Meeting Date: <u>8/1/2023</u>	
APPLICANT INFORMATION:	
Name of applicant(s): Mishka Soho Inc.	
Trade name (DBA):  Mishka Soho	,
Premises address: 519 Broome St., NY, N	Y 10013
Cross Streets and other addresses us	sed for building/premise:
Sullivan and Thompson	Sts.
CONTACT INFORMATION:	
Principal(s) Name(s):  Marina Genel	
Office or Home Address: 519 Bro	pome St
City, State, Zip: NY, NY 100	13
Telephone #:	
Landlord Name / Contact: 18-ILA Realty Corp.	
Landlord's Telephone and Fax:	
NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Marina Genel	n/a
Briefly describe the proposed operation	on (i.e. "We are a family restaurant that will focus on"):
	nood restaurant that features a Eastern Europea
cuisine	

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
x a BEER and WINE License
a RENEWAL of an existing Liquor License
an OFF-PREMISE License (retail)
OTHER :
(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:  The applicant has been a restaurant for the past 5 years.
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:n/a
Have any other licenses under the ABC Law been in effect in the last 10 years at this location?  X yesno
If yes, please list DBA names and dates of operation:
Anyway Soho Ltd., Anyway Cafe 2018-2020

## PREMISES:

By what right does the applicant have possession of the premises?
Own _X_LeaseSub-leaseBinding Contract to acquire real property other:
Type of Building: Residential _x_ CommercialMixed (Res/Com) Other:
Number of floor: _5Year Built :
Describe neighboring buildings:
Zoning Designation:
Zoning Overlay or Special Designation (applicable)
Block and Lot Number: 476 / 25
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? yes _x 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? X 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 _x_ yes : explain <u>Side yard</u>
What is the proposed Occupancy? restaurant
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?
no _x_ yes
If yes, what is the maximum occupancy for the premises? <u>38</u>
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? yesno n/a
Do you plan to file for changes to the Certificate of Occupancy? yes _x 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? X no yes
(if yes, please describe:

INTERIOR OF PREMISES:
What is the total licensed square footage of the premises? <u>800 sq.ft</u>
If more than one floor, please specify square footage by floors:
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?  yes side yard within building line
If more than one floor, what is the access between floors?
How many entrances are there? $\underline{}$ How many exits? $\underline{}$ How many bathrooms ? $\underline{}$
Is there access to other parts of the building? X no yes, explain:
OVERALL SEATING INFORMATION:
Total number of tables? 8* Total table seats? 32* *inside
Total number of bars? 1 Total bar seats? 8
Total number of "other" seats? 24 please explain : in outside yard
Total OVERALL number of seats in Premises :
BARS:
How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 8
How many service bars are being applied for on the premises?
Any food counters? X no yes, describe :
For Alterations and Upgrades: n/a
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.
PROPOSED METHOD OF OPERATION:
What type of establishment will this be? (check all that apply)
Bar Bar & Food X_Restaurant Club/ Cabaret Hotel Other:

What are the Hours of Operation? Sunday: Tuesdav: Monday: Wednesday: Thursday: Friday: Saturday: 11:30 9pm 5pm-10pm@losed1pm10pm 1pm11pm1pm11pm11pm 0wner will manage

