

HELBRAUN || LEVEY

182 WEST 4TH HOSPITALITY LLC
182-184 WEST 4TH STREET
NEW YORK, NY 10014

MANHATTAN COMMUNITY BOARD 2

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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 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 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.
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)

APPLICANT INFORMATION:

Name of applicant(s):
182 WEST 4TH HOSPITALITY LLC

Trade name (DBA):
PENDING

Premises address:
182-184 WEST 4TH STREET, NEW YORK, NY 10014

Cross Streets and other addresses used for building/premise:
JONES STREET & BARROW STREET

CONTACT INFORMATION:

Principal(s) Name(s):
CIARAN HARRISON, JAMES A GIBNEY, ADAM KEANEY, CHRIS BUCKLE, SHANE O'CONNOR, & THOMAS BABICH

Office or Home Address: _____

City, State, Zip: _____

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact:
A.B. ILLIBASSI REALTY COMPANY LP

Landlord's Telephone and Fax: [REDACTED]

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

CIARAN HARRISON, JAMES A GIBNEY, _____

ADAM KEANEY, CHRIS BUCKLE, _____

SHANE O'CONNOR, & THOMAS BABICH _____

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

A MODERN GASTRO PUB/COCKTAIL LOUNGE FEATURING AMERICAN STYLE DISHES.

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:

THIS SPACE HAS BEEN PREVIOUSLY USED AS A LICENSED BAR/TAVERN. THE LICENSE ORGINATED IN JANUARY OF 2000 AND EXPIRED DECEMBER OF 2021.

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: _____
N/A

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:

S L P MANAGEMENT INC D/B/A THE SLAUGHTERED LAMB; 01/2000-12/2021.

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: 5 Year Built : 1894

Describe neighboring buildings:

MIXED-USE (RES/COM)

Zoning Designation: R6

Zoning Overlay or Special Designation (applicable) C1-5

Block and Lot Number: BLOCK 590 / LOT 73

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 SIDEWALK CAFE

What is the proposed Occupancy? INSIDE 193; OUTSIDE 36

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: FULL RENOVATION AND UPGRADE TO NEIGHBORHOOD STANDARDS.

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1,680 SQ. FT.

If more than one floor, please specify square footage by floors: GROUND FLOOR 684 SQ. FT.; BASEMENT 996 SQ. FT.

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? 2 How many exits? 2 How many bathrooms ? 3

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

OVERALL SEATING INFORMATION:

INSIDE TABLES: 33
INSIDE SEATS: 88
SIDEWALK CAFE TABLES: 18
SIDEWALK CAFE SEATS: 36

Total number of tables? 51 Total table seats? 154

Total number of bars? 2 Total bar seats? 30

Total number of "other" seats? N/A please explain : N/A

Total OVERALL number of seats in Premises : 190

BARS:

How many * stand-up bars / bar seats are being applied for on the premises? Bars 2 Seats 30

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, 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:
12PM to 2AM 12PM to 2AM 12PM to 2AM 12PM to 2AM 12PM to 2AM 12PM to 4AM 12PM to 4AM

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

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 : WINDOWS THAT CAN BE OPENED

Will you have TV's ? no yes (how many?) 1

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:
LOCKED SOUND SYSTEM CONTROLLED BY MANAGEMENT. 16 SPEAKERS THAT ARE WALL MOUNTED. APPLICANT'S WILL BE WORKING WIHT A SOUND ENGINEER.

Will you be permitting: promoted events scheduled performances outside promoters

any events at which a cover fee is charged? private parties (ON OCCASSION)

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 1/2 " x 11").

Indicate the distance in feet from the proposed premise:

Name of School / Church: (N/A)

Address: (N/A) Distance: (N/A)

Name of School / Church: (N/A)

Address: (N/A) Distance: (N/A)

Name of School / Church: (N/A)

Address: (N/A) Distance: (N/A)

Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: CIARAN HARRISON Phone: [REDACTED]

Address: [REDACTED]

Email : [REDACTED]

Application submitted on behalf of the applicant by:

Signature

Print or Type Name MATTHEW COLTON

Title REPRESENTATIVE

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

182 West 4th Street Menu

Small Plates

Mixed Nuts – House Roasted, Honey, Rosemary

Olives & Chips – Marinated in Citrus & Fresh Herbs, House Made
Potato Chips

Appetizers

East Coast Oysters on the Half Shell – Mignonette, Cocktail Sauce

Crudo – Fish of the Week (Tuna/Mackerel/Sea Bass), Togarashi, Sesame
Seeds, Micro Greens Sardines & Toast – Toasted Sourdough, Tomato
Confit, Garlic

