

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

**APPLICANT INFORMATION:**

Name of applicant(s): W LLC

Trade name (DBA): THE WOOLY

Premises address: 390 BROOME ST.

Cross Streets and other addresses used for building/premise:  
MULBERRY ST - CENTRE MARKET PLACE

**CONTACT INFORMATION:**

Principal(s) Name(s): DAVID TOBIAS

Office or Home Address: 390 BROOME ST.

City, State, Zip: NY NY 10013

Telephone #: [REDACTED] email: [REDACTED]

Landlord Name / Contact: YING WEE CORP c/o BRAN CHIN

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>DAVID TOBIAS</u>	<u>THE WOOLY PUB &amp; BARCLAY ST. 2005 - 2020</u>
<u>ERIC ADOLFSON</u>	<u>THE WOOLY DAILY 11 BARCLAY ST 2015 - 2020</u>
_____	<u>THE WOOLY <sup>EVENT</sup> SPACE 11 BARCLAY ST 2009 2020</u>
_____	<u>applicant 3/13/23 - 10/3/23 (Temporary OP)</u>
_____	<u>applicant 10/3/23 - Present approved OP</u>

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):  
WE ARE A FAMILY RESTAURANT THAT FOCUSES  
ON A FULL-SERVICE AMERICAN THEMED MENU.

**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 : CHANGE IN METHOD OF OPERATION - EXTENSION OF HOURS UNTIL 2 AM

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:

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:

W LLC - TEMPORARY PERMIT # 1354674 3/18/23 - 10/3/23 + OP # 0340-23-136613 10/3/23 - PRESENT EXP 9/30/25

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:

390 BROOME RESTAURANT LLC OP# 1285484 FROM 6/2015 - 5/2023

**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: 6 Year Built: 1900

Describe neighboring buildings: MIXED USE

Zoning Designation: C6-2G

Zoning Overlay or Special Designation (applicable) LI

Block and Lot Number: 481, 35

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

2 FLOORS

(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 we will be applying

in the future

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: \_\_\_\_\_)

**INTERIOR OF PREMISES:**

What is the total licensed square footage of the premises? 2,780

If more than one floor, please specify square footage by floors: 1st - 1,380 2nd - 1,400

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?  
NO (we will be applying in the future)

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

How many entrances are there? 2 How many exits? 3 How many bathrooms? 1

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

**OVERALL SEATING INFORMATION:**

Total number of tables? 19 Total table seats? 58

Total number of bars? 1 Total bar seats? 9

Total number of "other" seats? 46 please explain: AS PART OF OPEN RESTAURANT SEATING

Total OVERALL number of seats in Premises: 67

4T+8S ON SIDEWALK ON BROOME ST  
8T+16S ON SIDEWALK ON MULBERRY ST  
11T+22S ON ROADWAY ON MULBERRY ST

**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: 9<sup>AM</sup> to 2<sup>AM</sup> Monday: 9<sup>AM</sup> to 2<sup>AM</sup> Tuesday: 9<sup>AM</sup> to 2<sup>AM</sup> Wednesday: 9<sup>AM</sup> to 2<sup>AM</sup> Thursday: 9<sup>AM</sup> to 2<sup>AM</sup> Friday: 9<sup>AM</sup> to 2<sup>AM</sup> Saturday: 9<sup>AM</sup> to 2<sup>AM</sup>

Will the business employ a manager?  no \_\_\_ yes, name / experience if known: DAVID ROBINS - OWNER

Will there be security personnel?  no \_\_\_ yes (if yes, what nights and how many?) WILL MANAGE OWNED RESTAURANTS SINCE 2009

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

If yes, please describe: 2 FRENCH DOORS ON BLOOME ST.

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? N/A

Please describe your sound system and sound proofing: IPAD + 4-6 SMALL 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: \_\_\_\_\_

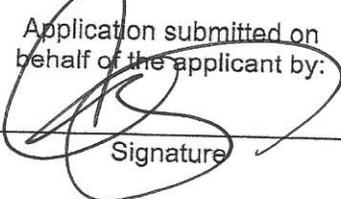
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: DAVID TOBIAS Phone: 

Address: 390 BLOOME ST. NY NY 10013

Email: 

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.





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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.

Name of Applicant: W LLC

Address of Premises: 390 BLOOME ST.

