APPLICANT INFORMATION:

| Name of applicant(s): Golden Age Hospitality LLC | |
|--|---|
| Trade name (DBA): GAH LLC TBD | |
| Premises address: 260 6th Avenue, New York, NY 1 | 0014 |
| Cross Streets and other addresses u | sed for building/premise: |
| Between Bleecker and W. Housto | on Street |
| CONTACT INFORMATION: | |
| Principal(s) Name(s): Jon Neidich, Craig Atlas | |
| Office or Home Address: | |
| City, State, Zip | <u> </u> |
| Telephone #: | email : |
| Landlord Name / Contact: MacDougal & Sixth Reality LLC | |
| Landlord's Telephone and Fax: | |
| NAMES OF ALL PRINCIPAL(s): | NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD |
| Jon Neidich | French 37; 37 Canal St, New York, NY 10002 |
| | Le Bird; 27 Broadway, Brooklyn NY 11249 |
| | Ruby's LLC; 121 W 10th St, New York, NY 10011 |
| Briefly describe the proposed operate | tion (i.e. "We are a family restaurant that will focus on"): |
| | ant helmed by Executive Chef Nicole Gadjahar, formerly of John Frazie |
| restaurants The Loyal and Nix | |
| to the same of the | |

| WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY): |
|---|
| x a new liquor license (X 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 |
| |
| Is any license under the ABC Law currently active at this location? yesXno |
| 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: |
| Da Silvano (1975-2018), Avena (2019-2022) |
| \$ |

PREMISES:

| By what right does the applicant have possession of the premises? |
|---|
| Own X LeaseSub-leaseBinding Contract to acquire real propertyother: |
| Type of Building: Residential Commercial _X_Mixed (Res/Com) Other: |
| Number of floor: 6 Year Built : 1900 |
| Describe neighboring buildings: LREI Lower and Middle School, 272 6th Avenue, |
| Zoning Designation:6 |
| Zoning Overlay or Special Designation (applicable) |
| Block and Lot Number: 00526 / 0011 |
| Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? \underline{X} yes $\underline{\hspace{0.4cm}}$ no |
| Is the premise located in a historic district? X yesno |
| (if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? yes \underline{X} no, please explain : $\underline{Design\ not\ finalized}$ |
| Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space) no \underline{X} yes : explain $\underline{Sidewalk}$ cafe seating |
| What is the proposed Occupancy? |
| Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits? |
| noX yes |
| If yes, what is the maximum occupancy for the premises? 89 |
| if yes, what is the use group for the premises?6 |
| If yes, is proposed occupancy permitted? X yesno, explain: |
| If 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? yes \underline{X} 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 \underline{X} yes |
| (if yes, please describe: Will be concept branded |

INTERIOR OF PREMISES: What is the total licensed square footage of the premises? ____5000 If more than one floor, please specify square footage by floors: 2000 GF, 3000 Basement If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area? 600 square feet If more than one floor, what is the access between floors? 2x stairwells How many entrances are there? 2 How many exits? 2 How many bathrooms? 3 Is there access to other parts of the building? X no ____ yes, explain: _____ OVERALL SEATING INFORMATION: Total number of tables? 38 Total table seats? 62 Total number of bars? 2 Total bar seats? 13 Total number of "other" seats? 0 please explain : ______ BARS: How many *stand-up bars / bar seats are being applied for on the premises? Bars 2 Seats _____ How many service bars are being applied for on the premises? Any food counters? X no yes, describe : _____ For Alterations and Upgrades: Please describe all current and existing bars / bar seats and specific changes: ______

PROPOSED METHOD OF OPERATION:

| What typ | e of establishmer | nt will this be? (ch | neck all that apply) | | | |
|----------|-------------------|----------------------|----------------------|-------|--------|--|
| Bar | Bar & Food | X Restaurant | Club/ Cabaret | Hotel | Other: | |

