APPLICANT INFORMATION:

Name of applicant(s): A24 Commerce St LLC

Trade name (DBA): TBD

Premises address: 38-42 Commerce Street

Cross Streets and other addresses used for building/premise:

CONTACT INFORMATION:

Principal(s) Name(s): Matt Bire	, Noah Gillard
Office or Home Address:	
City, State, Zip:	
Telephone #:	email :
Landlord Name / Contact: Cherry Lane Venue LLC	
Landlord's Telephone and Fax:	
NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Matt Bire	
Noah Gillard	
Briefly describe the proposed opera	tion (i.e. "We are a family restaurant that will focus on…"):

We are a theatre with a restaurant appealing to the pre-and post-needs of theatergoers.

WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY):

- \ge a new liquor license (x Restaurant _ Tavern / On premise liquor x 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)
- <u>x</u> OTHER : <u>Legitimate Theatre</u>

If upgrade, alteration, or transfer, please describe specific nature of changes: (Please include physical or operational changes including hours, services, occupancy, ownership, etc.)

n/a

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

This premises has been in continuous use as a theater and/or restaurant.

Is any license under the ABC Law currently active at this location?	yes <u> </u>	no
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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?

If yes, please list DBA names and dates of operation:

PREMISES:

By what right does the applicant have possession of the premises?	
Own _x_LeaseSub-leaseBinding Contract to acquire real propertyother:	— "
Type of Building: Residential Commercial 🔀 Mixed (Res/Com) Other:	-
Number of floor: Year Built :	
Describe neighboring buildings: Residential	
Zoning Designation:	
Zoning Overlay or Special Designation (applicable)	-
Block and Lot Number: / 27	
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? Xyes no	
Is the premise located in a historic district? X yesno	
(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? yes no, please explain :	Changes being
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	made to exterior will be submitted to LPC in July. Exterior changes
What is the proposed Occupancy? <u>No change to occupancy, theater/mixed-use</u>	are limited to mainly cosmetic changes at
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?	canopy and some of the openings. We are not adding
<u>X</u> no <u>X</u> yes Theater: 220	any square footage or new
If yes, what is the maximum occupancy for the premises?	means of egress.
If yes, what is the use group for the premises? <u>Theater/mixed-use</u>	
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? Xyesno	-
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: Changes being made to exterior will be submitted to LPC in July. Exterior changes are limited to mainly cosmetic changes at canopy and some of the openings. We are not adding any square footage or new m of egress.	eans

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? <u>4,404 sq ft</u>
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? $\frac{n/a}{a}$
How many entrances are there? 2 How many exits? 4 How many bathrooms ? 4
Is there access to other parts of the building? no yes, explain:Exterior access, stairs
OVERALL SEATING INFORMATION:
Total number of tables? <u>15</u> Total table seats? <u>46</u>
Total number of bars? <u>1</u> Total bar seats? <u>8</u>
Total number of "other" seats? <u>166</u> please explain : <u>"Other" seats refer to theater seats</u>
Total OVERALL number of seats in Premises :
BARS:
How many *stand-up bars / bar seats are being applied for on the premises? Bars Seats8
How many service bars are being applied for on the premises?
Any food counters? X no yes, describe :
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 order, pay for and receive food and alcoholic beverages.
PROPOSED METHOD OF OPERATION:
What type of establishment will this be? (check all that apply)
BarBar & FoodRestaurantClub/ CabaretHotel _x_Other:(Theater)

. . .

