Terri Cude, Chair Daniel Miller, First Vice Chair Susan Kent, Second Vice Chair Bob Gormley, District Manager



Antony Wong, Treasurer Keen Berger, Secretary Erik Coler, 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 LIQUOR LICENSE

Please fill out this questionnaire and return to the Community Board 2 office by fax or mail to arrive at least <u>5</u> <u>business days</u> before the Committee meeting. In addition, bring <u>10 copies</u> 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)

Meeting Date: 5/ /2023							
APPLICANT INFORMATION	:						
Name of applicant(s): 450 West Broa	dway LLC						
Trade name (DBA): Principe							
Premises address: 450 West Broadway							
Cross Streets and other addresses uprince Street and West Houston	used for building/premise:						
CONTACT INFORMATION:							
Principal(s) Name(s): Robert Golds	man						
Office or Home Address: _							
City, State, Zip: New York, NY 10014	4						
Telephone #:							
Landlord Name / Contact: BLDG P	rince LLC						
Landlord's Telephone and Fax: _							
NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD						
Robert Goldman	340 Bleecker LLC; 450 West Broadway LLC						
Briefly describe the proposed operat	ion (i.e. "We are a family restaurant that will focus on"):						
Quality neighborhood restaurant offering	breakfast, lunch and dinner with an Italian menu.						

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)
X OTHER: Corporate Change
If upgrade, alteration, or transfer, please describe specific nature of changes: (Please include physical or operational changes including hours, services, occupancy, ownership, etc.) Corporate change - Robert Goldman will be the sole ultimate owner through a wholly-owned entity, which entity will be the 100% direct member of the current licensee. There are no new investors or any changes to the method of operation.
If this is for a new application, please list previous use of location for the last 5 years:
Is any license under the ABC Law currently active at this location? X yes no
If yes, what is the name of current / previous licensee, license # and expiration date:
450 West Broadway LLC - serial #1346923, expiration 1/31/2025
Have any other licenses under the ABC Law been in effect in the last 10 years at this location? yes _X_no
If yes, please list DBA names and dates of operation:
n/a

PREMISES:

By what right does the applicant have possession of the premises?
Own X Lease Sub-lease Binding Contract to acquire real property other:
Type of Building: Residential _X_ CommercialMixed (Res/Com) Other:
Number of floor: 1st and cellar Year Built : 2000
Describe neighboring buildings: Mixed
Zoning Designation: M1-5A
Zoning Overlay or Special Designation (applicable)
Block and Lot Number: 516 / 37
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? \underline{X} yes $\underline{\hspace{0.5cm}}$ 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? yes 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 yes : explain
What is the proposed Occupancy?170
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?
no _X_ yes
If yes, what is the maximum occupancy for the premises? $\underline{^{170}}$
If yes, what is the use group for the premises?6
If yes, is proposed occupancy permitted? X yes no, explain :
If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? yesno
Do you plan to file for changes to the Certificate of Occupancy? $\underline{\hspace{1cm}}^{n/a}$ - premises is open and operating (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? $\frac{n/a}{2}$ - premises is open and operating will the façade or signage be changed from what currently exist at the premise? $\frac{n/a}{2}$ - premises is open and operating
(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: 1st: 2,750; cellar: 2,860
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?stairs, elevator
How many entrances are there? 2 How many exits? 2 How many bathrooms ? 3
Is there access to other parts of the building? \underline{X} no $\underline{\hspace{1cm}}$ yes, explain: $\underline{\hspace{1cm}}$
OVERALL SEATING INFORMATION:
Total number of tables? 35 Total table seats? 127
Total number of bars? _1 _ Total bar seats? _13
Total number of "other" seats?n/a please explain :
Total OVERALL number of seats in Premises : $\underline{}$
BARS:
How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 13
How many service bars are being applied for on the premises? $\underline{0}$
Any food counters? no _X_ yes, describe : _Raw bar display/pick-up counter
For Alterations and Upgrades:
Please describe all current and existing bars / bar seats and specific changes: $\underline{{}^{N/A}}$
* A stand-up bar is any bar or counter (whether seating or not) over which a member of the public can orde pay for and receive food and alcoholic beverages.
PROPOSED METHOD OF OPERATION:
What type of establishment will this be? (check all that apply)
Bar & Food X RestaurantClub/ CabaretHotelOther:

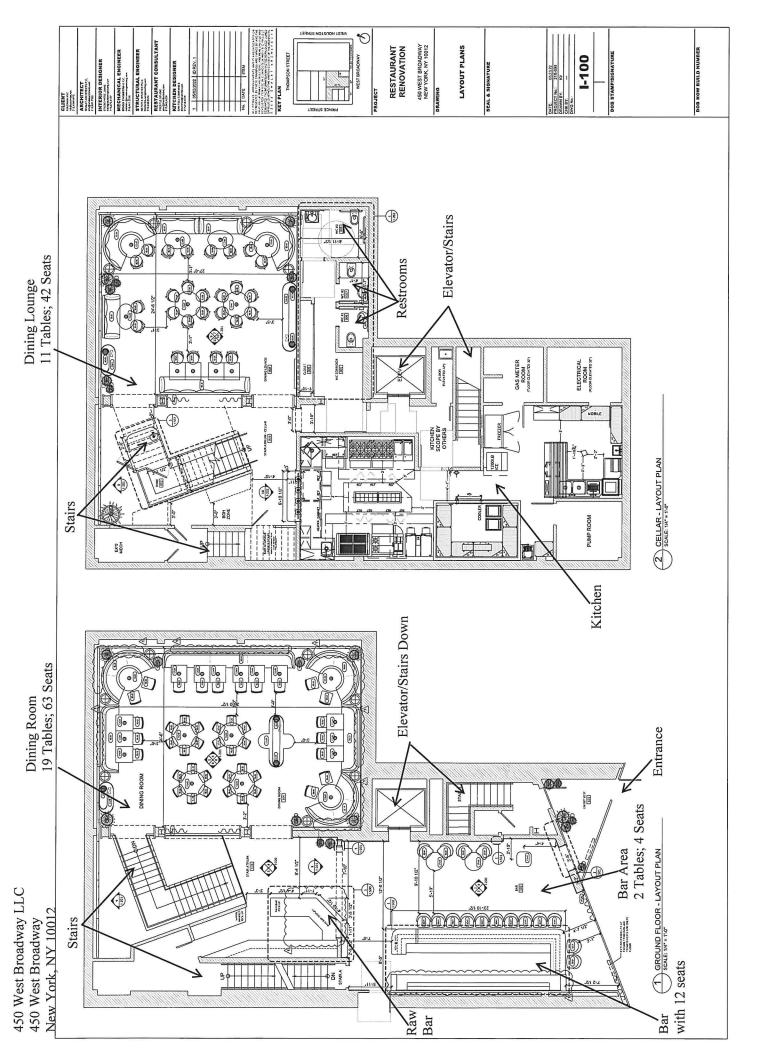
What are the Hours of Operation?	
Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Satur	rday:
	to 1am
Will the business employ a manager? no \underline{X} yes, name / experience if known : \underline{Anthon}	ny Carson
Will there be security personnel? $\frac{X}{}$ no ${}$ yes(if yes, what nights and how many?) ${}$ Do you have or plan to install French doors, accordion doors or windows that open? $\frac{X}{}$ no	yes
If yes, please describe :	
Will you have TV's ? \underline{X} no yes (how many?)	
	CDsnone
Expected Volume level: X Background (quiet) Entertainment level Amplified Mu (check all that apply) *acoustic in cellar for private	
Do you have or plan to install soundproofing?no \underline{X} yes	
IF YES, will you be using a professional sound engineer? $\underline{n/a - premises \text{ is open and operating}}$	
Please describe your sound system and sound proofing: First class sound attenuating material	
Will you be permitting: promoted events scheduled performances outside pro any events at which a cover fee is charged? **Average of 2 per month, in the cellar space of 2 per month, in the cellar space of 2 per month.	
Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk control establishment? X no X yes (if yes, please attach plans)	aused by your
Will you be utilizing ropes movable barriersother outside equipment (descrit	be)
Are your premises within 200 feet of any school, church or place of worship? \underline{X} no $\underline{\hspace{0.5cm}}$ ye If there is a school, church or place of worship within 200 feet of your premises or on the please submit a block plot diagram or area map showing its' location in proximity to your premises (no larger than 8 ½ " x 11").	he same block,
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 c you will address		esidents / Community E	Board and confirm that if o	complaints are made
Contact Person:	Robert Goldman		Phone:	.
Address: _				
Email : _				
	<u>x</u> X	Application submitted behalf of the applicant Signature		
	Print or Type	Name Robert Goldma		
		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.

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

FLOOR PLAN



MENU

PRINCIPE - 459 West Broadway

RAW BAR

RED PRAWNS WITH CORIANDER & JALAPENO SAUCE 14

MARINATED TUNA WITH BLOOD ORANGE & DAIKON 14

OYSTERS WITH MEYER LEMON, BLACK PEPPER & CHIVES 13

SNOW CRAB CLAWS WITH MUSTARD GREENS 20

LOBSTER SALAD WITH HORSERADISH & LETTUCE 19

SCALLOPS WITH PISTACHIO & SORREL 16

SEA URCHIN & PRESERVED TOMATO 20

SALADS

SUCRINE LETTUCE WITH AVOCADO, COLATURA & MINT 19

BURRATA WITH SNAP PEAS, APRICOT & ARUGULA 23

GREEN ASPARAGUS WITH CRISPY GRAINS, PECORINO & MISO 22

PASTA

RAMP BUCATINI WITH CLAMS, BLACK PEPPER & EGG YOLK 31

NDUNDERI WITH LEMON & BOTTARGA 26

ROCK SHRIMP MAFALDINE WITH SUGO BIANCO 33

BASIL TORTELLINI IN BROWN-BUTTER BRODO 26

MAINS

KING CRAB RISOTTO WITH MOREL MUSHROOMS & WILD SPINACH 65
OLIVE-CRUSTED BRANZINO WITH GREEN TOMATO & PARSLEY 46
CRISPY CHICKEN WITH CUCUMBER & BASIL AIOLI 44
GRILLED DUCK WITH HONEY, FENNEL & PRESERVED ORANGE 48

SIDES

PROVENCAL WHITE ASPARAGUS 17
LEMON-ROSEMARY FRIES 15
BOK CHOY WITH FRESNO CHILI 14

PRINCIPE - 459 West Broadway

CONGELATO

COCONUT YOGURT POPSICLES WITH HIBISCUS ICE 11

FIOR DI LATTE WITH OLIO VERDE & BLACK PEPPER 11

MINT CHOCOLATE CRUNCH BON BONS 14

KEY LIME ICE CREAM SANDWICH 11

HUMMINGBIRD TORTA BROWN SUGAR BANANA CAKE, WHIPPED YOGURT, CANDIED PINEAPPLE **16**

DIGESTIVI

AMARO

ARGALA ALPINO 16
FORTHAVE MARSEILLE, BROKOKLYN 16
FACCIA BRUTO CARCIOFO 16

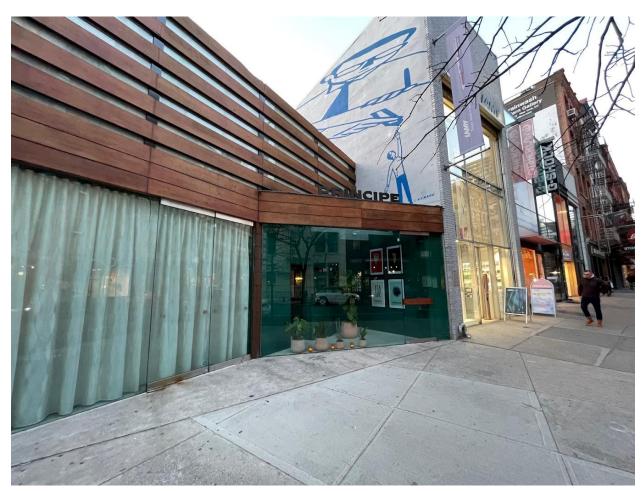
LIQUERS

SAMBUCA MOLINARI 14
CAFFO AMARETTO 12
DON CICCIO LIMONCELLO 16
V.E.P. CHARTREUSE GREEN 30

BRANDY, GRAPPA, EAU DE VIE

LEMORTON CALVADOS RESERVE 20 COGNAC PARK MIZUNARA OAK CASK 22 NARDINI MANDORLA (1 OZ) 12

PHOTOGRAPHS









LIQUOR LICENSE STIPULATIONS – 2/2022



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 Friday, February 11, 2022

I, Robert Goldman as a qualified representative of 450 West Broadway LLC d/b/a TBD

And the second at 450 West Broad						~ .	IS:		
Application Type: ⊠ OP Re									
☑ Premise will be advertised	d and operated	lasaı	neighborhood r	restaurant o	ffering bro	eakfast, luncl	and c	linner.	
⊠ Hours of operation:									
Sunday:	7:00 AM	to	12:00 AM	T	hursday:	7:00 AM	to	12:00 AM	
	7:00 AM 7:00 AM	to	12:00 AM	A SAME AND A SAME	Friday:	7:00 AM	to	1:00 AM	
Wednesday:	7:00 AM	to to	12:00 AM 12:00 AM	S	Saturday:	7:00 AM	to	1:00 AM	
		w han ete	12.00 AIVI	ma a a J NIO		***			
⊠ Will operate full service r	estaurant ene	nan si	ted opening th	me and NO	patrons w	vill remain al	ter sta	ted closing time.)	
Will operate full service r full menu items available	ditti olosing c	VOLVII	12111.						and
☑ Will not operate as a Lour	ige, Tavern or	Sports	Bar or allow	any portion	of premis	ses to be one	rated in	that mannan	
- Will not operate a backy	ard garden or	other	Outdoor area f	or commo	cial nume	os to oc ope	atcu II	i mai manner.	
₩ill play quiet ambient re	corded backer	ound r	nusic only on t	he ground	floor Acc	natio line			
₩ill have no more than an	average of tw	o (2) n	rivate events p	er month.	All private	events will t	aka nli	oo in the calle	9
	the ground flo	oor.			za private	CVOILS WIII (ake pie	ice in the cenar sp	ace
☑ Will not have televisions.									
⊠ Will close <u>all</u> doors and wi	ndows at all t	imes, a	llowing only f	or patron in	gress and	egress.			
will not install or have Fre	ench doors on	erable	windows or on	on foodlas					
△ Will comply with NYC De	partment of Bu	uilding	s Regulations a	and will obt	ain Place o	of Assembly	Certifi	cate and keen curr	ont
will not have unlimited dri	ink or unlimite	ed food	l and drink spe	cials. Will	not have "	boozy brune	hes." 1	No nitchers of hee	r
 ☑ Will not have unlimited drink or unlimited food and drink specials. Will not have "boozy brunches." No pitchers of beer. ☑ There will be no "bottle service" or the sale of bottles of alcohol except for the sale of bottles of beer or wine products. ☑ Will appear before CB2, Manhattan prior to submitting any changes to any stipulation agreed to herein. 									
Tron outdie CDZ, 141	amanan prior	to sur	milling any ch	langes to ar	Tr etinulat	ion com 1 4 -	hereir	l,	
will not have: It Dancing IX	DJs 🗵 Prom	oted F	vents X Any	event wher	0 00710m f-				
- Somedica I	ci ioimances i	△ vei	vet ropes or me	etal harrica	dec XI Ca	Curity Dongs	mel/D	oorman	
⊠ Will appear before CB2, M	an. for alterati	on to l	icense prior to	submitting	plans for	permanent si	dewall	or roadhed seatir	20
				Ü	,		ac man	t of foadbed seath	ıg.
Parit									
Residents may contact the Man	ager/Owner a	t the fo	ollowing phone	number. A	ny compl	aints will be	addres	sed immediately	
Name:							444100	soci miniculately	
rame.				Phone	Number: _				
1/3 /M	-		Print Name	1 (.	0.1			
Signed			Print Name	COUN		-	16/2	COU	
Sworn to this 15	Tal					Dated			i.
Sworn to this day	of Tebru	ien	2022_	M	Sec. and	NATHAL			1
		ر		V.	54O46	Notary Pu	iblie	A New York	-
B2 and Applicant/Licensee re	annest that th	A ES A	mala tilenen ett	a unit odd	., G			County	<u></u> .
B2 and Applicant/Licensee re	officery but straight time	で 心理が	Same sinces spill	wallons to	PAR PER	Mesence	gon/e	onditions of dicen	se.
								,	THE PERSON NAMED IN