

HELBRAUN || LEVEY

343 BROOME TOMORROW LLC  
146 BOWERY  
NEW YORK, NY 10013

MANHATTAN COMMUNITY BOARD 2

Meeting Date: 11/6 OR 11/7

**APPLICANT INFORMATION:**

Name of applicant(s):

343 BROOME TOMORROW LLC

Trade name (DBA):

PENDING

Premises address:

146 BOWERY, NEW YORK, NY 10013

Cross Streets and other addresses used for building/premise:

BROOME STREET & GRAND STREET

**CONTACT INFORMATION:**

Principal(s) Name(s):

BLAKE ROSSO

Office or Home Address:

[REDACTED]

City, State, Zip: NEW YORK, NY 10013

Telephone #:

[REDACTED]

email:

[REDACTED]

Landlord Name / Contact:

ISACCO ROSSO

Landlord's Telephone and Fax: \_\_\_\_\_

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

BLAKE ROSSO

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

N/A

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

RESTAURANT WITH EXACT SAME METHOD OF  
OPERATION AS PREVIOUS TENANT.

**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.)

TRANSFER WITH NO CHANGES TO METHOD OF OPERATION.

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: \_\_\_\_\_

BOWERY RESTAURANT GROUP LLC

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: 4 Year Built : 1915

Describe neighboring buildings:

MIXED - USE

Zoning Designation: C6-2G / C6-1G

Zoning Overlay or Special Designation (applicable) L1

Block and Lot Number: 470 / 50

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 EXTERIOR CHANGES

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 SIDEWALK CAFE

(DOT APPLICATION TO BE SUBMITTED)

What is the proposed Occupancy? 120

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? 140

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

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: N/A

## INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? \_\_\_\_\_

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 (DOT APPLICATION PENDING)

If more than one floor, what is the access between floors? INTERNAL STAIRCASE

How many entrances are there? 1 How many exits? 2 How many bathrooms? 5

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

## OVERALL SEATING INFORMATION:

Total number of tables? 30 Total table seats? 66

Total number of bars? 2 Total bar seats? 10

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

Total OVERALL number of seats in Premises: 76

## BARS:

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 2 Seats 10

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

Any food counters?  no \_\_\_ yes, describe: N/A

### ***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 1AM 12PM to 1AM 12PM to 1AM 12PM to 1AM 12PM to 1AM 12PM to 2AM 12PM to 2AM

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 : N/A

Will you have TV's ?  no \_\_\_ yes ( how many? ) N/A

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 \*ALREADY INSTALLED

Please describe your sound system and sound proofing: \_\_\_\_\_

Will you be permitting: \_\_\_ promoted events \_\_\_ scheduled performances \_\_\_ outside promoters

\_\_\_ any events at which a cover fee is charged?  private parties  
10-20 PER YEAR

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: N/A Distance: N/A

Name of School / Church: N/A

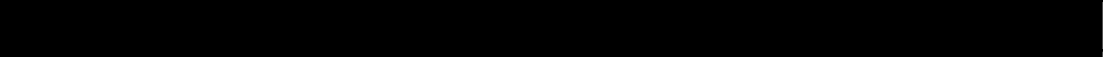
Address: N/A Distance: N/A

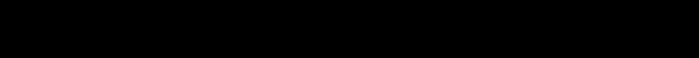
Name of School / Church: N/A

Address: N/A Distance: N/A

Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: BLAKE ROSSO Phone: 

Address: 

Email: 

Application submitted on  
behalf of the applicant by:

