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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 **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)

Meeting Date:		
APPLICANT INFORMATION		
Name of applicant(s): Organic Gr	Il Inc.	
Trade name (DBA):		
Premises address: 133 W 3rd St., New York, NY 10012		
Cross Streets and other addresses u	used for building/premise:	
MacDougal St and 6th Ave		_
CONTACT INFORMATION:		
Principal(s) Name(s): Julia Chetobar		
Office or Home Address: 133 W 3rd	St	
City, State, Zip: New York, NY 10012		
Telephone #:		
Landlord Name / Contact: 133 6th MacDougall LLC		
Landlord's Telephone and Fax:		
NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD	
Julia Chetobar	Organic Grill Inc., 123 1st Ave. NYC (RW-#1267131)	
Briefly describe the proposed operat	ion (i.e. "We are a family restaurant that will focus on…"):	
family orienteded vegan restauran	t .	

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 : removal of existing license						
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? yesX no 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? _x_yesno						
If yes, please list DBA names and dates of operation:						
1283408 Raman Ya Inc. (RW)						

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 CommercialX Mixed (Res/Com) Other:
Number of floor: 4 Year Built : 1900
Describe neighboring buildings: Typical NYC neighborhood commercial w/residential above
Zoning Designation: R7-2
Zoning Overlay or Special Designation (applicable) C1-5
Block and Lot Number: 543 / 67
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? yes _x_ no
Is the premise located in a historic district? yesx 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) _x_ no yes : explain
What is the proposed Occupancy? 28 patrons + 5 staff max = 33
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?
x_no yes (Has LNO for eating/drinking retail use group 6)
If yes, what is the maximum occupancy for the premises?
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? yesnon/a
Do you plan to file for changes to the Certificate of Occupancy? yesx 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?x no yes
(if yes, please describe:

INTERIOR OF PREMISES:				
What is the total licensed square footage of the premises? 1,200 ground floor only				
If more than one floor, please specify square footage by floors: n/a				
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?				
n/a				
If more than one floor, what is the access between floors? <u>n/a</u>				
How many entrances are there?1 How many exits? How many bathrooms ?				
Is there access to other parts of the building? no _x _yes, explain: basement (storage)				
OVERALL SEATING INFORMATION:				
Total number of tables?14 Total table seats?28				
Total number of bars?1 Total bar seats?0				
Total number of "other" seats?0 please explain :				
Total OVERALL number of seats in Premises :28				
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 _x_ yes, describe :				
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)				

