

APPLICANT INFORMATION:

Name of applicant(s):
CHRISTOPHER STREET HOSPITALITY LLC

Trade name (DBA):
PENDING

Premises address:
115 CHRISTOPHER STREET NEW YORK, NY 10014

Cross Streets and other addresses used for building/premise:

HUDSON AND BLEECKER STREETS

CONTACT INFORMATION:

Principal(s) Name(s):
LUKAS PASCAL

Office or Home Address: 115 CHRISTOPHER STREET

City, State, Zip: NEW YORK, NY 10014

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact:
RACIV CORP C/O GOLDBERG WEPRINKEL GOLDSTEIN L.P

Landlord's Telephone and Fax: _____

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

LUKAS PASCAL

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

NEIGHBORHOOD BAR WITH A FOCUS ON GREAT DRINKS, FOOD, AND HOSPITALITY FOR THE NEIGHBORHOOD

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.)

THIS APPLICATION IS PART OF APA TRANSFER. CURRENTLY THIS PREMISE IS OPERATING AS THE VILLAGE ACADEMY BAR INC, SN:1025682. ALL HOURS WILL REMAIN THE SAME AS CURRENT LICENSEE; WITH THE SAME METHOD OF OPERATION, A TAVERN/RESTAURANT. ***THE CURRENT BUSINESS HAS BEEN LICENSED FOR MORE THAN 30 YEARS.

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: _____
THE VILLAGE ACADEMY BAR INC. SN:1025682, EXP:5/31/2025

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:

N/A

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: 7 Year Built : 1903

Describe neighboring buildings:

MIXED-USE

Zoning Designation: R6

Zoning Overlay or Special Designation (applicable) N/A

Block and Lot Number: 619 / 7501

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 : PENDING

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? 74

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

no yes

If yes, what is the maximum occupancy for the premises? 88

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: AWNING AND SIGNAGE TO CHANGE

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 3,100 SQ. FEET.

If more than one floor, please specify square footage by floors: GR FL:1,900 SQ FT. & BASEMENT 1,200 SQ. FT.

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

If more than one floor, what is the access between floors? STAIRS VIA HALLWAY

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? 7 Total table seats? 24

Total number of bars? 2 Total bar seats? 40

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

Total OVERALL number of seats in Premises : 64

BARS:

How many * stand-up bars / bar seats are being applied for on the premises? Bars 2 Seats 40

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: 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: _____

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
12PM to 4AM 2PM to 4AM 2PM to 4AM 2PM to 2AM 2PM to 4AM 12PM to 4AM 12PM to 4AM

Will the business employ a manager? no yes, name / experience if known : _____

Will there be security personnel? no yes(if yes, what nights and how many?) PENDING
Do you have or plan to install French doors, accordion doors or windows that open? no yes

If yes, please describe : WINDOWS/FRENCH DOORS WILL CLOSE BY 11PM

Will you have TV's ? no yes (how many?) 2-4

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: _____
8 SMALL SPEAKERS CURRENTLY INSTALLED BY PREVIOUS LICENSEE..

Will you be permitting: promoted events scheduled performances outside promoters

any events at which a cover fee is charged? private parties (ON OCCASSION)

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) _____

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: (N/A)

Address: _____ Distance: _____

Name of School / Church: _____

Address: (N/A) 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: LUKAS PASCAL Phone: 

Address: _____

Email: 

Application submitted on
behalf of the applicant by:

Signature

Print or Type Name JOSEPH LEVEY

Title ATTORNEY

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
Carter Booth, Co-Chair
Robert Ely, Co-Chair

Apps/salads

Oysters

Kale caesar caesar

Little Italy meatballs

Pretzel bites

Tomato carpaccio

Fried calamari with lemon

Shrimp cocktail

Beef tartare

Whipped ricotta toast

Mains/Sandwiches

Steak Frites

Grilled salmon

Lemon chicken

French dip

Double smash burger

Impossible burger
w/ cheese

Chicken sandwich

Steak sandwich

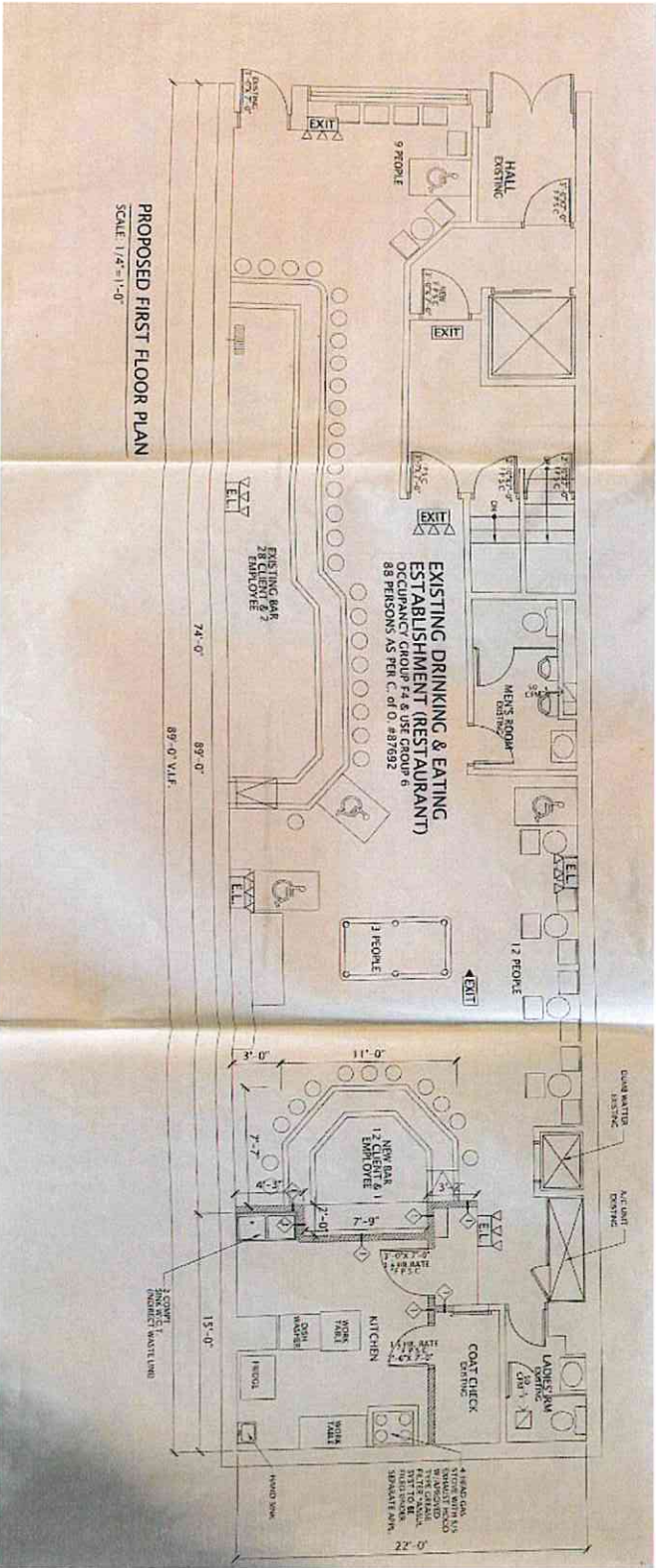
Mac and cheese

Sides

Sweet potato fries

Crinkle cut fries

Truffle potato croquettes



PROPOSED FIRST FLOOR PLAN

SCALE 1/4" = 1'-0"

HALL EXISTING
9 PEOPLE
EXIT

EXISTING DRINKING & EATING ESTABLISHMENT (RESTAURANT)
OCCUPANCY GROUP: 4 & USE: FOOD & BEVERAGE
88 PERSONS AS PER C. 01.01.89.0352

EXISTING BAR & EMPLOYEE
EXIT
E.L.

MEN'S ROOM
EXIT

12 PEOPLE
EXIT

12 MEN & 11 WOMEN
12 EMPLOYEE
EXIT
E.L.

COAT CHECK
DRESSING ROOM
E.L.