Will the business employ a manager? X no \_\_\_yes, name / experience if known : \_\_\_\_\_ Will there be security personnel? \_\_\_ no \_x\_\_ yes( if yes, what nights and how many?) 1 at closed Do you have or plan to install French doors, accordion doors or windows that open? If yes, please describe : \_\_\_\_\_ Will you have TV's? \_\_\_ no \_x\_ yes ( how many? ) 2 Type of MUSIC / ENTERTAINMENT: Live Music x Live DJ Juke Box X Ipod / CDs none Expected Volume level: X Background (quiet) \_\_\_ Entertainment level \_\_\_ Amplified Music (check all that apply) Do you have or plan to install soundproofing? \_\_\_\_no \_x\_\_ yes IF YES, will you be using a professional sound engineer? n/a Please describe your sound system and professional Will you be permitting: promoted events scheduled performances outside promoters \_\_\_ any events at which a cover fee is charged? X 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) \_\_\_\_ fencing \_\_\_\_\_\_ Are your premises within 200 feet of any school, church or place of worship? \_x\_ 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  $\frac{1}{2}$  " 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 / Comn you will address it immediately.	nunity Board and confirm that if complaints are made
Contact Person: Marina Genel	Phone:
Address: <u>519 Broome St., NY, NY 100</u>	13
Email :	
Application su behalf of the ap Signate	oplicant by:
Print or Type Name <u>Martii</u>	n P. Mehler
Titleatto	ney for applicant

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 Jeanine Kiely, Chair Susan Kent, First Vice Chair Valerie De La Rosa, Second Vice Chair Bob Gormley, District Manager



Antony Wong, Treasurer Eugene Yoo, Secretary Ritu Chattree, Assistant Secretary

## Community Board No. 2, Manhattan

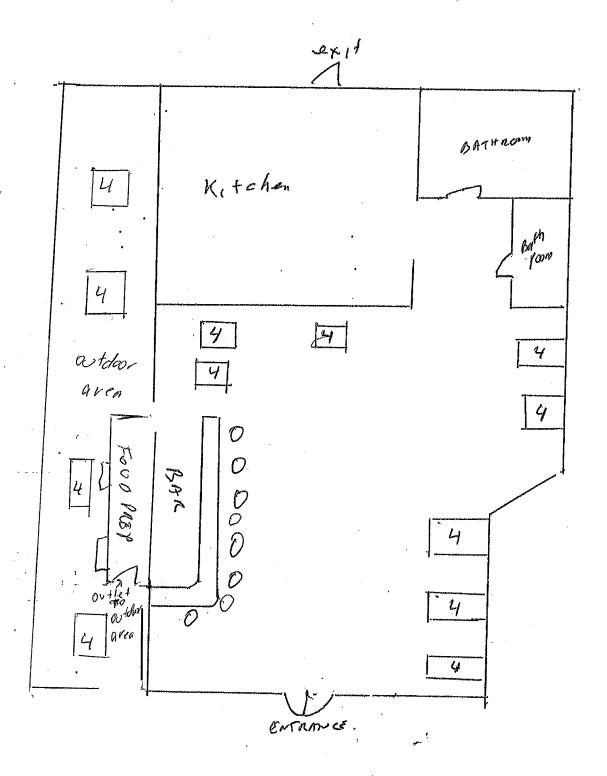
3 Washington Square Village NEW YORK, NY 10012-1899 www.cb2manhattan.org

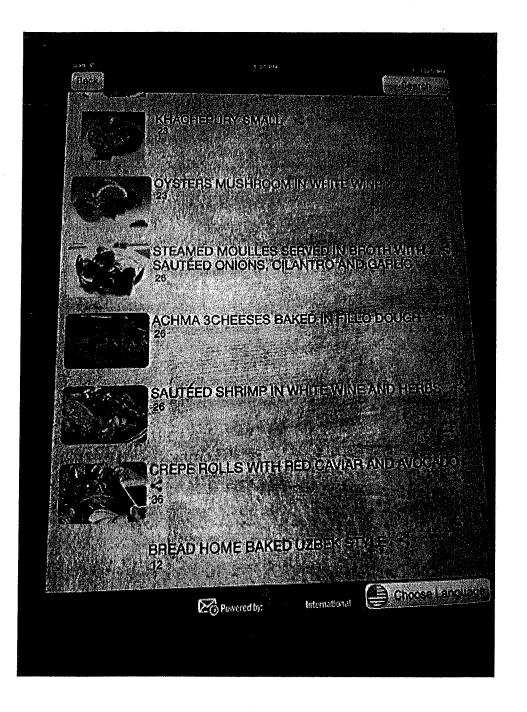
## COMMUNITY BOARD 2 APPLICATION FOR A STATE LIQUOR AUTHORITY LICENSE ADDENDUM FOR OUTDOOR SEATING

