

Meeting Date: May 24, 2024

APPLICANT INFORMATION:

Name of applicant(s):
Air Mail 546 Hudson Street LLC

Trade name (DBA):
Air Mail

Premises address:
546 Hudson Street, New York, NY 10014

Cross Streets and other addresses used for building/premise:
Perry Street and Charles Street

CONTACT INFORMATION:

Principal(s) Name(s):
Bill Keenan, Edward Carter

Office or Home Address: 546 Hudson Street

City, State, Zip: New York, NY 10014

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact:
546 Hudson Street Partners LLC

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>Bill Keenan</u>	<u>N/A</u>
<u>Edward Carter</u>	<u>Waverly Restaurant LLC / 16 Bank Street, New York, NY 10014 / Serial No. 1176191</u>
<u> </u>	<u> </u>

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
Airmail is a weekly digital publication. This store is a physical extension of the brand's vision. This store will function as a
cafe and newsstand that will focus on serving as a modern general store that invites everyday visitors for coffee, wine and
reading. The shop will offer coffee, pastries and other light bites and a selection of wine and will carry a wide variety of
curated home goods.

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:

Premises was abandoned for the last 20 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: 4 Year Built : 1852

Describe neighboring buildings:
Residential buildings with commercial storefronts.

Zoning Designation: C1-6

Zoning Overlay or Special Designation (applicable) N/A

Block and Lot Number: 621 / 5

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 :The façade and signage changes have already been changed and approved by LPC. The store is currently open operating without a liquor license.

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 Private backyard space

What is the proposed Occupancy? 33

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

no yes *Pending

If yes, what is the maximum occupancy for the premises? 33

If yes, what is the use group for the premises? S3

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 *Certificate of Occupancy is pending with the DOB (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 façade and signage changes have already been changed and approved by LPC. The store is currently open operating without a liquor license.

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1,422 SF

If more than one floor, please specify square footage by floors: Ground floor: 834 SF, Cellar: 678 SF

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

Rear yard: 208 SF

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

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

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

OVERALL SEATING INFORMATION:

Total number of tables? 1 (inside) Total table seats? 8 (inside), 12 (outside)
6 (outside)

Total number of bars? 1 Total bar seats? 0

Total number of "other" seats? 1 please explain: Armchair

Total OVERALL number of seats in Premises: 21

BARS:

How many * stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 0

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: Winebar, Cafe and Newsstand

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:

8am to 7pm 8am to 7pm

Will the business employ a manager? ___ no X yes, name / experience if known : Lionel Green

Will there be security personnel? X no ___ yes(if yes, what nights and how many?) _____

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

If yes, please describe : _____

Will you have TV's ? X no ___ yes (how many?) _____

Type of MUSIC / ENTERTAINMENT: ___ Live Music ___ Live DJ ___ Juke Box X Ipod / CDs ___ none

Expected Volume level: X Background (quiet) ___ Entertainment level ___ Amplified Music
(check all that apply)

Do you have or plan to install soundproofing? X no ___ yes

IF YES, will you be using a professional sound engineer? _____

Please describe your sound system and sound proofing: Small sonos wireless speakers will play
ambient background music. There will be no speakers outside.

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? X no* ___ yes (if yes, please attach plans) *Premises is small. Maximum occupancy will be 33. We do not anticipate any vehicular traffic. Employees will be instructed not to allow patrons to gather on sidewalks.

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? X 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: Anjali Lewis Phone ██████████ ██████████

Address: _____

Email : ██████████

Application submitted on
behalf of the applicant by:



Signature

Print or Type Name William Keenan

Title Authorized Signatory

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 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.

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

_____ tables and _____ seats on _____ Street

_____ tables and _____ seats on _____ Street

Hours of sidewalk café: _____ to _____ .

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):

_____ tables and _____ seats on _____ Street

_____ tables and _____ seats on _____ Street

Hours of roadbed: _____ to _____ .

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

Rear yard (circle) Rooftop (circle) will have no more than 6 tables and 12 seats

Hours of rear yard / rooftop: 8am to 7pm .