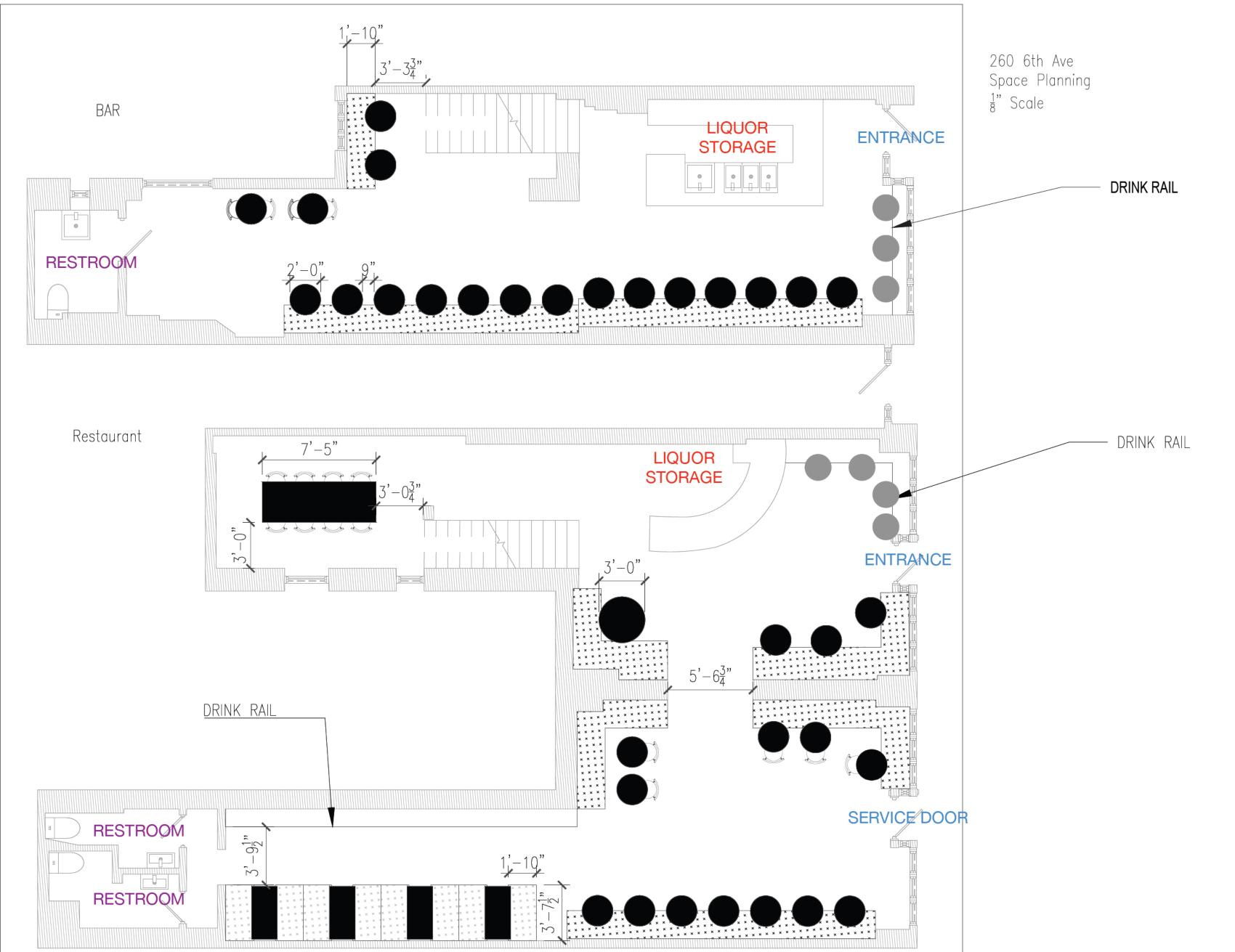
^{*} A stand-up bar is any bar or counter (whether seating or not) over which a member of the public can order, pay for and receive food and alcoholic beverages.

