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COMMUNITY BOARD No. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE
NEW YORK, NY 10012-1899

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

COMMUNITY BOARD 2 APPLICATION FOR A LIQUOR LICENSE

Please fill out this questionnaire and return to the Community Board 2 office by fax or mail to arrive at least **5 business days** before the Committee meeting. In addition, bring **10 copies** plus supporting material requested to the SLA committee meeting.

Failure to complete and return the questionnaire and supporting materials on time will result in your item being removed from the agenda.

Failure to provide a completed questionnaire or failure to present before CB2 will result in notifying the State Liquor Authority (SLA) of your noncompliance with the community review process.

If you need to reschedule, please notify the Community Board 2 office no later than the Friday prior to the following month's meeting. Speak to Florence Arenas at the Board Office. **A maximum of 1 layover request** will be granted per application. **Failure to reappear without notification will result in a recommendation to deny this application.**

The following supporting materials are **required** for this application:

1. A list of all other licensed premises within 500 ft. of this location including Beer and Wine.
2. Floor plans of the premise, including all tables and chairs and kitchen lay out to be licensed. Please also include any schematics for sidewalk café, backyard garden space and/or rooftop areas if applicable.
3. Provide any plans filed or to be filed with the Buildings Department.
4. Proposed menu, if applicable.
5. Certificate of Occupancy or Letter of No Objection for the premises.
6. Letter of Understanding or Letter of Intent from the Landlord.
7. Provide proof of community outreach with signatures or letters from Residential Tenants at location and from surrounding buildings. (i.e. a letter from the neighborhood block association or petition in support.)
8. A copy of your NYS Liquor Authority application as it will be submitted to the SLA. (excluding financial information)

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s):

Trade name (DBA):

Premises address:

Cross Streets and other addresses used for building/premise:

CONTACT INFORMATION:

Principal(s) Name(s):

Office or Home Address: _____

City, State, Zip: _____

Telephone #:  _____

Landlord Name / Contact:

Landlord's Telephone and Fax:  _____

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

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

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:

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: _____ Year Built : _____

Describe neighboring buildings:

Zoning Designation: _____

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: _____ / _____

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? _____

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?
 no yes There is an LNO for eating and drinking establishment

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 n/a

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: _____ signage to identify applicant will be installed _____

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? _____

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?

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

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

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

OVERALL SEATING INFORMATION:

Total number of tables? _____ Total table seats? _____

Total number of bars? _____ Total bar seats? _____

Total number of "other" seats? _____ please explain : _____

Total OVERALL number of seats in Premises : _____

BARs:

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

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

Any food counters? no yes, describe : _____

For Alterations and Upgrades:

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 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:
___ to ___ ___ to ___ ___ to ___ ___ to ___ ___ to ___ ___ to ___ ___ to ___

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: Recorded background music only streamed

Will you be permitting: ___ promoted events ___ scheduled performances ___ outside promoters

___ any events at which a cover fee is charged? private parties 6-8 family celebrations or corporate events per year

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: _____ Phone: 

Address:  _____

Email:  _____

Application submitted on
behalf of the applicant by:



Signature

Print or Type Name _____

Title _____

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



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Community Board 2 Liquor License Stipulations

The original signed and notarized form must be returned to the CB2 office by Monday October 18, 2021

I, Diego Correa Bolivar as a qualified representative of Jose Andres LLC d/b/a TBD Located at 115 Mulberry Street, New York, New York 10013 agree to the following stipulations:

Application Type: [] OP Restaurant/Tavern [x] RW [] TW [] Alteration [] Other:

[x] Premise will be advertised and operated as a restaurant for the local community.

[x] Hours of operation:

Table with 4 columns: Day, Start Time, End Time, and Day. Rows include Sunday, Monday, Tuesday, Wednesday, Thursday, Friday, and Saturday.

(Premises will open no later than stated opening time and NO patrons will remain after stated closing time.)