  
Signature

Print or Type Name MATTHEW COLTON

Title REPRESENTATIVE

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

# MENU

## MEZZE

**HOME MADE LABANEH**  
strained yogurt & sumac (12)

**CHARCOAL BEETS**  
whipped feta, sesame seeds & fresh mint (12)

**ALGERIAN FAVA**  
slow cooked beans, preserved lemons,  
green hot pepper & Raw Tehina (12)

**VINE LEAVES**  
seasonal roots vegetables & pomegranate salsa (12)

**BUBBEE CHOPPED LIVER**  
with challah toast & pickles (14)

## RAW BAR

**TUNA TARTAR**  
house made duqqa, fennel & citron (21)

**FLUKE CEVICHE**  
Fennel, Radishes & Persian cucumber (24)

## ENTRÉES

**PAPPARDELLA**  
with zucchini, asparagus, peas, ricotta & pine nuts (26)

**SICILIAN-STYLE GRILLED STEAK**  
with aromatic North African salad (32)

**WHOLE BRANZINO FISH**  
pan roasted & served with salsa verde tzatziki (36)

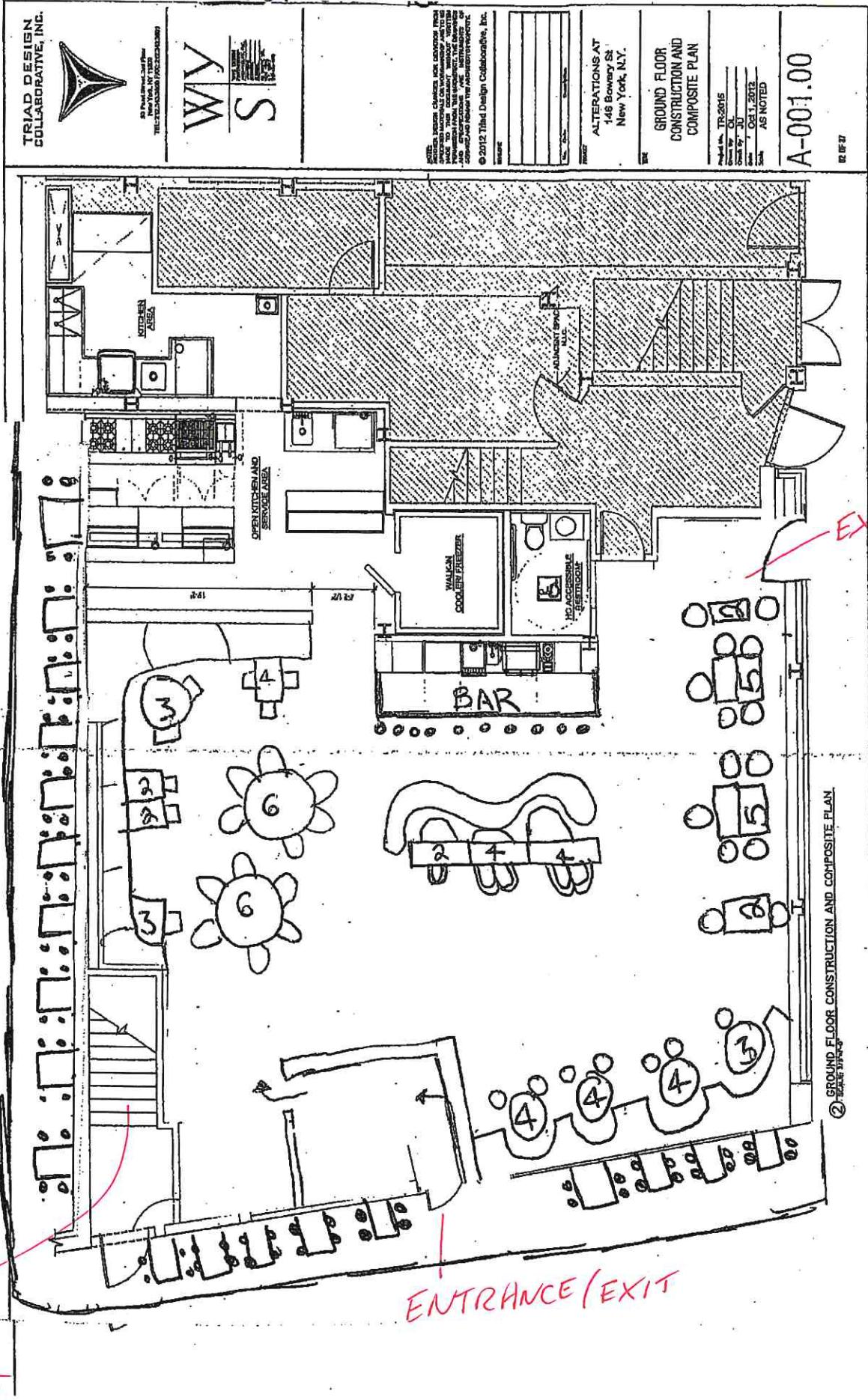
**TIPASA TACOS**  
slow cooked spare ribs, amba, tahina, sumac,  
onions & herb salad (28)

