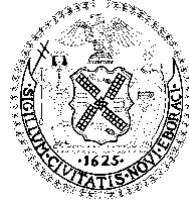


4 CHARLES STREET RESTAURANT LLC
4 CHARLES STREET
NEW YORK, NY 10014

MANHATTAN COMMUNITY BOARD 2

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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 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: PENDING, 5/7/24 OR 5/9/24

APPLICANT INFORMATION:

Name of applicant(s):
4 CHARLES STREET RESTAURANT LLC

Trade name (DBA):
4 CHARLES PRIME RIB

Premises address:
4 CHARLES STREET, NEW YORK, NY 10014

Cross Streets and other addresses used for building/premise:

GREENWICH AVENUE & WAVERLY PLACE

CONTACT INFORMATION:

Principal(s) Name(s):
BRENDAN SODIKOFF

Office or Home Address: 4 CHARLES STREET

City, State, Zip: NEW YORK, NY 10014

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact:
NAUTILUS LLC C/O SARA GELBARD

Landlord's Telephone and Fax: 917-886-7617

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

<u>BRENDAN SODIKOFF</u>	<u>79 WALKER STREET RESTAURANT LLC(1304490), dba AU CHEVAL DINER LOCATED AT 79 WALKER STREET, NEW YORK, NY</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

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

THIS APPLICANT CURRENTLY OPERATES A FINE DINING RESTAURANT SERVING AMERICAN CUISINE WITH EUROPEAN
INFLUENCES. THE PURPOSE OF THIS APPLICATION IS TO ADD ADDITIONAL SPACE TO THE EXISTING PREMISES
TO ALLOW FOR MORE CUSTOMER DINING SPACE.

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.)

THE APPLICANT PLANS TO CREATE AN ADDITIONAL PRIVATE DINING ROOM BY TAKING OVER A VACANT RESIDENTIAL APARTMENT ADJACENT TO THEIR CURRENT DINING ROOM ON FLOOR 1. PLEASE SEE DIAGRAMS & RENDERINGS ATTACHED.

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

N/A

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: _____

4 CHARLES STREET RESTAURANT LLC (1293544), EXP 10/31/24.

Have any other licenses under the ABC Law been in effect in the last 10 years at this location?

yes no *PLEASE NOTE, THE PUBLIC SLA DATABASE ONLY ALLOWS US TO SEE CURRENT ACTIVE/INACTIVE LICENSE HISTORY.*

If yes, please list DBA names and dates of operation:

N/A, PLEASE SEE NOTES ABOVE.

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: 3 Year Built : 1846

Describe neighboring buildings:
MIXED-USE (COMMERCIAL AND RESIDENTIAL)

Zoning Designation: C1-6

Zoning Overlay or Special Designation (applicable) N/A

Block and Lot Number: 611 / 56

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? 16 PERSONS (PROPOSED OCCUPANCY OF NEW PRIVATE DINING ROOM TO BE ADDED)

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

no yes *PENDING, TOTAL OCCUPANCY FOR PREMISES WILL BE 74 PERSONS*

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

Do you plan to file for changes to the Certificate of Occupancy? yes no *PENDING*
(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: THE APPLICANT PLANS TO HAVE WINDOWS THAT CAN OPEN. THESE PLANS HAVE BEEN FILED WITH THE DOB AND LANDMARKS.

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1,957 SQ. FT

If more than one floor, please specify square footage by floors: 546 SQ. FT CELLAR, 826 SQ. FT BASEMENT, & 585 SQ. FT 1ST FLOOR

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? INTERNAL STAIRCASE, PLEASE SEE DIAGRAM ATTACHED

How many entrances are there? 1 How many exits? 1 How many bathrooms? 2 CUSTOMER BATHROOMS & 1 STAFF BATHROOM

Is there access to other parts of the building? X no yes, explain: N/A

OVERALL SEATING INFORMATION:

Total number of tables? 13 Total table seats? 45

Total number of bars? 2 Total bar seats? 0

Total number of "other" seats? 0 please explain : N/A

Total OVERALL number of seats in Premises : 45

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? 2

Any food counters? X no yes, describe : N/A

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: _____

THE PREMISES WILL HAVE A TOTOAL OF TWO SERVICE BARS. ONE IN THE EXISITING DINING ROOM AND ONE FOR THE NEW PROPOSED PRIVATE DINING ROOM- PLEASE SEE DIAGRAMS ATTACHED.

