

Meeting Date: March 2025

APPLICANT INFORMATION:

Name of applicant(s): Room Service Gansevoort St LLC

Trade name (DBA): Room Service

Premises address: 63 Gansevoort Street aka 22-30 Little West 12th Street

Cross Streets and other addresses used for building/premise:
9th Avenue and Washington Street

CONTACT INFORMATION:

Principal(s) Name(s): Christopher Reda

Office or Home Address: 63 Gansevoort Street aka 22-30 Little West 12th Street

City, State, Zip: New York, NY 10014

Telephone # [REDACTED] email : [REDACTED]

Landlord Name / Contact: LW 12th Street Holding LLC

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>Christopher Reda</u>	<u>Please see rider</u>
<u>Jesse Baer</u>	<u></u>
<u></u>	<u></u>

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

Room Service Lounge is a sophisticated, upscale cocktail lounge offering a curated selection of premium spirits, craft cocktails, and elevated small plates in an intimate, well-appointed setting. Designed for a refined, seated experience, the lounge operates with a focus on hospitality, ambiance, and responsible service. With an emphasis on reservations and table service, Room Service Lounge provides a controlled, relaxed environment where guests can enjoy expertly crafted drinks in a setting that prioritizes comfort, discretion, and quality.

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.)

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

SNS Bar

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: _____

SNS Bar LLC, License ID #0370-23-130090, 3/31/2025

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:

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: 6 Year Built : 1908

Describe neighboring buildings: Mixed use

Zoning Designation: M1-5

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 644 / 43

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? 70

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? 98

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: New Signage

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 3000

If more than one floor, please specify square footage by floors: 1 floor

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

N/A

If more than one floor, what is the access between floors? 1 floor

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

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

OVERALL SEATING INFORMATION:

Total number of tables? 6 Total table seats? 38

Total number of bars? 1 Total bar seats? 7

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

Total OVERALL number of seats in Premises : 45

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 7

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: _____

* 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 X Other: Tavern

What are the Hours of Operation?

Sunday: 4pm to 12am Monday: Closed Tuesday: 5pm to 12am Wednesday: 5pm to 12am Thursday: 5pm to 4am Friday: 5pm to 4am Saturday: 4pm to 4am

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

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? Yes _____

Please describe your sound system and sound proofing: _____

Room Service Lounge is equipped with a state-of-the-art sound system designed to provide high-quality audio at a controlled volume, ensuring a pleasant and unobtrusive ambiance for guests. The space features advanced soundproofing and acoustic treatments curated by renowned acoustician John Storyk, specifically engineered to contain all sound within the venue and prevent any disturbance to the surrounding community. This thoughtful design allows for an elevated guest experience while maintaining respect for neighboring businesses and residents.

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 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: Christopher Reda Phone: [REDACTED]

Address: [REDACTED]

Email : [REDACTED]

Application submitted on
behalf of the applicant by:

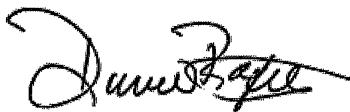
Chris Reda

Signature

Print or Type Name Christopher Reda

Title LLC 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
Donna Raftery, Co-Chair
Robert Ely, Co-Chair

