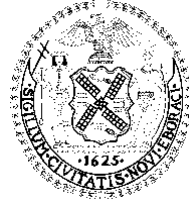


Jeannine Kiely, *Chair*  
Susan Kent, *First Vice Chair*  
Valerie De La Rosa, *Second Vice Chair*  
Mark Diller, *District Manager*



Antony Wong, *Treasurer*  
Amy Brenna, *Secretary*  
Ritu Chattree, *Assistant Secretary*

## 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, including the date, and return to the Community Board 2 office by email to arrive **no later than the month's due date** which can be found on CB2 Manhattan's website (<https://cbmanhattan.cityofnewyork.us/cb2/resources/sla-questionnaire/>). When meetings return to in person, please also provide an additional 5 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 scheduled 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 (including Beer and Wine) within 500 ft. of this location.
2. If the license being applied for is subject to the 500 ft. rule, please provide a copy of the public interest statement that will be submitted to the SLA.
3. Floor plans of the premise, clearly indicating the location of all entrances and exits, windows, bars, tables and chairs, patron and employee bathroom(s) and kitchen layout to be licensed. Please include seat and table counts on the plans for each area. **If outdoor seating of any kind** is included in the application please download and complete **CB2 SLA's Addendum for Outdoor Seating**. For any multi-floor, multi-room or hotel applications, please provide detailed plans for each floor and/or separate areas to be included in the licensed premises that are clearly labeled.
4. Proposed menu with general price ranges, if applicable.
5. Certificate of Occupancy or Letter of No Objection for the premises showing that the proposed use is permitted, including specific use of all outdoor areas within the property line.
6. If unable to show the proposed use is permitted, including for outdoor areas within the property line, please provide a detailed explanation for how the proposed use sought will be permitted and please provide any plans filed or to be filed with the Buildings Department.
7. Letter of Understanding or Letter of Intent from the Landlord.

8. Provide proof of community outreach to area block associations and immediately impacted residents in the building and surrounding area to notify them of your pending application and Community Board meeting information. Copies of any mailings to, and signatures or letters from Residential Tenants at location and from surrounding buildings may be submitted with home address and contact information. (i.e. a letter from the neighborhood block association or petition in support with home address and contact information.)
9. A copy of your NYS Liquor Authority application as it will be submitted to the SLA (excluding financial information).
10. If this is for a **Corporate Change**, please provide the **Current Approved Corporate Set-Up and the Proposed Corporate Set-Up** along with existing executed stipulations with CB2 if applicable.
11. If this is for any type of **Alteration Application**, please provide detailed information regarding the current situation and the proposed changes outlined as an addendum. If adding or subtracting space, please provide current and proposed diagrams.
12. If this application is for a **Change in Method of Operation**, please provide the current method of operation and the proposed changes in method of operation as an addendum.

Meeting Date: JUNE 6, 2023

**APPLICANT INFORMATION:**

Name of applicant(s): BLUE STRIPES 13TH STREET LLC

Trade name (DBA): BLUE STRIPES

Premises address: 28 EAST 13TH ST

Cross Streets and other addresses used for building/premise:  
BTWN UNIVERSITY PLACE AND 5TH AVENUE

**CONTACT INFORMATION:**

Principal(s) Name(s): ALON KAZDAN

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact: 28 EAST 13TH STREET LLC

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>ALON KAZDAN</u>	<u>NONE</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):  
A coffee shop with limited food menu serving breakfast sandwiches, tartines, fruit bowls and would like to expand the food menu to charcuterie and tapas once the Beer and Wine license is approved.  
During the evening, we would like to propose to function as wine bar with live music jazz entertainment.  
The coffee shop socializes in food and beverage revolving around the cacao fruit and its health and wellness benefits.

**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:

It was a retail commercial store

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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: 4 Year Built : 1899

Describe neighboring buildings:  
Mixed Uses and Residential

Zoning Designation: C6-1

Zoning Overlay or Special Designation (applicable) NONE

Block and Lot Number: 570 / 19

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 Open restaurant program

What is the proposed Occupancy? 47

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? 47

If yes, what is the use group for the premises? 6

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? 930 SF in total

If more than one floor, please specify square footage by floors: 300 SF in basement prep area and storage

630 SF on Ground FI

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?

