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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 month's 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.
- ✓ NA 5. Certificate of Occupancy or Letter of No Objection for the premises.
6. Letter of Understanding or Letter of Intent from the Landlord. *- To be provided*
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.) *To be provided*
- ✓ 8. A copy of your NYS Liquor Authority application as it will be submitted to the SLA. (excluding financial information)

*Letter of intent,
petitions ; email to
block associations to be
provided by the end of
the week*

Meeting Date: June 2023

APPLICANT INFORMATION:

Name of applicant(s):
Sunset Select Inc

Trade name (DBA):
To be determined

Premises address:
173 Elizabeth Street

Cross Streets and other addresses used for building/premise:
Between Spring Street and Kenmare Street

CONTACT INFORMATION:

Principal(s) Name(s):
Oliver Stumm

Office or Home Address: 173 Elizabeth Street

City, State, Zip: New York, New York 10012

Telephone #: [REDACTED] email : Oliver@atouchofclass.com

Landlord Name / Contact:
Benfar Realty LLC

Landlord's Telephone and Fax: [REDACTED]

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

Oliver Stumm Cafe Select - 212 Lafayette Street, New York, New York

 Rin Tin Tin - 14 Spring Street, New York, New York

 Gran Torino - 131 Berry Street, Brooklyn, New York

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

I am offering a more intimate expression of Rin Tin Tin, a premises where Rin Tin Tin customers, without a reservation, can be seated and enjoy a bite and libation, while waiting for a table to become available at Rin Tin Tin; also these small premises will give me the opportunity to host private parties of 8+, something that cannot presently be done at Rin Tin Tin.

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.)

If this is for a new application, please list previous use of location for the last 5 years:

Pop up boutique/Retail

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: _____

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:

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 : 1900

Describe neighboring buildings:
Mixed use

Zoning Designation: C 6 - 2

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 479 / 21

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 _____

What is the proposed Occupancy? _____

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?

no yes Pending

If yes, what is the maximum occupancy for the premises? 30

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: New signage

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 300sf

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? N/A

How many entrances are there? 1 How many exits? 0 How many bathrooms? 1

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

OVERALL SEATING INFORMATION:

Total number of tables? 6 Total table seats? 20

Total number of bars? 1 Total bar seats? 4

Total number of "other" seats? 0 please explain: _____

Total OVERALL number of seats in Premises: 24

BARS:

How many * stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 4

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

Any food counters? no 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 Restaurant Club/ Cabaret Hotel Other: _____

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:

11am to 11pm 5pm to 11pm 5pm to 11pm 5pm to 11pm 5pm to 1am 4pm to 1am 11am to 1am

Will the business employ a manager? ___ no yes, name / experience if known : To be determined

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

IF YES, will you be using a professional sound engineer? yes

Please describe your sound system and sound proofing: Kinects, spring loaded ceiling small 8" speakers,
background music only

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)

Will you be utilizing ___ ropes ___ movable barriers ___ other outside equipment (describe) _____
One employee will be designated to ensure that the sidewalk does not become problematic for the neighbors

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: _____

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: Oliver Stumm Phone: [REDACTED]

Address: 173 Elizabeth Street, New York, New York

Email : Oliver@atouchofclass.com

Application submitted on
behalf of the applicant by:

