

Meeting Date: July 2023

APPLICANT INFORMATION:

Name of applicant(s): 78 5th Avenue Kafeneio Inc.

Trade name (DBA): Ariston Flowers & Cafe

Premises address:
78 5th Avenue, New York, NY 10011

Cross Streets and other addresses used for building/premise:
EAST 13 STREET, EAST 14 STREET

CONTACT INFORMATION:

Principal(s) Name(s): Antonis Barbagianis

Office or Home Address: 78 5th Avenue
New York, NY 10011

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact: Amdar Company LLC

212-355-4900

Landlord's Telephone and Fax: _____

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

Athanasios Babagiannis

None

Alexandros Barpayianis

None

Theodoros Zois

None

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

We are a flower shop that has added a coffee and food counter and now want to add liquor, wine, beer & cider as a tavern/bar license.

Meeting Date: May 2023

APPLICANT INFORMATION:

Name of applicant(s): 78 5th Avenue Kafeneio Inc.

Trade name (DBA): Ariston Flowers & Cafe

Premises address:
78 5th Avenue, New York, NY 10011

Cross Streets and other addresses used for building/premise:
EAST 13 STREET, EAST 14 STREET

CONTACT INFORMATION:

Principal(s) Name(s): Antonis Barbagianis

Office or Home Address: 78 5th Avenue
New York, NY 10011

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact: Amdar Company LLC

212-355-4900

Landlord's Telephone and Fax: _____

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

<u>Theodor Barbagianis</u>	<u>None</u>
<u>Antonis Barbagianis</u>	<u>None</u>
<u>Ioannis Zois</u>	<u>None</u>
<u>Spiros Zois</u>	<u>None</u>

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

We are a flower shop that has added a coffee and food counter and now want to add liquor, wine, beer & cider as a tavern/bar license.

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:

Health food restaurant "Hu Kitchen"

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:

Hu Kitchen Serial#1262180 OPW 08/24/2017 - 08/31/2019

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: 10 Year Built : 1900

Describe neighboring buildings: Mixed

Zoning Designation: C6-4M C6-2M

Zoning Overlay or Special Designation (applicable) 12C

Block and Lot Number: 577 / 41

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? yes no
1st Floor &

Is the premise located in a historic district? yes no
Mezzanine

(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? 74

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? 74

If yes, what is the use group for the premises? 6

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: _____

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 3600 sq. ft.

If more than one floor, please specify square footage by floors: 1st Floor - 2600 sq.ft. Mezzanine 1000 sq. ft.

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?
No

If more than one floor, what is the access between floors? Stairs to Mezzanine

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

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

OVERALL SEATING INFORMATION:

Total number of tables? 17 Total table seats? 34

Total number of bars? 1 Total bar seats? 10

Total number of "other" seats? n/a please explain : _____

Total OVERALL number of seats in Premises : 44

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 10

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

Any food counters? no yes, describe : food counter for coffee and food

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: Cafe

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
9 am to 12am 7:30 am to 12am 7:30 am to 12am 7:30 am to 1 am 7:30 am to 1 am 7:30 am to 2 am 8 am to 2 am

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

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? _____

Please describe your sound system and sound proofing: _____

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) _____

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: Antonis Barbagianis Phone: [REDACTED]

Address: 78 5th Avenue, New York, NY 10011

Email : [REDACTED]

Application submitted on behalf of the applicant by:

[Signature]
Signature

Print or Type Name M. Schell Sejel

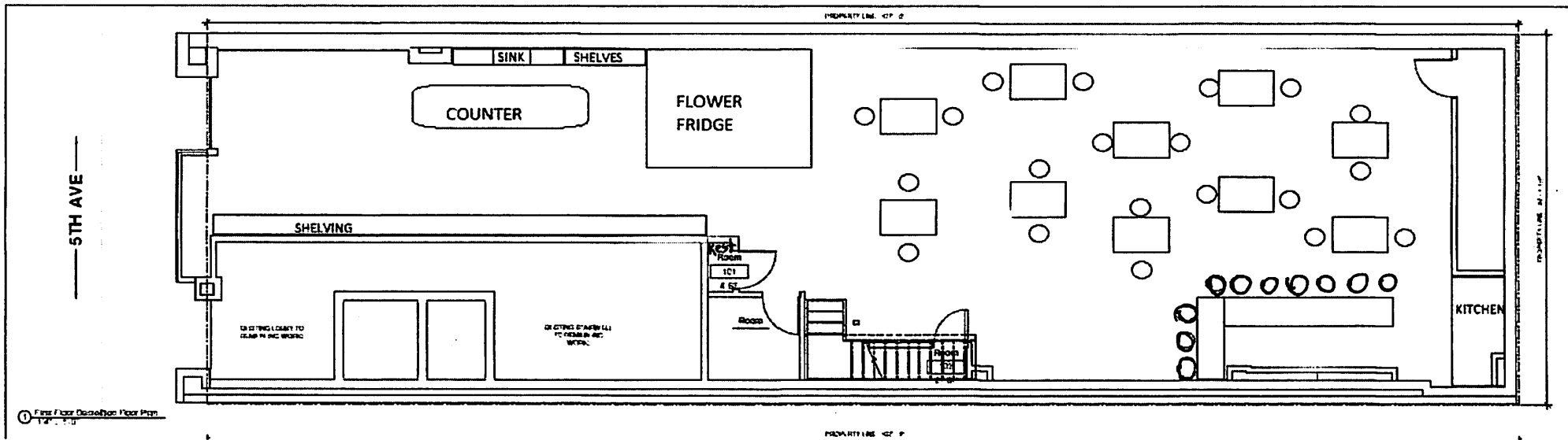
Title Attorney

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.

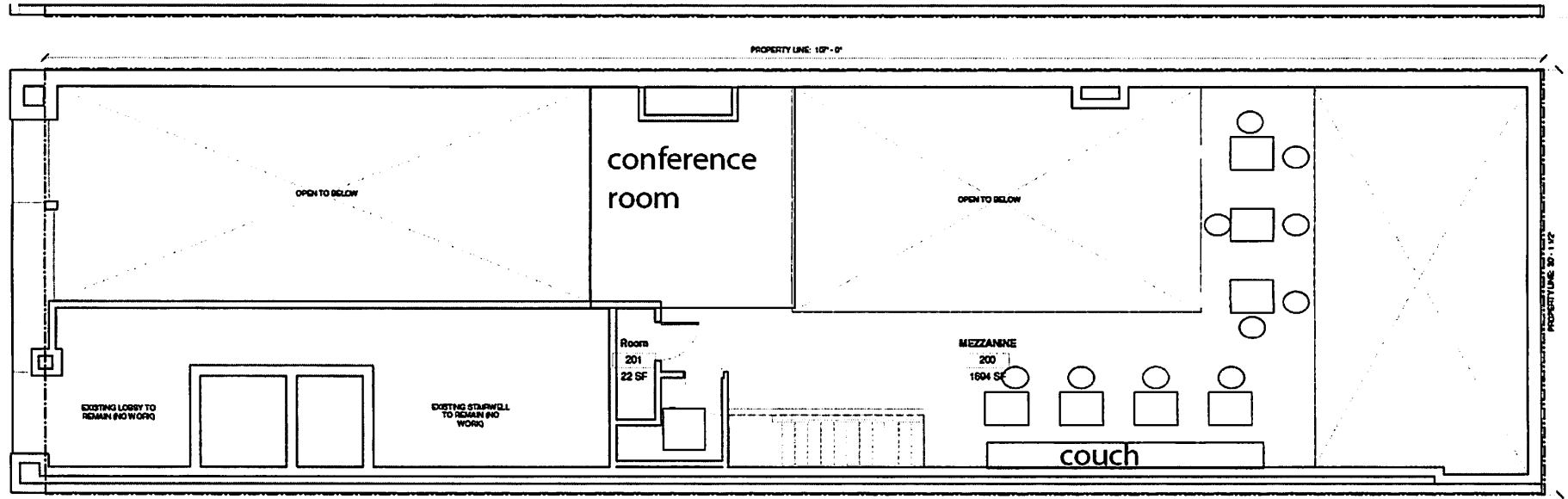
[Signature]

[Signature]

Community Board 2,
Manhattan SLA Licensing Committee
Donna Raftery, Co-Chair
Robert Ely, Co-Chair



First Floor Demolition Floor Plan
1/4" = 1'-0"



Demolition Mezzanine Plan
1/4" = 1'-0"