Approx 114 SF of seating space and 8ft pedestrian pathway

If more than one floor, what is the access between floors? There is interior access through stairs to access the basement

How many entrances are there? 1 How many exits? 1 How many bathrooms? 1

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

## OVERALL SEATING INFORMATION:

Total number of tables? 11 Total table seats? 35

Total number of bars? 1 Total bar seats? 0

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

Total OVERALL number of seats in Premises : 35

## BARS:

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 0

How many service bars are being applied for on the premises? 0

Any food counters?  no  yes, describe : Coffee Service counter

### *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:  
8am to 12am    7am to 12am    7am to 12am    7am to 12am    7am to 2am    7am to 2am    8am to 2am

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    **The building is already built soundproofed  
The brick walls are very thick and there  
are barely any residents above**

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) **We do not find any need. This is not a nightclub**

Will you be utilizing \_\_\_ ropes    \_\_\_ movable barriers    \_\_\_ other outside equipment (describe) \_\_\_\_\_

No outside equipments or any barriers. The tables and chairs are away 8 ft clearance of pedestrian pathway.

We did not find the need to add barriers or ropes. The chairs and tables are all movable

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: ALON KAZDAN Phone: \_\_\_\_\_

Address: 28 EAST 13TH ST, NEW YORK NY 10003

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

Application submitted on  
behalf of the applicant by:

  
\_\_\_\_\_  
Signature

Print or Type Name SANDRA HUNG FONG

Title REPRESENTATIVE

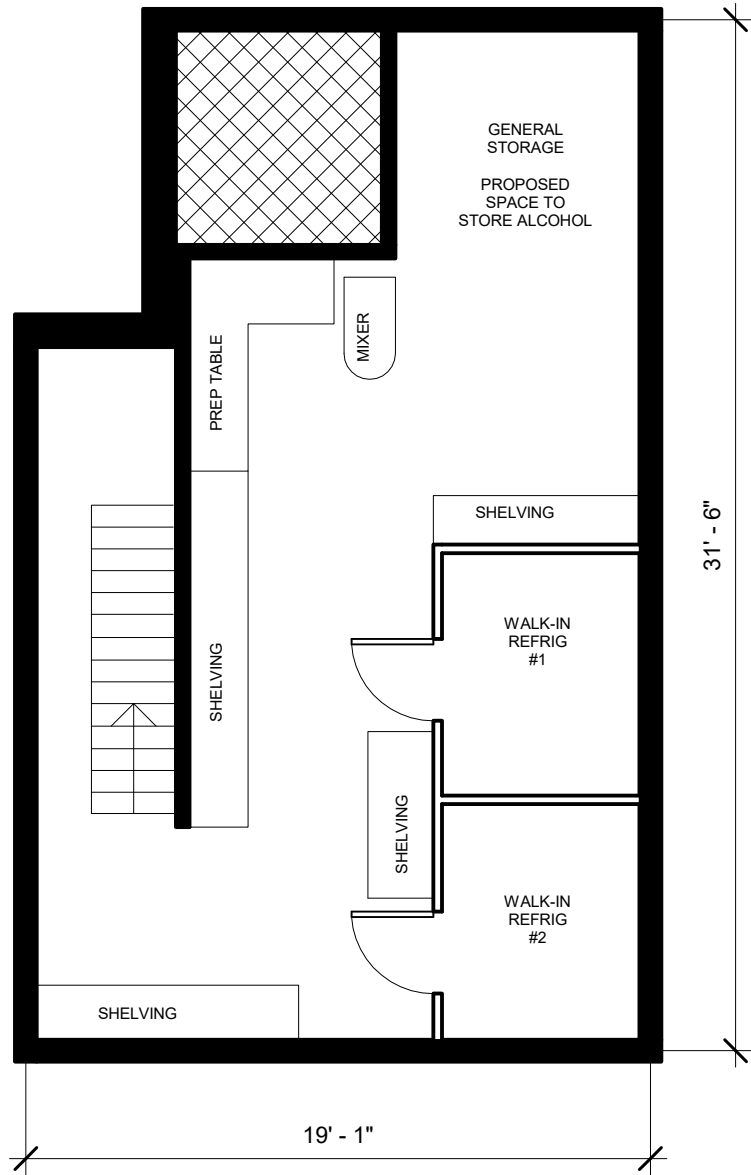
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.





Community Board 2,  
Manhattan SLA Licensing Committee  
Donna Raftery, Co-Chair  
Robert Ely, Co-Chair

