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## COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE  
NEW YORK, NY 10012-1899

[www.cb2manhattan.org](http://www.cb2manhattan.org)

P: 212-979-2272 F: 212-254-5102 E: [info@cb2manhattan.org](mailto: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:** September 3/5, 2024

**APPLICANT INFORMATION:**

Name of applicant(s):  
181 Mott Cafe LLC

Trade name (DBA):  
TBD

Premises address:  
181 Mott Street, New York, NY 10012

Cross Streets and other addresses used for building/premise:

Broome Street & Kenmare Street

**CONTACT INFORMATION:**

**Principal(s) Name(s):**

Paris McGarry, Phillip Englehorn & Flynn McGarry

Office or Home Address: c/o Flynn McGarry, 181 Mott Street

City, State, Zip: New York, NY 10002

Telephone #: [REDACTED]

email : [REDACTED]

**Landlord Name / Contact:**

Casa 181 LLC

Landlord's Telephone and Fax: [REDACTED]

**NAMES OF ALL PRINCIPAL(s):**

Paris McGarry & Phillip Englehorn

Flynn McGarry

**NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD**

Eureka Gem LLC d/b/a Gem, 110 Forsyth Street, New York, NY 10003

Eureka Gem LLC d/b/a Gem Wine, 297 Broome Street, New York, NY 10002

299 Hospitality LLC, 299 West Houston Street, New York, NY 10014 (pending)

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

We will operate a dry goods store with a cafe in the back and will be serving wine and food all evenings.

**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 : temporary retail permit

If upgrade, alteration, or transfer, please describe specific nature of changes: N/A  
(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:

Retail clothing store

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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: N/A

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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

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**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: 5 Year Built : 1910

Describe neighboring buildings:  
Mixed (residential & commercial) and vacant

Zoning Designation: C6-1

Zoning Overlay or Special Designation (applicable) LI - Little Italy

Block and Lot Number: 480 / 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

(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? 50

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? 15

If yes, what is the use group for the premises? 16

If yes, is proposed occupancy permitted?  yes  no, explain : Applicant is applying for an Alt 1 to amend Certificate of Occupancy.

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? 2000 square feet ground floor

If more than one floor, please specify square footage by floors: \_\_\_\_\_

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? Stairwell

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: There is a door to the entryway to the upstairs apartments and a door to the basement that will remain locked at all times.

## OVERALL SEATING INFORMATION:

Total number of tables? 8 Total table seats? 48

Total number of bars? 0 Total bar seats? 0

Total number of "other" seats? 0 please explain : \_\_\_\_\_

Total OVERALL number of seats in Premises : 48

## BARS:

How many <sup>\*</sup>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? 0

Any food counters?  no  yes, describe : \_\_\_\_\_

***For Alterations and Upgrades:*** N/A

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: Cafe

What are the Hours of Operation?

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

9am to 10pm   9am to 10pm   9am to 10pm   9am to 10pm   9am to 10pm   9am to 10pm   9am to 10pm

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

Executive chef at Gem Restaurant, 116 Forsyth Street (2017 to present)

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

IF YES, will you be using a professional sound engineer? No

Please describe your sound system and sound proofing: Music will be streamed through Sonos speakers and kept at an ambient noise level. Acoustic insulation will be installed in the walls.

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?  no  yes ( if yes, please attach plans) Staff will monitor the sidewalk and roadway in front of the premises to ensure that crowds do not form and vehicles do not create congestion. There is equal space in the storefront area where patrons can wait for tables for short periods of time eliminating the need for lines outside the premises.

Will you be utilizing  ropes  movable barriers  other outside equipment (describe) \_\_\_\_\_

No

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:



\_\_\_\_\_  
Signature

Print or Type Name Flynn McGarry

Title LLC Manager

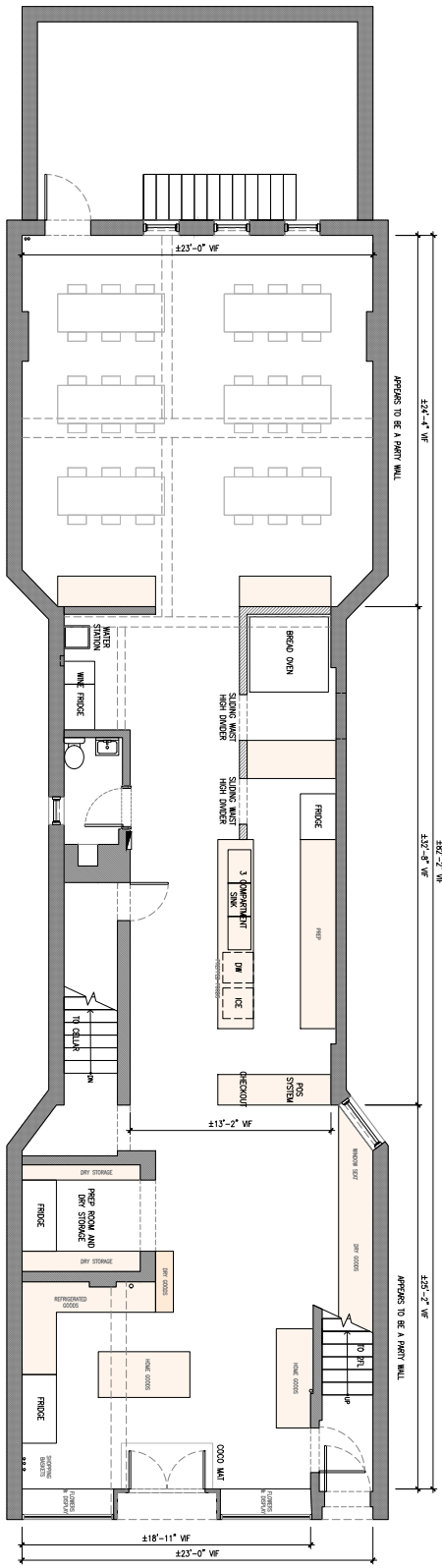
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.



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



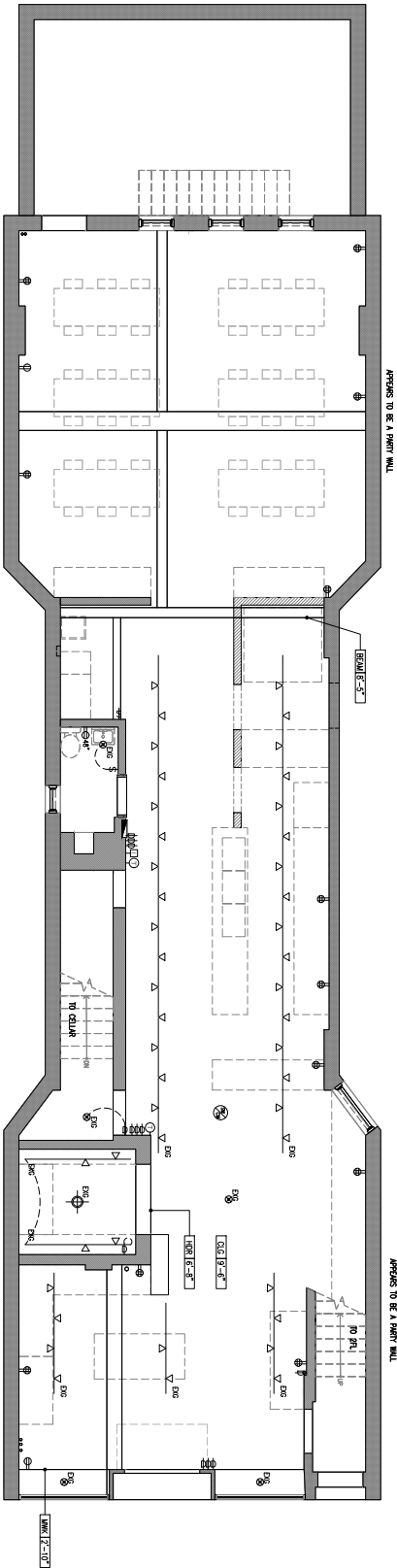
1 PROPOSED FLOOR PLAN  
 1/4" = 1'-0"



LEGEND: NEW CONSTRUCTION

[Symbol]	NOT IN SCOPE OF WORK
[Symbol]	EXISTING MASSORY WALL
[Symbol]	EXISTING PARTITION WALL
[Symbol]	NEW PARTITION WALL

<p>144 SOUTH AVENUE          SUITE 408          BROOKLYN, NY 11237</p> <p>COMMERCIAL PROJECT          181 Mad St, Manhattan,          NY 10012</p> <p>PROPOSED PLAN          FIRST FLOOR</p> <p>NO. A-101.00</p>	<p>311 West 85          Manhattan, NY 10012</p>
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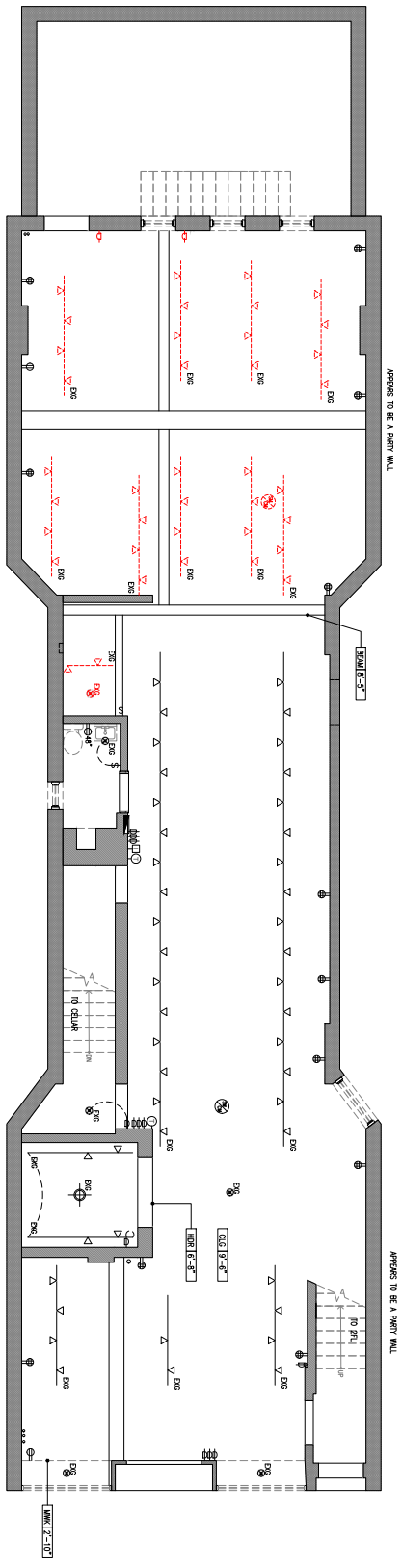


1 PROPOSED REFLECTED CEILING PLAN  
 1/4" = 1'-0"



311 East 83rd Avenue, NY 10012 Manhattan, NY 10012	
144 SOUTH AVENUE SUITE 408 BROOKLYN, NY 11237	
<b>COMMERCIAL PROJECT</b> 181 Mad St. Manhattan, NY 10012	
<b>PROPOSED RCP          FIRST FLOOR</b>	
PROJECT NO. 443	SCALE 1/4" = 1'-0"
<b>A-111.00</b>	

LEGEND: DEMOLITION	
	EXISTING CONSTRUCTION TO REMAIN
	EXISTING TO BE REMOVED



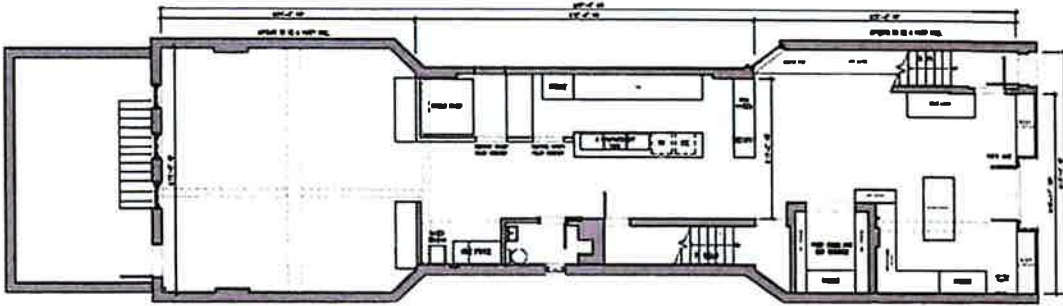
1  
1/4" = 1'-0"



<p>144 SOUTH AVENUE SUITE 408 BROOKLYN, NY 11237</p> <p>COMMERCIAL PROJECT 181 Mad St, Manhattan, NY 10012</p>	<p>171 MAD ST Manhattan, NY 10012</p>	<p>DATE: 08/14/2018</p> <p>PROJECT: DEMO RCP FIRST FLOOR</p> <p>PRICE: D-1111.00</p>
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**Exhibit A**

**Leased Premises**



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