x



Signature

Print or Type Name Oliver Stumm

Title President

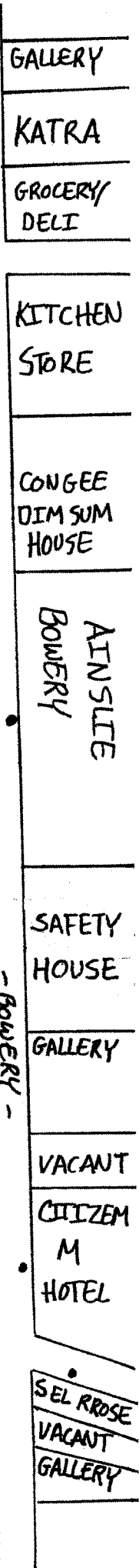
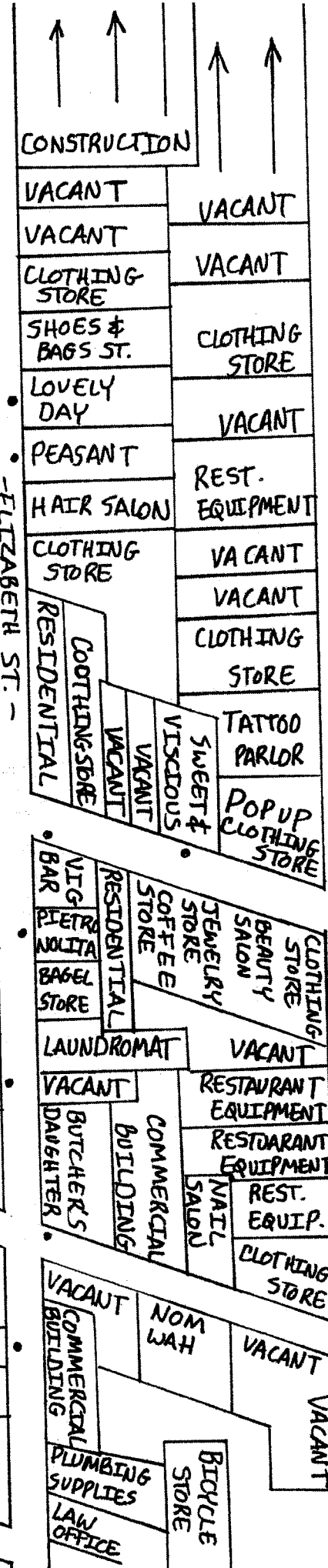
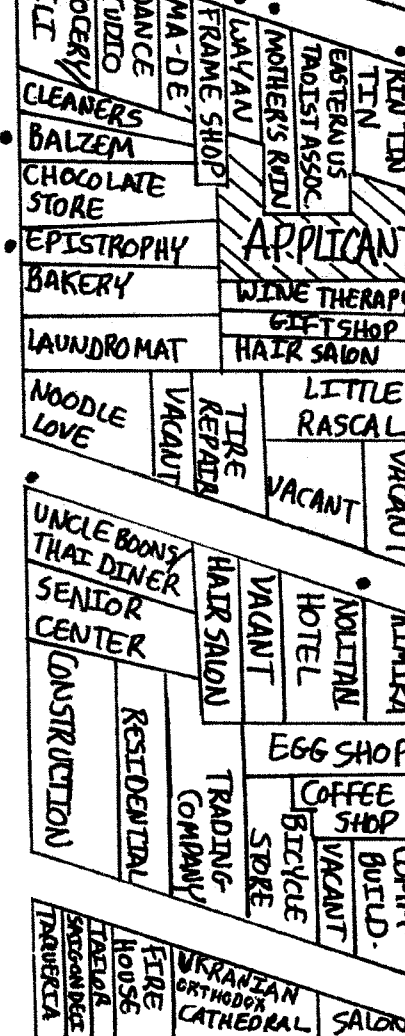
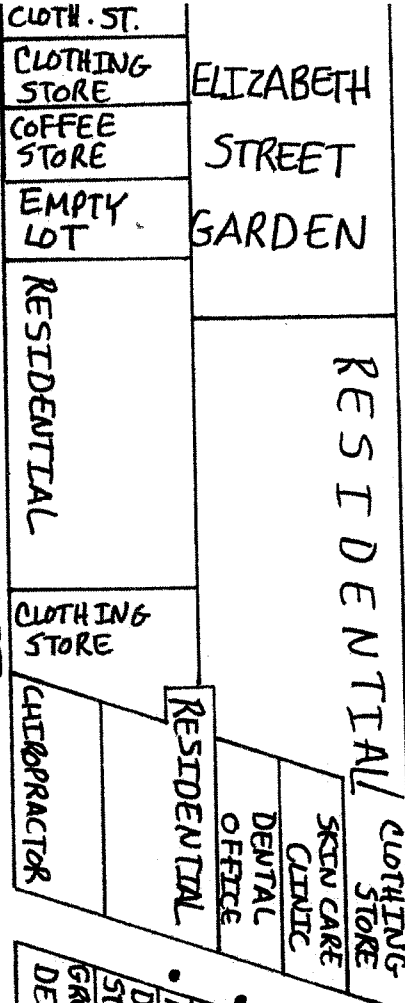
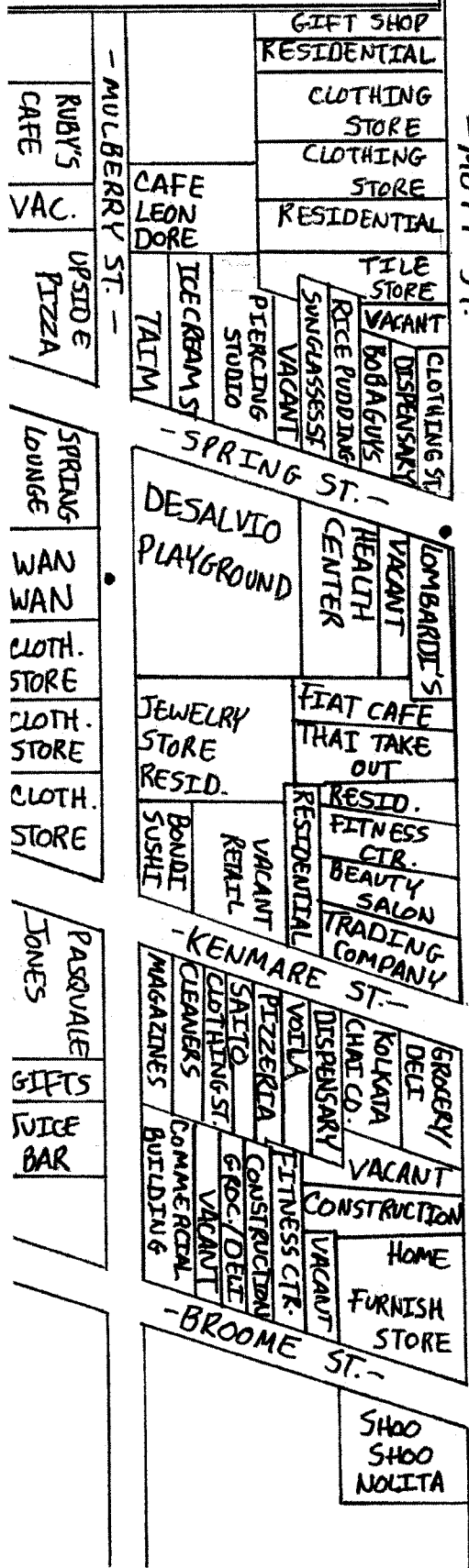
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.





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

AREA SURVEY
 173 ELIZABETH STREET
 NEW YORK, N.Y.
 MAY 13, 2023
 NOT TO SCALE



Landess-Simon, Inc.

