

Meeting Date: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name of applicant(s): Felix Greene Street Soho LLC

Trade name (DBA): Felix Roasting Co.

Premises address: 145 Greene Street, New York, NY 10012

Cross Streets and other addresses used for building/premise:  
Prince and West Houston Streets

**CONTACT INFORMATION:**

Principal(s) Name(s): Matthew Moinian

Office or Home Address: [REDACTED]

City, State, Zip: New York, NY 10016

Telephone #: [REDACTED]

Landlord Name / Contact: Ashkenazy Acquisitions Corp

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>Matthew Moinian</u>	<u>Hotel Hugo Soho / 525 Greenwich Street</u>
_____	<u>Felix Roasting Co. / 450 Park Avenue South</u>
_____	_____

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):  
Felix Roasting Co. is a luxury and well established cafe and coffee company that focuses on  
high end premium coffee as well as interiors and elevated food and beverage options. We are a  
primary known for and established as a coffee roasting company.

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

- a new liquor license (  Restaurant  Tavern / On premise liquor  Other ) Coffee Shop OP Tavern
- 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.)

N/A

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

Bubble Milk Tea Shop

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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: 8 Year Built : 2003

Describe neighboring buildings:  
Mixed: Residential/Commercial

Zoning Designation: M1-5A

Zoning Overlay or Special Designation (applicable) N/A

Block and Lot Number: 514 / 7505

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 : N/A

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 sidewalk cafe

What is the proposed Occupancy? 45

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? \_\_\_\_\_

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: TBD

## INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1,200 sq ft

If more than one floor, please specify square footage by floors: GF: 650 sq ft and Cellar: 550 sq fr

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

TBD

If more than one floor, what is the access between floors? Staircase

How many entrances are there? 2 How many exits? 2 How many bathrooms? 1

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

## OVERALL SEATING INFORMATION:

Total number of tables? 13 Total table seats? 25

Total number of bars? 1 Total bar seats? 0

Total number of "other" seats? 18 please explain: sidewalk cafe

Total OVERALL number of seats in Premises: 43 - (25 inside; 18 outside)

## 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: \_\_\_\_\_

### ***For Alterations and Upgrades:***

Please describe all current and existing bars / bar seats and specific changes: \_\_\_\_\_

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)

Bar  Bar & Food  Restaurant  Club/ Cabaret  Hotel  Other: Coffe Shop

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:  
9am to 5pm 8am to 7pm 8am to 7pm 8am to 7pm 8am to 10pm 8am to 10pm 8am to 10pm

Will the business employ a manager? \_\_\_ no  yes, name / experience if known : TBD

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? N/A

Please describe your sound system and sound proofing: \_\_\_\_\_

4-5 passive speakers and system connected to an iPad.

Will you be permitting: No promoted events No scheduled performances No outside promoters

No any events at which a cover fee is charged? Yes 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 No ropes No movable barriers No other outside equipment (describe) \_\_\_\_\_

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: \_\_\_\_\_

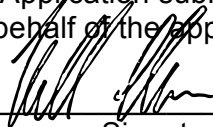
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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

Application submitted on  
behalf of the applicant by:



\_\_\_\_\_  
Signature

Print or Type Name Matthew Moinian

Title CEO

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.



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### COMMUNITY BOARD 2 APPLICATION FOR A STATE LIQUOR AUTHORITY LICENSE ADDENDUM FOR OUTDOOR SEATING

For a Liquor License Application that includes any outdoor areas, please complete the following:

- Submit a diagram of outdoor seating indicating length and width of area(s) and location of all tables and chairs. Include all obstructions (trees, fire hydrants, proximity to bus stops, bike racks, signs, etc.).
- Submit photos of the premises where the sidewalk café and/or roadbed will be located. Required photos show one frontal, one left and one right side view of proposed sidewalk café and/or roadbed.
  - Photos must show complete sidewalk and/or roadway area where sidewalk café and/or roadbed will be including views to curb and neighboring properties.
  - If seating is in a rear yard show photos of yard and surrounding area, including upper view of adjacent buildings.

