Meeting Date:	
APPLICANT INFORMATION	l:
Name of applicant(s): 357WBROADWAY, LLC	
Trade name (DBA): The Residence + Cavi-AIR Cafe	
Premises address: 357 West Broadway, New York,	NY 10013
Cross Streets and other addresses	used for building/premise:
Broome Street, Grand Street	
CONTACT INFORMATION: Principal(s) Name(s): Ariel Arce, Mark Armenante, ar	nd Young Sohn
Office or Home Address:	
City, State, Zip: New York, NY	
Telephone #:	email:_
Landlord Name / Contact: LL: YM4 LLC / Contact: Julie Straley,	KB Financial Advisory Partners LLC (Family Office Services)
andlord's Telephone and Fax:	
NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Ariel Arce	CURRENT (2): BadHair, LLC (DBA: Niche Niche) @ 43 MacDougal St NY, NY 10011 8 Viejo Group, LLC (DBA: Air's Champagne Parlor) @ 127 MacDougal St NY, NY 10012
Mark Armenante	CURRENT: Cityvines, Inc @ 67 Engert Ave Brooklyn, NY 11222
Young Sohn	CURRENT: Cityvines, Inc @ 67 Engert Ave Brooklyn, NY 11222

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

This will be a three floor establishment. The first floor will feature a seated dinner series with a weekly rotating guest chef who will craft and create their own multi-course prefixe menu ranging from \$60-\$85. The second floor will have a deli goods alimentari as well as caviar for tasting and/or purchase. The third floor will host an intimate caviar and champagne lounge with cafe-esque seating. The Residence + Cavi-AIR Cafe plans to serve champagne, sparkling wines, and their adjacent cocktail counterparts to highlight wine with bubbles.

Is any license under the ABC Law currently active at this location? yesX 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? yesX_ no If yes, please list DBA names and dates of operation:
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?
Is any license under the ABC Law currently active at this location? yesX_ no
2016-2017 Restaurant, 2017-2021 Vacant
If this is for a new application, please list previous use of location for the last 5 years:
N/A
If upgrade, alteration, or transfer, please describe specific nature of changes: (Please include physical or operational changes including hours, services, occupancy, ownership, etc.)
OTHER:
an OFF-PREMISE License (retail)
a RENEWAL of an existing Liquor License
a BEER and WINE License
a CATERING / CABARET Liquor License
a DCA CABARET License
a HOTEL Liquor License
a TRANSFER of an existing Liquor License
an ALTERATION of an existing Liquor License
an UPGRADE of an existing Liquor License
WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY): \underline{X} a new liquor license (\underline{X} Restaurant Tavern / On premise liquor Other)

PREMISES:

By what right does the applicant have possession of the premises?				
X Own X Lease Sub-lease Binding Contract to acquire real property other:				
Type of Building: Residential X CommercialMixed (Res/Com) Other:				
Number of floor:3 Year Built : 1825				
Describe neighboring buildings: To the left is a commercial building and to the right is a retail business.				
Zoning Designation: M1-5A				
Zoning Overlay or Special Designation (applicable)				
Block and Lot Number: 475 / 10				
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? $rac{X}{}$ yes $\ _$ no				
Is the premise located in a historic district? X yes no				
(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? X yes X no, please explain : no changes to be made				
Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space) X no X post X post X post X post X X post X				
What is the proposed Occupancy?136				
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?				
noX_yes				
f yes, what is the maximum occupancy for the premises?89				
f yes, what is the use group for the premises? 1st floor - 6c, 2nd floor - 6, 3rd floor - 6				
f yes, is proposed occupancy permitted? yes _X_ no, explain : _Dept of Buildings re-zoned for use				
group 6 (document attached) on floors 2 and 3; full building under construction, plan to amend C of O				
f your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? X yesno				
Do you plan to file for changes to the Certificate of Occupancy? \underline{X} yes $\underline{\hspace{1cm}}$ no if yes, please provide copy of application to the NYC DOB)				
Vill the façade or signage be changed from what currently exist at the premise? X no X yes				
if yes, please describe: N/A				