Legal & Commercial Photography

45 Lawlins Park
Wyckoff, NJ 07481
Phone: (201) 848-5652
E-mail: landess@att.net
landessphotographers.com

RE: 173 ELIZABETH STREET

1. Rin Tin Tin - 14 Spring Street - 55'
2. Pietro Nolita - 174 Elizabeth Street - 64'
3. Vig Bar - 12 Spring Street - 63'
4. Mother's Ruin - 18 Spring Street - 81'
5. Wayan - 20 Spring Street - 104'
6. Little Rascal - 163 Elizabeth Street - 111'
7. Ma-De' - 22 Spring Street - 128'
8. Sweet & Viscious - 5 Spring Street - 149'
9. Butcher's Daughter - 19 Kenmare Street - 156'
10. Epistrophy - 200 Mott Street - 184'
11. Balzem - 202 Mott Street - 184'
12. Nolitan Hotel - 153 Elizabeth Street - 223'
13. Peasant - 194 Elizabeth Street - 233'
14. Lovely Day - 196 Elizabeth Street - 255'
15. Egg Shop - 151 Elizabeth Street - 263'
16. Lombardi's - 32 Spring Street - 267'
17. Uncle Boon's/Thai Diner - 52 Kenmare Street - 268'

Landess-Simon, Inc.

Legal & Commercial Photography

45 Lawlins Park
Wyckoff, NJ 07481
Phone: (201) 848-5652
E-mail: landess@att.net
landessphotographers.com

RE: 173 ELIZABETH STREET

18. Citizen M Hotel - 185 - 191 Bowery - 367'
19. Ainslie Bowery - 199 Bowery - 371'
20. Sel Rose - 1-3 Delancey Street - 479'
21. Katra - 217 Bowery - 479'
22. Wan Wan - 207 Mulberry Street - 498'

CHURCHES & SCHOOLS

1. Ukranian Orthodox Cathedral - 359 Broome Street - 488'

CLOTHING
STORE

- SPRING ST. -

RIN TIN TIN

APPLICANT

WINE
THERAPY

GIFT SHOP

HAIR
SALON

LITTLE
RASCAL

VACANT

- KENMARE ST. -

KIMIKA

RESIDENTIAL

VIG BAR

PIETRO
NOLITA

BAGEL STORE

LAUNDROMAT

VACANT

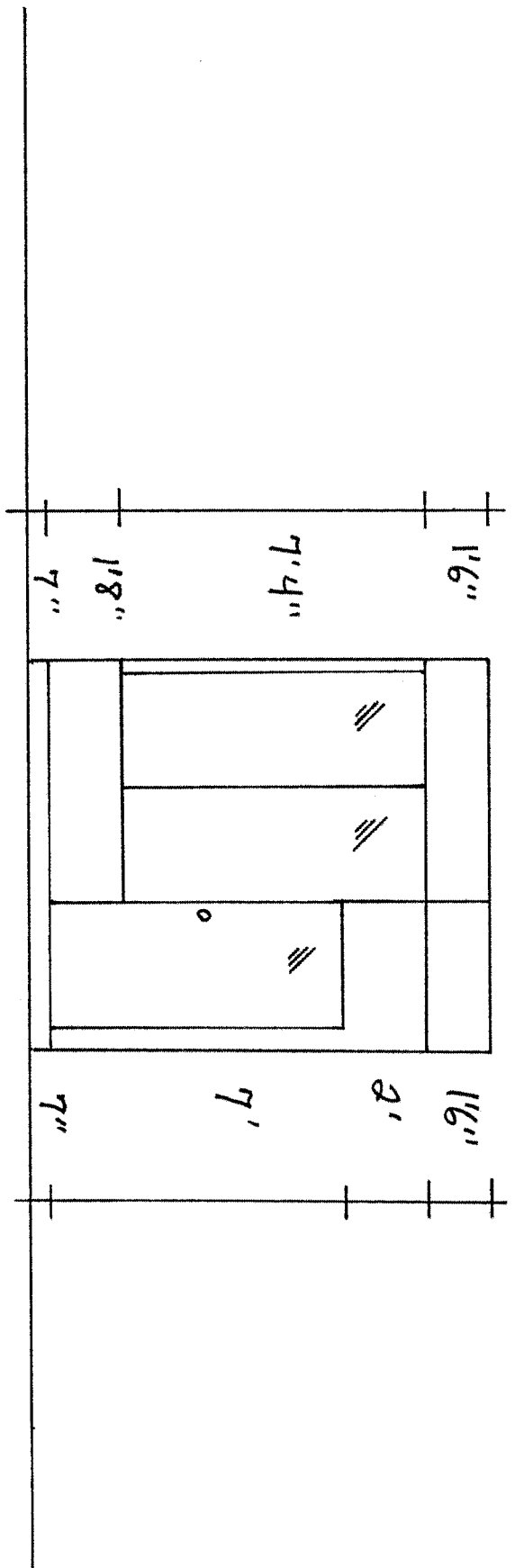
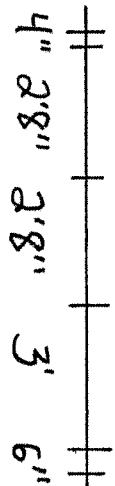
BUTCHER'S
DAUGHTER