- List of stipulations including: Will operate full service restaurant, Will not operate as a Lounge, Will not operate a backyard garden, Sidewalk cafe will close no later than 10PM, Will play quiet ambient recorded background music only, Will have no more than one (1) television no larger than 65", Will close all doors and windows at 10PM every night, No patron occupancy/service to any portion of the basement of licensed premises, Will not install or have French doors, operable windows or open facades, Will not make changes to the existing facade except to change signage or awning, Will not have more than twelve (12) private events per year incorporating the entire restaurant, Will comply with NYC Department of Buildings Regulations and keep current at all times required Permits and Certificates, Will provide a Letter of No Objection or Certificate of Occupancy permitting eating and drinking for store front premises proposed to be licensed prior to issuance of license, Will not have unlimited drink or unlimited food and drink specials, Will not have "boozy brunches," No pitchers of beer, There will be no "bottle service" or the sale of bottles of alcohol except for the sale of bottles of beer or wine products, Will appear before CB2, Manhattan prior to submitting any changes to any stipulation agreed to herein, Will not change any principals prior to submission of original application to NYSLA.

Will not have: [x] Dancing [x] DJs [x] Live Music [x] Promoted Events [x] Any event where cover fee is charged [x] Scheduled Performances [x] Velvet ropes or metal barricades [x] Security Personnel/Doorman.

[x] Will appear before CB2, Man. for alteration to license prior to submitting plans for permanent sidewalk or roadbed seating.

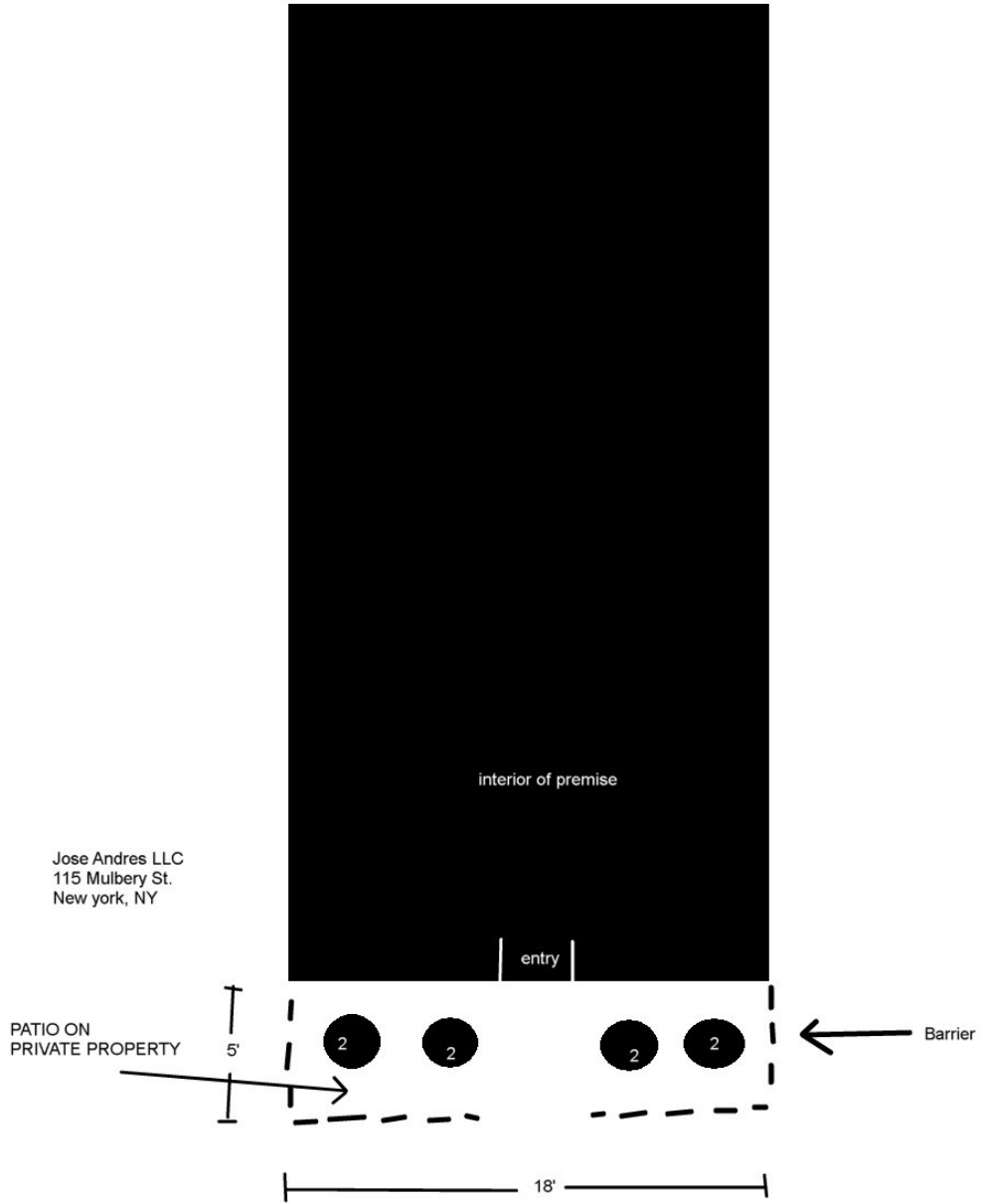
Residents may contact the Manager/Owner at the following phone number. Any complaints will be addressed immediately