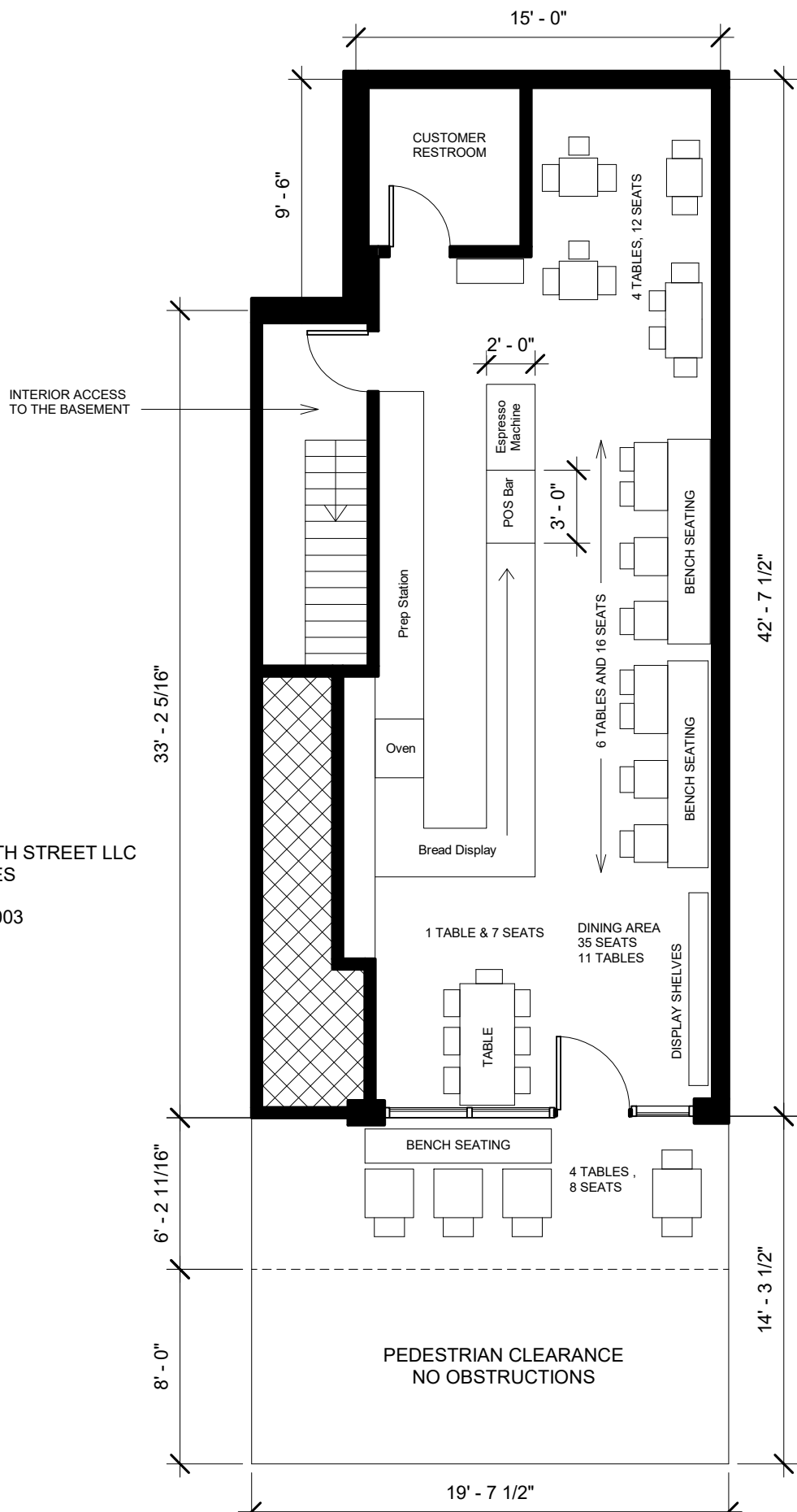




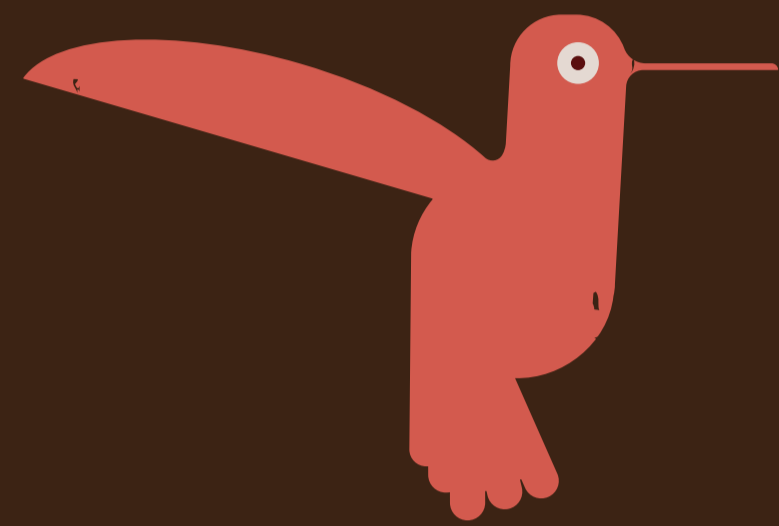
BLUE STRIPES 13TH STREET LLC  
 DBA/ BLUE STRIPES  
 28 E. 13TH ST  
 NEW YORK NY 10007

