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## COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE  
NEW YORK, NY 10012-1899

[www.cb2manhattan.org](http://www.cb2manhattan.org)

P: 212-979-2272 F: 212-254-5102 E: [info@cb2manhattan.org](mailto:info@cb2manhattan.org)

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

### COMMUNITY BOARD 2 APPLICATION FOR A LIQUOR LICENSE

Please fill out this questionnaire, including the date, and return to the Community Board 2 office by email to arrive **no later than the month's due date** which can be found on CB2 Manhattan's website (<https://cbmanhattan.cityofnewyork.us/cb2/resources/sla-questionnaire/>). When meetings return to in person, please also provide an additional 5 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 scheduled 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 (including Beer and Wine) within 500 ft. of this location.
2. If the license being applied for is subject to the 500 ft. rule, please provide a copy of the public interest statement that will be submitted to the SLA.
3. Floor plans of the premise, clearly indicating the location of all entrances and exits, windows, bars, tables and chairs, patron and employee bathroom(s) and kitchen layout to be licensed. Please include seat and table counts on the plans for each area. **If outdoor seating of any kind** is included in the application please download and complete **CB2 SLA's Addendum for Outdoor Seating**. For any multi-floor, multi-room or hotel applications, please provide detailed plans for each floor and/or separate areas to be included in the licensed premises that are clearly labeled.
4. Proposed menu with general price ranges, if applicable.
5. Certificate of Occupancy or Letter of No Objection for the premises showing that the proposed use is permitted, including specific use of all outdoor areas within the property line.
6. If unable to show the proposed use is permitted, including for outdoor areas within the property line, please provide a detailed explanation for how the proposed use sought will be permitted and please provide any plans filed or to be filed with the Buildings Department.
7. Letter of Understanding or Letter of Intent from the Landlord.

8. Provide proof of community outreach to area block associations and immediately impacted residents in the building and surrounding area to notify them of your pending application and Community Board meeting information. Copies of any mailings to, and signatures or letters from Residential Tenants at location and from surrounding buildings may be submitted with home address and contact information. (i.e. a letter from the neighborhood block association or petition in support with home address and contact information.)
9. A copy of your NYS Liquor Authority application as it will be submitted to the SLA (excluding financial information).
10. If this is for a **Corporate Change**, please provide the **Current Approved Corporate Set-Up and the Proposed Corporate Set-Up** along with existing executed stipulations with CB2 if applicable.
11. If this is for any type of **Alteration Application**, please provide detailed information regarding the current situation and the proposed changes outlined as an addendum. If adding or subtracting space, please provide current and proposed diagrams.
12. If this application is for a **Change in Method of Operation**, please provide the current method of operation and the proposed changes in method of operation as an addendum.

**Meeting Date:** \_\_\_\_\_

**APPLICANT INFORMATION:**

Name of applicant(s):

Sharma and Singh Restaurant Group Inc.

Trade name (DBA):

Madam Ji Modern Indian Restaurant

Premises address:

154 Bleeker St. aka 184 Thompson St

Cross Streets and other addresses used for building/premise:

Laguardia Place and Thompson Street

**CONTACT INFORMATION:**

**Principal(s) Name(s):**

Abishek Sharma

Office or Home Address: 154 Bleecker St.

City, State, Zip: New York, NY 10012

Telephone #: [REDACTED]

email : [REDACTED]

**Landlord Name / Contact:**

David Israni c/o Broad Street Development

Landlord's Telephone and Fax: [REDACTED]

**NAMES OF ALL PRINCIPAL(s):**

**NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD**

Abishek Sharna

Swagat (Upper West Side), Surya (9th Ave), Anvi (LIC),

Sandeep Singh

Sharma and Singh

Abim Sharma

Sharma and Singh

Lala Sharma

Swagat (Upper West Side), Surya (9th Ave),

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

High end restaurant focusing on curated Indian cuisine and cocktails

**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 : Change in Method of Operation - adding live Indian Music

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:

n/a

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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: 10/31/2025

Sharma and Singh Restaurant INc dba Madam J Modern Indian Restaurant

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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:

same

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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: 8 Story Year Built : 1968

Describe neighboring buildings:  
Mixed use multi story buildings

Zoning Designation: R0

Zoning Overlay or Special Designation (applicable) \_\_\_\_\_

Block and Lot Number: 525 / 7506

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 nyc open restaurants

What is the proposed Occupancy? 50

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? C

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: \_\_\_\_\_

## INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? approximately 2500

If more than one floor, please specify square footage by floors: 1500 sq. ft first floor 1000 sq. ft basement (storage)

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

Dining shed apprx 80 sq. ft

If more than one floor, what is the access between floors? stairs to basement

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

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

## OVERALL SEATING INFORMATION:

Total number of tables? 15 Total table seats? 30

Total number of bars? 1 Total bar seats? 8

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

Total OVERALL number of seats in Premises : 38 seats

## 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? 0

Any food counters? x 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 x Restaurant \_\_\_ Club/ Cabaret \_\_\_ Hotel \_\_\_ Other: \_\_\_\_\_

What are the Hours of Operation?

Sunday:      Monday:      Tuesday:      Wednesday:      Thursday:      Friday:      Saturday:  
12 to 10pm   12 to 10pm   12 to 10pm   12 to 10pm   12 to 10pm   12 to 12am   12 to 12am

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: foam insulation installed in ceiling

JBL receiver for recorded music with 4 speakers through out restaurant

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: Abishek Sharma Phone: [REDACTED]

Address: [REDACTED]

Email : Abishek Sharma

Application submitted on  
behalf of the applicant by:

[Signature]  
Signature

Print or Type Name Abishek Sharma

Title President

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.

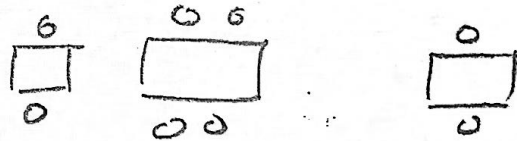
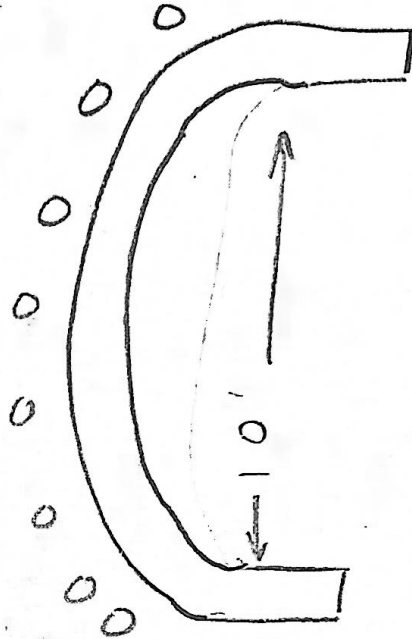
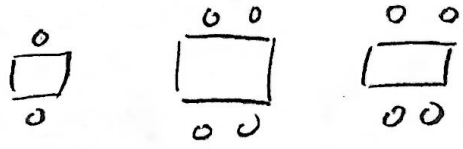
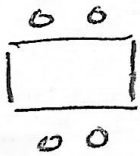
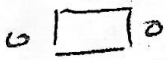
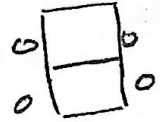
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Community Board 2,  
Manhattan SLA Licensing Committee  
Donna Raftery, Co-Chair  
Robert Ely, Co-Chair



Entrance - Blecker ST



BATH
BATH

Kitchen