* 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?

PLEASE NOTE, THAT THE APPLICANT TYPICALLY CLOSSES AT MIDNIGHT IN PRACTICE, BUT IS CURRENTLY LICENSED TO SERVE UNTIL 4AM

Sunday: 11AM to 12AM Monday: 5PM to 12AM Tuesday: 5PM to 12AM Wednesday: 5PM to 12AM Thursday: 5PM to 12AM Friday: 5PM to 12AM Saturday: 5PM to 12AM

Will the business employ a manager? ___ no yes, name / experience if known : ESTEBAN DUBLEY, CURRENT GM

Will there be security personnel? no ___ yes(if yes, what nights and how many?) N/A

Do you have or plan to install French doors, accordion doors or windows that open? ___ no yes

If yes, please describe : WINDOWNS THAT CAN OPEN

Will you have TV's ? no ___ yes (how many?) N/A

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:

MULTIPLE LAYERS OF GYP BOARD WITH ROCKWOOL INSULATION AND SOUND DEADENING UNDERLAYMENT FOR THE FLOOR ABOVE WILL BE INSTALLED BY THE APPLICANT.

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

___ any events at which a cover fee is charged? private parties APPROX. 10-20 TIMES PER YEARS FOR CORPORATE & HOLIDAY EVENTS*

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) ___

N/A

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: N/A

Address: Distance:

Name of School / Church: N/A

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: ESTEBAN DUBLEY, GM Phone: [REDACTED]

Address: 4 CHARLES STREET, NEW YORK, NY 10014

Email : [REDACTED]

Application submitted on
behalf of the applicant by:

Adrianna Golovatii

Signature

Print or Type Name JOSEPH LEVEY c/o ADRIANNA GOLOVATII

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

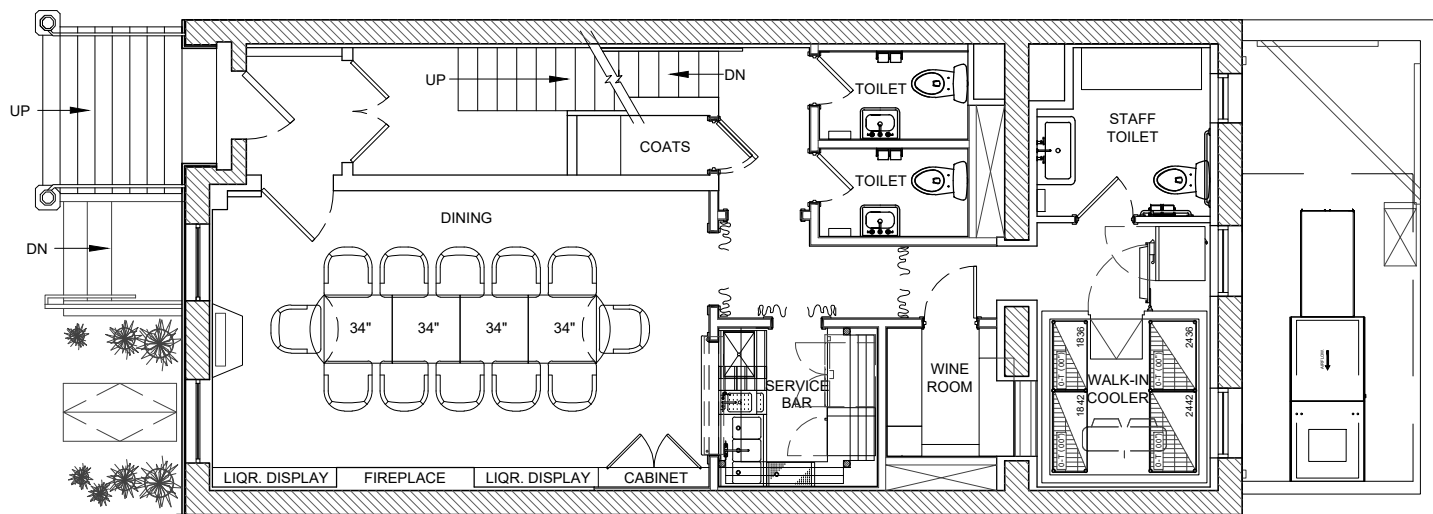


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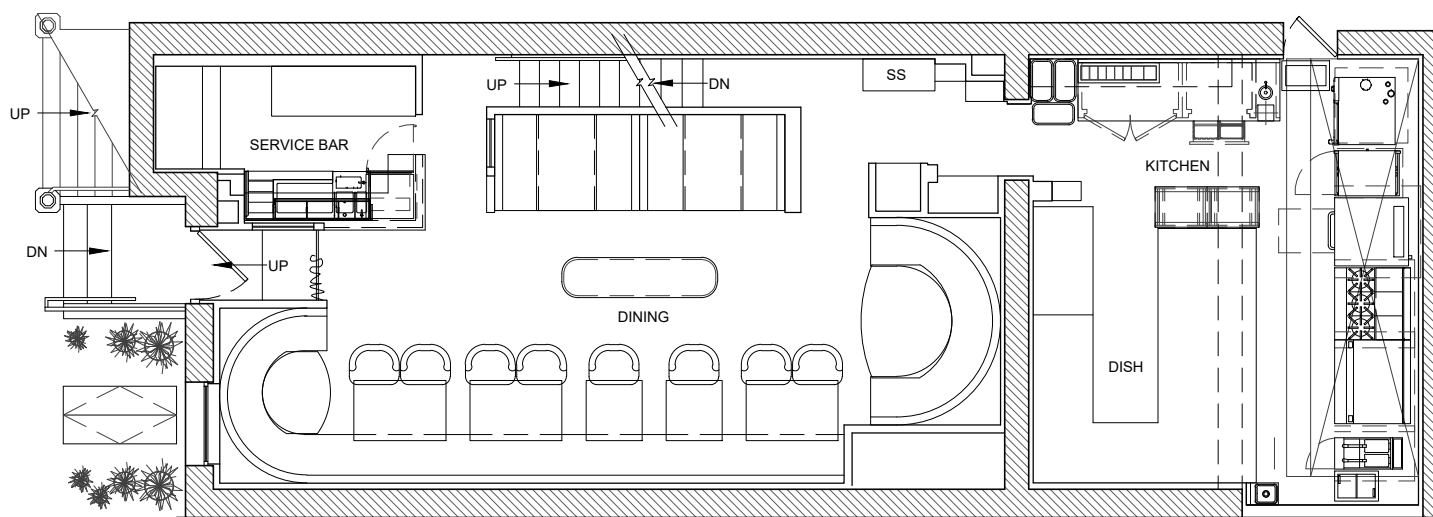
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DESIGN PRESENTATION

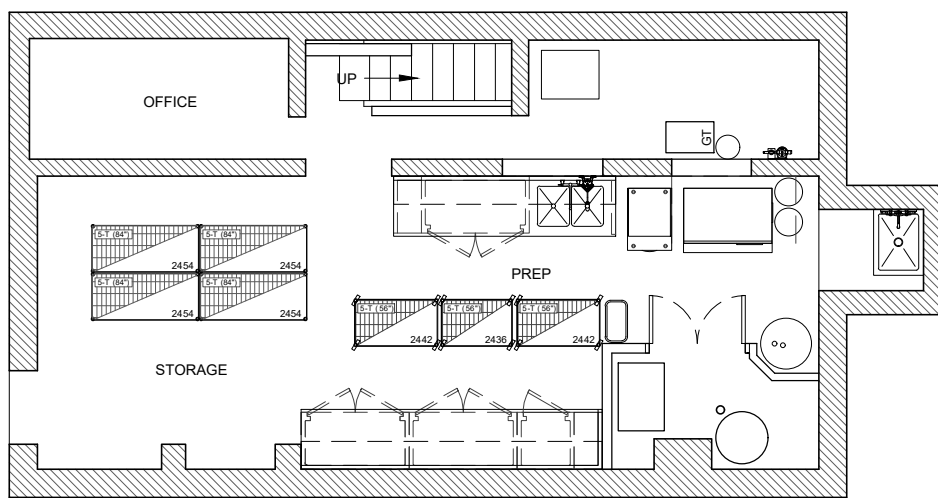




1ST FLOOR



BASEMENT



CELLAR





