

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): CAFE and Spirits INC

Trade name (DBA): _____

Premises address: 107 Thompson ST

Cross Streets and other addresses used for building/premise: _____

CONTACT INFORMATION:

Principal(s) Name(s): David BARAM

Office or Home Address: _____

City, State, Zip: _____

Telephone #: _____

Landlord Name / Contact: Fulcrum LLC

Landlord's Telephone and Fax: _____

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

<u>David Baram</u>	_____
_____	_____
_____	_____

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

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 : _____

Describe neighboring buildings: _____

Zoning Designation: _____

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: _____ / _____

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? ~~13~~ 9

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

no yes unk

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

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? 350 Sq FT

If more than one floor, please specify square footage by floors: 300 Basement

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? _____

How many entrances are there? 1 How many exits? 1 How many bathrooms? 01

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

OVERALL SEATING INFORMATION:

Total number of tables? 3 Total table seats? 3

Total number of bars? 0 Total bar seats? _____

Total number of "other" seats? _____ please explain : _____

Total OVERALL number of seats in Premises : 9

BARs:

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

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

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: _____

Name of School / Church:

What are the Hours of Operation?

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

8am to 1am 8am to 1am

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?) _____

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? _____

Please describe your sound system and sound proofing: background

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)

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: _____

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 Barah Phone: [REDACTED]

Address: [REDACTED]

Email: [REDACTED]

Application submitted on behalf of the applicant by:

David Barah
Signature

Print or Type Name DAVID BARAH

Title OWNER - P.

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.

Donna Raftery

[Signature]

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