Steak Tartare – Capers, Cornichons, Shallots, Egg Yolk, Mustard,
Grilled Bread

Country Pate – Pork, Bacon, Cornichons, Grainy Mustard, Toasted
Baguette

Salads

Kale Caesar Salad – Anchovy Vinaigrette, Garlic Confit Croutons, Hard
Boiled Egg, Parmesan

Chopped Salad – Local Mesclun Greens, Tomato, Haricot Verts,
Asparagus, Roast Bell Peppers

Entrees

Steak Sandwich – Thin Sliced Beef, Au Jus, Cheese Fonduta, Shaved Onions, Fries

Burger – Cheese, Lettuce, Tomato, Onion, Fries

Roast Salmon – French Lentils, Arugula, Salsa Verde

Chicken Breast Sandwich – Mustard Aioli, Pickled Onions, Lettuce, Tomato, Fries

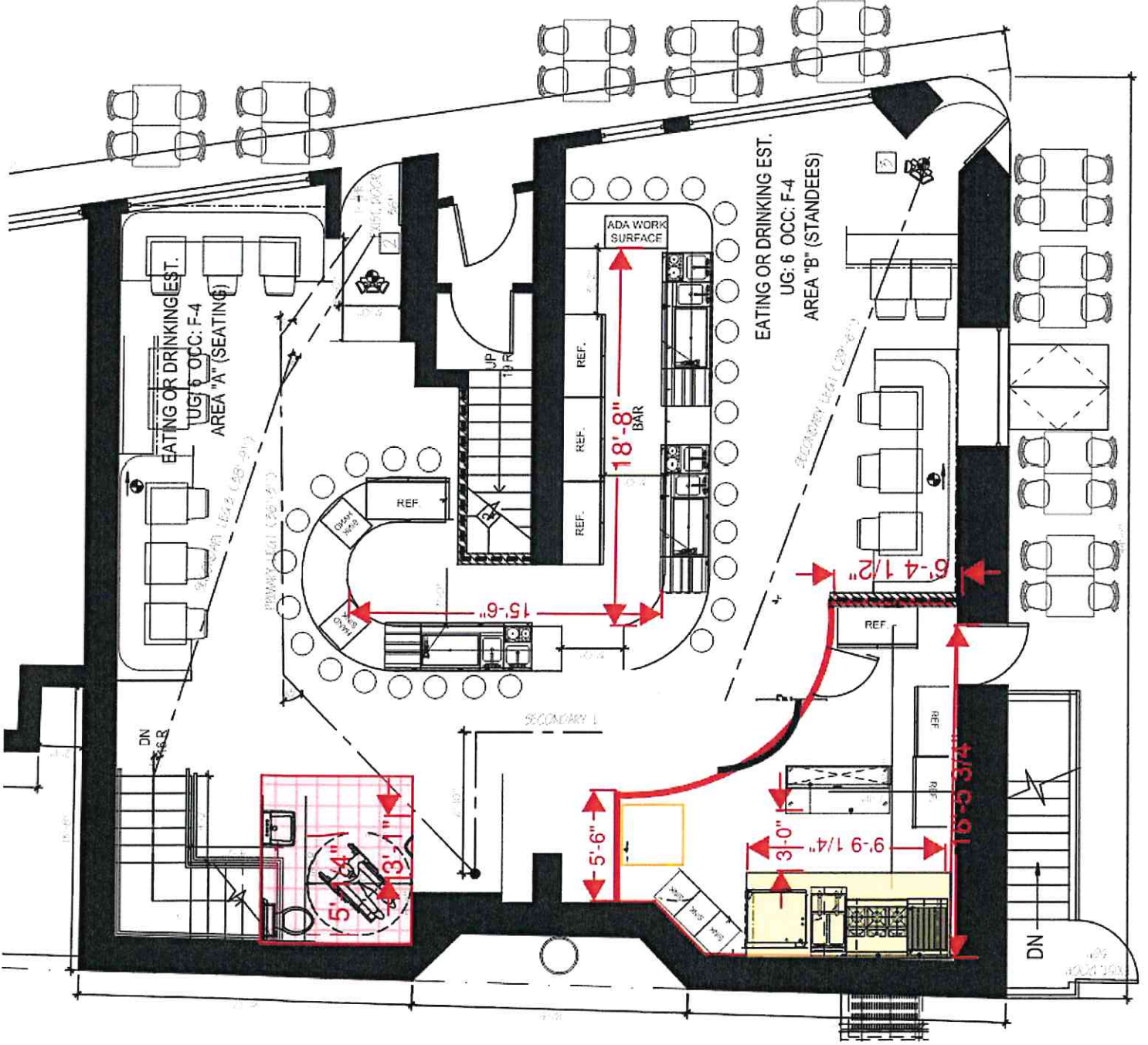
NY Strip Steak – Sauce Au Poivre, Petit Salad, Fries