Does seating extend beyond the business frontage? No Yes

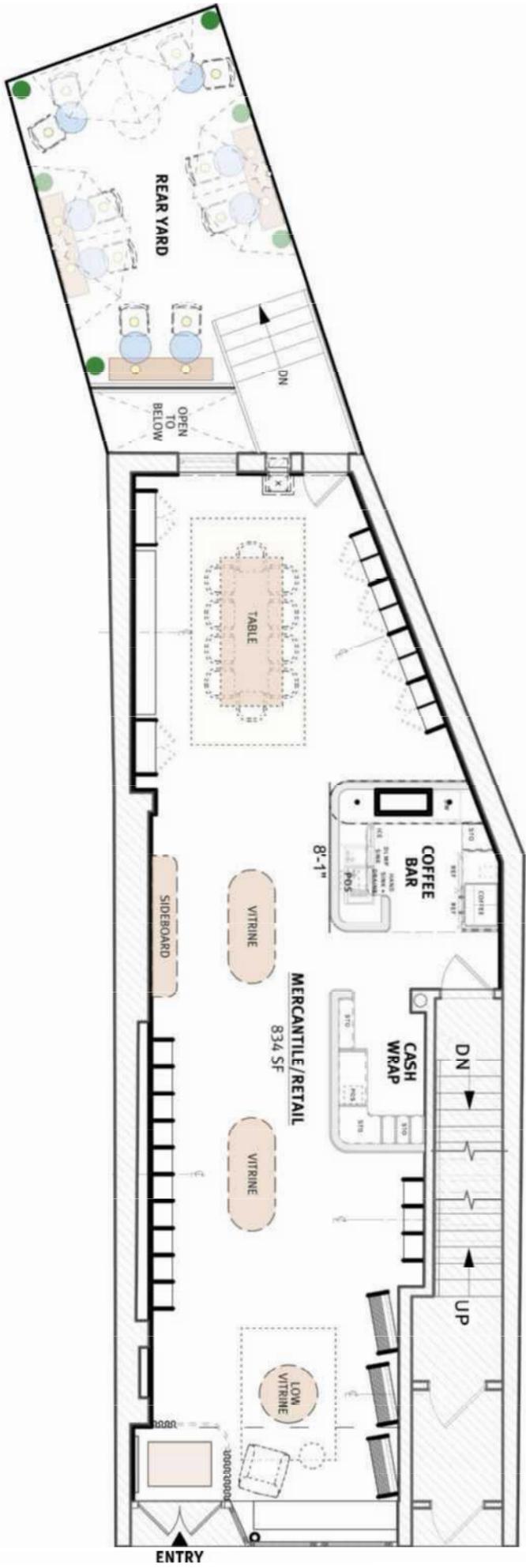
Will outdoor dining structures **on the sidewalk** be enclosed on three (3) or more sides? No Yes **(N/A)**