BLOCK PLOT
173 ELIZABETH STREET
NEW YORK, N.Y.
MAY 13, 2003 - NOT TO SCALE

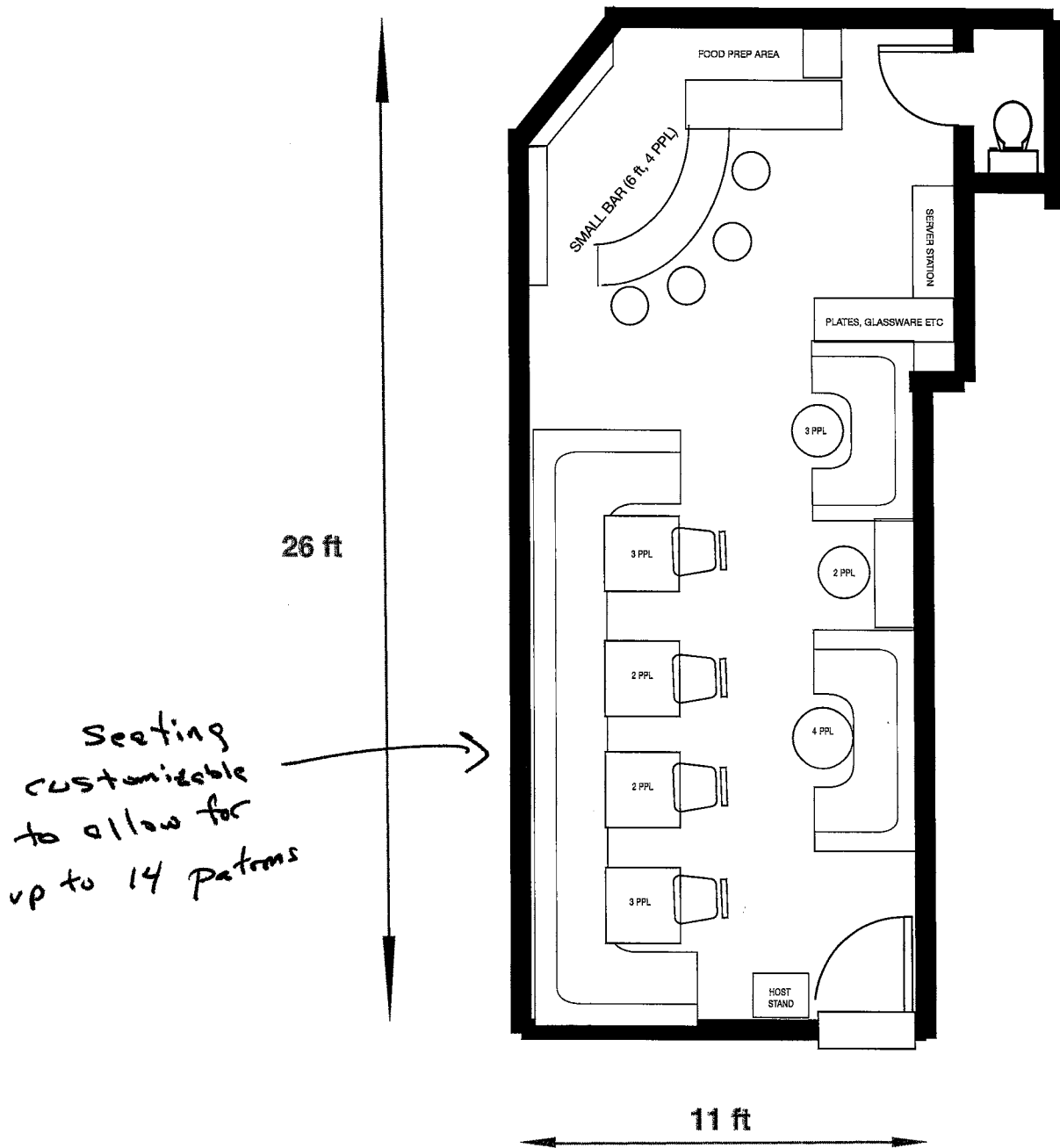
- ELIZABETH ST. -

VACANT

FRONT ELEVATION
173 ELIZABETH STREET
NEW YORK, N.Y.
MAY 13, 2023
NOT TO SCALE



173 ELIZABETH STREET



• **173 Elizabeth st. Summer 2024 MENU.**

...”all recipes are older than myself, please don’t ask for changes or substitutes “.

Chef Martin.

DINNER

. Pa amb tomaquet.

Fresh Campari tomato rubbed country bread, EVOO, “ tres Jotas “ Spanish ham.

. Roman soldier’s blood.

Watermelon Gazpacho, heirloom tomato, cucumber, celery, red peppers, sherry vinegar, served chilled.

. East coast friends.

Fresh Oysters, (sweet petite and wellfleet). Half doz or one doz served with Spicy cocktail and fresh horseradish.

. Barceloneta sunset.

Vinegar-macerated white anchovies(boquerones), served with manchego cheese.

. Long Island accent.

Local sea bass ceviche, mango, diced chayote, poblano peppers, cilantro and mint.

. Montauk sunburned.

Fresh local tuna fish crudo, Meyer lemon, ginger, lemongrass, red chicory, rice vinegar.

. North of Little Italy.

Home made pappardelle pasta alla carbonara. Shaved pecorino cheese and black pepper.

. *Oui chef.*

French imported country style pate served with garlic bread and Dijon mustard.

. *Frequent flyer.*

Italian fresh burrata cheese, blood oranges and basil oil.

. *The Mexican secret.*

Brussels sprout Caesar salad, classic dressing, toasted lemon Panko.

. *C&C.*

Our selection of cheese and charcuterie from around the globe, dried fruits and Manzanilla olives.

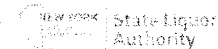
DESSERT

. Meyer lemon granita.

. Olive oil gelato, sour cherries.

. Tangerine sorbet, dark chocolate dust.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____



LICENSE

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.