INTERIOR OF PREMISES:
What is the total licensed square footage of the premises?3,478 sq ft
If more than one floor, please specify square footage by floors: 1st - 1,599 sq ft; 2nd - 1,209 sq ft; 3rd - 670 sq ft
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?
Sidewalk seating - TBD per NY Open Restaurants program
If more than one floor, what is the access between floors? Stairs
How many entrances are there?2 How many els?2 How many bathroms ?3
Is there access to other parts of the building? X no yes, explain:
OVERALL SEATING INFORMATION:
Total number of tables? <u>28</u> Total table seats? <u>122</u>
Total number of bars? 2 Total baseats? 14
Total number of "other" seats? please explain :
Total OVERALL number of seats in Premises :136
BARS:
How many *stand-up bars / bar seats are being applied for on the premises? Bars 2 Seats 14
How many service bars are being applied for on the premises?2
Any food counters? X 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)
BarBar & Food _X_RestaurantClub/ CabaretHotelOther:

What are the Hours of O	neration?				
	S.			-1040 40000000	
Sunday: Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
12p to 12a 12p to 12a					
Will the business employ					
Will there be security per Do you have or plan to in	sonnel? X nostall French do	o yes(if ye ors, accordion do	s, what nights a ors or windows	nd how many that open? _2	?) Knoyes
If yes, please describe:					
Will you have TV's ? X	no yes	(how many?)			
Type of MUSIC / ENTER	TAINMENT: _	Live Music	_Live DJJ	luke Box X	Ipod / CDsnone
Expected Volume level: (check all that apply)	X_Backgrour	nd (quiet) E	ntertainment lev	el Ampl	ified Music
Do you have or plan to in	stall soundproc	ofing?no _	X_yes		
IF YES, will you be using	a professional	sound engineer?	Yes		
Please describe your sou	and system and	sound proofing:	Insulated so	undproofing	between floors
	25	1 (5)			
Will you be permitting: _	lo promoted ev	ents <u>No</u> sched	uled performan	ces <u>No</u> out	side promoters
No any events at which	a cover fee is	charged? No pr	rivate parties		
Do you have plans to ma establishment? X no				trol on the sid	lewalk caused by you
Will you be utilizing No	ropes No m	ovable barriers	No other outside	de equipment	(describe)
Are your premises within	200 feet of any	school, church o	or place of wors	hip? X no	yes
If there is a school, chu please submit a block p premises (no larger tha	olot diagram oi	r area map show			
Indicate the distance in fe	et from the pro	posed premise:			
Name of School / Church	:			7. — 77. T. — 11. H. — — — — — — — — — — — — — — — — — —	
A CAPACA CONTRACTOR					

Name of School / Church:	
Address:	Distance:
Name of School / Church:	
Address:	
you will address it immediately. Contact Person: 4 A I A P (Jose Arenas or Ma Address: 357WBroadway@4AIAP.nyc	Jose: Marissa: (Marissa: (
Applio	sation submitted on of the applicant by: Signature
	Owner

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.

RH

Community Board 2, Manhattan SLA Licensing Committee Carter Booth, Co-Chair Robert Ely, Co-Chair

WEST BROADWAY BLOCK ASSOCIATION

June 21, 2021

Dear Ariel and Jose.

It was very helpful to the resident of Soho (The West Broadway and Wooster Block Associations) to meet you and your team and for you to layout the plans for your new restaurant. As you know, the most crucial issues are noise and music. Thus, since we are in agreement on the following terms, you can count on our support as long as the stipulations below will be enforced:

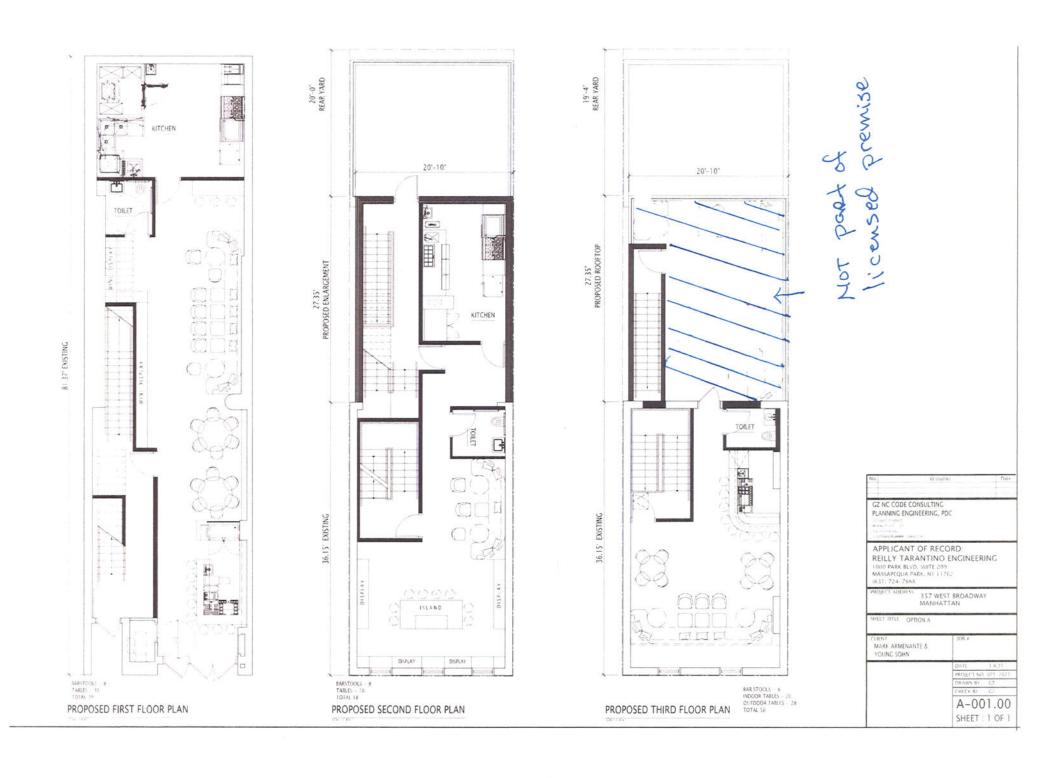
- 1. There will be no open rooftop bar
- 2. There will be no live music
- 3. There will be no DJ
- 4. Doors close at 12 with last call at 11, not 12
- 5. You agree to control the loitering on the street in front of the restaurant

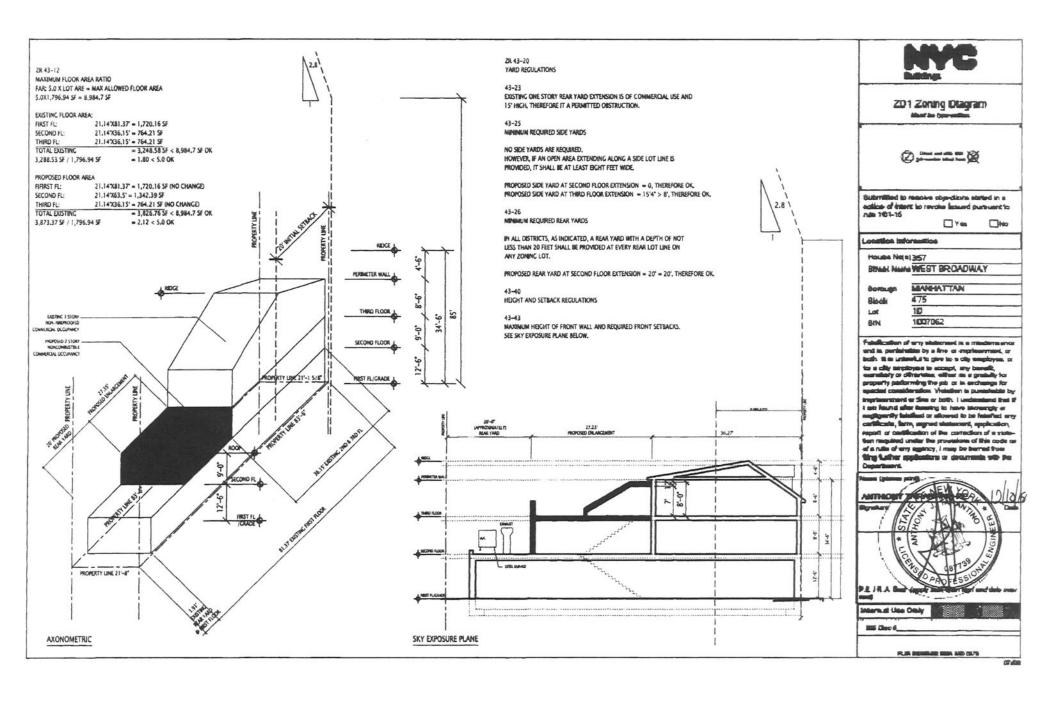
*The residents would prefer to not have an additional shed on the block as the street is already overburdened with traffic for the Holland Tunnel creating loud honking, and cars going in all directions on the street as there is not room for 2 ways.