**Sidewalk café** will have no more than (If premises is located on a corner please indicate for both streets):

6 tables and 18 seats on West Houston Street  
         tables and          seats on          Street

Hours of sidewalk café:          to         . Sunday: 9am-5pm; Monday-Wednesday: 8am-7pm  
Thursday-Saturday: 8am-10pm

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc):         

There is a light post at the corner of Greene and W Houston Street/ 3 Tree Pits on W Houston Street

**Roadbed** will have no more than (If premises is located on a corner please indicate for both streets):

0 tables and 0 seats on n/a Street  
0 tables and 0 seats on n/a Street

Hours of roadbed:          to         .

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc):         

n/a

**Rear yard** will have no more than 0 tables and 0 seats

Hours of rear yard: n/a to n/a.

Does seating extend beyond the business frontage?  No  Yes

Will outdoor dining structures **on the sidewalk** be enclosed on three (3) or more sides?  No  Yes

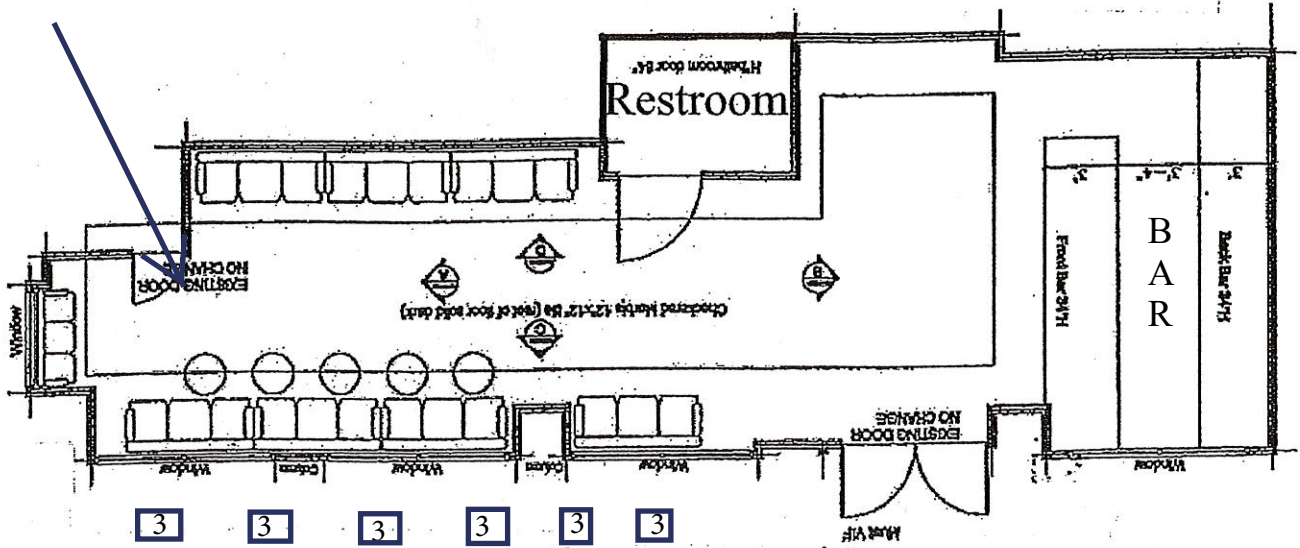
Will outdoor dining structures **on the roadbed** be enclosed on three (3) or more sides?  No  Yes

Is there any outdoor music, speakers or TVs?  No  Yes, please describe:         

Will heating elements be used?  No  Yes, please describe:

Felix Greene Street Soho LLC  
d/b/a Felix Roasting Co.  
145 Greene Street  
New York, NY 10012  
Ground Floor Diagram