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

4 tables and 8 seats on BLOOME ST. Street

8 tables and 16 seats on MULBERRY ST Street

Hours of sidewalk café: 9am to 11pm

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): FIRE HYDRANT ON CORNER

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

11 tables and 22 seats on MULBERRY ST Street

\_\_\_\_\_ tables and \_\_\_\_\_ seats on \_\_\_\_\_ Street

Hours of roadbed: 9am to 11pm

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): WILL ONLY BE 5 FT. WIDE

Rear yard will have no more than \_\_\_\_\_ tables and \_\_\_\_\_ seats

Hours of rear yard: \_\_\_\_\_ to \_\_\_\_\_

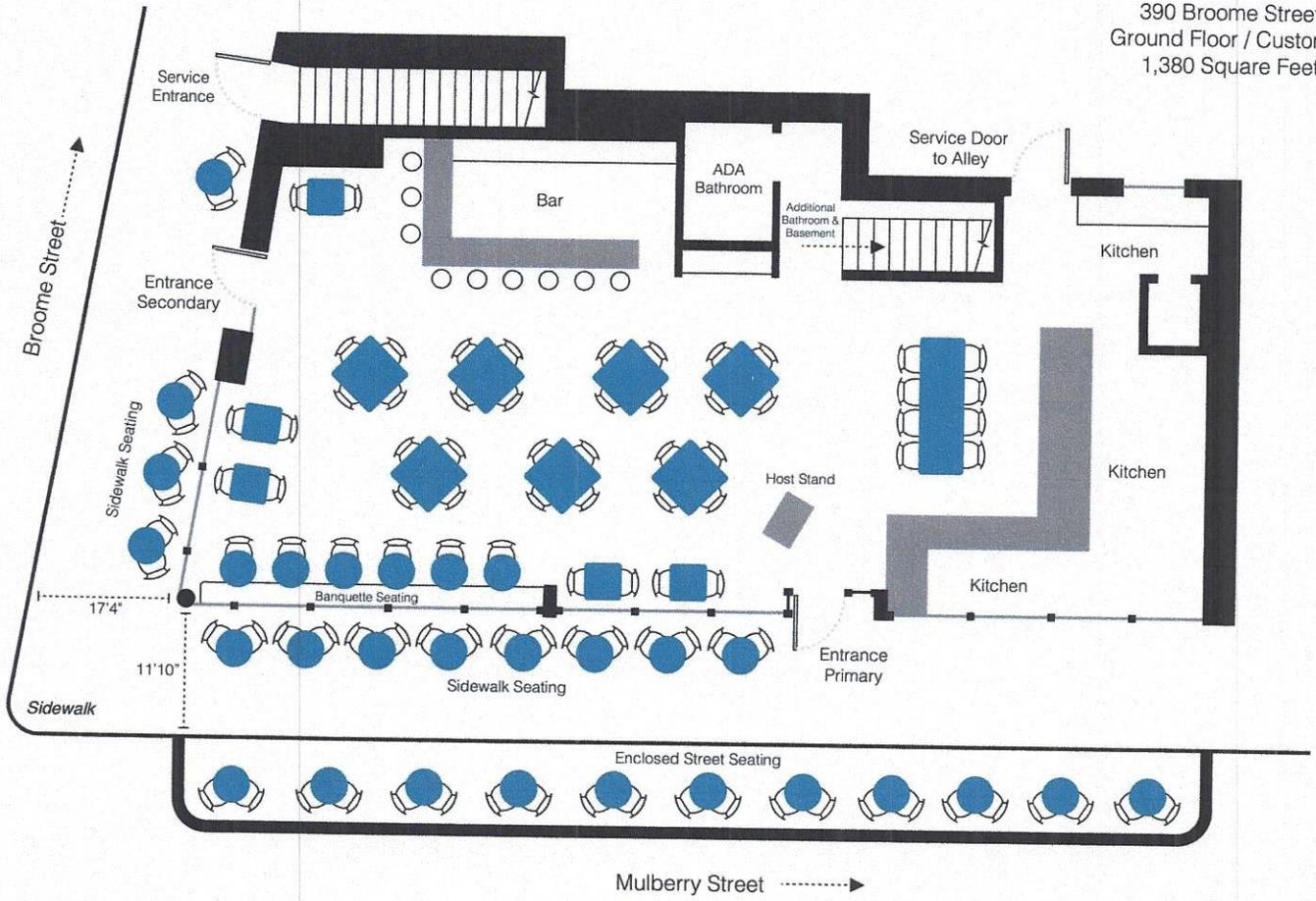
Does seating extend beyond the business frontage?  No  Yes