1. APPLICANT

Name of Applicant:

Trade Name (DBA): (see instructions) ** must be provided if premises will be called by any name other than as listed in the "Name of Applicant"

Premises Street Address:

City: , NY Zip Code:

County: Telephone Number of Premises (include area code):

Mailing Address (if different than above):

City: State: Zip Code:

E-mail address (required):

Business Website:

2. CONTACT (if different than applicant)

Name of Contact: Attorney Representative Contact Person

Office Address:

City: State: Zip Code:

Telephone Number of Office (include area code):

E-mail address (required):

3. For SEASONAL licenses only (select license date range): to:

4. Number of ADDITIONAL BARS (if any):

5. Which season will the add bars operate:

6. Federal Tax ID Number:

7. Certificate of Authority to Collect NYS Sales Tax:

[OFFICE USE ONLY]	
DATE FILED: <input type="text"/>	SERIAL #: <input type="text"/>
Approved <input type="radio"/> Disapproved <input type="radio"/>	<input type="text"/>
	License Board Member Date

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

8. TO BE FILLED IN ONLY BY SOLE PROPRIETOR OR PARTNERS (attach additional sheets if necessary)

Name of Individual/Partner	Residence	Social Security #:	Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of Individual/Partner	Residence	Social Security #:	Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Name of Individual/Partner	Residence	Social Security #:	Date of Birth
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Name of Individual/Partner	Residence	Social Security #:	Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

9. TO BE FILLED IN ONLY BY CORPORATION OR LLC/LLP APPLICANTS (attach additional sheets if necessary)

Please list the names and addresses of Principals (Stockholders, Officers, Directors, LLC Members/Managers, LLP Partners)

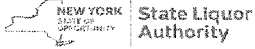
Name of Principal	Residence	Social Security #:
<input style="width: 95%;" type="text" value="Oliver Stumm"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input style="width: 95%;" type="text" value="Managing Member"/>	<input style="width: 95%;" type="text" value="100%"/>	<input style="width: 95%;" type="text" value="02/20/1961"/>
Name of Principal	Residence	Social Security #:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
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Name of Principal	Residence	Social Security #:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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Name of Principal	Residence	Social Security #:
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Note:

***If 10 or less shareholders,** list all stockholders, officers, directors, LLC members and LLC managers, if any. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for all.

***If more than 10 shareholders,** list all shareholders owning 10% or more of any class of its shares. Also, include any officers, directors, shareholders, LLC members, LLC managers and trustees. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for those individuals. Provide a listing of all other shareholders owning less than 10% interest. Include their name, home address, social security number, date of birth, shares or percentage of ownership, title, citizenship and any statutory disqualifications.

***Not-For-Profit Corporations,** list all principal officers and any director/trustee who is compensated on the license. Trustees/Directors who are not compensated do not need to submit a Personal Questionnaire or fingerprints. However, the applicant must submit a list with the name and address of each such individual along with a statement that each such individual is eligible to hold a license. Applicants that have filed for a Club License only need to list a single individual as the Alcoholic Beverage Control Officer.



RIGHT TO PREMISES

1. RIGHT TO PREMISES

1a. By what right does the applicant have possession of the premises?

- Own
 Lease
 Sub-Lease
 Binding contract to acquire real property
 Written intent to lease
 Other (explain):

If leasing, the lease must run for the full term of the license period or at least be renewable to cover the full term. Month to month leases or month to month renewal terms are not acceptable. The tenant name on the lease must match the applicant name exactly.

1b. Do the terms of the lease or other arrangement require the applicant to provide any consideration based on a percentage of the receipts of the business? Yes No

If YES, please list the section/page of the lease this information can be found:

2. OTHER INTERESTED PARTIES

Does or will anyone other than the applicant/principals share on a percentage basis or in any way in the receipts, losses or deficiencies of the business to any extent whatsoever?

- Yes No

If YES, please state the names and addresses of such persons, the nature and percent of their share and date acquired.

Name	Address	Nature of interest	Date Acquired
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OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

LANDLORD IDENTIFICATION INFORMATION

In order to obtain the most accurate information this form should be completed by the Landlord. This form must be completed and submitted regardless of whether the property owner is a third party landlord or the applicant.

1. Name of Landlord (as it appears on lease and deed):

Benfar Realty LLC

2. Landlord Mailing Address

Street Address:

City: State: Zip Code:

3. Telephone Number of Landlord:

(917) 566-4130

4. Landlord Principals (ALL landlord principals must be disclosed below)

Name	Address (if different than Landlord's mailing address above)
Name	Address (if different than Landlord's mailing address above)
Name	Address (if different than Landlord's mailing address above)
Name	Address (if different than Landlord's mailing address above)

5. Are any persons listed on this Landlord Identification Form currently or previously licensed under the ABC Law?

Yes No

Serial Number	Licensee Name
Serial Number	Licensee Name
Serial Number	Licensee Name

6. Are any persons listed on this form police officers?

Yes No

If yes, list names below:

Name

Name

7. List number of years real property has been owned or legally controlled by the landlord:

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

500 FOOT LAW STATEMENT

Applicants for on premises liquor licenses must complete this section (Not required for on premises beer or wine applicants)

If the location is subject to the 500 Foot Law, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-b, 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within a 500 foot radius of three or more on premises liquor establishments and the population of the municipality is 20,000 or more. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

The Proposed Premises (*check the appropriate box below*):

- IS NOT WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.
- IS WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500 FOOT RADIUS, *UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.*)
- NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.
- NOT APPLICABLE - POPULATION OF CITY, TOWN OR VILLAGE IS UNDER 20,000
- NOT APPLICABLE - BEER, WINE AND CIDER ONLY

IMPORTANT:

YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS LOCATED WITHIN A 500 FOOT RADIUS OF THE PROPOSED PREMISES

For assistance, use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If a premises is within a 500 foot radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must **ATTACH A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

STATEMENT OF AREA PLAN
200 Foot Law

THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE

1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH or PLACE OF WORSHIP WITHIN 300 FEET

2. Is the premises within 200 feet of **ANY SCHOOL, CHURCH or PLACE OF WORSHIP?**
 (exclusive use as a church or place of worship will be determined by this agency)
 (please respond "YES" if ANY school, church or place of worship is within 200 feet)

Yes No

3. Submit a BLOCK PLOT DIAGRAM (aerial view of the building, with nearby businesses and residences labeled) showing the location of any school, church or place of worship (8-1/2" x 11")

Indicate the distance in feet from the entrance of the proposed premises to the closest entrance of any school, church or place of worship.