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

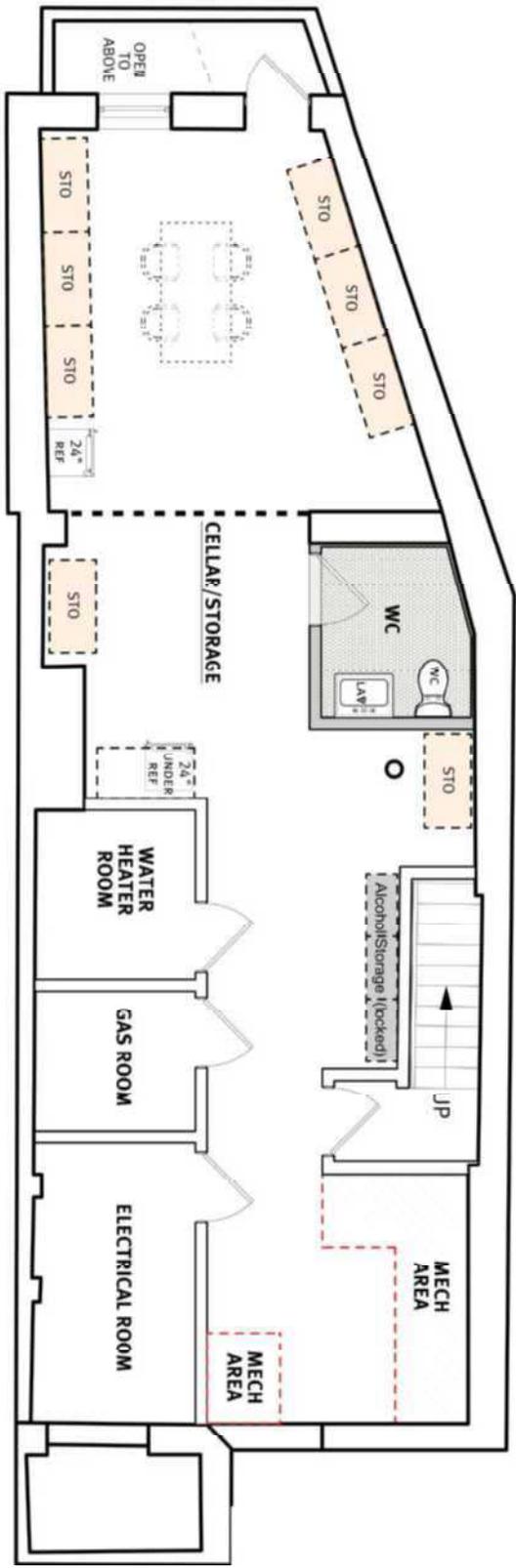
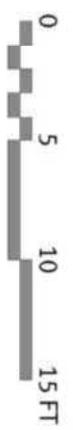
Is there any outdoor music, speakers or TVs? No Yes, please describe: _____

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

1 GROUND FLOOR PLAN
SCALE: 1/8" = 1'-0"



1 CELLAR FLOOR PLAN
 SCALE: 1/8" = 1'-0"





71" BENCH
QTY:3



BISTRO CHAIRS
(CURRENTLY IN STORE)
QTY:10

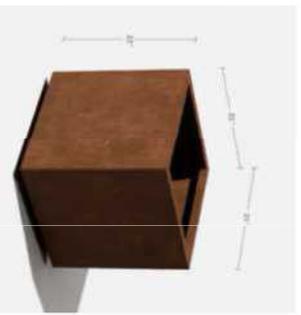


20" BISTRO TABLES
QTY:6

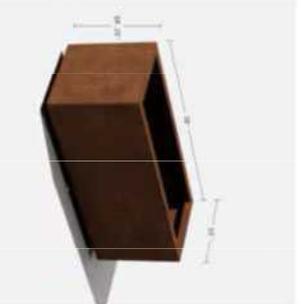


SEMI-CIRCLE
UMBRELLA 9' W/BASE
QTY:3

EXISTING FURNITURE



CORTEN STEEL PLANTER \$180 EA.



CORTEN STEEL PLANTER \$180 EA.



METAL URN (\$200 PACK OF 2)

WALL/FENCE TREATMENT



MIRRORS



AMAZON: 22" X65" \$140



AIR MAIL - REAR GARDEN DESIGN
COVERS: 12 SEATS



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AIR MAIL

MENU

MORNING

Assorted pastries

AFTERNOON

Sandwiches

UNCLE JOHN

Prosciutto, Provolone, Mortadella, Hot Sopressata, Lettuce, EVOO, Red Wine Vinegar & Roasted Reds on Classic Hero

UNCLE JIMMY

Prosciutto, Fresh Mozzarella, Hot Sopressata, Arugula, Regina's Hot Pepper Spread, EVOO, Balsamic & Roasted Reds on Stirato Bread

UNCLE ROCCO

Genova Italian Tuna, Fresh Mozzarella, Roasted Reds, Regina's Hot Pepper Paste, Arugula, EVOO, Balsamic on Classic Hero

GRANDMA LUCY

Genova Italian Tuna, Provolone, Regina's Olive Spread, Arugula, Red Onion, EVOO, Balsamic on Stirato Bread

UNCLE CHUBBY

Hot Sopressata, Fresh Mozzarella, Roasted Reds, Arugula, Balsamic, EVOO on Stirato Bread

UNCLE PHIL

Prosciutto, Fresh Mozzarella, EVOO, Balsamic on Classic Hero

Sides

Imberico Ham

Olives

Desserts

Mini Tiramisu