

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): MITSURU AND REYNOLDS 4TH ST LLC

Trade name (DBA): Mitsu

Premises address: 149 West 4th St, New York NY 10012

Cross Streets and other addresses used for building/premise: 6th Ave / MacDougal Street

CONTACT INFORMATION:

Principal(s) Name(s): Grant Reynolds , Mitsuru Tamura

Office or Home Address: _____

City, State, Zip: _____

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact:
149 WEST REALTY LLC, Owner/Landlord, c/o S.W. Management

Landlord's Telephone and Fax: (646) 401-0030

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

Mitsuru Tamura

Grant Reynolds	KSSWINE LLC d/b/a Parcelle Wine/A Wine Drop - Serial #1302013 - 139 Division St, East Store, New York, NY 10002
	KSSWINE LLC d/b/a Parcelle - Serial # 1340567 - 135 DIVISION ST, STORE C, NEW YORK, New York 10002
	KSSWINE LLC d/b/a Parcelle Wine/ A Wine Drop -Serial #1302013 - 509 W 38th St, NY, NY 10018
	Crispy Duck and Nice Wine LLC - Serial # 6011163 - 28 Canal St, New York, NY 10002

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

Mitsuru Tamura is the long-time chef of Sushi Yasuda, a formal Japanese restaurant. This will be his namesake restaurant - Mitsu. It will be a neighborhood sushi restaurant with counter and table seating. Offering a robust wine list.

Grant Reynolds has extensive experience in the industry and is also an experienced sommelier and owner of the popular Parcelle wine shop/taverns.

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:

Restaurant - Galanga Inc d/b/a Galanga Thai Cooking , Legacy Serial #1262072, Operated since 2009 to 2023

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: _____

Restaurant - Galanga Inc d/b/a Galanga Thai Cooking , Legacy Serial #1262072 - Inactive

Operated since 2009 to 2023

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: 5 Year Built : 1900

Describe neighboring buildings: Mixed Residential & Commercial Buildings

Zoning Designation: R7-2, C1-5

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 552 / 36

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 - No exterior changes

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 seating & roadway

What is the proposed Occupancy? 12 seats outdoor

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?

no yes Existing LNO

If yes, what is the maximum occupancy for the premises? 30

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? 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: New signage denoting the name of the restaurant on door

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 2300 sq ft

If more than one floor, please specify square footage by floors: 1300 sq ft ground floor / 1000 sq ft basement

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

yes, 60 sq ft

If more than one floor, what is the access between floors? stairs on ground floor leading to basement and hatch door outside leading to basement

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? 6 Total table seats? 16

Total number of bars? 1 Total bar seats? 14

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

Total OVERALL number of seats in Premises : 30

BARS:

How many * stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 14

How many service bars are being applied for on the premises? 0

Any food counters? 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 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:
12pm to 12am 12pm to 12am 12pm to 12am 12pm to 12am 12pm to 12am 12pm to 12am 12pm to 12am

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? _____

Please describe your sound system and sound proofing: There will be very low music playing

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 be managed by reservations**

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 **Grant Reynolds** _____

Title **partner** _____

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
Mark Diller, District Manager



Antony Wong, Treasurer
Amy Brenna, Secretary
Ritu Chattree, Assistant Secretary

Community Board No. 2, Manhattan

3 Washington Square Village

NEW YORK, NY 10012-1899

www.cb2manhattan.org

P: 212-979-2272 F: 212-254-5102 E: info@cb2manhattan .org

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

Name of Applicant: Mitsuru and Reynolds 4th St LLC

Address of Premises: 149 West 4th Street, New York NY 10012

Sidewalk café will have no more than (If premises is located on a corner please indicate for both streets):

1 tables and 2 seats on West 4th St Street

_____ tables and _____ seats on _____ Street

Hours of sidewalk café: 12pm to 9pm .

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): _____

Roadbed will have no more than (If premises is located on a corner please indicate for both streets):

5 tables and 10 seats on West 4th St Street

_____ tables and _____ seats on _____ Street

Hours of roadbed: 12pm to 9pm .

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): _____

Rear yard / Rooftop (circle) will have no more than _____ tables and _____ seats

Hours of rear yard / rooftop: _____ to _____ .