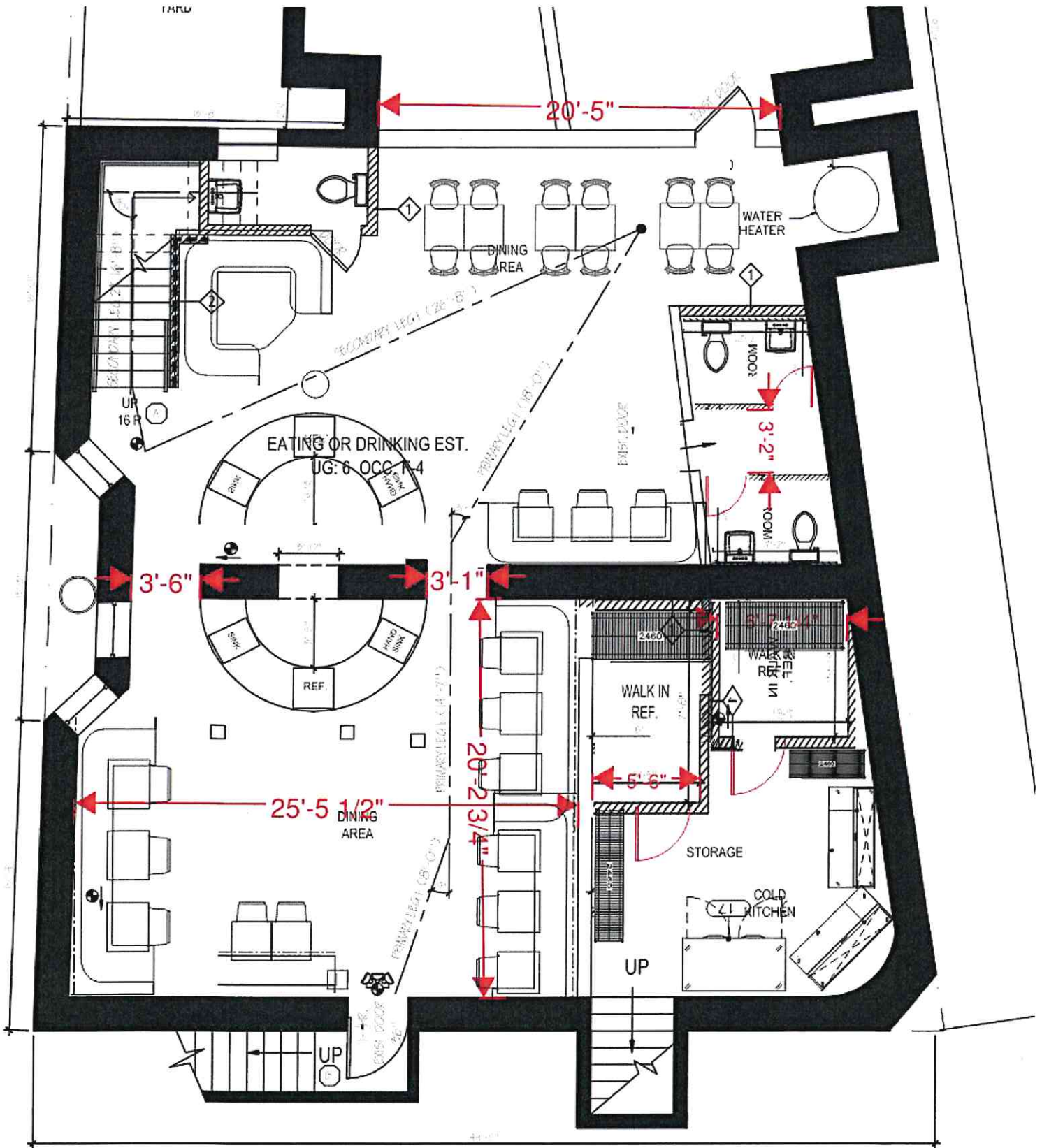
Sides

French Fries – House Mayonnaise, Ketchup

Wild Mushrooms – Butter, Garlic Confit, Mixed Fresh Herbs

Sauteed Greens – Asparagus, Haricot Verts, Extra Virgin Olive Oil, Fresh Tarragon