Attach additional sheets if necessary.

ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN

1. Name of church/school:	
Address:	
Distance:	
2. Name of church/school:	
Address:	
Distance:	
3. Name of church/school:	
Address:	
Distance:	

For assistance use the "GIS MAPS - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If applying for a full liquor license (beer, wine and liquor) and the premises is within 200 feet of a school, church or place of worship, the application may be denied.

If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.

1. Zoning

1a. State what the area is zoned for:
(e.g., Residential, Business, Mixed etc.)

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits?

 Yes No Pending n/a

2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address?

 Yes No

If YES, please specify:

If the address was changed due to a 911 update or other government action, please include documentation for the change.

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

 Currently Licensed Previously Licensed Never Licensed Do Not Know

Name of Licensee:

License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

 Yes No Do Not Know

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed?

 Yes No

Name of Licensee:

License Serial Number:

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

3. Premises (interior):

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?
If yes, show the means of access on the interior diagram(s). Yes No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?
(e.g., hallway, stairwells, common areas, etc.) Yes No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises: 3h. Number of tables?

3i. Number of seats at tables? 3j. Number of seats at bar or counter?

4. Bars:

4a. How many customer bars are located on the premises?
(a customer bar is where patrons may order, purchase or receive alcoholic beverages)

4b. How many service bars? *(a service bar is for wait staff use exclusively)*

4c. Describe each bar in the fields below:

Bar 1	Bar 2	Bar 3
Bar Type: <input style="width: 150px;" type="text" value="Customer Bar"/>	Bar Type: <input style="width: 150px;" type="text"/>	Bar Type: <input style="width: 150px;" type="text"/>
Length: <input style="width: 150px;" type="text" value="6'"/>	Length: <input style="width: 150px;" type="text"/>	Length: <input style="width: 150px;" type="text"/>
Shape: <input style="width: 150px;" type="text" value="Irregular"/>	Shape: <input style="width: 150px;" type="text"/>	Shape: <input style="width: 150px;" type="text"/>
Location: <input style="width: 150px;" type="text" value="1st Floor/Ground"/>	Location: <input style="width: 150px;" type="text"/>	Location: <input style="width: 150px;" type="text"/>

Attach additional sheets if there are more than 3 bars.

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

5. Kitchen:

5a. Does the premises have a full kitchen? Yes No

If NO, does the premises have a food preparation area? Yes No

Show Kitchen or Food Prep Area on the Interior Diagram

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU

5b. Is a chef/cook employed at the premises? Yes No

If YES, please list hours of day chef/cook will devote to the premises:

All hours of operation

6. Hotel or Bed & Breakfast:

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises? Yes No

7. Outdoor Areas:

7a. Are there any outside areas used for the sale or consumption of alcohol? Yes No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

- Sidewalk Cafe Deck Patio Porch Gazebo
- Rooftop Yard Balcony Pavilion Tent

Other (describe):

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? Yes No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- Fencing Wall Shrubbery Roping Stanchions

Other (describe):

7f. Is a permit required by the locality for outside area(s)? Yes No

If yes, submit a copy of the permit.

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<input type="radio"/> Original	<input type="radio"/> Amended	Date

PROPOSED METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises? Yes No
(If YES, please provide details on a separate sheet)

1a. If the premises is not a catering establishment, will the premises periodically close to host private events? Yes No

If YES, how frequently?

2. Will the premises have music? Yes No

2a. If YES, check all that apply: Recorded DJ Juke Box Karaoke

Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):

2b. Will the premises use the services of an Event Promoter? Yes No

3. Will the premises permit dancing? Yes No

3a. If dancing is permitted, who will be permitted to dance? Patrons Employees for Entertainment Both

3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No

4. Will there be topless entertainment? Yes No

5. Will the business employ a manager? Yes No

5a. If NO, will principal(s) manage? Yes No

6. How many employees? (excluding principals and security personnel)

6a. If answer is "0" please provide an explanation:

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<input type="radio"/> Original	<input type="radio"/> Amended	Date

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions). If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:

Disability Insurance Carrier Name and Policy Number:

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996

8. Will security personnel be used at the premises? Yes No

9a. If YES, how many?

9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

The licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

This premises will be operated by staff and management to insure that at all times the premises are operated in an orderly manner and, through inspection of identification, insuring that at all times only sober adults are served alcoholic beverages.

10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

Yes No

10a. If NO, please explain:

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link:
<http://sla.ny.gov/provisions-for-county-closing-hours>

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<input type="radio"/> Original	<input type="radio"/> Amended	Date

NOTICE OF PUBLICATION

All applicants for licenses for on premises consumption **must publish a NOTICE in a newspaper once a week for two successive weeks** as hereinafter provided per Section 107 of the ABC Law.

