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Greenwich Village ♦ Little Italy ♦ SoHo ♦ NoHo ♦ Hudson Square ♦ Chinatown ♦ Gansevoort Market

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-Thursday: 9am-8pm
Friday-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:

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

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

Bubble Milk Tea Shop

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:

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 10pm 8am to 10pm 8am to 10pm 8am to 10pm 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: _____

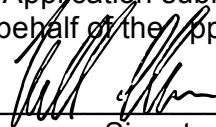
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

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.



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

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.

1. Zoning

1a. State what the area is zoned for:
(e.g., Residential, Business, Mixed etc.)

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits?

 Yes No Pending

2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address?

 Yes No

If YES, please specify:

If the address was changed due to a 911 update or other government action, please include documentation for the change.

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

 Currently Licensed Previously Licensed Never Licensed Do Not Know

Name of Licensee:

License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

 Yes No Do Not Know

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed?

 Yes No

Name of Licensee:

License Serial Number:

3. Premises (interior):

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?
If yes, show the means of access on the interior diagram(s). Yes No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?
(e.g., hallway, stairwells, common areas, etc.) Yes No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises:

3h. Number of tables?

3i. Number of seats at tables?

3j. Number of seats at bar or counter?

4. Bars:

4a. How many customer bars are located on the premises?
(a customer bar is where patrons may order, purchase or receive alcoholic beverages)

4b. How many service bars? *(a service bar is for wait staff use exclusively)*

4c. Describe each bar in the fields below:

Bar 1

Bar Type:

Length:

Shape:

Location:

Bar 2

Bar Type:

Length:

Shape:

Location:

Bar 3

Bar Type:

Length:

Shape:

Location:

Attach additional sheets if there are more than 3 bars.

5. Kitchen:

5a. Does the premises have a full kitchen? Yes No

If NO, does the premises have a food preparation area? Yes No

Show Kitchen or Food Prep Area on the Interior Diagram

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU

5b. Is a chef/cook employed at the premises? Yes No

If YES, please list hours of day chef/cook will devote to the premises:

6. Hotel or Bed & Breakfast:

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises? Yes No

7. Outdoor Areas:

7a. Are there any outside areas used for the sale or consumption of alcohol? Yes No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

Sidewalk Cafe Deck Patio Porch Gazebo

Rooftop Yard Balcony Pavilion Tent

Other (describe):

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? Yes No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

Fencing Wall Shrubbery Roping Stanchions

Other (describe):

7f. Is a permit required by the locality for outside area(s)? Yes No

If yes, submit a copy of the permit.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

PROPOSED METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises? Yes No
(If YES, please provide details on a separate sheet)

1a. If the premises *is not* a catering establishment, will the premises periodically close to host private events? Yes No

If YES, how frequently?

2. Will the premises have music? Yes No

2a. If YES, check all that apply: Recorded DJ Juke Box Karaoke

Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):

2b. Will the premises use the services of an Event Promoter? Yes No

3. Will the premises permit dancing? Yes No

3a. If dancing is permitted, who will be permitted to dance? Patrons Employees for Entertainment Both

3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No

4. Will there be topless entertainment? Yes No

5. Will the business employ a manager? Yes No

5a. If NO, will principal(s) manage? Yes No

6. How many employees? (excluding principals and security personnel)

6a. If answer is "0" please provide an explanation:

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions).
If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:

Disability Insurance Carrier Name and Policy Number:

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996

8. Will security personnel be used at the premises? Yes No

9a. If YES, how many?

9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

The Licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

Management will be on premises at all times to supervise and control the establishment and ensure ABC law compliance. All employees will receive training so as to know how to prevent service of alcohol to minors, intoxicated individuals and how to handle disorderly patrons.

10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

Yes No

10a. If NO, please explain:

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link:
<http://sla.ny.gov/provisions-for-county-closing-hours>

This report is for informational purposes only in aid of identifying establishments potentially subject to 500 and 200 foot rules. Distances are approximated using industry standard GIS techniques and do not reflect actual distances between points of entry. The NYS Liquor Authority makes no representation as to the accuracy of the information and disclaims any liability for errors.