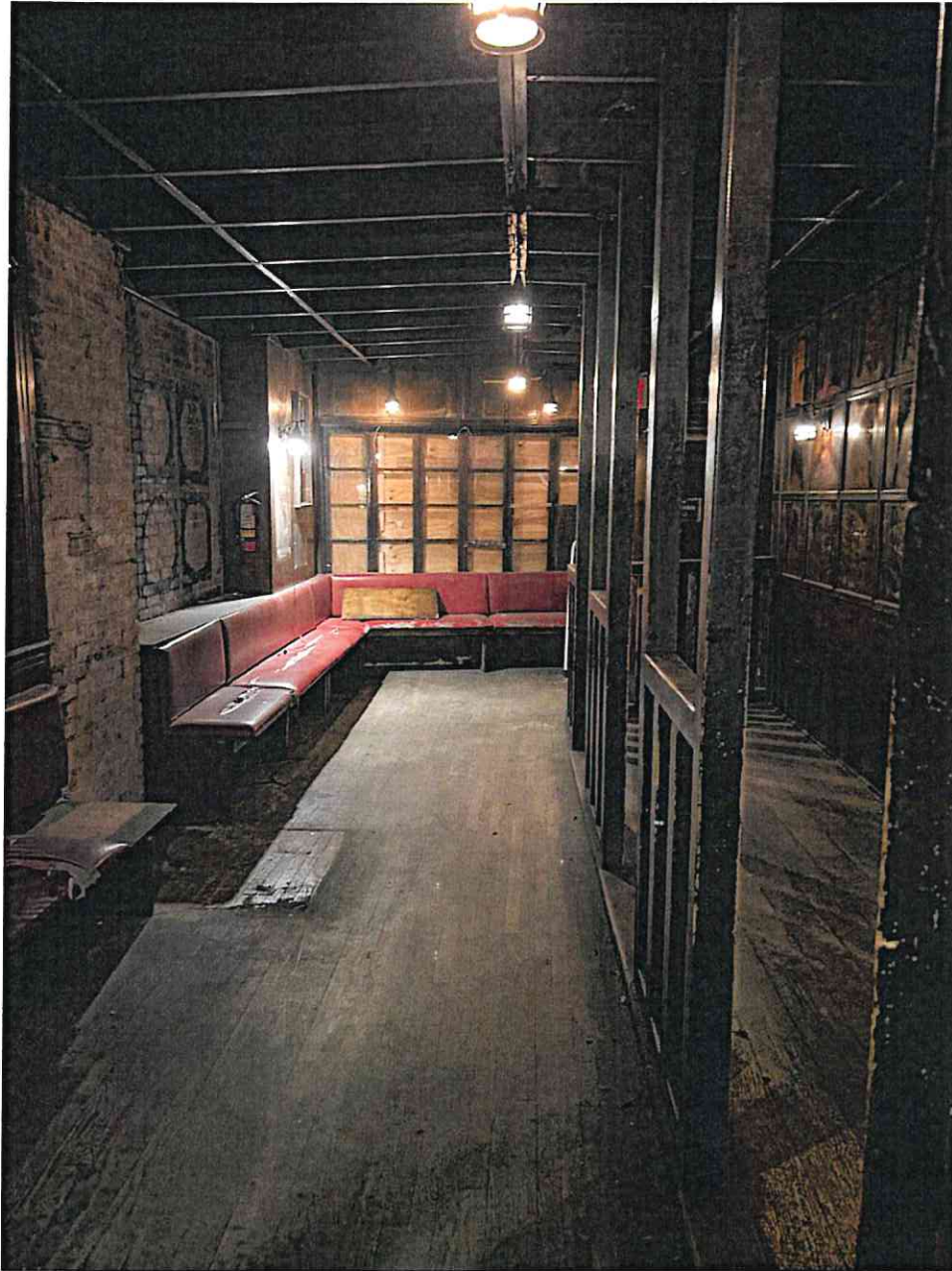


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PROPOSED CELLAR FLOOR PLAN

Scale: 1/8"=1'-0"