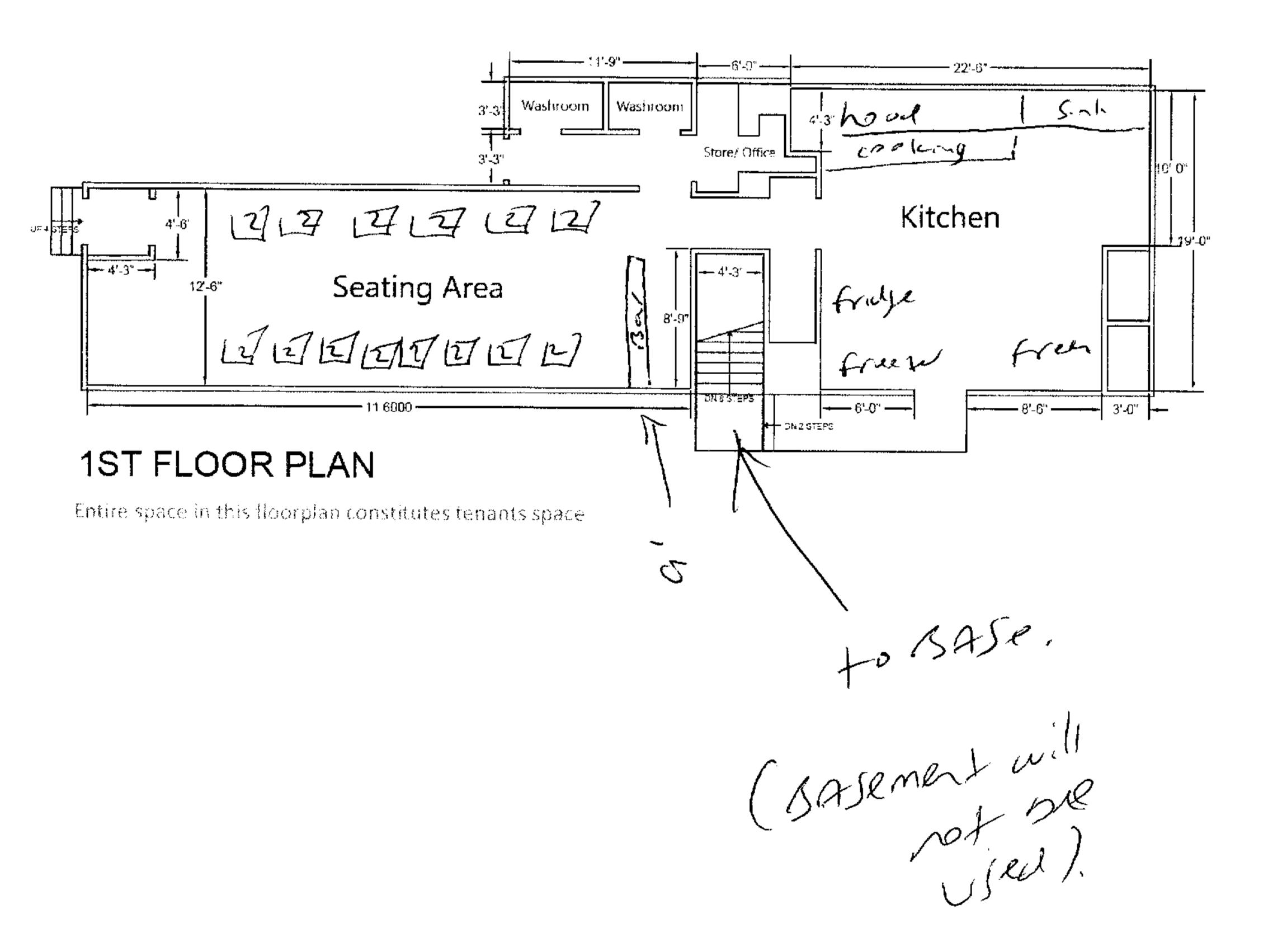
___ Bar ___Bar & Food _x_Restaurant ___Club/ Cabaret ___Hotel ___Other: ____

what are th	e Hours of Op	peration?					
Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	
_12p _{to} 12a	<u>12p</u> to 12a	<u>12p</u> to <u>12a</u>	<u>12p</u> tð <u>2a</u>	<u>12p</u> _{to} 12a	12p to12a	12p_t02a_	
Will the bus	iness employ	a manager?	<u>x</u> no yes,	name / experie	ence if known		
			no yes(if yoors, accordion d				
If yes, pleas	se describe : _						
Will you hav	ve TV's ? _x	_no yes	(how many?) _				
Type of MU	JSIC / ENTER	RTAINMENT: _	Live Music _	Live DJ	Juke Box <u>x</u>	Ipod / CDs	none
Expected V (check all the		_x_ Backgrou	nd (quiet) E	Entertainment le	vel Ampl	ified Music	
Do you have	e or plan to in	stall soundpro	ofing? <u>x</u> no _	yes			
IF YES, will	you be using	a professiona	I sound engineer	?			
Please desc	cribe your sou	ınd system and	d sound proofing	small, bluetoo	th personal spe	eaker	
Will you be	permitting: _	promoted e	vents sche	duled performan	icesout	side promoters	
any ev	ents at which	a cover fee is	charged? <u>x</u> p		(6-8 per year m events)	ax for family, corp	orate
			ss vehicular traffi es, please attach		ntrol on the sid	ewalk caused by	your
Will you be	utilizing	ropesn	novable barriers	other outsi	de equipment	(describe)	
Are your pre	emises within	200 feet of an	y school, church	or place of wors	hip? <u>x</u> no	yes	
please sub	mit a block p	•	or area map sho		•	or on the same k ty to your applica	
Indicate the	distance in fe	eet from the pr	oposed premise:				
Name of Sc	chool / Church	1:					_
Address:					Distance:		