Staircase to Cellar



Light Post

Tree Pit

Tree Pit

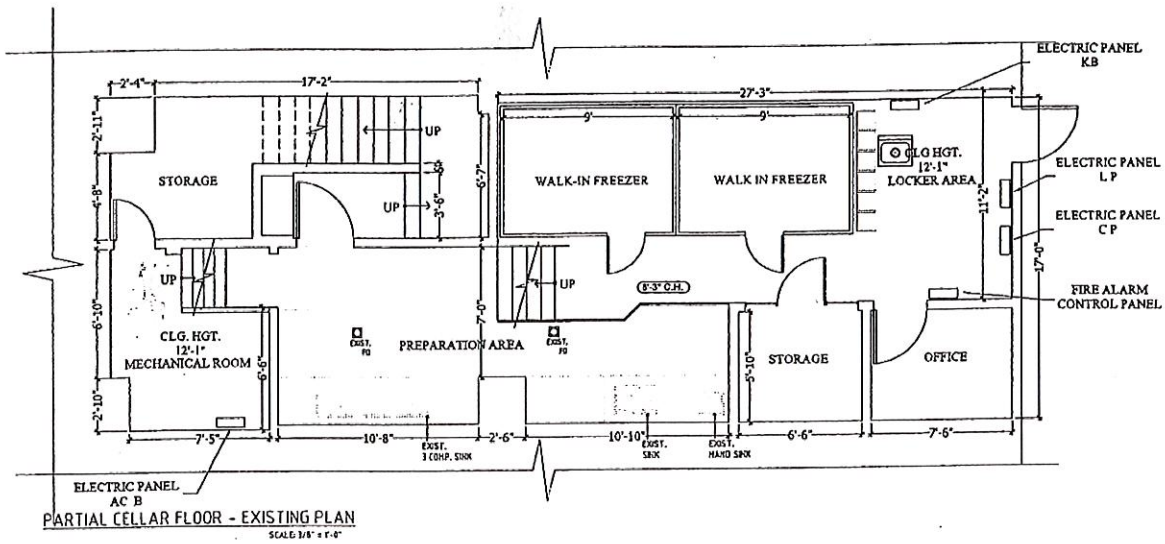
Tree Pit



Sidewalk Cafe



Felix Greene Street Soho LLC  
 145 Greene Street  
 New York, NY 10012  
 Cellar Diagram



# FELIX ROASTING CO.

## ESPRESSO

COFFEE .....	4
ESPRESSO .....	4
CORTADO .....	4.25
AMERICANO .....	4
CAPPUCCINO .....	5
LATTE .....	5.25
MOCHA .....	7
HOT COCOA .....	6
FLAT WHITE .....	5

MOCHA/ CARAMEL - \$1.5

SEASONAL HOUSE-MADE SYRUP - \$1.5

HOUSE-MADE NUT MILK - \$1.5

NUT MILK CONTAINS ALMONDS, CASHEWS & PEPITAS

WHOLE MILK AVAILABLE

ALL ICED DRINKS + \$1

## SPECIALTY OFFERINGS

HICKORY SMOKED S'MORES LATTE .....	15
DECONSTRUCTED ESPRESSO TONIC.....	11

## TOAST

AVOCADO TOAST..... 12

SOURDOUGH, MASHED AVOCADO, RADISH, PICKLED RED ONION, RED CHILLI, CILANTRO, MUSTARD SEED, ITALIAN LEMON OLIVE OIL, MALDON SEA SALT.

☼ SMOKED SALMON - 4

WHIPPED RICOTTA & FIG TOAST..... 12

SOURDOUGH, WHIPPED RICOTTA, SOUR CHERRY COMPOTE, TRUFFLE OIL, LEMON THYME, MALDON SEA SALT.

☼ PROSCIUTTO DI PARMA - 4

## FILTER COFFEE

8 OZ .....	3.25
12 OZ .....	3.50
16 OZ .....	3.75

## DRAFT

COLD BREW.....	7
NITRO ICED TEA.....	6

## TEA & MATCHA

BLACK .....	4.5
GREEN.....	4.5
HERBAL.....	4.5
MATCHA LATTE.....	6
ICED OR HOT	
CHAI LATTE .....	6
ICED OR HOT	

## GRAB & GO

FELIX EGG SALAD SANDO.....	10
SMOKED SALMON SANDO.....	10
CHICKEN SALAD SANDO .....	10
FELIX NICOISE SALAD .....	10
FARMHOUSE CHICKEN SALAD.	10

## BAGELS

FELIX "CLASSIC".....	10
CREAM CHEESE, CAPERS, PICKLED ONION, SPROUTS, FENNEL, DILL.	
☼ SMOKED SALMON - 4	
NOTORIOUS RBG .....	10
BLUEBERRY & SAGE CREAM CHEESE, FRESH STRAWBERRIES, BLACKBERRIES, CINNAMON, MINT.	



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