- If the proposed premises are located in any county **other** than New York, Kings, Queens or Bronx, the NOTICE shall be published in a daily **OR** weekly newspaper in the **city, town or village** where the premises are located. If there is no daily or weekly newspaper published in the city, town or village in which the proposed premises is located, then such notice shall be published in a daily or weekly newspaper published in the county in which the proposed premises is located.
- If the proposed premises are located in the counties of New York, Kings, Queens or Bronx, the NOTICE shall be published in one daily **AND** one weekly newspaper published in the county where the premises are located.

The NOTICE shall be printed in *English* in the following form:

Notice is hereby given that a license, number *(fill in serial number, if not known write "Pending" in this space)* for *(fill in beer, cider, liquor and/or wine, as the case may be)* has been applied for by **the undersigned*** to sell *(fill in beer, cider, liquor and/or wine, as the case may be)* at retail in a *(hotel, club, restaurant, vessel, rail car or other type of establishment, as the case may be)* under the Alcoholic Beverage Control Law at *(fill in street address, city, town or village and county in which the premises are located)* for on premises consumption.

(*Applicant's name and Trade Name of business (DBA) must appear at the bottom of the advertisement)

The first publication shall be made within 10 days of filing the application. Applicant shall obtain two original copies of proof of publication. One copy must be submitted to the Authority within 15 days of receipt. The second copy shall be retained by the applicant. **Except for good cause shown, the Authority shall not issue the license unless proof of publication is submitted within such 15 day period.**

The form of proof of publication shall be as follows. This affidavit should be completed by a representative of the publishing newspaper:

STATE OF NEW YORK

COUNTY OF _____

_____ of _____ being duly sworn, says that (s)he is _____ of the publishers of the _____, a (daily) or (weekly) newspaper (printed and) published in the (city, town, village or county) _____, and that the notice of which the annexed is a true copy, has been published in said newspaper for once a week for two successive weeks commencing on the _____ day of _____.

Sworn to before me this _____ day of _____

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

APPLICATION FOR LIQUIDATOR'S PERMIT

This application is to be completed by the retail licensee who is selling or liquidating their business and who proposes to dispose of the stock of alcoholic beverages in connection with such sale. The application must be accompanied by a **SEPARATE** check made payable to the NYS Liquor Authority for a total of **\$36.00**. This permit is valid for one transaction only and requires the sale of the **entire stock of unopened alcoholic beverages owned** by the permittee. When the sale is approved, an inventory signed and dated by the permittee (the seller), listing the type, brand name, size and number of containers of alcoholic beverages to be sold, must be submitted to the NYS Liquor Authority. **The application will be disapproved if the seller is delinquent on any payments to their wholesaler distributors.**

SELLER'S INFORMATION

License serial number:

Seller's name:

Trade name:

Premises address:

City, town or village: Zip Code: County:

Telephone number: E-mail address (required):

Provide date of sale:

BUYER'S INFORMATION

Buyer's name:

Trade name:

Premises address:

City, town or village: Zip Code: County:

Telephone number: E-mail address (required):

The applicant hereby represents that if a permit is issued, the following must be complied with:

1. The alcoholic beverages will be sold and delivered only to manufacturers, wholesalers and retailers duly licensed by the State Liquor Authority.
2. The permittee will pay all excise taxes imposed by or under provisions of Article 18 of the Tax Law and will comply with the rules and regulations of the State Tax Commission.
3. License must be surrendered or placed in safekeeping before permit can be issued.

ATTACH ADDITIONAL SHEETS LISTING ALL OF THE INFORMATION REQUESTED ABOVE IF THERE WILL BE MORE THAN ONE LICENSEE PURCHASING YOUR INVENTORY AS PART OF THIS TRANSACTION. NO ADDITIONAL FEE IS NEEDED IF PRODUCT IS BEING SOLD TO MULTIPLE PARTIES DURING THIS TRANSACTION.

THE FOLLOWING CERTIFICATION MUST BE SIGNED AND DATED BY BOTH PARTIES. THE PARTIES SWEAR THAT THE ANSWERS AND STATEMENTS MADE HEREIN ARE TRUE TO THEIR OWN KNOWLEDGE.

Seller's Signature: _____ Date: _____

Buyer's Signature: _____ Date: _____

Serial Number: _____	OFFICE USE ONLY - DO NOT WRITE IN THIS BOX
Seller on COD? <input type="radio"/> Yes <input type="radio"/> No	Inventory attached? <input type="radio"/> Yes <input type="radio"/> No
Current Lic Surr or Sk? <input type="radio"/> Yes <input type="radio"/> No	
SLA ACTION: <input type="radio"/> Approved <input type="radio"/> Disapproved	By: _____ Date: _____

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 Original Amended Date _____

APPLICANT STATEMENT

I, [print name] Oliver Stumm

(the sole proprietor, partner, corporate principal or, LLC/LLP member)

understand that the State Liquor Authority will rely on each and every answer in the application and accompanying documents in reaching its determination and state, under penalty of perjury, that all statements and representations therein are true to the best of my knowledge and belief; and

I state that the location and description of the premises to be licensed does not violate any requirement of the ABC law or other state or local ordinances; and

I understand that if any change occurs in the information provided to the Authority in the application, the licensee must notify the Authority by certified mail within 48 hours and if any change occurs after receipt of the license, the licensee must notify the Authority by certified mail within 10 days. I understand that failure to give such notice may result in disapproval of the application or revocation or non-renewal of any license for which this application is submitted; and

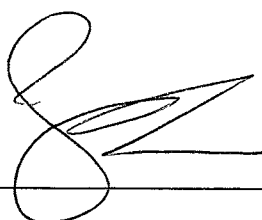
I understand that the licensee will be bound by the statements and representations made in the application, including, but not limited to the licensee's method of operation and the identity of persons with an ownership or financial interest in the licensed premises; and that all statements and representations made become conditions of the license; and

I understand that any physical alterations to, or changes to the size of the area used for the sale and consumption of alcoholic beverages, must be reported to the Authority and may require the approval of the Authority; and

I understand that the licensee must keep the Authority advised of any change in the mailing addresses of the licensee, the licensee's principals, and the licensee's landlord.