## DESSERT

**VANILLA ICE CREAM**  
with served silan halva (12)

**TURKISH COFFEE (10)**

# GROUND FLOOR



TRIAD DESIGN COLLABORATIVE, INC.



20 Park Street, 2nd Floor  
New York, NY 10003  
Tel: 212.254.1100  
www.triaddesign.com

WY S

NOTES:  
1. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL BUILDING CODE AND ALL APPLICABLE LOCAL ORDINANCES AND REGULATIONS.  
2. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.  
3. ALL WORK SHALL BE COMPLETED WITHIN THE SPECIFIED TIME FRAME.  
4. THE CONTRACTOR SHALL MAINTAIN ACCESS TO ALL ADJACENT PROPERTIES AT ALL TIMES.  
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NO.	DATE	DESCRIPTION

ALTERATIONS AT  
148 Bowery St.  
New York, N.Y.

GROUND FLOOR  
CONSTRUCTION AND  
COMPOSITE PLAN

Project No. TR-2015  
Scale: AS NOTED  
Date: JUL 2012  
Sheet: A-001.00

A-001.00

B. OF 27

GROUND FLOOR CONSTRUCTION AND COMPOSITE PLAN

STAIRS TO BASEMENT

ENTRANCE/EXIT

EXIT

# BASEMENT

**TRIAD DESIGN COLLABORATIVE, INC.**



20 West Street, 3rd Floor  
New York, NY 10006  
TEL: 212.279.1100 FAX: 212.279.1101

**WY S**

NOTES:  
1. GENERAL CONTRACTOR TO PROVIDE EXISTING HVAC UNIT.  
2. GENERAL CONTRACTOR TO PROVIDE FIRE STOPPING AT ALL PERIMETER WALLS AND CEILING.  
3. CONTRACTOR TO CHALK OUT ALL WALLS, COUNTERTOPS, ETC. & COORDINATE WITH ARCHITECT PRIOR TO COMMENCING CONSTRUCTION.  
4. SEE DWG A-010 FOR PARTITION TYPES.  
5. GENERAL CONTRACTOR TO PROVIDE ALL ACCESS DOORS.

PROJECT:  
DATE:  
SCALE:  
DRAWN BY:  
CHECKED BY:  
DATE:

**ALTERATIONS AT**  
146 Bowery St  
New York, N.Y.

**CELLAR FLOOR CONSTRUCTION AND COMPOSITE PLAN**

Project No. TR-2015  
Drawing No. 01  
Date: 08.1.2012  
Scale: AS NOTED

**A-001.00**

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**NOTES:**

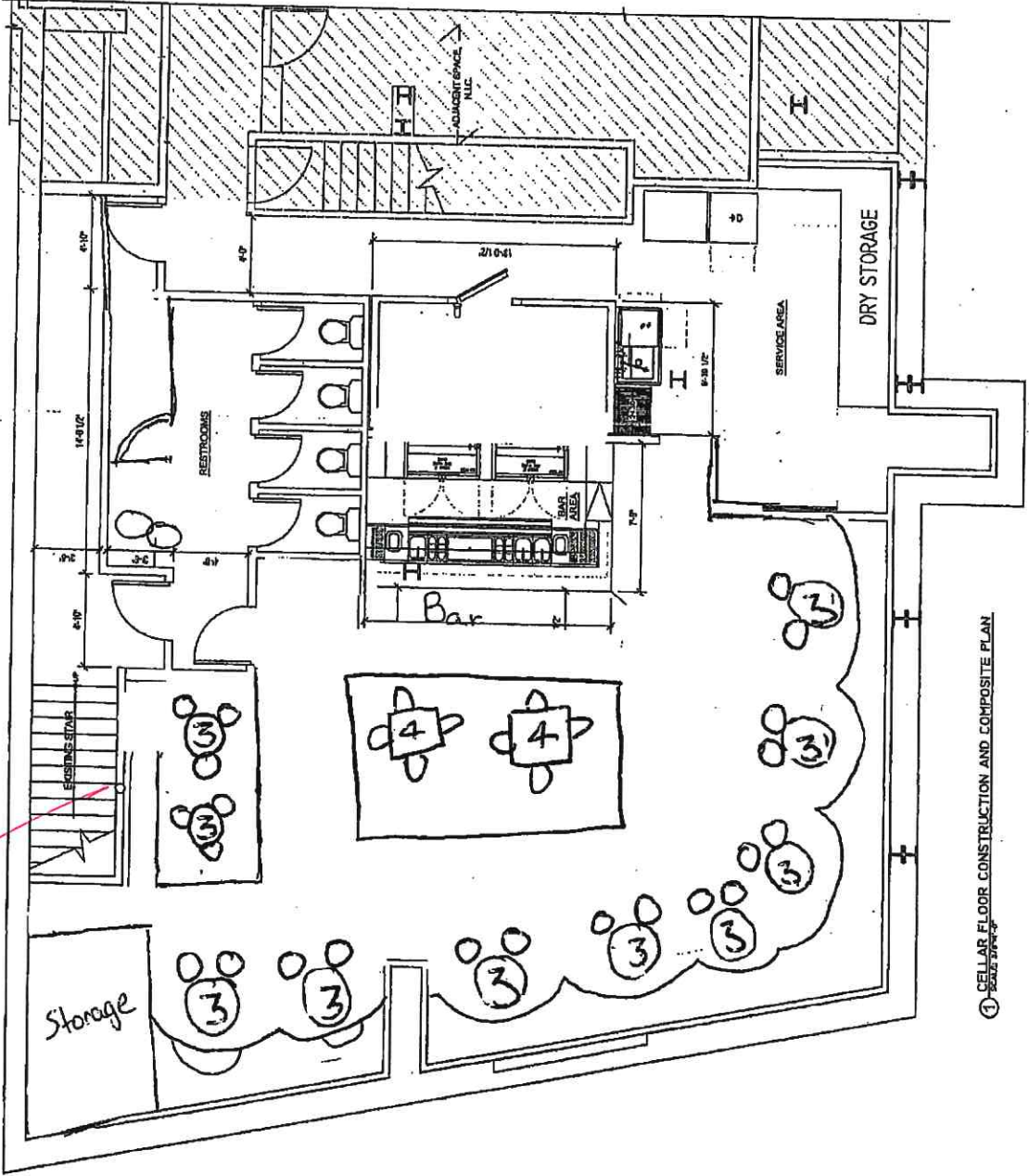
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- SEE DWG A-010 FOR PARTITION TYPES.
- GENERAL CONTRACTOR TO PROVIDE ALL ACCESS DOORS.

**WALL TYPE LEGEND:**

- EXISTING WALL
- NEW 2-HR RATED WALL
- FINISHED OUT EXISTING WALL
- NEW FULL HEIGHT WALL
- NEW PARTIAL HEIGHT WALL

**FUTURE LEGEND:**

- 51" BANQUETTE TABLE
- 51" BANQUETTE TABLE
- 36" SQUARE / 48" ROUND DINING TABLE (MOVABLE)
- CUSTOM BANQUETTE TABLE
- 36" ROUND DINING TABLE (MOVABLE)
- 24" SQUARE DINING TABLE (MOVABLE)
- DINING CHAIR (MOVABLE)



STAIRS TO GROUND FLOOR

① CELLAR FLOOR CONSTRUCTION AND COMPOSITE PLAN