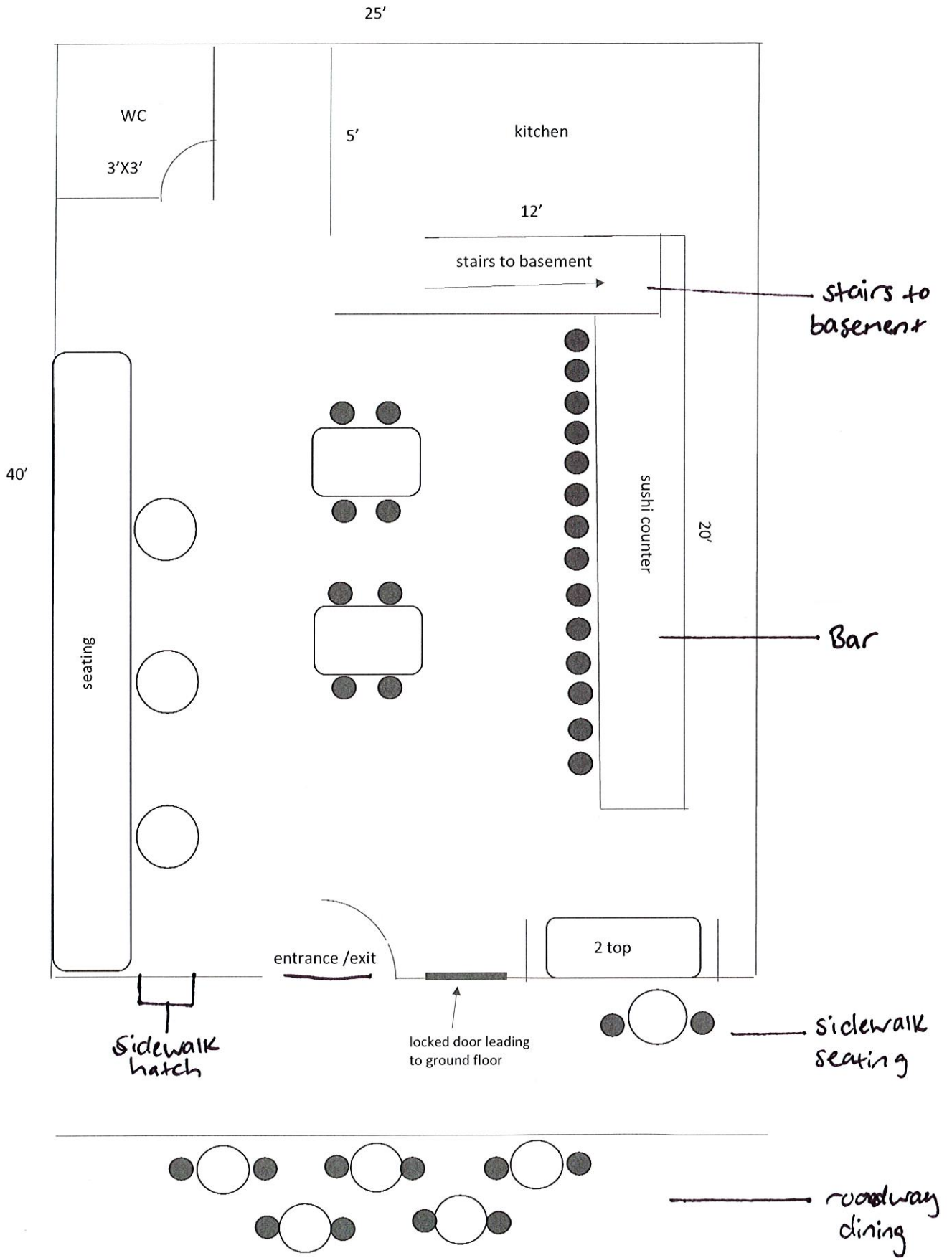
Does seating extend beyond the business frontage? No Yes

Will outdoor dining structures on the sidewalk be enclosed on three (3) or more sides? No Yes

