b>
Week 1	<b>Special Salad</b>		gluten (wheat, barley) soy, milk, alcohol, mustard, pork, sulfur	<b>BLTA</b>	Romaine, Tomato, Avocado, <b>Olive Oil Crouton</b> , Arugula, <b>Bacon</b> , <b>Tabasco-Red Wine Vinaigrette</b>
	<b>Special Vinaigrette</b>		alcohol, mustard, sulfur	<b>Tabasco Red Wine Vinaigrette</b>	Canola Oil, Olive Oil, <b>Red Wine Vinegar</b> , Tabasco, <b>Sriracha</b> , <b>Dijon Mustard</b> , Xanthan Gum, Salt, Pepper
	<b>Special ingredient #1</b>		pork	<b>Bacon</b>	<b>Bacon</b>
	<b>Special ingredient #2</b>				
	<b>Special ingredient #3</b>				
	<b>Special Protein</b>				
	<b>Special Greens</b>				

**MiXiT Menu Framework**

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**MIXIT SEASON - Summer**

	Rotation	Type	Allergen	Name of dish	Ingredients
<b>Week 2</b>	<b>Special Salad</b>		egg milk, alcohol, mustard, pork, sulfur	<b>Choppy Chop</b>	Romaine, Herb-Roasted Chicken, Egg, White Cheddar, Salami, Piquillo Pepper, Pickled Red Onion, Zinfandel Vinaigrette
	<b>Special Vinaigrette</b>				
	<b>Special ingredient #1</b>		Milk	<b>White Cheddar</b>	
	<b>Special ingredient #2</b>		pork	<b>Salami</b>	
	<b>Special ingredient #3</b>			Piquillo Pepper	
	<b>Special Protein</b>				
	<b>Special Greens</b>				
<b>Week 3</b>	<b>Special Salad</b>		milk	<b>Melon.Chili.Lime</b>	Summer Melon, Cucumber, Romaine, Arugula, <b>Cotija Cheese</b> , Sunflower Seed, Mint, Chili Lime Dressing
	<b>Special Vinaigrette</b>			Chili Lime Dressing	Canola Oil, Lime Juice, Garlic Confit, Roasted Jalapeno, Cumin, Chili Powder, Coriander, Xanthan Gum, Salt, Pepper
	<b>Special ingredient #1</b>			Melon	Watermelon, Cantalope, Honeydew
	<b>Special ingredient #2</b>			Sunflower Seed	Sunflower Seed
	<b>Special ingredient #3</b>			Mint	Mint
	<b>Special Protein</b>				
	<b>Special Greens</b>				
<b>Week 4</b>	<b>Special Salad</b>			<b>Sesame Pita</b>	Hummus, Cucumber, Tomato, Za'atar-Roasted Chickpea, Pita Chip, Feta, Arugula, Pepperoncini, Sesame-Tahini Dressing
	<b>Special Vinaigrette</b>			<b>Sesame-Tahini Dressing</b>	
	<b>Special ingredient #1</b>			Hummus	
	<b>Special ingredient #2</b>			za'atar-roasted chickpea	
	<b>Special ingredient #3</b>			Feta	
	<b>Special Protein</b>			Pepperoncini	
	<b>Special Greens</b>				
<b>Week 5</b>	<b>Special Salad</b>		beef, gluten (wheat), mollusk, soy	<b>Shaking Beef</b>	Brown Rice, <b>Oyster Sauce Beef</b> , Tomato, Watercress, Romaine, Red Onion, Lime Black Pepper Vinaigrette
	<b>Special Vinaigrette</b>			Lime Black Pepper Dressing	Canola Oil, Lime Juice, Lime Zest, Xanthan Gum, Salt, Black Pepper
	<b>Special ingredient #1</b>			Red Onion	Red Onion
	<b>Special ingredient #2</b>			Tomato	Early Girl Tomato
	<b>Special ingredient #3</b>			Brown Rice	Brown Rice, Salt
	<b>Special Protein</b>		beef, gluten (wheat), mollusk, soy	<b>Oyster Sauce Beef</b>	<b>Beef, Oyster Sauce, Soy Sauce</b> , Honey, Garlic
	<b>Special Greens</b>			Watercress	Watercress
<b>Optional Hot Program</b>	<b>Special</b>			Southwest Spud	Sweet Potato, Black Beans, Corn, Tomato, <b>Cotija</b> , Cornchip, Cilantro, Chili-Oregano Vinaigrette
	<b>Special Vinaigrette / Sauce</b>				
	<b>Special ingredient #1</b>			Baked Sweet Potato	
	<b>Special ingredient #2</b>			Salsa Roja	
	<b>Special ingredient #3</b>				