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 N/A

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

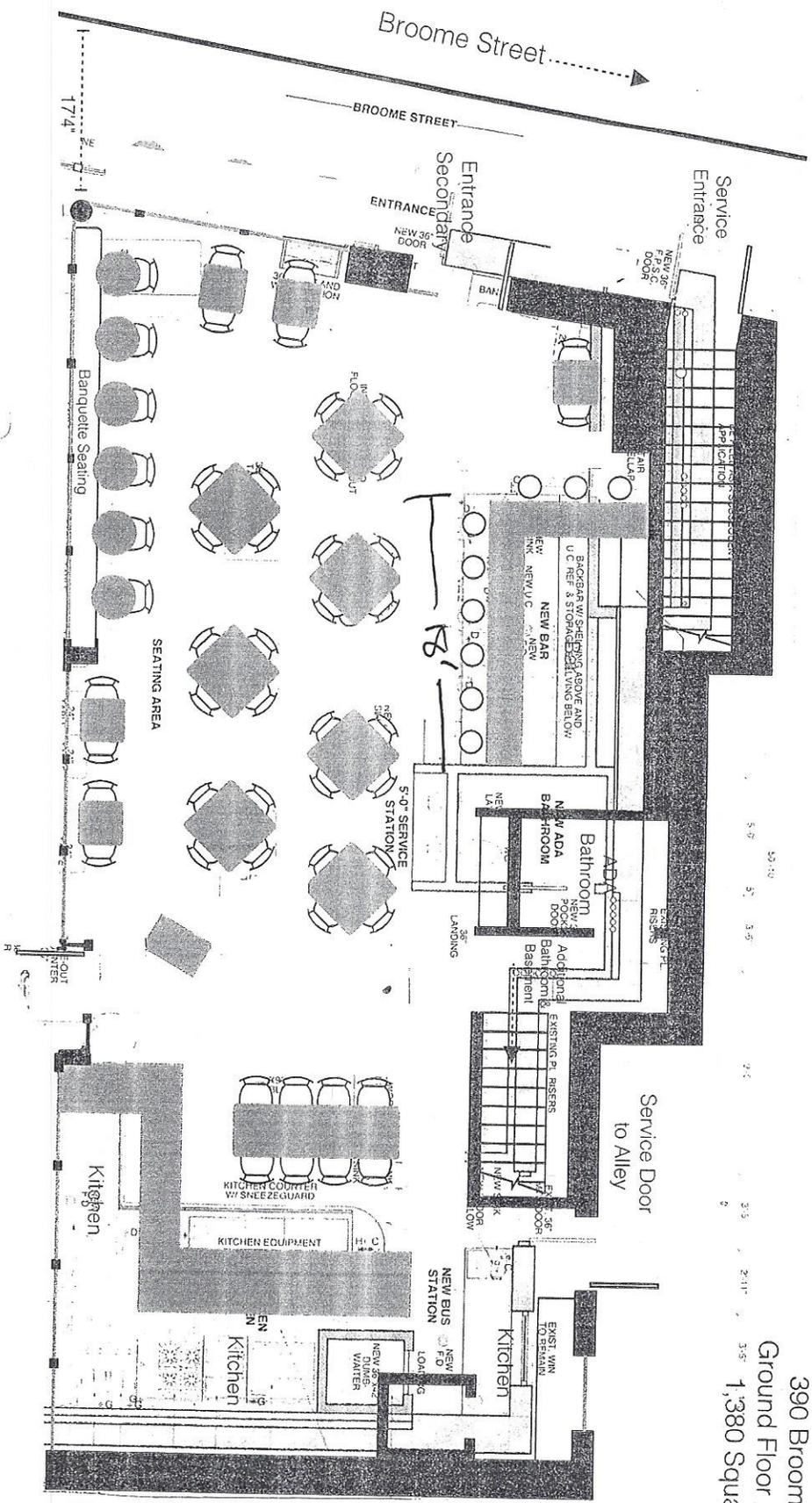
Will heating elements be used?  No  Yes, please describe: \_\_\_\_\_



OUTDOOR SEATING

*The*  
**WOOLLY**  
NOLITA

390 Broome Street  
Ground Floor / Customer  
1,380 Square Feet



Broome Street →

*First Floor*

*19 Tables*

*58 Seats*



*The*  
**WOOLY**  
NOLITA

**SMALL**

House Biscuit <i>honey butter</i>	\$5
Warm Olives <i>citrus</i>	\$8
Peking Duck Tots <i>xo sauce</i>	\$16
Artichoke Vinaigrette <i>dijon</i>	\$12
Prawn Cocktail <i>harissa, horseradish</i>	\$12
Day Boat Ceviche <i>lovage, avocado</i>	\$12
Smoked Whitefish Spread <i>warm crackers</i>	\$15