We wish you luck and welcome you to West Broadway and look forward to a good relationship and a successful restaurant.

Best wishes,

Jay Schwimmer, Mitzi Binder, Marie Evans, Peter Falconer, Sean Sweeney







COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

www.cb2manhattan.org

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 Liquor License Stipulations

The original signed and notarized form must be returned to the CB2 office by Monday, October 17, 2022

I, Ariel Arce as a qualified representative of 357 W Broadway, LLC d/b/a The Residence + Cavi-AIR Cafe

Located at 357 West Broadway, New York, New York 10013 agree to the following stipulations:

Application Type: □ OP Restaurant/Tavern ⊠ RW □ TW □ Alteration □ Other:

□ Premise will be advertise								
floor, a deli goods market a		r for tastin	g and/or purch	ase on the second	floor and an	intima	ite caviar and	
champagne lounge on the t	hird floor.							
⊠ Hours of operation:		10.00		10.021111111111111111111111111111111111				
Sunday			00AM*	Thursday:	12:00PM	to	12:00AM*	
Monday			00AM*	Friday:	12:00PM	to	12:00AM*	
Tuesday			00AM*	Saturday:	12:00PM	to	12:00AM*	
Wednesday	: 12:00PM		00AM*	00DM - 1 - 1-1-1				
(Premises wi	Lopen no later			00PM each night.	rill ramain a	ftor eta	ited closing time.)	
Will operate a full-serve prefixed menu and deligorem menu items available ur	goods, caviar ar	nd a more	limited menu o	on the second and t	nner series w hird floors w	ith the	tating chers serving a kitchen open and full	
☑ Will not operate as a Lo	unge, Tavern o	r Sports B	ar or allow any	portion of premis	es to be ope	rated i	n that manner.	
Will not operate a backy in addition to any sides	ard garden or o	other outdo	or area for con	nmercial purposes	including the	e adjac	cent third floor rooftop	
☑ Will play quiet ambient								
☑ Will not have television		3.00	ore only, i to in	distribution and distribution	ie in any adj		esidences at any time.	
 ⊠ Will close <u>all</u> doors and windows at all times, allowing only for patron ingress and egress. 								
☑ Will not install or have								
						l Perm	its and Certificates.	
☑ Will provide a Letter of								
proposed to be licensed			and or o'compan	ne) permitting em	ing and arm		or store from promises	
☑ Will not have unlimited	(2015년 1일	_	and drink speci	als. Will not have	"boozy brun	ches."	No pitchers of beer.	
∑ There will be no "bottle"								
Will not have: ⊠ Dancing ⊠ Schedule				vents ⊠ Any eve al barricades ⊠ S				
	, Man. to addre	ss issues r	egarding metho	od of operations for	or Badhair L	LC, Si	N#1315500.	
Will appear before CB2								
							ing including the third	
floor rooftop in addition								
Residents may contact the	Manager/Owne	r at the fol	lowing phone	number. Any com	plaints will b	e add	ressed immediately	
Name:				_ Phone Number	:			
Signed			Print Name		Dat	ed		
Sworn to this	day of		2022					
5000 060 00 00 00 00 00 00 00 00 00 00 00	-				Notary	Publi	c	
					institutututututututututututututututututut		No. 1	