| vinat al C till | e Hours or Op | CIRCOII | | | | |
|------------------------------|---|---|---|--|-------------------------------|---|
| Sunday: | Monday: | Tuesday: | Wednesday: | Thursday: | Friday: | Saturday: |
| 11am to 2am | 11amo 2am | 11am _{to} 2am | 11 am to2am | 11am to 2am | 11am to 2am | 11amto 2am |
| Will the busi | iness employ | a manager? _ | X_noyes, | name / experie | nce if known: | |
| Will there be Do you have | e security pers e or plan to ins | onnel? n | o X yes(if ye ors, accordion d | es, what nights a oors or windows | nd how many' that open? _ | As needed no X yes |
| If yes, pleas | e describe : _ | French doors | ·· | | | |
| Will you hav | re TV's ? <u>X</u> | no yes | (how many?) _ | | | |
| Type of MU | ISIC / ENTER | TAINMENT: _ | Live Music ·_ | Live DJ | luke Box X | Ipod / CDsnone |
| Expected Vo | | X Backgroui | nd (quiet)E | Entertainment lev | /el Ampli | fied Music |
| Do you have | e or plan to ins | stall soundprod | ofing?no | X yes | | |
| IF YES, will | you be using | a professional | sound engineer | ? Yes | | |
| Please desc | cribe your sou | nd system and | sound proofing | Sound panels, | 6 ceiling mou | nted inset Sonos speakers |
| | | <u></u> | • | | | |
| Will you be | permitting: | _ promoted e | vents sche | duled performan | cesouts | side promoters |
| any ev | ents at which | a cover fee is | charged? X | orivate parties | | |
| Do you have establishme | e plans to main ant? \underline{X} no | nage or addre | ss vehicular traff es, please attacl | ic and crowd cor n plans) | itrol on the sid | ewalk caused by your |
| Will you be | utilizing | ropesn | novable barriers | other outsi | de equipm ent | (describe) |
| Are your pro | emises within | 200 feet of an | y school, church | or place of wors | hip? no | X yes |
| please sub | mit a block p | rch or place o lot diagram o nn 8 ½ " x 11" | or area map sho | in 200 feet of yo owing its' location | our premises on in proximi | or on the same block, ty to your applicant |
| Indicate the | e distance in fe | et from the pr | oposed premise | : | | |
| Name of So | chool / Church | LREI Lower | and Middle Schools | | | |
| Address: | 272 6th Avenue | | | | Distance: | 141 feet |
| Name of So | chool / Church | : | | <u></u> | | |

| Address: | | Distance: |
|---------------------|--------------|---|
| Name of School / | Church: | |
| Address: | | Distance: |
| you will address it | immediately. | Residents / Community Board and confirm that if complaints are made |
| Contact Person: _ | Craig Atlas | Phone: |
| Address: _ | | |
| Email : | | |
| | • | Application submitted on behalf of the applicant by: Signature |
| | Print or Ty | oe Name CHALL ATM |

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



| CHAIRS | 44 |
|------------|----|
| BAR STOOLS | 7 |





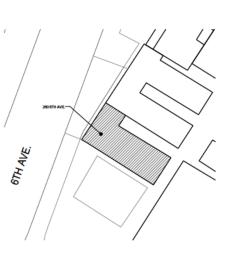


www.edgnyc.com 58 West 40th Street, 5th Fl. New York, NY 10018 T: 212.682.5680

CLIENT:

NAME / LOGO

260 SIXTH AVENEW YORK, NY Description



00 ##-##-2018 ΑΑΑΑΑΑΑΑ ISSUE DATES

EXISTING & DEMO CELLAR





Jeanine Kiely, Chair
Susan Kent, First Vice Chair
Valerie De La Rosa, Second Vice Chair
Bob Gormley, District Manager



Antony Wong, Treasurer Eugene Yoo, Secretary Ritu Chattree, Assistant Secretary

Community Board No. 2, Manhattan

3 Washington Square Village NEW YORK, NY 10012-1899 www.cb2manhattan.org

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:

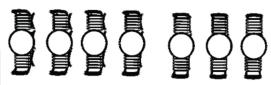
- Submit a diagram of outdoor seating indicating length and width of area(s) and location of all tables
 and chairs. Include all obstructions (trees, fire hydrants, proximity to bus stops, bike racks, signs, etc.).
- Submit photos of the premises where the sidewalk café and/or roadbed will be located. 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.
 - If seating is in a rear yard show photos of yard and surrounding area, including upper view of adjacent buildings.

| 20 tables and 40 seats on Ave of the Americas Street |
|---|
| tables and seats on Street |
| Hours of sidewalk café: 11am to 10pm . |
| Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): |
| Roadbed will have no more than (If premises is located on a corner please indicate for both streets): 16 tables and 32 seats on Ave of Americas Street |
| tables and seats on Street |
| Hours of roadbed: to |
| 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? X No Yes |
| Will outdoor dining structures on the sidewalk be enclosed on three (3) or more sides? X_NoYes |
| Will outdoor dining structures on the roadbed be enclosed on three (3) or more sides? XNoYes |
| Is there any outdoor music, speakers or TVs? X_NoYes, please describe: |
| Will heating elements be used? X No Yes, please describe: |

PREMISES









SIDEWALK