BASEMENT INTERIOR PLAN

BLUE STRIPES 13TH STREET LLC  
 DBA/ BLUE STRIPES  
 28 E. 13TH ST  
 NEW YORK NY 10003  
 GROUND FL PLAN



# WHOLE CACAO FRUIT WELLNESS MENU



## CACAO FRUIT POWER BOWLS / SHAKES

- CACAO FRUIT, NIBS, CRÈME FRAÎCHE 12 / 9
- COCONUT, CACAO FRUIT, 70% CHOCOLATE 12 / 9
- HAZELNUT BUTTER, CACAO FRUIT, YOGURT 12 / 9
- BANANA, CACAO FRUIT, GINGER, BASIL 12 / 9
- SPINACH, CACAO FRUIT, CUCUMBER, MINT 12 / 9

*\*CACAO BOWLS SERVED W/ GRANOLA, FRUITS, NUTS*

## CACAO FRUIT JUICE

- NATURAL CACAO - ECUADORIAN PODS 9
- RED CACAO - W/ BEET, CARROT, LEMON, CINNAMON 9
- GREEN CACAO - W/ CUCUMBER, SPINACH, MINT 9

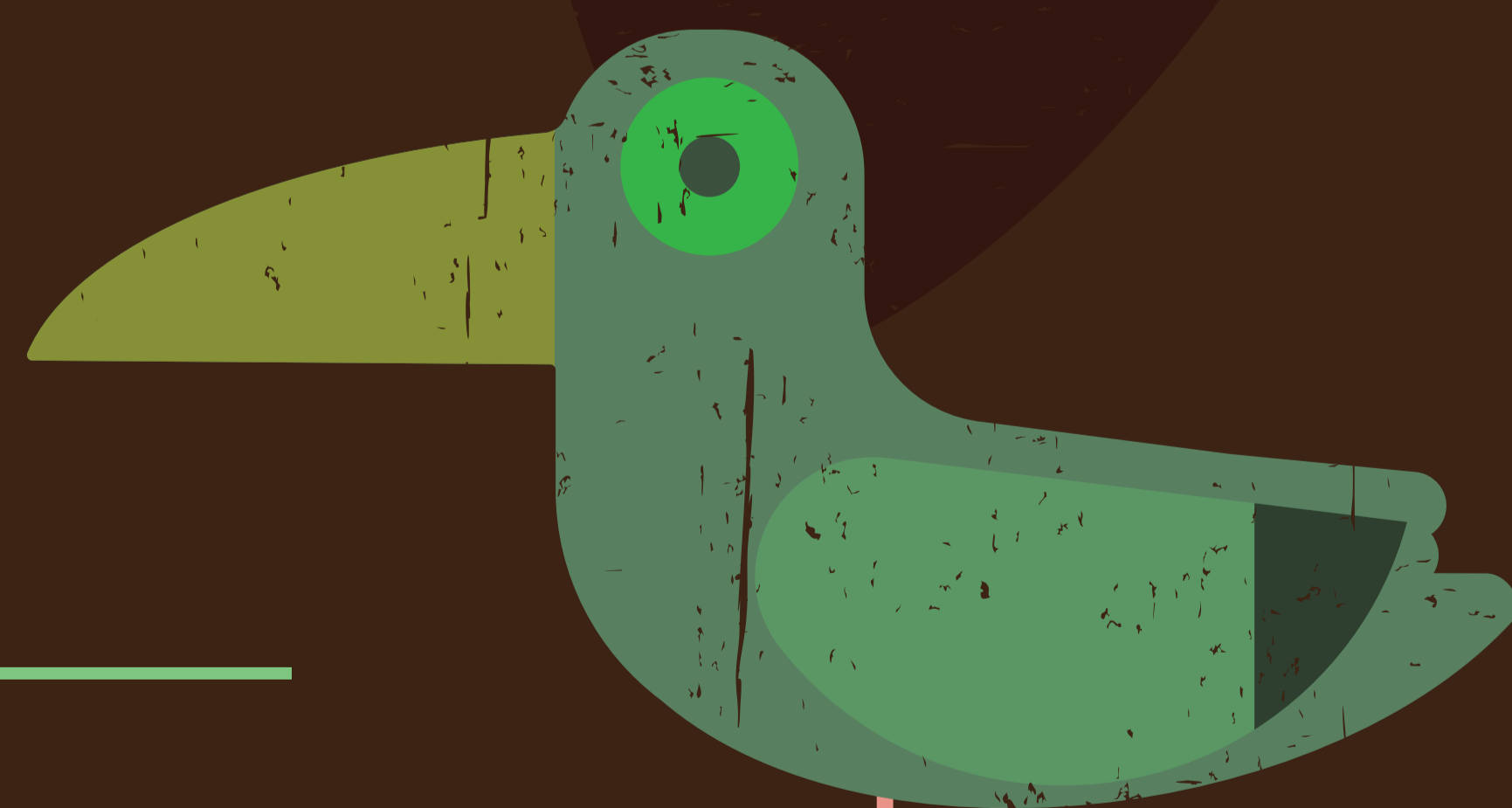
## CACAO FRUIT SODA

- NATURAL / VANILLA / GINGER / LIME 8

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## WHOLE CACAO FRUIT VENEFITS:

- ANTIOXIDANTS • RICH IN FIBERS
- VITAMINS & MINERALS • ENERGY BOOSTER



# CHOCOLATE GUILT (FREE)

## THE PERFECT CHOCOLATE SLICE:

- TOFFEE BANANAS, CRUNCHY PEANUTS, VANILLA BEAN WHIP 12
- BERRIES, NIBS, CRÈME FRAÎCHE 12

## WARM MELTING CHOCOLATE CAKE

CRÈME FRAÎCHE, DOUBLE CHOCOLATE DRIZZLE 9

## CHOCOLATE MOUSSE:

VANILLA BEAN CREAM, HAZELNUT BUTTER CRUNCH 12

## WHITE CHOCOLATE STRAWBERRY CHEESE CAKE

LEMON CURD, PISTACHIOS, TOFFEE 12

## PANCKWICHES

- VERY CHOCOLATY BANANA TOFFEE 11.5
- PASSION FRUIT WHITE CHOCOLATE, STRAWBERRIES 11.5