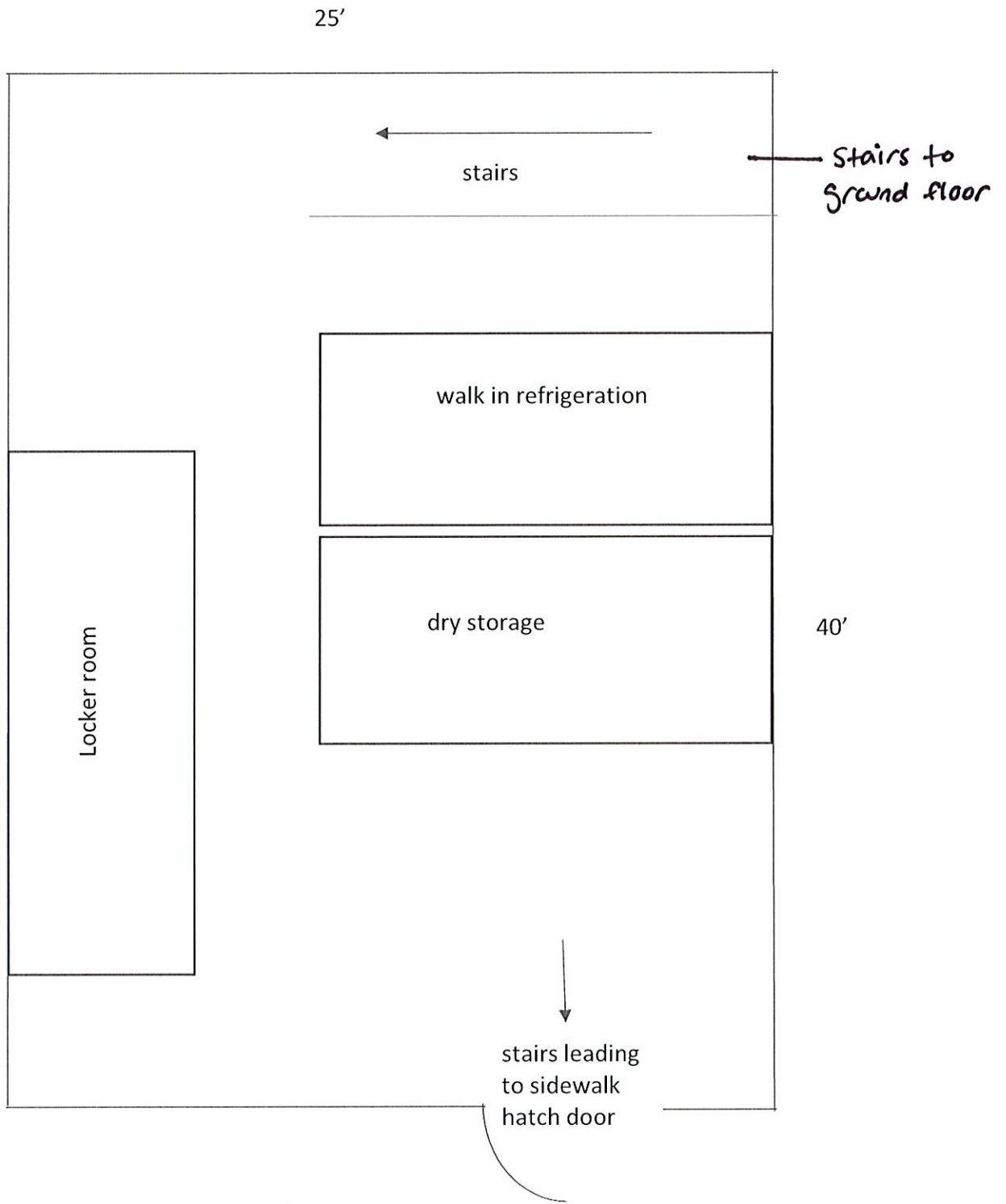
Will outdoor dining structures on the roadbed be enclosed on three (3) or more sides? No Yes

Is there any outdoor music, speakers or TVs? No Yes, please describe: _____

Will heating elements be used? No Yes, please describe: _____



Mitsuru and Reynolds 4th St LLC GROUND FLOOR



Mitsuru and Reynolds 4th St LLC
BASEMENT

Mitsuru and Reynolds 4th St LLC

MENU / 149 West 4th St

OMAKASE

\$150 p/p

A La Carte Items

selection of sashimi and sushi

oysters and shrimp cocktail

hand rolls

whole fish

steak for two

variety of vegetable sides