**MEDIUM**

The Mixed Green Salad	\$14
Perfect Peanut Chicken Salad	\$24
Frisée au Lardon	\$18
Salad Nicoise	\$21

**BIG**

Poached Pollock <i>little gem, anchovies</i>	\$28
Garden Grill <i>seasonal veggies, rice</i>	\$26
All-Day Omelette <i>herbs, greens</i>	\$18
Frites and...	
Wooly Dog Deluxe	\$16
French Dip Au Jus	\$26
Fish Sandwich	\$25
Peri-Peri Chicken Schnitzel	\$23
New York Strip	\$48
Mussels Soup	\$18

**SIDES**

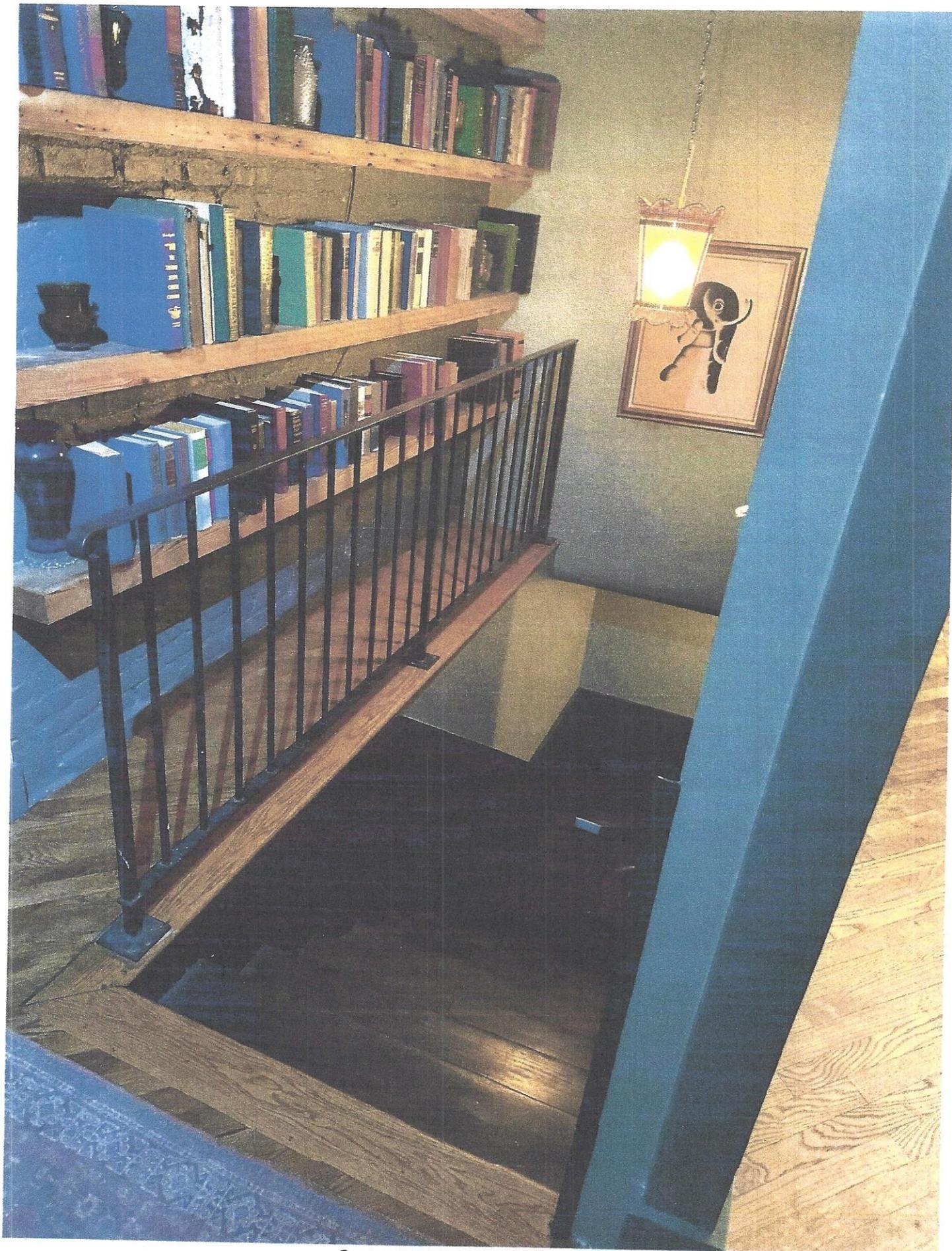
Fries	\$9
Tarragon Mashed Potatoes	
Creamed Spinach	
Mixed Carrots	

\* Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of food borne illness.









Stairs to Basement





Locked Door on our side