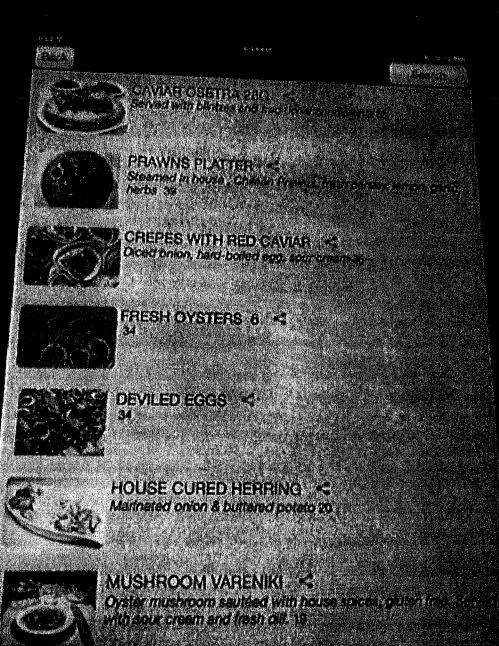
For a Liquor License Application that includes any outdoor areas, please complete the following:

- 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.
  - For rear yard, show photos of yard and surrounding area, including upper view of adjacent buildings.

Na	ame of Applicant: MISP	ika Soho Inc						
Ad	ddress of Premises: $51$	9 Broome St	reet, Nev	v York, N	IY 10013			
	i <b>dewalk café</b> will have no tables and tables and	seats on _	******		_ Street	dicate for bot	h streets):	N/A
	ours of sidewalk café:				_ 0.1001			
	escribe any obstructions (			y to bus sto	op, etc):			N/A
	oadbed will have no more tables and					e for both stre	eets):	
	tables and	seats on _			_ Street			
	ours of roadbed:							
De	escribe any obstructions (	rees, fire hydra	nt, proximit	ty to bus sto	op, etc):			
<b>Ŗ</b> s Ho	ide  sar yard will have no more ours of rear yard: seating extend beyond the	10	— · Tueso	lay closed V	Vednesday 1:00pm	to 10:00pm	):00pm	
	utdoor dining structures <b>or</b>						Yes N	Ι/Λ
	_							
	utdoor dining structures <b>or</b>							
Is ther	re any outdoor music, spe	akers or TVs?	_X_No	_Yes, plea	se describe:			-
Will he	eating elements be used?	No`	Yes, please	e describe:	-			







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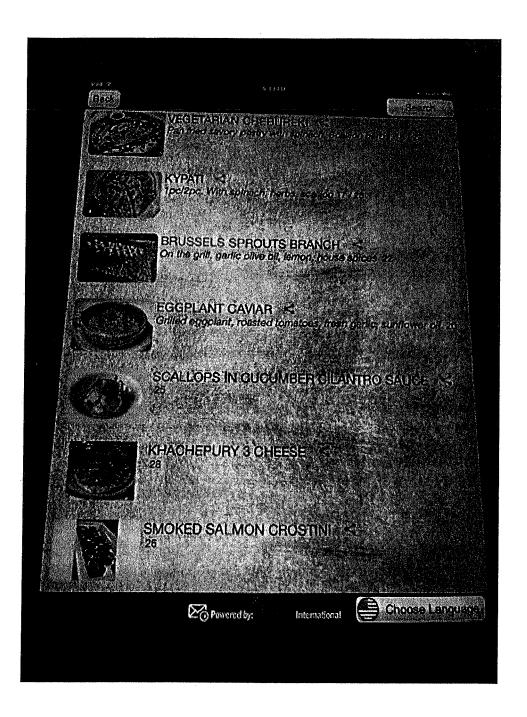


