

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s):

Boots & Beer LLC

Trade name (DBA):

N/A

Premises address:

105 Wooster Street, New York, NY 10012

Cross Streets and other addresses used for building/premise:

Prince & Spring Street

CONTACT INFORMATION:

Principal(s) Name(s):

Lorna Allison Angelillo

Office or _____

City, State, Zip: _____

Telephone #: _____ email : _____

Landlord Name / Contact:

Landlord's Telephone and Fax: _____

NAMES OF ALL PRINCIPAL(s):

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

Dario Zar

David Zar

Simon Zar

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

We are a Western Wear Apparel Store from the Tecovas brand with the Concessionaire,

Boots & Beer LLC applying for a Bottle Club On Premise License to serve complimentary
alcohol from a licensed bartender while qualified consumers (over the age of 21, government
id, not intoxicated) one alcoholic beverage while they shop in the store between 10a-9p.

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 : _____

Application is for a Bottle Club License
to serve Complimentary Alcohol in an
Apparel Store as executed by the
professional Bar Management
Company Boots & Beer LLC

If upgrade, alteration, or transfer, please describe specific nature of changes:

(Please include physical or operational changes including hours, services, occupancy, ownership, etc.)

N/A

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

Vacant Retail Store Space

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: _____

Have any other licenses under the ABC Law been in effect in the last 10 years at this location?

☐ yes ☒ no No - not based on the landlord provided information

If yes, please list DBA names and dates of operation:

PREMISES:

By what right does the applicant have possession of the premises?

☐ Own ☐ Lease ☐ Sub-lease ☐ Binding Contract to acquire real property ☒ other: X

Type of Building: ☐ Residential ☐ Commercial ☒ Mixed (Res/Com) ☐ Other: _____

Number of floor: 6 Year Built : 1920

Describe neighboring buildings:

Mixed Use Buildings in the SoHo section of lower Manhattan

Zoning Designation: 10A

Zoning Overlay or Special Designation (applicable) No - Not Applicable

Block and Lot Number: 501 / 1001

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 : Unknown - requested from landlord

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 Total - 63 on First/Ground Floor & 11 in Basement

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? N/A

If yes, what is the use group for the premises? N/A

If yes, is proposed occupancy permitted? ☐ yes ☐ no, explain : N/A

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 N/A
(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: Only change will be the naming of the store
when opening in late summer 2025

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 8,750 square feet total

If more than one floor, please specify square footage by floors: Basement: 3,168; First/
Ground Floor: 3,923

None

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

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

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

OVERALL SEATING INFORMATION:

Total number of tables? 0 Total table seats? 0

Total number of bars? 1 Total bar seats? 6

Total number of "other" seats? 14 please explain : Couches for trying on boots while having complimentary beverage.

Total OVERALL number of seats in Premises : 20

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 6

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

Any food counters? X 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: **X**

Bottle Club License Application - Western Wear Apparel Store with Boots & Beer LLC as the professional Bar Management company serving the complimentary alcohol.

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
12 to 6p 10a to 7p 10a to 7p 10a to 7p 10a to 7p 10a to 7p 10a to 7p

Will the business employ a manager? ☐ no ☒ yes, name / experience if known : Unknown Currently

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: _____

None - there will be light background music played from iPod while people shop

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

NONE of above permitted

☐ 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) _____
NONE

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: Lorna Allison Angelillo Phone: [REDACTED]

Address: [REDACTED]

Email : [REDACTED]

Application submitted on
behalf of the applicant by:


Signature

Print or Type Name Lorna Allison Angelillo

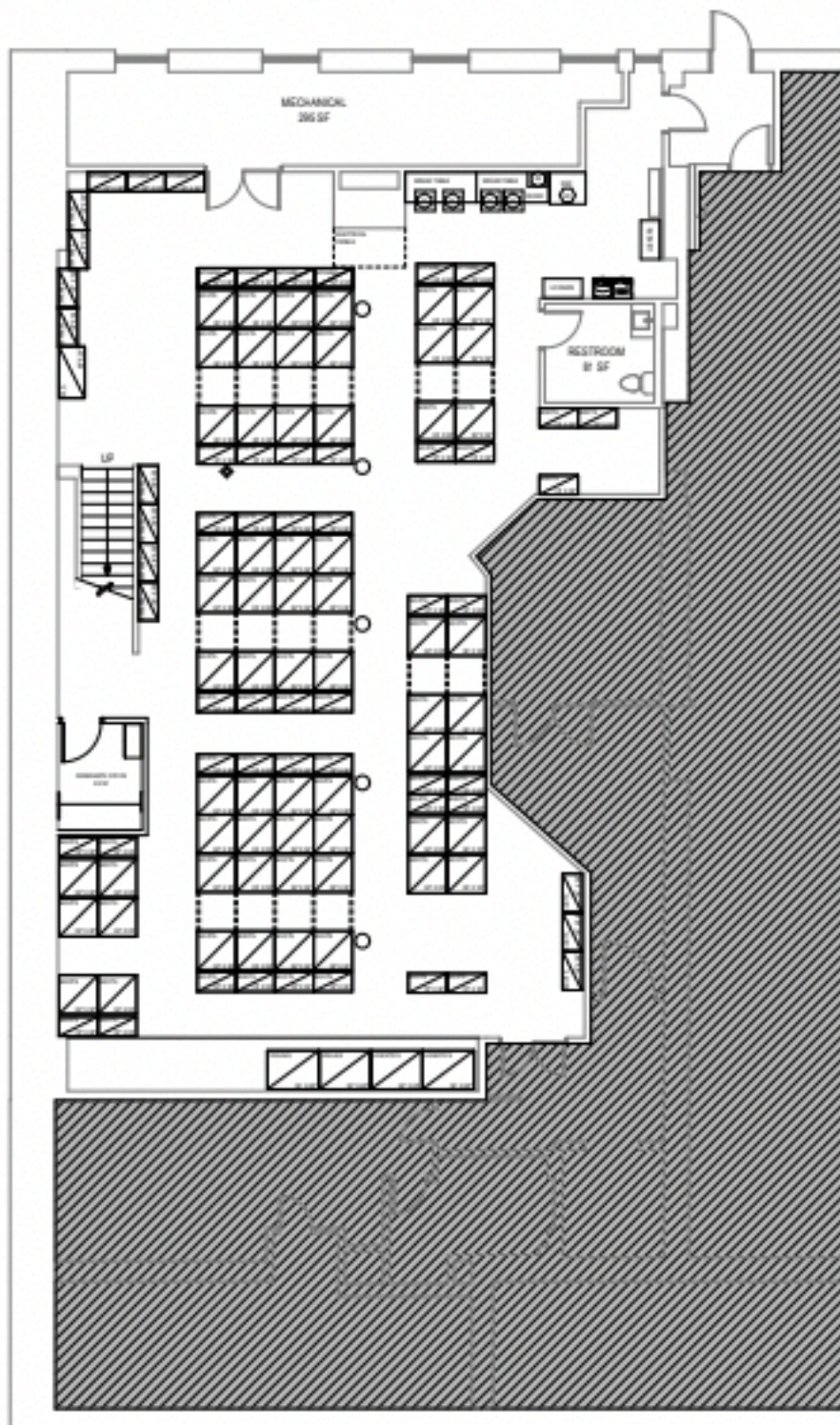
Title Owner

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



The floor plan shows a large rectangular event space. A red rectangle highlights the central area, which includes a long U-shaped bar labeled 'WHISKY BAR' with 12 stools, a 'WAT TABLE' (water table) with a fountain, and a 'HOT TABLE' (hot food table) with a buffet line. To the left of the red rectangle is a 'WOMEN'S APPAREL' section with various clothing racks and a 'POS' (point of sale) station. To the right is a 'MEN'S APPAREL' section with similar racks and a 'POS' station. Below the red rectangle is a 'MEN'S BOOT WALL' with a 'BOOT GO BAGS' station and a 'POS' station. To the left of the red rectangle is a 'WOMEN'S BOOT WALL' with a 'BOOT GO BAGS' station and a 'POS' station. At the bottom of the plan is a 'RESTROOM' and a 'STORAGE' area. A large red arrow points to the left side of the red rectangle.

