

HELBRAUN || LEVEY

CHRISTOPHER STREET HOSPITALITY LLC  
115 CHRISTOPHER STREET  
NEW YORK, NY 10014

MANHATTAN COMMUNITY BOARD 2

David Gruber, *Chair*  
Bo Riccobono, *First Vice Chair*  
Jo Hamilton, *Second Vice Chair*  
Bob Gormley, *District Manager*



Antony Wong, *Treasurer*  
Susan Kent, *Secretary*  
Keen Berger, *Assistant Secretary*

## 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 and return to the Community Board 2 office by fax or mail to arrive at least **5 business days** before the Committee meeting. In addition, bring **10 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 following months 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 within 500 ft. of this location including Beer and Wine.
2. Floor plans of the premise, including all tables and chairs and kitchen lay out to be licensed. Please also include any schematics for sidewalk café, backyard garden space and/or rooftop areas if applicable.
3. Provide any plans filed or to be filed with the Buildings Department.
4. Proposed menu, if applicable.
5. Certificate of Occupancy or Letter of No Objection for the premises.
6. Letter of Understanding or Letter of Intent from the Landlord.
7. Provide proof of community outreach with signatures or letters from Residential Tenants at location and from surrounding buildings. (i.e. a letter from the neighborhood block association or petition in support.)
8. A copy of your NYS Liquor Authority application as it will be submitted to the SLA. (excluding financial information)