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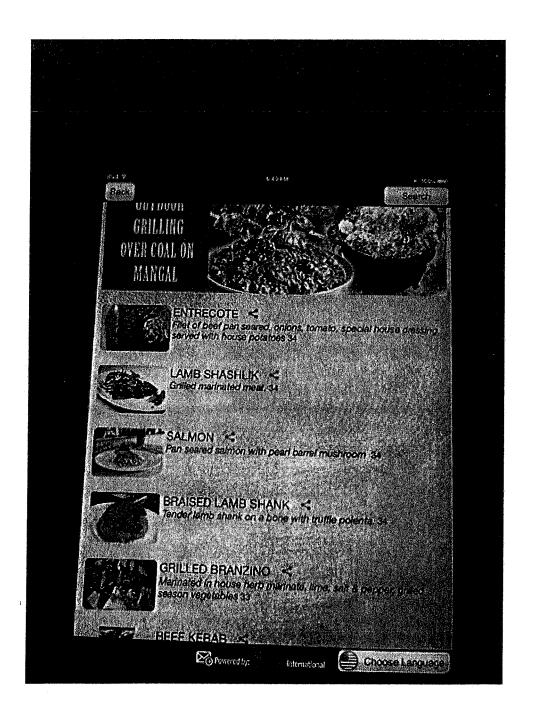
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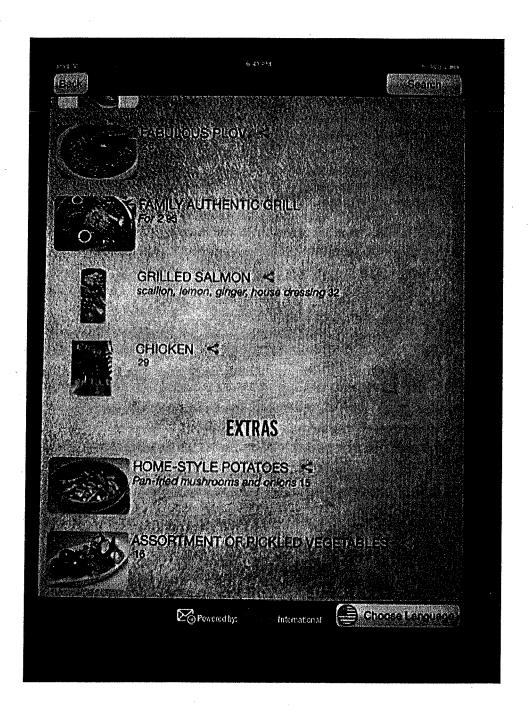


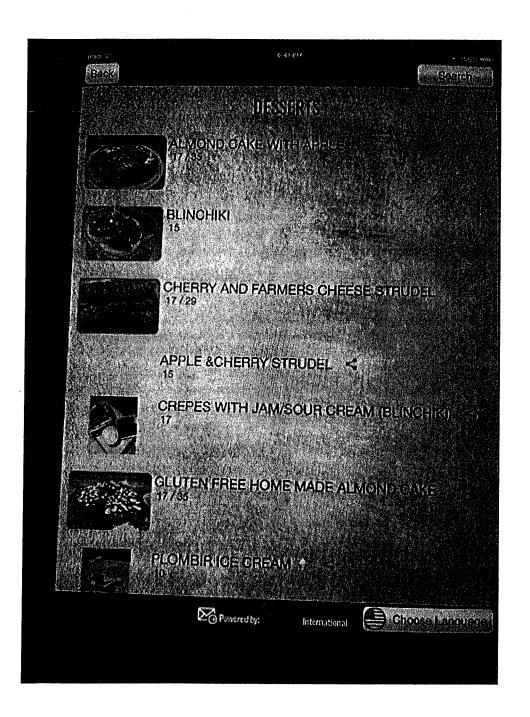




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