I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the application may result in revocation of any license for which the application was submitted; and

I understand that any false statement or misrepresentation will constitute cause for disapproval of the application or revocation or non-renewal of any license for which this application is submitted.

X 
Signature

May 30, 2023
Date

OFFICE USE ONLY

Original Amended Date _____

PERSONAL QUESTIONNAIRE

- a. All principals to the license application must complete this questionnaire in full. (e.g., lenders, donors, guarantors and managers must also complete this questionnaire.)
- b. If you are a **lender, donor or guarantor** you must state your relationship to the applicant.
- c. Make duplicate blank forms as necessary.
- d. Answer all questions below.
- e. Attach additional sheets if more space is needed.

Name of Applicant Sunset Select LLC

1. STATE OF IDENTIFICATION

Print **YOUR** name Oliver Stumm Date of Birth 02/20/1961 Social Security Number

Residence Street Address 137 Grand Street , #701 Gender Male Female

City New York State NY Zip Code 10013 Residence Telephone Cellular Telephone (917) 385-8566

E-mail Address Oliver@atouchofclass.com U.S Citizen Yes No If NOT U.S. citizen - country of citizenship

Married Yes No If Married, Spouse Name Spouse Social Security Number

2. POSITION (or interest) you will hold (check each);

- | | | |
|---|---|---|
| <input type="checkbox"/> President | <input type="checkbox"/> Director | <input type="checkbox"/> Stockholder -----> Number of shares owned |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Manager | <input checked="" type="checkbox"/> LLC Member -----> 100 Percentage of ownership |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Partner | <input checked="" type="checkbox"/> LLC Manager |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> General Partner | <input type="checkbox"/> Lender* |
| <input type="checkbox"/> Chairman | <input type="checkbox"/> Limited Partner | <input type="checkbox"/> Donor* |
| <input type="checkbox"/> Officer | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Guarantor* |
| <input type="checkbox"/> ABC Officer | <input type="checkbox"/> Joint Account Holder | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Other (describe) | | |

*If Lender, Donor, or Guarantor please state your relationship to the applicant.

Print **YOUR** Name Oliver Stumm

3. RESIDENCE HISTORY

List your residence history for the past FIVE (5) years to the PRESENT DATE.

Address	From (mm/yyyy)	To (mm/yyyy)
137 Grand Street , #701, New York, New York	2001	Present
Address	From (mm/yyyy)	To (mm/yyyy)
Address	From (mm/yyyy)	To (mm/yyyy)
Address	From (mm/yyyy)	To (mm/yyyy)

4. EMPLOYMENT HISTORY

List your employment history for the past FIVE (5) years to PRESENT DATE.
 Also, list any employment history that shows experience in the alcohol industry.
 Add additional sheets if necessary.

From (mm/yyyy)	To (mm/yyyy)	Employer
2013	Present	Rin Tin Tin
Position		Employer Address
Owner / Manager		14 Spring St NYC
Type of Business		
Restaurant		

From (mm/yyyy)	To (mm/yyyy)	Employer
Position		Employer Address
Type of Business		

From (mm/yyyy)	To (mm/yyyy)	Employer
Position		Employer Address
Type of Business		

Print YOUR Name Oliver Stumm

5. LICENSE HISTORY / AFFILIATIONS

5(a) If you are an applicant (e.g., proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business? Yes No

5(b) Will you take an active part in the operation of the business to be licensed? Yes No

If YES, please explain the nature of activity and the hours you will devote to the business (hours, days, responsibilities):

*Full Time Manager
 Approx 40 hours per week*

5(c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans? Yes No

If YES, please provide information below:

Business Name	Business Address	
Berry Street Associates LLC	131 Berry Street, Brooklyn, New York	
Type of Interest	Date Interest Began	License Serial Number
Managing Member	04/15/2015	1272114

Business Name	Business Address	
14 Spring Street Cafe LLC	14 Spring Street, New York, New York	
Type of Interest	Date Interest Began	License Serial Number
Managing Member	11/01/2013	1270562

Business Name	Business Address	
<i>212 Lafayette Associates LLC</i>	<i>212 Lafayette Street</i>	
Type of Interest	Date Interest Began	License Serial Number
<i>Managing Member</i>	<i>2008</i>	<i>1206817</i>

Print **YOUR** Name Oliver Stumm

5. LICENSE HISTORY / AFFILIATIONS

5(d) Other than as itemized in 5(c) above, have you ever applied in New York State or anywhere for a license or permit to traffic in alcoholic beverages, including any application as a partnership, limited partnership, limited liability entity or corporation in which you are/were a principal? Yes No

If YES, please provide information below:

Name of Applicant	Address of Premises	
302 Broome Art Space LLC	302 Broome Street, New York, New York	
Disposition	Date of Filing	License Serial Number
Approved - Expired	10/30/2014	1273875

Name of Applicant	Address of Premises	
Disposition	Date of Filing	License Serial Number

Name of Applicant	Address of Premises	
Disposition	Date of Filing	License Serial Number

Name of Applicant	Address of Premises	
Disposition	Date of Filing	License Serial Number

5(e) Has a license or permit listed above been REVOKED, CANCELLED or otherwise **Involuntarily Terminated**? Yes No

If YES, please provide information below:

5(f) Are you a police commissioner or law enforcement / police officer? Yes No

If YES, please provide details: