

PRINCIPE

**450 WEST BROADWAY LLC
D/B/A PRINCIPE
450 WEST BROADWAY
NEW YORK, NEW YORK 10012**

MANHATTAN COMMUNITY BOARD 2
OCTOBER 2024
SLA LICENSING COMMITTEE

Questionnaire

- Floor Plan
- Menu
- Photographs
- Liquor License Stipulations – August 2023
- Outreach

BERNSTEIN REDO & SAVITSKY P.C.
1177 AVENUE OF THE AMERICAS, 5TH FLOOR
NEW YORK, NY 10036
212-651-3100

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COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE
NEW YORK, NY 10012-1899

www.cb2manhattan.org

P: 212-979-2272 F: 212-254-5102 E: info@cb2manhattan.org

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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: _____

APPLICANT INFORMATION:

Name of applicant(s): 450 West Broadway LLC & Lowder-Tascarella Hospitality LLC

Trade name (DBA): Principe

Premises address: 450 W. Broadway, New York, New York 10012

Cross Streets and other addresses used for building/premise:
Prince Street & West Houston Street

CONTACT INFORMATION:

Principal(s) Name(s): Robert Goldman

Office or Home Address: _____

City, State, Zip: _____

Telephone #: _____ email : _____

Landlord Name / Contact: BLDG Prince LLC

Landlord's Telephone and Fax: _____

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

Robert Goldman	340 Bleecker LLC & 450 West Broadway LLC.
_____	_____
_____	_____

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

If upgrade, alteration, or transfer, please describe specific nature of changes:
(Please include physical or operational changes including hours, services, occupancy, ownership, etc.)

This is a change in method of operation to add an hour to the closing time each night and to add the ability to use DJs for the
limited number of private events the restaurant can hold. Current hours are Midnight during the week (Sunday through Thursday) and 1:00am
on Friday and Saturday. Licensee would like to extend its hours to:
Monday through Thursday - 1:00am Friday and Saturday - 2:00am Sunday - Midnight (no change)

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

450 West Broadway LLC (Applicant) / 0340-23-133134

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: 1st & Cellar Year Built : 2000

Describe neighboring buildings:
Mixed

Zoning Designation: M1-5A

Zoning Overlay or Special Designation (applicable) SNX (Special SoHo-NoHo Mixed Use District)

Block and Lot Number: 516 / 37

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 : NO CHANGES TO BE MADE

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 ALREADY APPROVED

What is the proposed Occupancy? 181

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? 181

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 - PREMISES OPERATING

Do you plan to file for changes to the Certificate of Occupancy? yes no N/A - PREMISES OPERATING
(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? 5,620

If more than one floor, please specify square footage by floors: 1st - 2,750 / Cellar - 2,860

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

Approximately 60sf (within property line)

If more than one floor, what is the access between floors? stairs and elevator

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

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

OVERALL SEATING INFORMATION:

Total number of tables? 37 Total table seats? 119

Total number of bars? 1 Total bar seats? 12

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

Total OVERALL number of seats in Premises: 131

*ADDITIONAL 5 TABLES AND 10 SEATS OUTDOORS (SEE ADDENDUM)

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 12

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

Any food counters? no yes, describe: Raw bar display/pick-up counter

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: _____

What are the Hours of Operation?

PROPOSED
INSIDE
OUTSIDE

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
7am to 12am 7am to 1am 7am to 1am 7am to 1am 7am to 1am 7am to 2am 7am to 2am
7am to 11pm
Will the business employ a manager? ___ no yes, name / experience if known : Michael Welch

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

If yes, please describe : N/A

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)

* Currently permitted to have live music in cellar for private events, now requesting to have DJ for private events as well.

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

IF YES, will you be using a professional sound engineer? N/A - Premises is open and operating

Please describe your sound system and sound proofing: First class sound attenuating material.