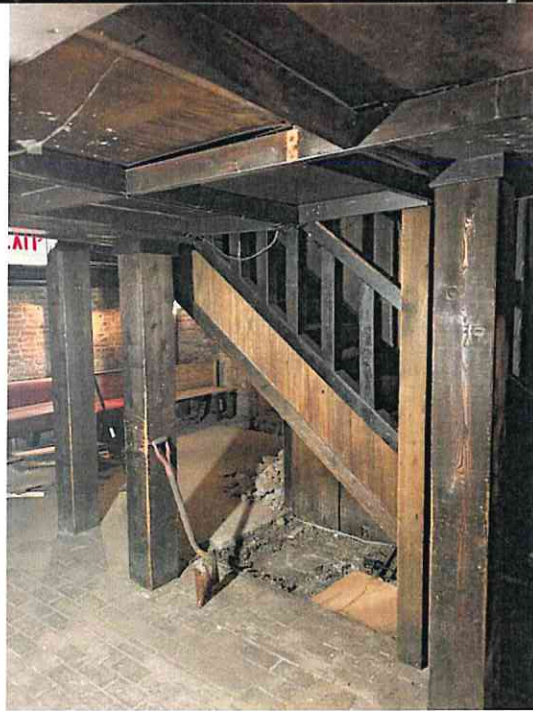
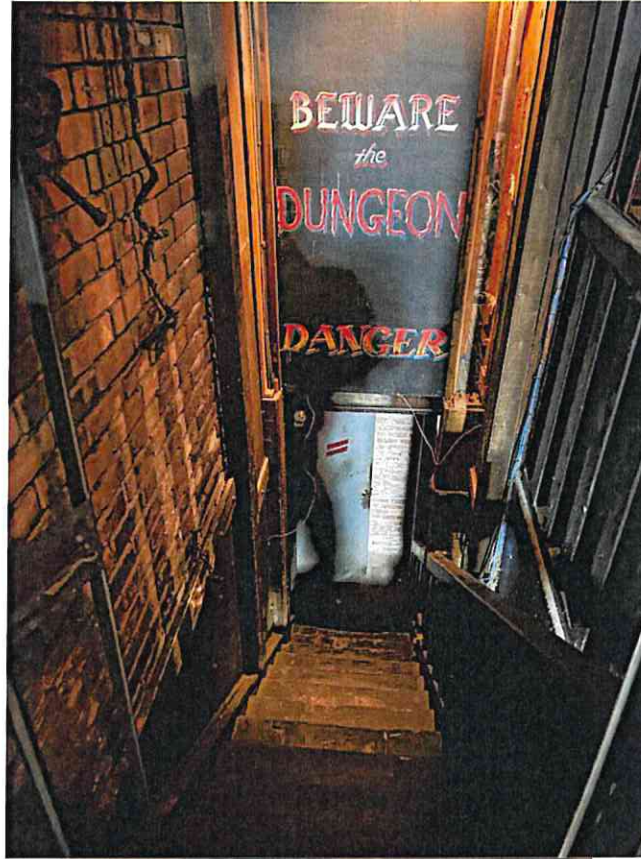
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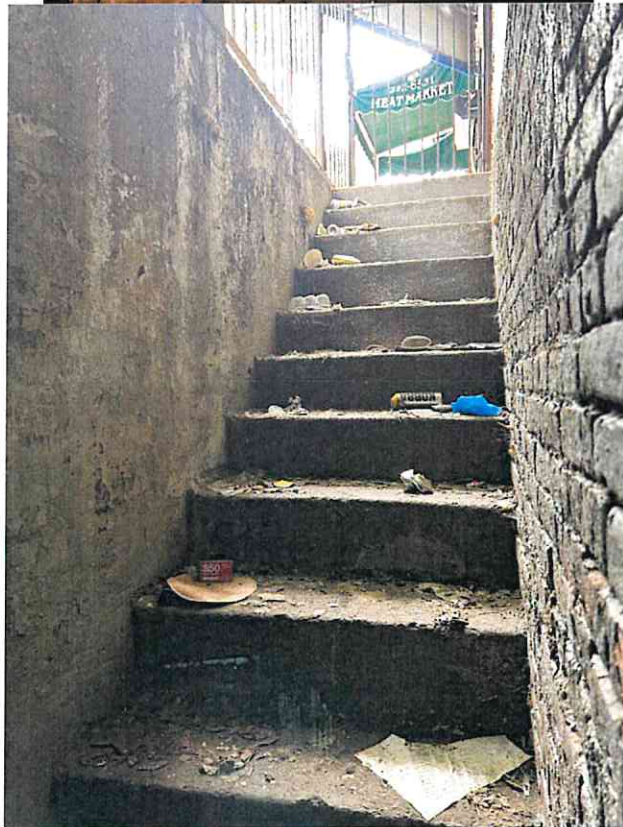
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