## MY FAMOUS CHOCOLATE PIZZA 8 / PIE 30

*Choose your chocolate from chart*

## FONDUE:

*Choose your chocolate from chart*

- LEMONY DONUTS 13
- STRAWBERRY & BANANA 12
- ICE CREAM LOLLIES 13

## TURTLE KREAMZ

(SOFT SERVE CHOCOLATE GANACHE/VANILLA BEAN)

BASE: 6

CRUNCH: HONEY PEANUTS / CRÊPE FLAKES  
/ CHOCOLATE PEARLS 50C

THICK CHOCOLATE SHELL: 1.5



## CHOCOLATE CHART



healthier

# UNPROCESSED CACAO BEVERAGES

## CACAO "ESPRESSO", LATTES & CAPPUCINO

(Espresso Alternative - High in Energy Low in Caffeine)

- PURE "CACAOESPRESSO" SHOT 3.5
- CACAOCINO 4.5
- CACAO LATTE 5 / 6



## MENTAL BREW

(Mood+Focus)

Unprocessed Cacao Theobromine

+ Slow Brew Caffeine 4 / 5

w/hint of coconut milk

## WILD HOT CHOCOLATE

Unprocessed In cacao, vanilla bean 5.5

ADD: SPICE

# BEVERAGES

## COFFEE & ESPRESSO

House / Pour Over 3 / 3.5 / 4

Espresso / Cortado 3 / 4

Cappuccino / Latte 4 / 4.5

Iced Latte 5

Cold Brew 4

(ALMOND / OAT MILK 0.75)

## HOT CHOCOLATE & MOCHA

(HOT / ICED, FRAPPED) 5 / 6.5

Choose your chocolate from chart

SPECIAL: Nutella

ADD: SEA SALT, SPICE

## DESSERT COFFEE

Nutella Latte 5.5 / 6.5

Vanilla Bean Latte 5.5

## TEA MIXOLOGY

White Chocolate Chai Latte 5.5 / 6.5

White Truffle Matcha 5.5 / 6.5

Brewed / Iced 4

## CHOCOLATE CLOUDS

(DRINKABLE CHOCOLATE MOUSSE ON TAP)

Molten Milk 6.5

Nutella Foam 6.5

## CAKE & SHAKE

(JUST SHAKE / WITH CAKE)