4 HEADS AND 13 STAFF RESTROOM
TOILET ROOM
E.L.

CLEAN WATER RECEPTION
A.C. UNIT RECEPTION

3 COMPARTMENT SINK WITH 2 HOT AND 2 COLD WATER TAPS

HAND WASH

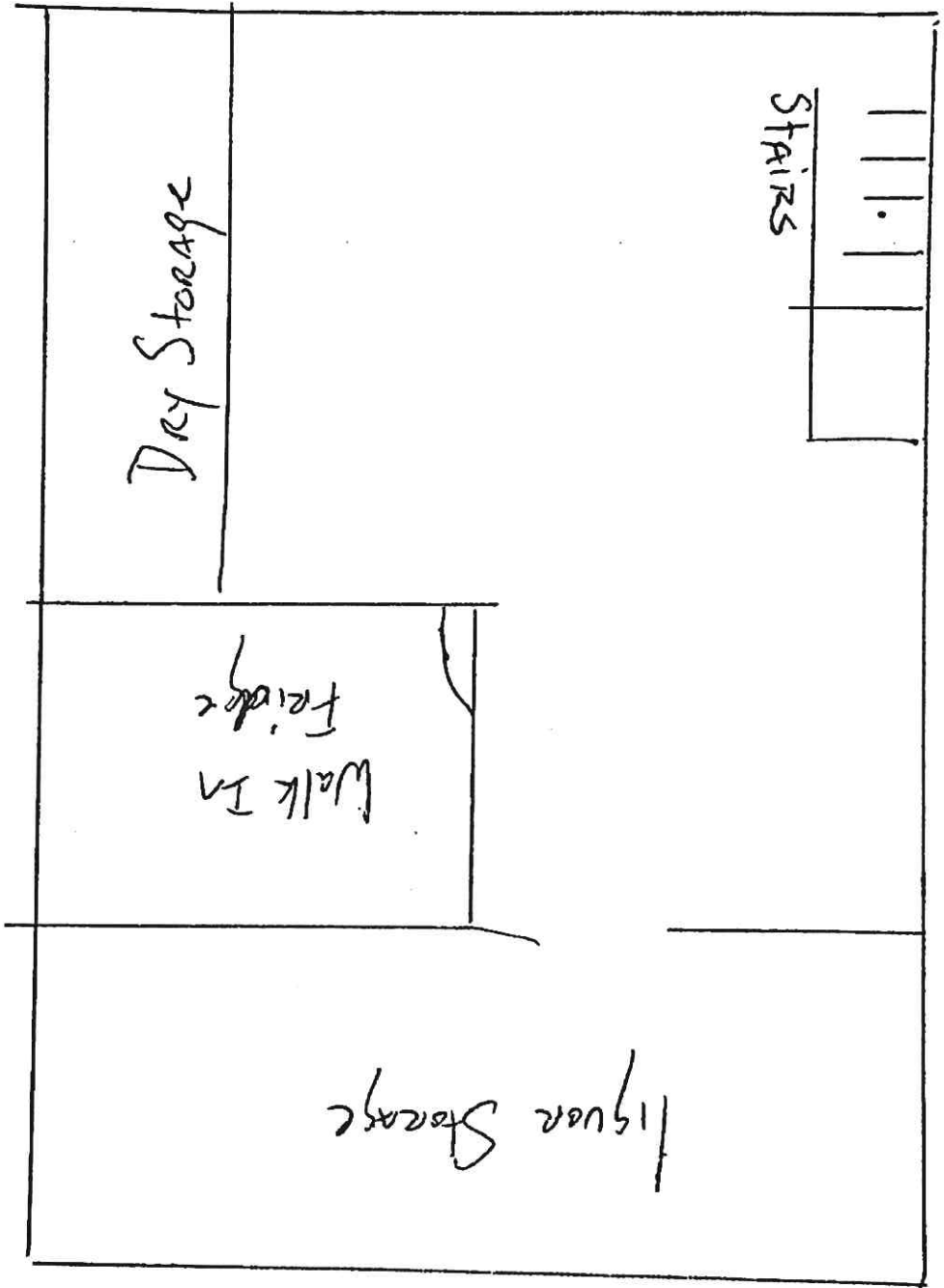
74'-0"

89'-0" V.A.F.

15'-0"

22'-0"

115 Christopher Basement



HELBRAUN | LEVEY



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