Will you be permitting: ___ promoted events ___ scheduled performances ___ outside promoters

___ any events at which a cover fee is charged? private parties*

*Only permitted in cellar, average of 2 per month.

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 1/2 " x 11").

Indicate the distance in feet from the proposed premise:

Name of School / Church: N/A

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.

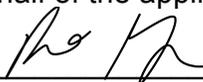
Contact Person: Robert Goldman Phone: 212-404-0692

Address: 95 Christopher Street, Apt. 7F, New York, New York 10014

Email : 450westbroadway@gmail.com

Application submitted on
behalf of the applicant by:

X



Signature

Print or Type Name Robert Goldman

Title Member

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
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3 Washington Square Village

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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: 450 WEST BROADWAY LLC & LOWDER-TASCARELLA HOSPITALITY LLC

Address of Premises: 450 W. Broadway, New York, New York 10012

~~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): _____~~

IN-PROPERTY LINE FRONT SEATING

~~Rear yard / Rooftop (circle) will have no more than 5 tables and 10 seats~~

~~Hours of rear yard / rooftop: 7AM to 11PM .~~

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: _____

Floor Plan

Menu

PRINCIPE – 459 West Broadway

RAW BAR

RED PRAWNS WITH CORIANDER & JALAPENO SAUCE 14

MARINATED TUNA WITH BLOOD ORANGE & DAIKON 14

OYSTERS WITH MEYER LEMON, BLACK PEPPER & CHIVES 13

SNOW CRAB CLAWS WITH MUSTARD GREENS 20

LOBSTER SALAD WITH HORSERADISH & LETTUCE 19

SCALLOPS WITH PISTACHIO & SORREL 16

SEA URCHIN & PRESERVED TOMATO 20

SALADS

SUCRINE LETTUCE WITH AVOCADO, COLATURA & MINT 19

BURRATA WITH SNAP PEAS, APRICOT & ARUGULA 23

GREEN ASPARAGUS WITH CRISPY GRAINS, PECORINO & MISO 22

PASTA

RAMP BUCATINI WITH CLAMS, BLACK PEPPER & EGG YOLK 31

NDUNDERI WITH LEMON & BOTTARGA 26

ROCK SHRIMP MAFALDINE WITH SUGO BIANCO 33

BASIL TORTELLINI IN BROWN-BUTTER BRODO 26

MAINS

KING CRAB RISOTTO WITH MOREL MUSHROOMS & WILD SPINACH 65

OLIVE-CRUSTED BRANZINO WITH GREEN TOMATO & PARSLEY 46

CRISPY CHICKEN WITH CUCUMBER & BASIL AIOLI 44

GRILLED DUCK WITH HONEY, FENNEL & PRESERVED ORANGE 48

SIDES

PROVENCAL WHITE ASPARAGUS 17

LEMON-ROSEMARY FRIES 15

BOK CHOY WITH FRESNO CHILI 14

PRINCIPE – 459 West Broadway

CONGELATO

COCONUT YOGURT POPSICLES WITH HIBISCUS ICE 11

FIOR DI LATTE WITH OLIO VERDE & BLACK PEPPER 11

MINT CHOCOLATE CRUNCH BON BONS 14

KEY LIME ICE CREAM SANDWICH 11

HUMMINGBIRD TORTA

BROWN SUGAR BANANA CAKE, WHIPPED YOGURT, CANDIED PINEAPPLE 16

DIGESTIVI

AMARO

ARGALA ALPINO 16

FORTHAVE MARSEILLE, BROKOKLYN 16

FACCIA BRUTO CARCIOFO 16

LIQUERS

SAMBUCA MOLINARI 14

CAFFO AMARETTO 12

DON CICCIO LIMONCELLO 16

V.E.P. CHARTREUSE GREEN 30

BRANDY, GRAPPA, EAU DE VIE

LEMORTON CALVADOS RESERVE 20

COGNAC PARK MIZUNARA OAK CASK 22

NARDINI MANDORLA (1 OZ) 12

Photographs