What are	the Hours of Op	peration?					
Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	
<u>11a</u> to <u>11p</u>	<u>2 11a to 11p</u>	<u>11a_to</u> <u>11p</u>	<u>11a</u> to <u>11p</u>	<u>11a</u> to <u>11p</u>	<u>11a</u> to <u>11p</u>	<u>11a</u> to <u>11p</u>	
Will the bu	usiness employ	a manager? _	no _X_yes,	name / experie	nce if known :	TBD	
Will there Do you ha	be security per ave or plan to in	sonnel? $\underline{ imes}$ n Istall French do	o yes(if ye ors, accordion d	es, what nights a oors or windows	nd how many? that open?) no yes	
lf yes, ple	ase describe : ₋	Replacing exis	sting ticket sales bo	oth in lobby			
			(how many?) _				
Type of N	NUSIC / ENTER	RTAINMENT: _	Live Music	_Live DJ	Juke Box 🔀	pod / CDsnone	
	22 D 21 72 1		nd (quiet) E round (quiet) music			ied Music	
Do you ha	ave or plan to ir	stall soundpro	ofing?no 🏒	<mark>∕ y</mark> es			
IF YES, w	/ill you be using	a professional	sound engineer	? yes			
conducting sound te	ests at the site in or	der to make his des	I sound proofing e performance would ign recommendations nsmission as other co	s team. As the theate	r building has exist	coustical engineer is on board now ing residents in it, that are tenants o	will be f the new
Will you b	e permitting: _	promoted e	vents <u>Sche</u> sche	duled performar neduled performan	cesouts	ide promoters eater	
any	events at which	i a cover fee is	charged? 🔀 ı	orivate parties			
Do you ha establishr	ave plans to ma ment? no	anage or addre	ss vehicular traff es, please attacl	ic and crowd cor n plans)	ntrol on the side	ewalk caused by your	
Will you b	oe utilizina 🗡	***Rope	s/stanchions only u ovable barriers	ised for theater per other outsi	formances to cre de equipment (eate orderly environment describe)	
the show. W Restaurant	Ve are proposing a f encourages people	floor plan with a larg to spend time insid	jer lobby and entry ar e. Usher on staff to b	ea that allows for peoring traffic into buildir	ople to linger inside ng prior to a show.	lding extra staff for this during rather than on the sidewalk.	
Are your	premises withir	1 200 feet of an	y school, church	or place of wors	ship? <u> </u>	yes	
please s	s a school, chi ubmit a block s (no larger th	plot diagram d	or area map sho	in 200 feet of yo wing its' locati	our premises (on in proximit	or on the same block, y to your applicant	
Indicate t	he distance in t	feet from the pr	oposed premise				
Name of	School / Churc	h:					
Address:	<u></u>				Distance:		-
Name of	School / Churc	h:	· · · · · · · · · · · · · · · · · · ·				

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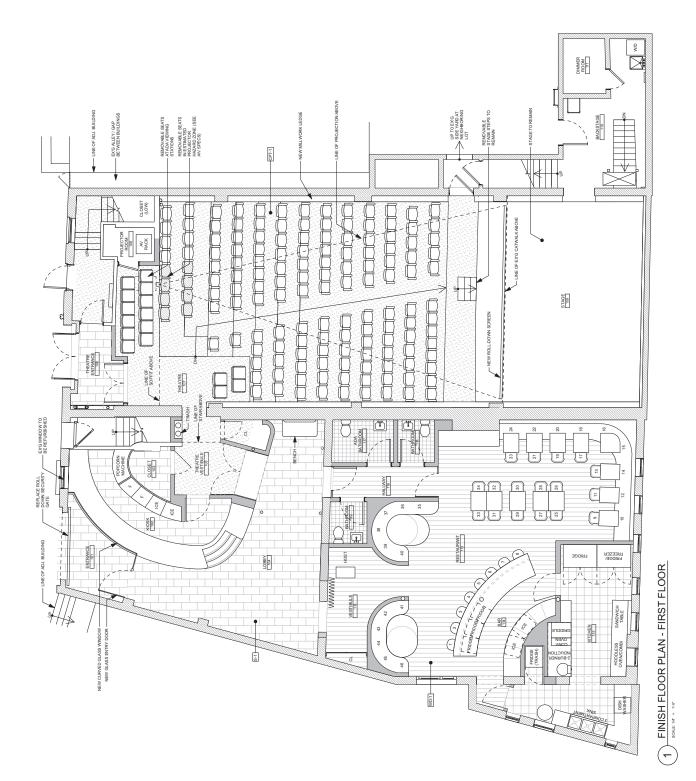
Address:		Distance:
Name of School	Church:	
Address:		Distance:
Please provide c you will address i	ontact information for Residents / Community Board and c t immediately.	onfirm that if complaints are made
Contact Person:	Mary Geerlof Phone:	
	38-42 Commerce St., New York, NY 10014	
Email :		
	Application submitted on behalf of the applicant by: Noal Gllard Signature	
	Noah Gillard Print or Type Name	

Title_____Chief of Staff

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.

Cat Sooth

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





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