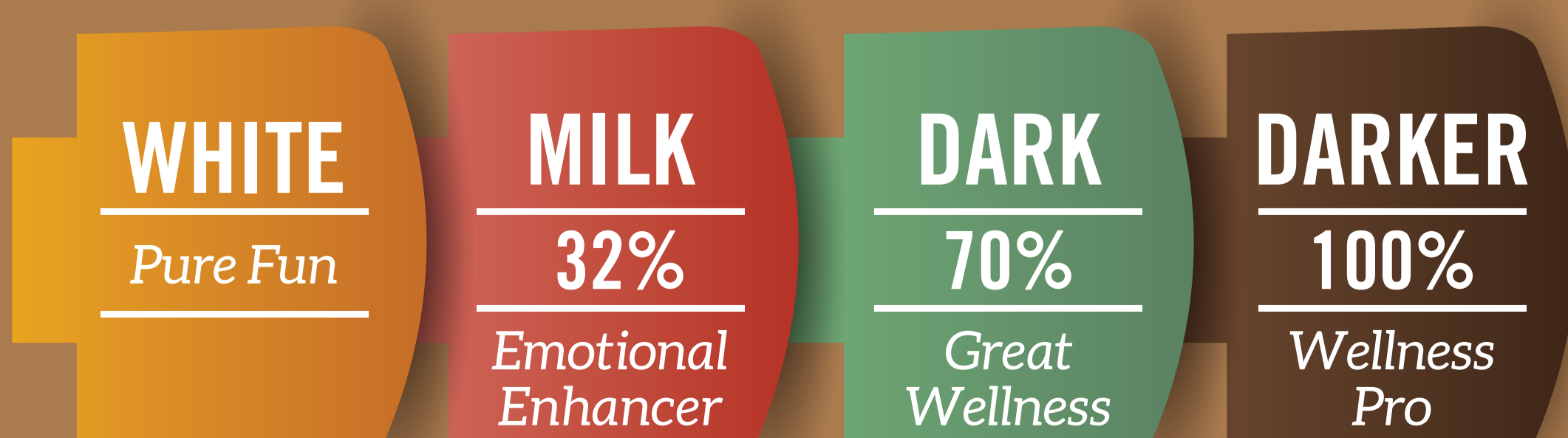
Black Forest (cake)

w/ pure chocolate (shake) 10 / 18

Nutella Bar (cake)

w/ hazelnut cream (shake) 10 / 18

Strawberry White Chocolate Milkshake 10



healthier

# FOOD

## BREAKFAST

### Pancake Bites / Waffles:

bananas, strawberries, nibs 12

### 100% Chocolate Oatmeal:

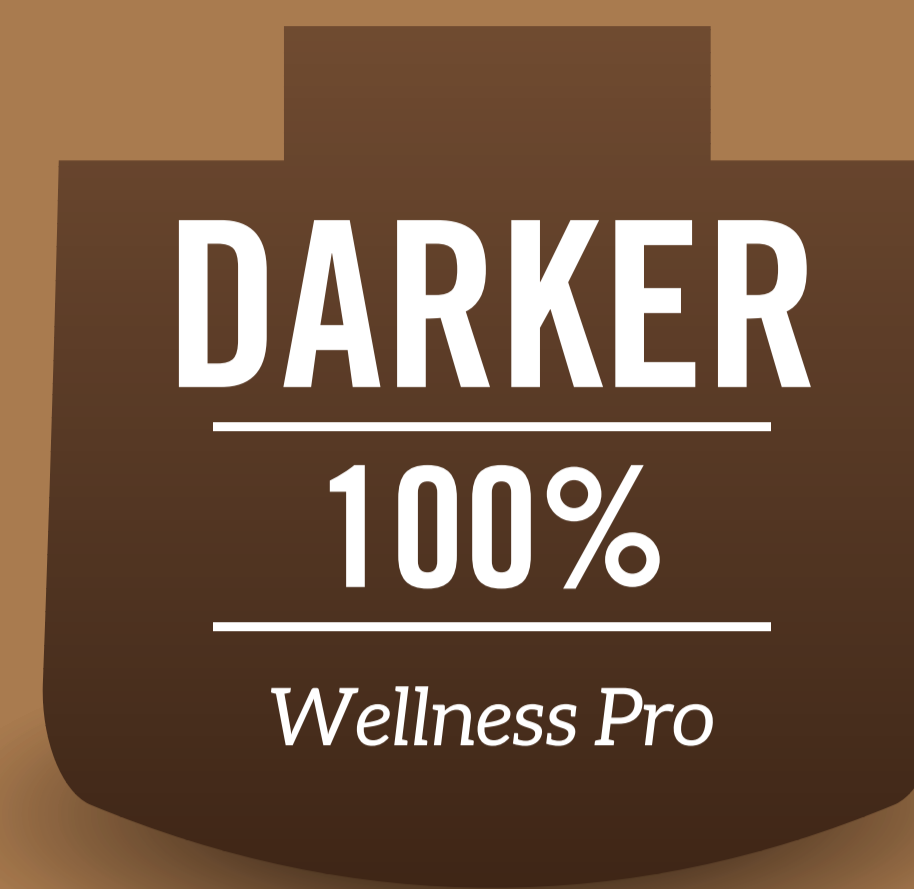
almond butter, rum barrel maple 9

### 100% Chocolate Parfait:

lemon curd, granola, cacao fruit, berries 9

### Croissant Egg Sandwich:

- scrambled egg, avocado, manchego, salsa 9
- prosciutto, avocado, manchego, poached egg 9
- salmon, cream cheese, spinach, hard-boiled egg 9



