APPLICANT INFO	RMATION:
Name of applicant(s):	
	Six Square Management LLC
Trade name (DBA):	Yawning Cobra
Premises address:	356 Bowery, New York, NY 10012
Cross Streets and oth	er addresses used for building/premise: st 4th Street
CONTACT INFOR	
Office or Home Addre	ss:356 Bowery
City, State, Zip: Ne	v York, NY 10012
Telephone #:	email :
Telephone #:	5 - A
Landlord Name / Co	MH 356 Bowery LLC- 515 Madison Ave, Floor 36, New York, NY 10022
and the second	MH 356 Bowery LLC- 515 Madison Ave, Floor 36, New York, NY 10022 and Fax:
Landlord Name / Co	MH 356 Bowery LLC- 515 Madison Ave, Floor 36, New York, NY 10022 and Fax:

	T TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY):
X a	new liquor license (Restaurant X Tavern / On premise liquor Other)
_ a	n UPGRADE of an existing Liquor License
_ a	n 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
_ 8	RENEWAL of an existing Liquor License
_ 8	n OFF-PREMISE License (retail)
(OTHER:
This	s is for a new application, please list previous use of location for the last 5 years: s space previously operated as Hecho En Dumbo/King Cross, a tavern restaurant with a full liquor license ch expired in December 2018. Upon information and belief, the space has remained vacant since that
s an	
	y license under the ABC Law currently active at this location? X yes no
f yes	y license under the ABC Law currently active at this location? X yes no
f yes	y license under the ABC Law currently active at this location? X yes no s, what is the name of current / previous licensee, license # and expiration date: eany other licenses under the ABC Law been in effect in the last 10 years at this location?

PREMISES:

Own _X_Lease Sub-lease Binding Contract to acquire real p	roperty other:
Type of Building: Residential Commercial _X_Mixed (Res/Com) _ Number of floor: _6* Year Built : _1910	Other:
Describe neighboring buildings: Mixed-Use	
Zoning Designation: M1-5B	
Zoning Overlay or Special Designation (applicable)	
Block and Lot Number:/	
Does the premise occupy more than one building, zoning lot, tax lot or more th	an one floor? X* yes no
Is the premise located in a historic district? X yes no	*Lower level & sub-cellar
(if yes, have all exterior changes or changes governed by the Landmarks Presbeen approved by the LPC? yes _X no, please explain : No exte	rior changes
Will any outside area or sidewalk café be used for the sale or consumption of a (including sidewalk, roof and yard space) X no yes : explain	alcoholic beverages?
What is the proposed Occupancy? 46 (including employees)	
Does the premise currently have a valid Certificate of Occupancy (C of O) and	all appropriate permits?
no yes *LNO/CO Pending	
If yes, what is the maximum occupancy for the premises?70	
If yes, what is the use group for the premises? 6	
If yes, is proposed occupancy permitted? X yes no, explain : *LN filed	O/CO pending - application to be following completion of build-or
If your occupancy is 75 or greater, do you plan to apply for Public Assembly p	ermit? yesno
Do you plan to file for changes to the Certificate of Occupancy? X yes _ (if yes, please provide copy of application to the NYC DOB)	no *Pending submiss
Will the façade or signage be changed from what currently exist at the premise	e?no _X_yes

1	NTERIOR OF PREMISES:
٧	What is the total licensed square footage of the premises? Approximately 1650 total square feet
1	f more than one floor, please specify square footage by floors: Lower Level- 1300 square feet; Sub-cellar- 350 square feet
l	there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?
_	No
1	f more than one floor, what is the access between floors? Interior stairs
H	low many entrances are there?1 How many exits?1 How many bathrooms ? _1
1	s there access to other parts of the building? X no yes, explain:
(OVERALL SEATING INFORMATION:
1	otal number of tables? _6_ Total table seats? _24
1	otal number of bars? _1 _ Total bar seats? _15
1	otal number of "other" seats?4 please explain :Counter seats
1	otal OVERALL number of seats in Premises : _43
ı	BARS:
1	How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats
ŀ	How many service bars are being applied for on the premises? _0
1	Any food counters? X no yes, describe :
1	For Alterations and Upgrades:
F	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 orde pay for and receive food and alcoholic beverages.
1	PROPOSED METHOD OF OPERATION:
1	What type of establishment will this be? (check all that apply)
	Bar X Bar & FoodRestaurantClub/ CabaretHotelOther

