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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)

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### 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/eia-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.

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

**APPLICANT INFORMATION:**

Name of applicant(s): GAMMON CAFE LLC

Trade name (DBA): 7 SPRING ST. CAFE

Premises address: 7 SPRING ST.

Cross Streets and other addresses used for building/premise:  
BOWERY + ELIZABETH ST.

**CONTACT INFORMATION:**

Principal(s) Name(s): YAZAN HADDAD

Office or Home Address: 7 SPRING ST.

City, State, Zip: NY NY 10012

Telephone #: \_\_\_\_\_

Landlord Name / Contact: PLC SEVEN SPRINGS LLC

Landlord's Telephone and Fax: \_\_\_\_\_

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>YAZAN HADDAD</u>	<u>CORODAQ 9<sup>th</sup> FLOOR 12 GZM ST NA-0340-23-110497 SINCE 12/28/23 WITH A TEMPORARY LICENSE</u>
<u>ROGER MORALES</u>	<u>ADEL HAWIS 307 KMT AVE 0267-23-133128 SINCE 4/23</u>
<u>DEXTER ZIMET</u>	

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on...");  
We will be a tavern featuring BAEK GAMMON  
We will serve a TAVERN STYLE menu. We will  
be a cafe during the earlier hours.

**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.)

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

RESTAURANT + THEN VACANT FOR 3+ 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:

UNCLE BOON'S LLC OP# 1274110 EXP 10/31/21

**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 USE

Zoning Designation: C6-2

Zoning Overlay or Special Designation (applicable) SPECIAL LITTLE ITALY DISTRICT

Block and Lot Number: 492, 42

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 \_\_\_\_\_

What is the proposed Occupancy? RESTAURANT

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

no  yes LNO

If yes, what is the maximum occupancy for the premises? 74

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: WE WILL INSTALL OUR OWN SIGNAGE

**INTERIOR OF PREMISES:**

What is the total licensed square footage of the premises? APPROX 3100 SQ FT

If more than one floor, please specify square footage by floors: 1ST FLR 1580 BSMT 1520

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? 2 How many bathrooms? 2

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

**OVERALL SEATING INFORMATION:**

Total number of tables? 19 Total table seats? 38

Total number of bars? 1 Total bar seats? 9

Total number of "other" seats? 0 please explain: \_\_\_\_\_

Total OVERALL number of seats in Premises: 47

**BARS:**

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 9

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: \_\_\_\_\_  
\_\_\_\_\_

\* 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: 8AM to 10AM Monday: 8AM to 1AM Tuesday: 8AM to 1AM Wednesday: 8PM to 1AM Thursday: 5PM to 1AM Friday: 7AM to 1AM Saturday: 8AM to 1AM

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? NO

Please describe your sound system and sound proofing: 1 PRD + A FEW SURFACE SPEAKERS

Will you be permitting: NO promoted events NO scheduled performances NO outside promoters

NO any events at which a cover fee is charged? NO 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 1/2" 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: YAZAN HASSAD Phone: [REDACTED]

Address: 7 SPRING ST. NY NY 10012

Email: [REDACTED]

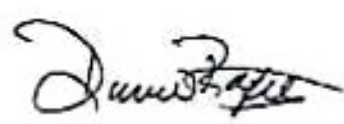
Application submitted on behalf of the applicant by:

  
Signature

Print or Type Name MICHAEL KELLY

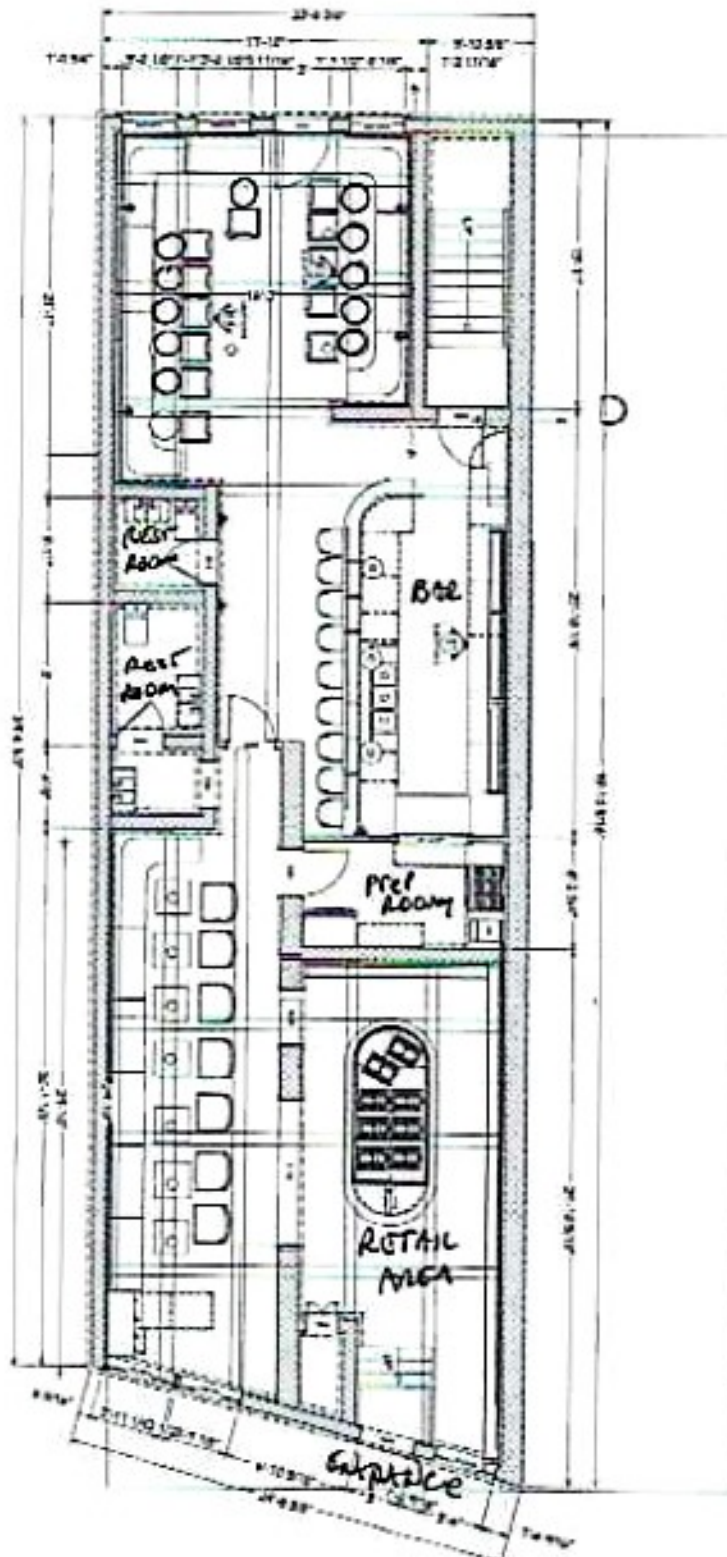
Title REPRESENTATIVE

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



14 TABLES  
 38 SEATS  
 9 BAR SEATS



# MENU

Z. SHERMAN

## APPETIZER

*Crudités*  
*Guacamole and Chips*

*Charbroiled*

## STARTERS

*Beef Chili*  
*Aranzi*

*Blue Fin Tuna Tatale*

## MAIN COURSE

*Guinness Burger*  
*Katsu Sando*  
*Labster Arancini*

## DESSERTS

*Rock Road Cheesecake*  
*Potatoes à la Cream served with Rice Pudding*