Proximity Report For:	
Location	145 Greene St, New York, New York, 10012
Geocode	Latitude: 40.72605 longitude: -73.99859
Report Generated On	7/19/2023

8 Closest Liquor Stores		
Name	Address	Distance
SOHO WINE & SPIRITS LTD Ser #: 1023583	459 W BROADWAY NEW YORK, NY 10012	521 ft
YOLO WINE & SPIRITS CORP Ser #: 1314509	639 1/2 BROADWAY NEW YORK, NY 10012	760 ft
K & S MARKETING COMPANY INC Ser #: 1109520	222 THOMPSON STREET NEW YORK, NY 10012	1,135 ft
SOHO WINE GALLERY INC Ser #: 1023584	187 SPRING STREET NEW YORK, NY 10012	1,231 ft
WINE HUT CORP, THE Ser #: 1337378	197 6TH AVE CORNER RETAIL STORE NEW YORK, NY 10014	1,445 ft
NOLITA WINE MERCHANTS LLC Ser #: 1263367	227 MULBERRY ST SEE NOTES NEW YORK, NY 10012	1,494 ft
YOUNG NAM KANG Ser #: 1023586	52 SPRING STREET NEW YORK, NY 10012	1,573 ft
ASTOR WINES & SPIRITS INC Ser #: 1023515	399 LAFAYETTE STREET NEW YORK, NY 10003	1,772 ft

Schools within 500 feet		
Name	Address	Distance
No Schools within 500 feet		

Churches within 500 feet**Name****Distance**

No Churches within 500 feet

Pending On Premises Liquor Licenses within 750 feet**Name****Address****Distance**LA RESIDENCE LLC
Ser #: 1358284598 BROADWAY
12TH FLOOR EAST
NEW YORK, NY 10012

586 ft

ARTFARM FOOD INC
Ser #: 1361494130 PRINCE ST
NEW YORK, NY 10012

608 ft

Active On Premises Liquor Licenses within 750 feet**Name****Address****Distance**BURGER & BARREL LLC
Ser #: 124521925 W HOUSTON ST
NEW YORK, NY 10012