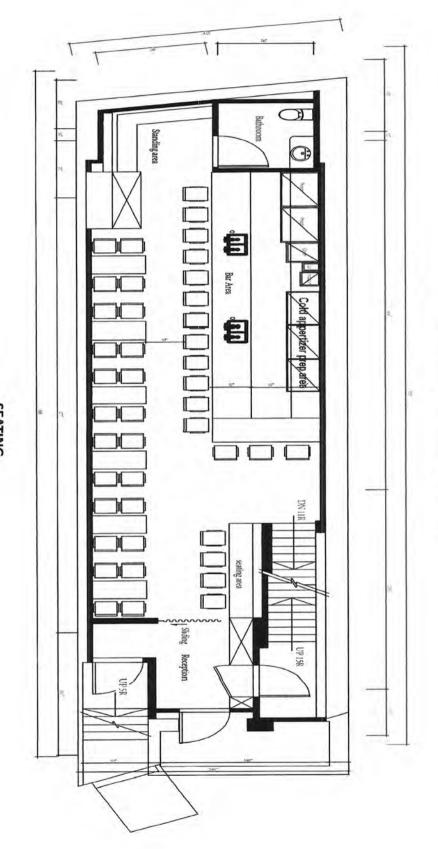
What are th	e Hours of O	peration?											
Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:							
5pm to 1 am	5pm to 1am	5pm to 1 am	5pm to 1 am	5pm to 1 am	5pm to 1 am	5pm _{to} 1am							
Will the business employ a manager? X no yes, name / experience if known :													
Will there be Do you have	e security per e or plan to ir	sonnel? nonstall French do	o <u>X</u> yes(if ye ors, accordion d	es, what nights a oors or windows	and how many? s that open? X	no yes							
f yes, please describe :													
Will you have TV's ? X no yes (how many?) Type of MUSIC / ENTERTAINMENT: Live MusicLive DJJuke Box _X lpod / CDsno Expected Volume level: X Background (quiet) Entertainment level Amplified Music (check all that apply)													
							Do you have	e or plan to ir	stall soundprod	ofing?no _	X yes		
							IF YES, will	you be using	a professional	sound engineer	? No		
Diagon don	oribo vour cou	and aveters and	nound propfing	Cinania annales	and with the land of the same	ntrol							
			ventssched		oces outs	ide promoters							
any ev	ents at which	a cover fee is	charged? p	rivate parties									
Do you have establishme	e plans to ma ent? no	nage or addres X* yes (if ye	s vehicular traffices, please attach	plans) *The es	stablishment inter	ewalk caused by you nds to operate by ent any lines outside							
Will you be	utilizing	ropesm	ovable barriers	other outsi	de equipment (describe)							
Are your pre	emises within	200 feet of any	school, church	or place of wors	ship? no _	yes							
please sub	mit a block		r area map show			r on the same bloc to your applicant							
Indicate the	distance in fe	eet from the pro	posed premise:										
Name of Sc	hool / Church	Y:											
Address:					Distance:								

		Distance	
Address:		Distance:	
Name of School / Chu	rch:		
Address:		Distance:	
you will address it imn	nediately.	Community Board and confirm that if complaints are m	
		Phone:	
Email :			
		on submitted on the applicant by:	
	whi		
	Signature		
	Print or Type Name	Claire Li	
	Title Aut	thorized Signatory	

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

SIX SQUARE MANAGEMENT LLC d/b/a YAWNING COBRA- Lower Level Diagram 356 Bowery, New York, NY 10012



SEATING
6 Total Tables
43 Total Seats

(15 Bar Seats; 4 Counter Seats; 24 Table Seats)

Six Square Management LLC 356 Bowery, New York, NY 10012





Yawning Cobra Sample Menu

Strong

Oriental Negroni
Porcini Flavored Old Fashion
Pu'er Tea Cognac with almond twist

Refreshing

Double Juniper Inspired Wasabi + Thai Lime Inspired Earl Grey Infused Alcohol Based

Unami

Scallop&Pineapple
Scallion Moscow Mule
Dried Ume&Dried Bonito&Mezcal
Kelp + Greenapple

Sour

Tarragon&Gin
Japanese Yuzu Inspired
Chinese Fen Jiu&Kiwi&Black Seasame

Sweet

Apple Cinnamon Flavored Old Fashion Orange Cheescake Inspired Cocktail Sparkling Candied Sweet Potato Flavored Cocktail

Snack

Cheese Board
Candied Walnut
Pickled Olive
Salami& Seasonal Fruit Platter
Shrimp Tartlets







