

Meeting Date: 05/24/2024

APPLICANT INFORMATION:

Name of applicant(s): Sushi By Bou West Village LLC

Trade name (DBA): TBD

Premises address: 107 Greenwich Avenue

Cross Streets and other addresses used for building/premise:
West 12th and Jane Streets

CONTACT INFORMATION:

Principal(s) Name(s): Michael Sinensky

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact: JJ Greenwich Realty LLC

Landlord's Telephone and Fax: [REDACTED]

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

Michael Sinensky See rider

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
An intimate Chef's choice Omakase experience

Michael Sinensky – Liquor License History

Business Name	Business Address
Pinnacle Tower Realty LLC, 332 Hotel LLC & Simple Venue LLC	32 E 32 nd Street New York, NY 10016
SBB Broadway 992 LLC & Simple Venue LLC	15 E 21 st Street New York, NY 10010
Sushi By Bou 23 rd Street LLC	232 7 th Avenue New York, NY 1001
Casa Nomad LLC & Simple Venue LLC	1204 Broadway New York, NY 10001
Valhalia Grill LLC	1768 2 nd Avenue New York, NY 10128
Third Avenue Restaurant Corp	64 3 rd Avenue New York, NY 10003
East 54 th Management LLC	207 E 26 th Street New York, NY 10016
Amsterdam Avenue Restaurant LLC	982-984 Amsterdam Avenue New York, NY 10025
313 C Avenue Restaurant Corp	313-317 College Avenue Ithaca, NY 14850
366 West 46 th Street Restaurant LLC	366 West 46 th Street New York, NY 10036
174 Bleecker Street Restaurant LLC	174 Bleecker Street New York, NY 10012
688 Sixth Avenue TC LLC	688 Avenue of the Americas New York, NY 10010
101 Maiden Lane TC LLC	201 Pearl Street New York, NY 10038

WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY):

- a new liquor license (Restaurant Tavern / On premise liquor Other) ***Sushi Bar***
- 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.)

N/A

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

Vet Clinic

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: 3 Year Built : 1842

Describe neighboring buildings:

Mixed - Residential/Commercial

Zoning Designation: C1-6

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 615 / 79

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-There will be 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 _____

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 **Pending**

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 **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: N/A

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 820 SQ FT

If more than one floor, please specify square footage by floors: Basement: 580 SQ FT GF: 240 SQ FT

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? Stairs

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

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

OVERALL SEATING INFORMATION:

Total number of tables? 6 Total table seats? 10

Total number of bars? 1 Total bar seats? 15

Total number of "other" seats? 17 please explain: counter seating

Total OVERALL number of seats in Premises: 42

BARS:

How many * stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 15

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

Any food counters? no yes, describe: GF: along the wall and Basement: kitchen counter

For Alterations and Upgrades:

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

N/A

* 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: Sushi Bar

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
5pm to 11pm 5pm to 12am 5pm to 12am 5pm to 12am 5pm to 12am 5pm to 1am 5pm 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 TBD

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

Please describe your sound system and sound proofing: _____

Sonos system - 6 small speakers/buffer/subwoofer

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

No 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) N/A

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 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:

Michael Sinensky

Signature

Print or Type Name Michael Sinensky

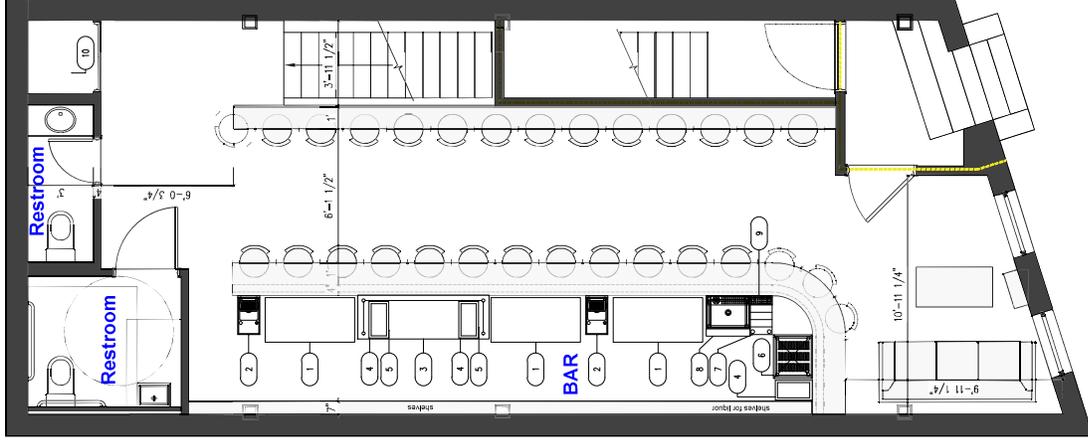
Title Principal

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.

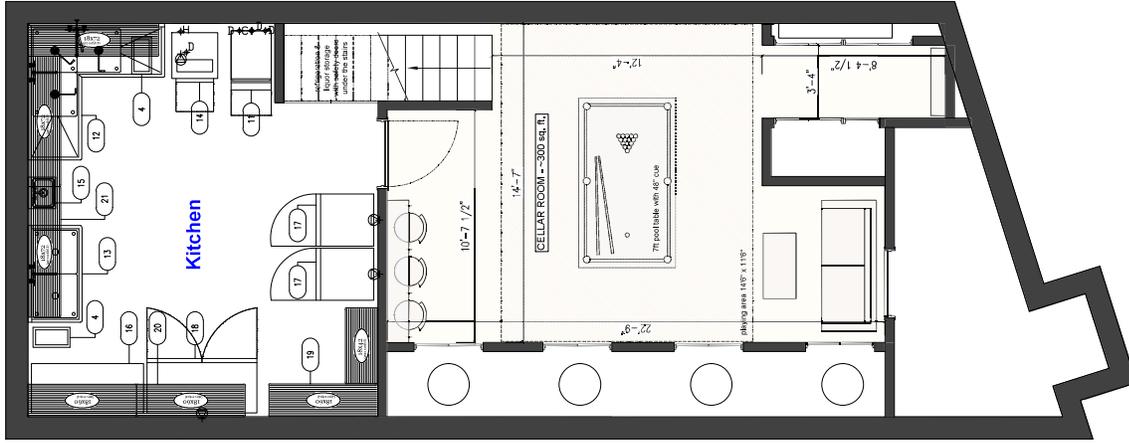


Community Board 2,
Manhattan SLA Licensing Committee
Donna Raftery, Co-Chair
Robert Ely, Co-Chair

Ground Floor



Cellar



Omakase Menu



HAMACHI

Yellowtail

BOTAN EBI

Spotted Prawn

HOTATE

Scallop

SAKE

Salmon

AKAMI

Lean Tuna

IKUZA

Salmon Roe

GANBARA

Miso Cod

WAGYUNI

Surf & Turf

MAGURO

Chopped Tuna

BINCHO

Albacore

O-TORO

Fatty Tuna

UNAGI

BBQ Eel