Name of School / Church:	
Address:	Distance:
Name of School / Church:	
Address:	Distance:
Please provide contact information for Residents / Commuyou will address it immediately.	unity Board and confirm that if complaints are made
Contact Person: Julia Chetobar	Phone:
Address: 133 w 3rd St., New York, NY 10012	
Email : info@theorganicgrill.com	
Application sub behalf of the app ———————————————————————————————————	
Print or Type Name_John Spring Title_Represent	

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





COMMUNITY BOARD No. 2, MANHATRANd By Community Board 2, Man

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

www.cb2manhattan.org

MAY 11 2022

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 Thursday, May 12, 2022

I, Julia Chetobar as a qualified representative of	Organic Grill Inc						
Located at 133 W 3 rd Street, New York, New York 10012 agree to the following stipulations:							
Application Type: □ OP Restaurant/Tavern ⊠ RW □ TW □ Alteration □ Other:							
☑ Premise will be advertised and operated as a vega	an restaurant.						
☑ Hours of operation:							
		Thursday:			12:00AM		
•	:00AM :00AM	Friday: Saturday:	12:00PM		12:00AM 12:00AM		
•	:00AM	Saturday.		ιο	12.00/101		
(Premises will open no later than stated		2 patrons wi	ill remain afte	er state	ed closing time.)		
☑ Will operate full service restaurant, specifically a	a family oriented veg	gan restaurai	nt with the k	itchen	open and full menu		
items available until closing every night.		_					
☑ Will not operate as a Lounge, Tavern or Sports Ba	10 10	1.50	(5)				
☑ Will not operate a backyard garden or other outcome roadbed seating operating under the Open Restaur		ercial purpos	ses including	any s	idewalk cafe and/or		
☑ Will play quiet ambient recorded background music		ny private pa	rties or event	s. No r	nusic will be audible		
in any adjacent residences anytime.							
☑ Will not have televisions.		TI		1	l P l l		
☑ Will close <u>all</u> doors at all times allowing only for or open faccades.	patron ingress and eg	gress. There	are no opera	oie wir	ndows, French doors		
or open taçcades. Will not install or have French doors, operable windows or open facades.							
☑ Will not make changes to the existing façade exce	ept to change signage	or awning.					
☑ Will comply with NYC Department of Buildings Regulations and keep current at all times required Permits and Certificates.							
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. 							
Will not have: ☒ Dancing ☒ DJs ☒ Live Music ☒ Promoted Events ☒ Any event where cover fee is charged							
✓ Scheduled Performances ✓ Velvet ropes or metal barricades ✓ Security Personnel/Doorman.							
☑ Will appear before CB2, Man. for alteration to license prior to submitting plans for permanent sidewalk or roadbed seating.							
Residents may contact the Manager/Owner at the following phone number. Any complaints will be addressed immediately							
Name: Julia Chubatar	Di	N 1	20070	197.1	62h1		
Name: Julia Cocagaga	Pho	ne Number:		(10	<i>1</i> 0001		
	Julia Chepol	dr	S	-110	2022		
Signed	Print Name		Dated	1			
Sworn to this 10 day of May	2022	()	Vas Lt	-6			
		the second secon	Notary F	ublic	/		

CB2 and Applicant/Licensee request that the SLA add these stipulations to the method of operation/conditions of license.