## TARTINES

**Avocado**, tomato, chipotle, feta, manchego, nigella seeds 12

**Prosciutto**, manchego, avocado, balsamic 14

**Salmon cream cheese**, chive, spinach 13

**Scrambled Egg**, avocado mash, cream cheese, tomato, feta cheese 12

*\*ADD POACHED EGG 3*

## BOWLS

*SERVED WITH WHOLE GRAIN TOAST*

### Power Bowl

scrambled egg, avocado, feta, spinach, cucumber, tomato 12

### Protein Bowl

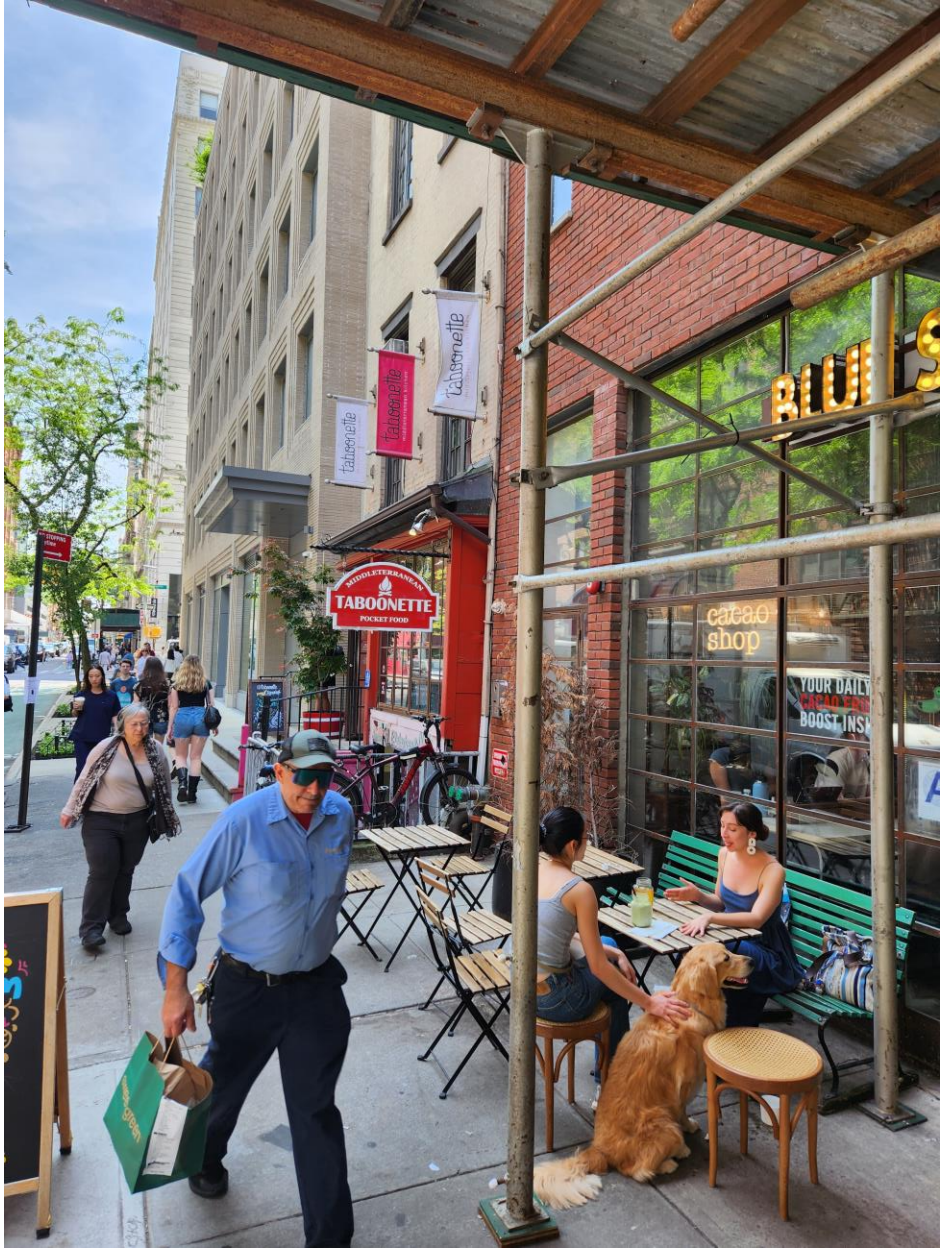
prosciutto, spinach, avocado, manchego, poached egg 14

