

**Meeting Date:** SEPTEMBER 6, 2023

**APPLICANT INFORMATION:**

Name of applicant(s):  
LE COMPTOIR INC

Trade name (DBA):  
CHATEAU ROUGE

Premises address:  
137 THOMPSON STREET, NEW YORK, NY 10012

Cross Streets and other addresses used for building/premise:  
WEST HOUSTON & PRINCE STREET

**CONTACT INFORMATION:**

Principal(s) Name(s): JEANNE MELANIE NGO NSEMBA

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone #: [REDACTED]

email: [REDACTED]

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

**NAMES OF ALL PRINCIPAL(s):**  
JEANNE MELANIE NGO NSEMBA

**NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD**  
LE COMPTOIR 291 5TH AVE, BKLYN, 1316878

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

APPLICANT IS A CHEF WHO ATTENDED THE ACCLAIMED COOKING SCHOOL LE CORDON BLEU IN PARIS. SHE PREVIOUSLY OWN AND OPERATED LE SUCCULENT IN PARK SLOPE BROOKLYN. IN NEW LOCATION SHE WILL SERVE DISHES WHICH ARE A COMBINATION OF WEST AFRICA AND FRANCE CUISINES WITH MAIN CONCENTRATION WILL BE FRENCH.

**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.)

N/A

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

NAIL SALON AND COVID TESTING CENTER.

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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: N/A

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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:

N/A

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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: 6 Year Built : 1900

Describe neighboring buildings:  
MIXED USE

Zoning Designation: R-7

Zoning Overlay or Special Designation (applicable) NONE

Block and Lot Number: 517 / 31

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 : \_\_\_\_\_

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? 12

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? 12

If yes, what is the use group for the premises? COMMERCIAL STORE

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: INSTALLATION OF AN AWNING.

**INTERIOR OF PREMISES:**

What is the total licensed square footage of the premises? 500 SQFT

If more than one floor, please specify square footage by floors: N/A

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

If more than one floor, what is the access between floors? N/A

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

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

**OVERALL SEATING INFORMATION:**

Total number of tables? 1 Total table seats? 8

Total number of bars? 0 Total bar seats? 0

Total number of "other" seats? 2 please explain : WINDOW TABLE

Total OVERALL number of seats in Premises : 10

**BARS:**

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 0 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: \_\_\_\_\_

What are the Hours of Operation?

Sunday:      Monday:      Tuesday:      Wednesday:      Thursday:      Friday:      Saturday:

8AM to 12AM 8AM to 12AM 8AM to 12AM 8AM to 12AM      8AM to 12AM      8AM to 1AM      8AM to 1AM

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 : N/A

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 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: \_\_\_\_\_

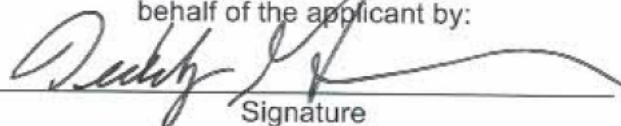
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: JEANNE MELANIE NGO NSEMBA Phone: [REDACTED]

Address: [REDACTED]

Email : [REDACTED]

Application submitted on behalf of the applicant by:

  
Signature

Print or Type Name TEDDY GONZALEZ

Title REPRESENTATIVE

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

## Menu: le Chateau Rouge

**Fromages** Ask for our daily selections: Brie, Goat cheese, blue cheese

<i>Single Order</i>	<b>\$10</b>
<i>3 for</i>	<b>\$24</b>
<i>5 for</i>	<b>\$34</b>

### Charcuteries :

**3 for \$ 32 5 for \$50**

Dry sausage **\$12**

Pork pate served with pickles **\$14**

Country style Ham pickles **\$12**

### Combo

*3 fromages & 3 charcuteries* **\$ 52**

*5 fromages & 5 charcuteries* **\$ 75**

**Charcuteries** (dry sausage, Pork pate, country Style ham, Garlic sausage)

### Cassolettes

**Bourguignon maison** *beef braised stew, red wine, carrot, potato, onion, mushroom* **\$18**

**Poulet a la crème** *braised chicken, mushroom, cream sauce* **\$16**

**Gratin de choux fleur** *Bechamel, Nutmeg* **\$14**

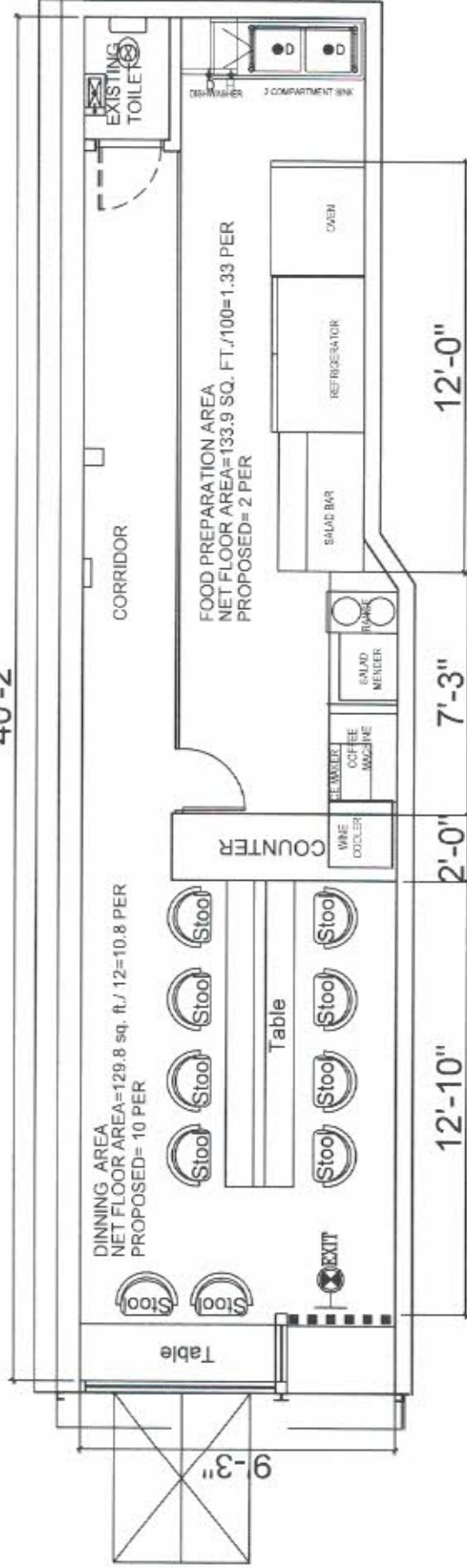
### Desserts

**Crème brulee** **\$12**

**Lemon tarte** **\$12**

**Tarte Tatin** **\$12**

40'-2"



FRANKLYN ESTRELLA  
ARCHITECT  
239 SOUTH 4TH STREET  
BROOKLYN, NY. 11211

Address: 137 THOMPSON STREET MANHATTAN, NY

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

**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.**

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

**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:

SUN-WED 7AM-1AM THUR-SAT 7AM-2AM

**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.

Applicant will manage the daily operations from opening to closing. Applicant will oversee the daily operations of business and maintain communication with staff during all hours of operation. Staff will verify the ID of patrons to be over 21 years of age whom are seeking to purchase any alcoholic beverages at time of purchase. Applicant and staff will monitor consumption of alcoholic beverages to prevent any prohibited behavior. In the event patrons become disorderly they will address the matter. In the event that the patron becomes violent they will contact local law enforcement for assistance.

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>