MENU

APPETIZER

PRAWN & AVOCADO SALAD 29

LOCAL ROCK OYSTERS WITH VINAIGRETTE 24

PUMPKIN, SAGE & PARMESAN RAVIOLI 27

ENTRÉE

BEEF CARPACCIO WITH CAPERS IN OLIVE OIL 29

RAW KINGFISH TARTARE & EDAMAME PUREE 31

PROSCIUTTO MICRO HERB SALAD 21

MAIN

TORO & CAVIAR ROLL 31

HOKKAIDO UNI & SCALLOP ROLL 28

HAMACHI & BLACK GARLIC ROLL 28

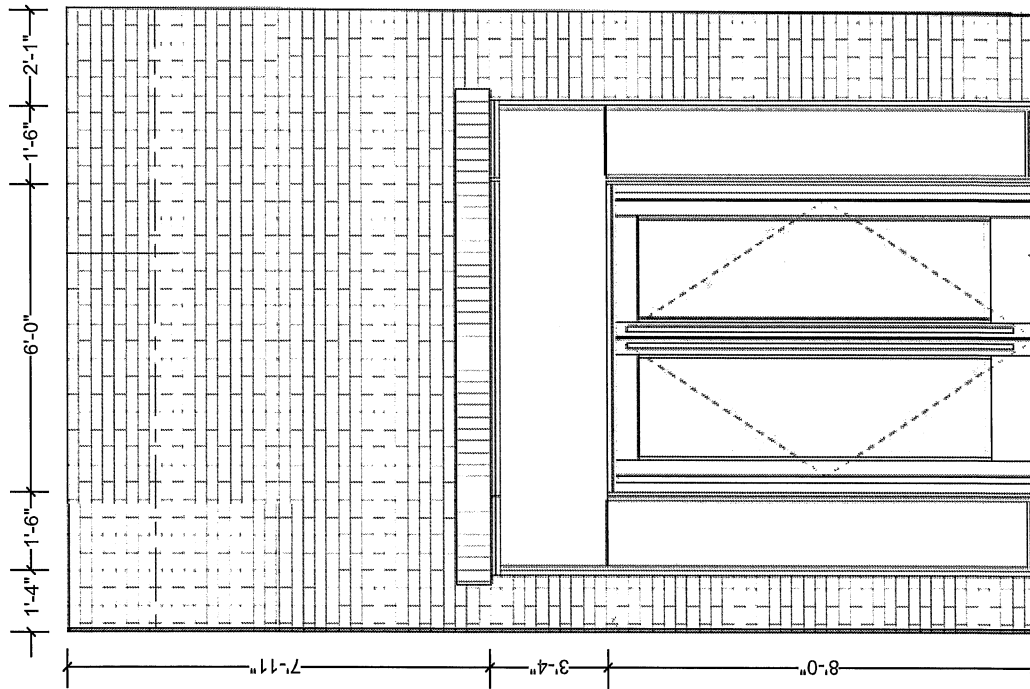
DESSERT

CITRUS & THYME TART WITH DOUBLE CREAM 22

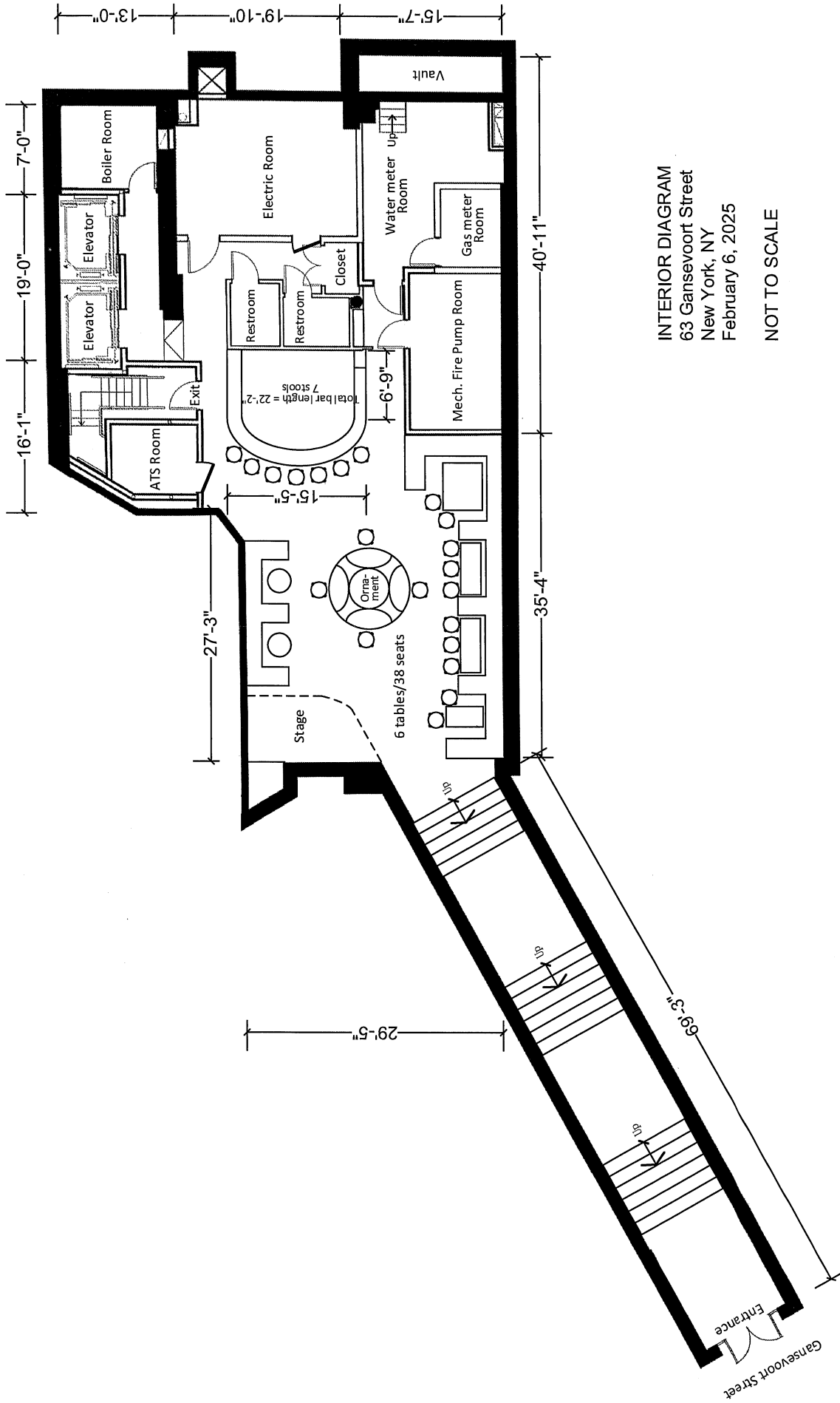
ICE CREAM - CHOCOLATE, VANILLA & STRAWBERRY 11

ROOM SERVICE

*63 Rue Gansevoort
New York*



FRONT ELEVATION
63 Gansevoort Street
New York, NY
February 6, 2025
NOT TO SCALE



INTERIOR DIAGRAM
 63 Gansevoort Street
 New York, NY
 February 6, 2025
 NOT TO SCALE