**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**

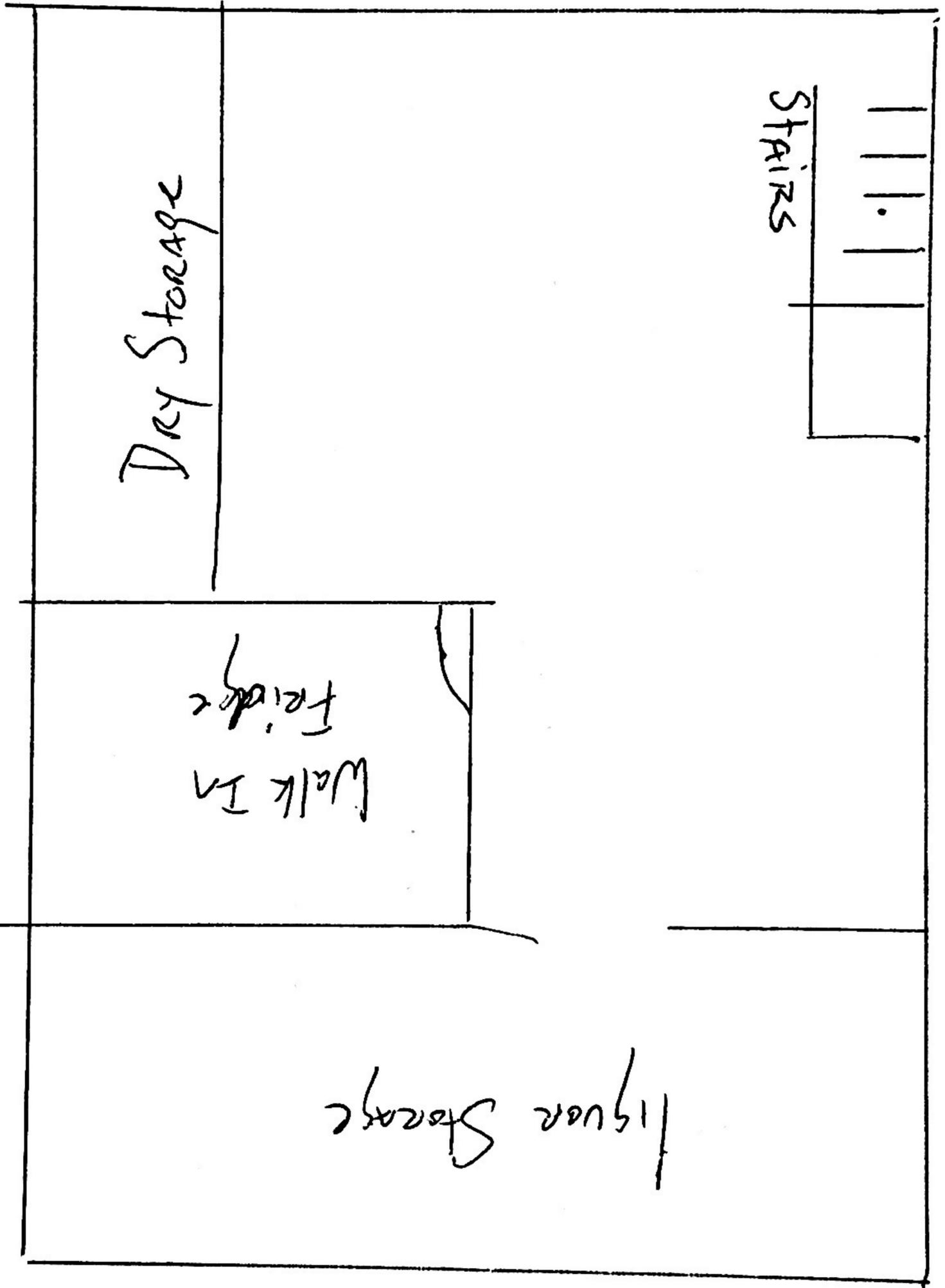
Sweet potato fries

Crinkle cut fries

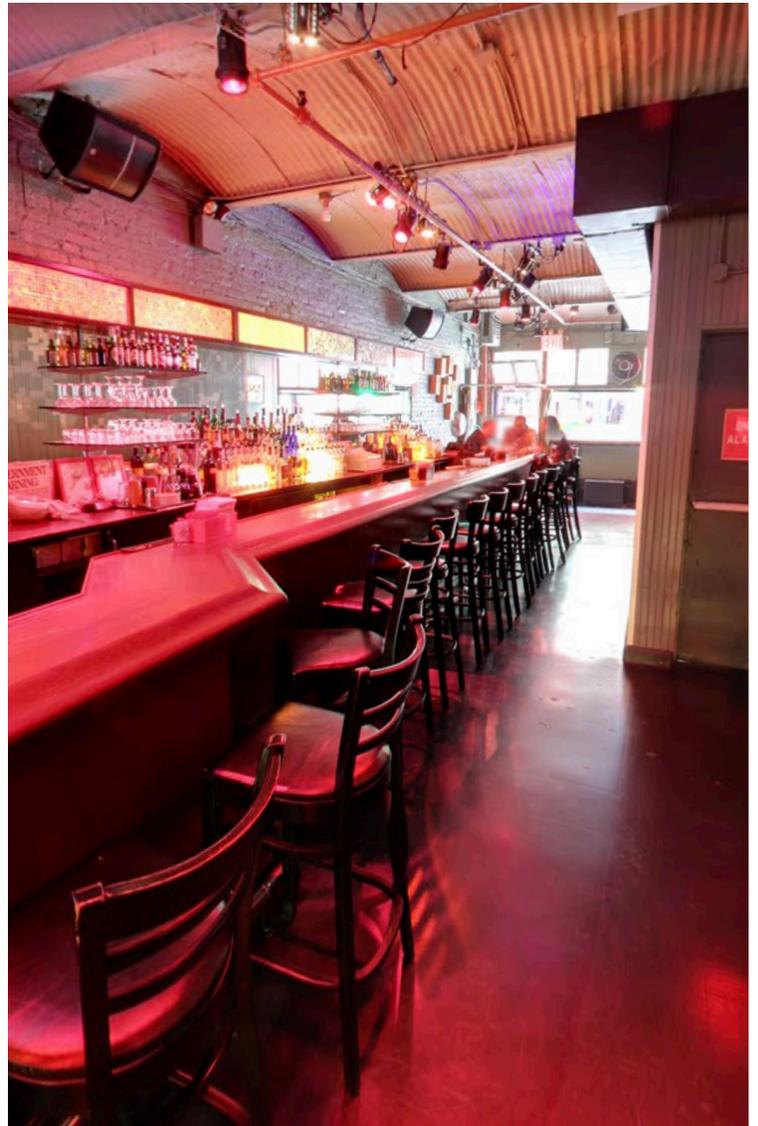
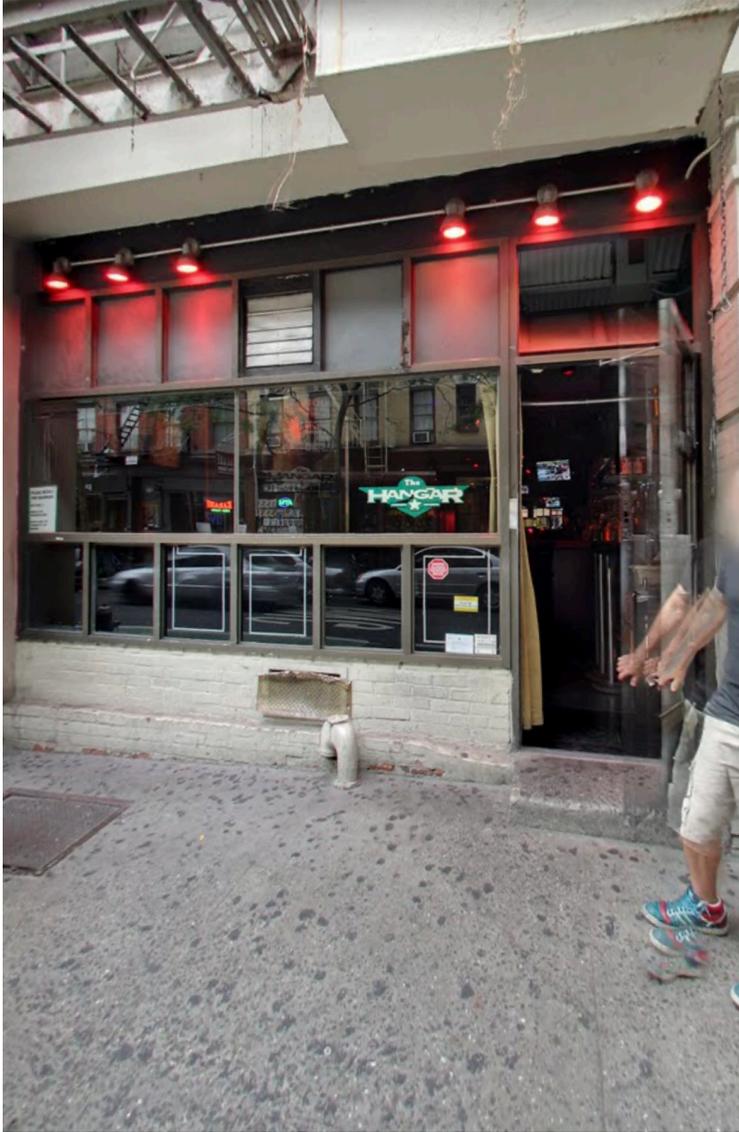
Truffle potato croquettes



115 Christopher Basement



# HELBRAUN | LEVEY



# HELBRAUN | LEVEY