### Beautiful Fruits

cacao fruit, strawberries, banana, kiwi, figs 8.5



SIDEWALK VIEW AND ENTRANCE



CLOSE UP VIEW OF SIDEWALK





ENTRANCE



DINING AREA



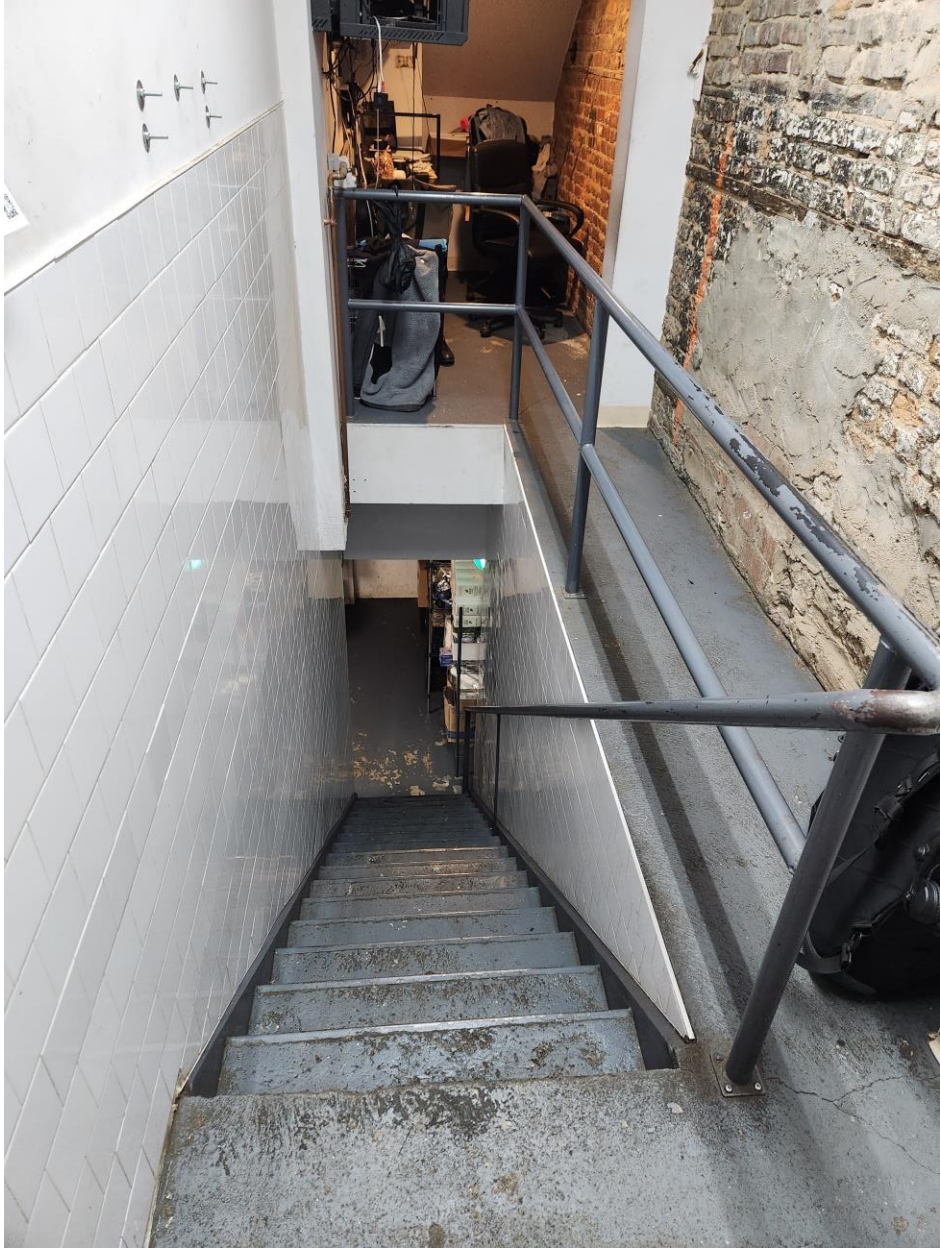
DINING AREA OVERVIEW



BACK AREA OF THE DINING AREA AND RESTROOM



ACCESS TO THE BASEMENT STAIRS



BASEMENT STAIRS



STORAGE AREA AND PREP



WALK IN REFRIGERATOR