252 ft

192 MERCER STREET CORPORATION
Ser #: 1253659192 MERCER ST
NEW YORK, NY 10012

303 ft

BABUSHKA NYC LLC
Ser #: 134344877 W HOUSTON ST
2ND FLR
NEW YORK, NY 10012

363 ft

MAJOR DOUGH SOHO 463 LLC
Ser #: 1287177463 W BROADWAY
NEW YORK, NY 10012

428 ft

MERCER I LLC, THE
Ser #: 1023300147 MERCER ST
AKA 99 PRINCE STREET
NEW YORK, NY 10012

456 ft

475 SOHO LLC
Ser #: 1131102475 477 WEST
BROADWAY
NEW YORK, NY 10012

458 ft

MICHAEL G FANELLI INC
Ser #: 102512194 PRINCE STREET
NEW YORK, NY 10012

531 ft

142 MERCER STREET LLC
Ser #: 1025129142 MERCER ST
NEW YORK, NY 10012

542 ft

LOW OVERRUN LLC
Ser #: 1310279490 494 LAGUARDIA PL
NEW YORK, NY 10012

557 ft

ROBILLO HOLDING LLC
Ser #: 134335690 W HOUSTON ST
CELLAR
NEW YORK, NY 10012

567 ft

ABAW, LLC
Ser #: 128036692 W HOUSTON ST
NEW YORK, NY 10012

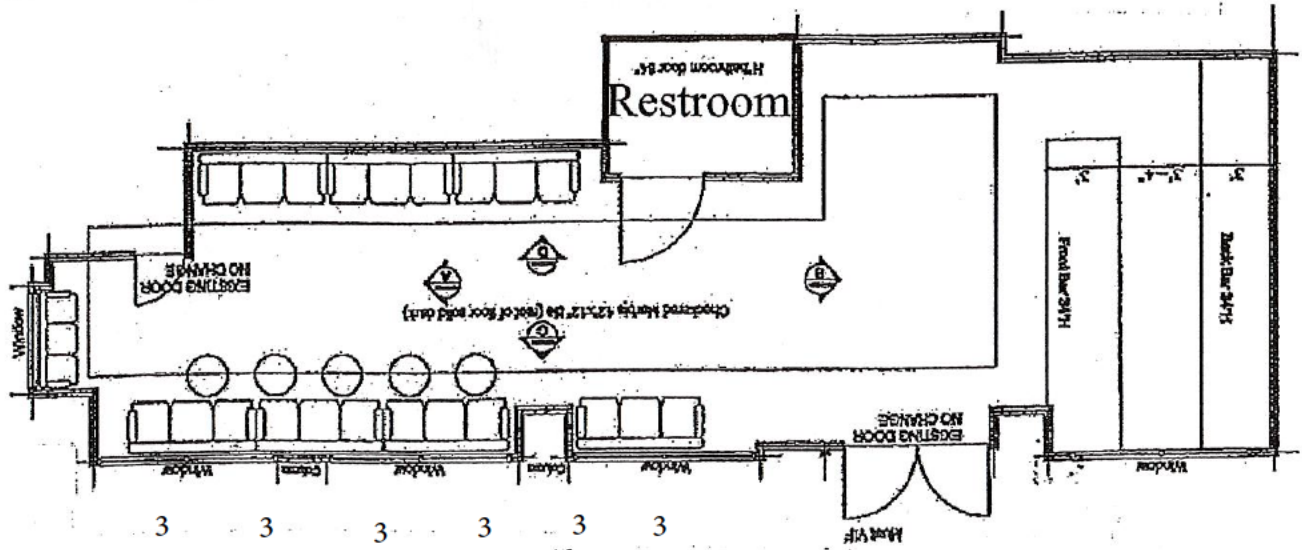
588 ft

DIMUR ENTERPRISES INC
Ser #: 102507194 WEST HOUSTON
STREET

605 ft

Active On Premises Liquor Licenses within 750 feet

Name	Address	Distance
	NEW YORK, NY 10012	
FELIX GREENE STREET SOHO LLC Ser #: 1330133	104 GREENE ST NEW YORK, NY 10012	641 ft
450 WEST BROADWAY LLC & LOWDER-TASCARELLA HOSP LLC Ser #: 1346923	450 W BROADWAY NEW YORK, NY 10012	644 ft
NEW JANE LLC Ser #: 1298523	100 W HOUSTON ST NEW YORK, NY 10012	654 ft
DAMSELLE LLC Ser #: 1348437	506 LAGUARDIA PL NEW YORK, NY 10012	670 ft
LA CASA DI ARTURO INC Ser #: 1028382	106 W HOUSTON STREET NEW YORK, NY 10012	718 ft
RED CLAM LLC Ser #: 1025146	170 THOMPSON STREET NEW YORK, NY 10012	721 ft
169 THOMPSON RESTAURANT LLC Ser #: 1268793	169 THOMPSON ST NEW YORK, NY 10012	729 ft
GAMMA THOMPSON CORP Ser #: 1242679	108 W HOUSTON STREET NEW YORK, NY 10012	733 ft



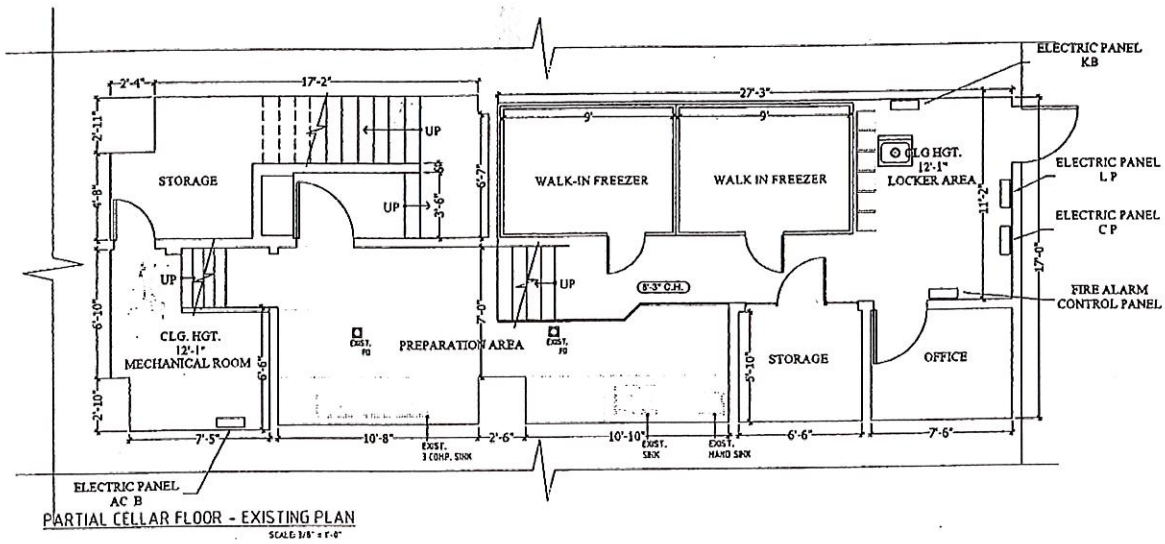
Light
Post

Tree Pit

Tree Pit

Tree Pit

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.	



FELIXROASTINGCO.COM