Name: Diego Andres Correa B Phone Number: 347 754 0168

Signed: [Signature] Print Name: Diego Correa Dated: 10/15/2021 Sworn to this 14 day of October 2021 [Signature] Notary Public

Notary Public, State of New York JAYANT C. PATEL No. 01PA4901007 Qualified in New York County Commission Expires Oct. 15, 2023

CB2 and Applicant/Licensee request that the SLA add these stipulations to the method of operation/conditions of license







ALL GENDER
RESTROOM

ALL GENDER
RESTROOM



PLEASE DO NOT USE
TOILET PAPER
OR TOWELS













115

Pasta

Pasta

Joe's

Joe's
Pasta
Joe's

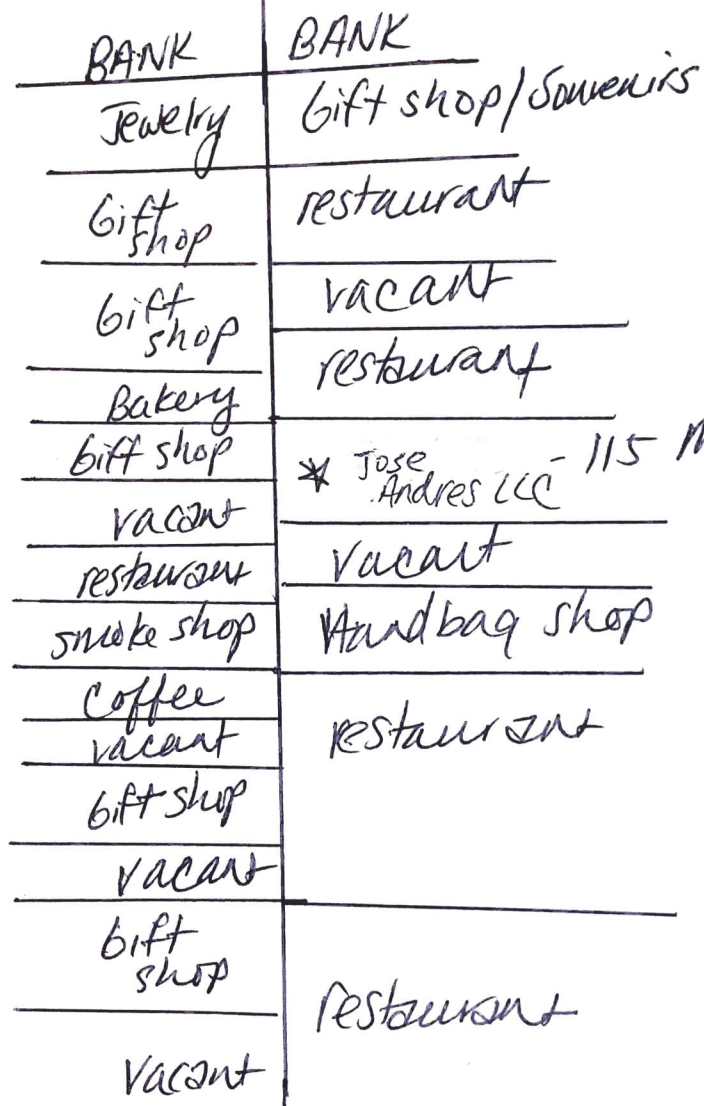


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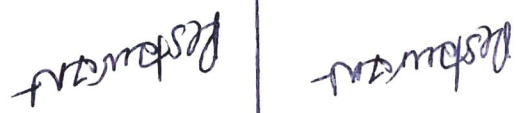
Block Diagram
Jose Andres LLC
115 Mulberry St.
Ny. Ny 10012

CANAL ST.

Mulberry



HESTER ST.

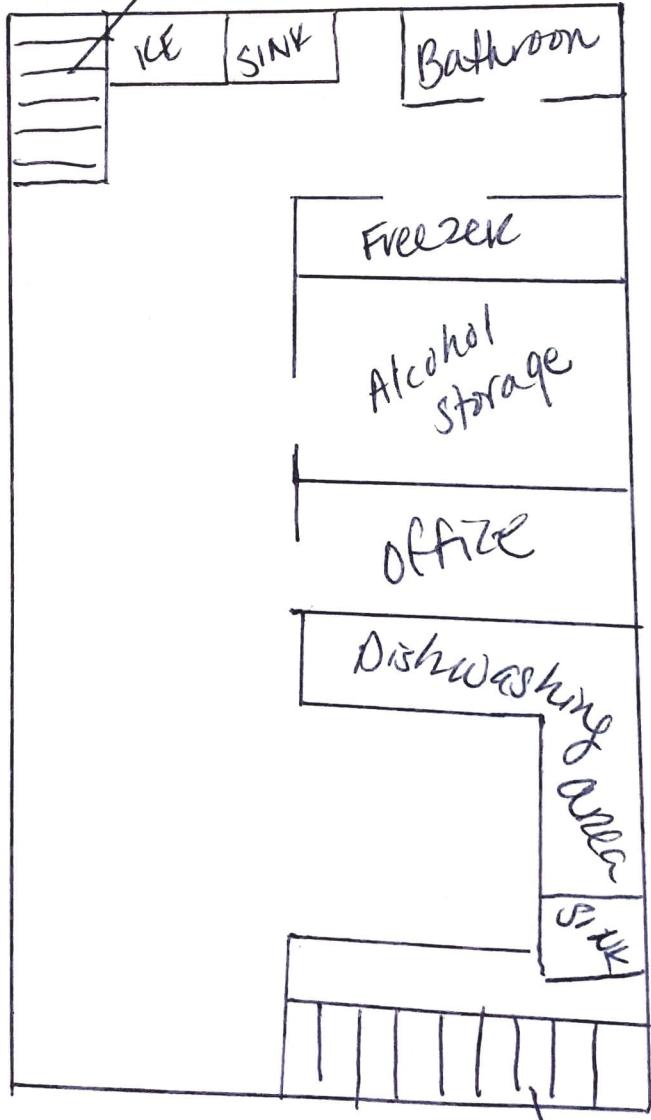


Mulberry
St.

Basement Diagram
Jose Andres LLC
115 Mulberry St.
N.Y. N.Y. 10012

stairs to street hatch

46'
↑
↓



stairs to interior

18'
←
→