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COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

www.cb2manhattan.org

P: 212-979-2272 F: 212-254-5102 E: 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, including the date, and return to the Community Board 2 office by email to arrive **no later than the month's due date** which can be found on CB2 Manhattan's website (<https://cbmanhattan.cityofnewyork.us/cb2/resources/sla-questionnaire/>). When meetings return to in person, please also provide an additional 5 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 scheduled 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 (including Beer and Wine) within 500 ft. of this location.
2. If the license being applied for is subject to the 500 ft. rule, please provide a copy of the public interest statement that will be submitted to the SLA.
3. Floor plans of the premise, clearly indicating the location of all entrances and exits, windows, bars, tables and chairs, patron and employee bathroom(s) and kitchen layout to be licensed. Please include seat and table counts on the plans for each area. **If outdoor seating of any kind is included in the application please download and complete CB2 SLA's Addendum for Outdoor Seating.** For any multi-floor, multi-room or hotel applications, please provide detailed plans for each floor and/or separate areas to be included in the licensed premises that are clearly labeled.
4. Proposed menu with general price ranges, if applicable.
5. Certificate of Occupancy or Letter of No Objection for the premises showing that the proposed use is permitted, including specific use of all outdoor areas within the property line.
6. If unable to show the proposed use is permitted, including for outdoor areas within the property line, please provide a detailed explanation for how the proposed use sought will be permitted and please provide any plans filed or to be filed with the Buildings Department.
7. Letter of Understanding or Letter of Intent from the Landlord.

8. Provide proof of community outreach to area block associations and immediately impacted residents in the building and surrounding area to notify them of your pending application and Community Board meeting information. Copies of any mailings to, and signatures or letters from Residential Tenants at location and from surrounding buildings may be submitted with home address and contact information. (i.e. a letter from the neighborhood block association or petition in support with home address and contact information.)
9. A copy of your NYS Liquor Authority application as it will be submitted to the SLA (excluding financial information).
10. If this is for a **Corporate Change**, please provide the **Current Approved Corporate Set-Up and the Proposed Corporate Set-Up** along with existing executed stipulations with CB2 if applicable.
11. If this is for any type of **Alteration Application**, please provide detailed information regarding the current situation and the proposed changes outlined as an addendum. If adding or subtracting space, please provide current and proposed diagrams.
12. If this application is for a **Change in Method of Operation**, please provide the current method of operation and the proposed changes in method of operation as an addendum.

Meeting Date: May 6, 2025

APPLICANT INFORMATION:

Name of applicant(s):
290 Hudson Cafe LLC

Trade name (DBA):
Hudson Square Dumpling House

Premises address:
290 Hudson Street, New York, NY 10013

Cross Streets and other addresses used for building/premise:
Dominick Street/Spring Street

CONTACT INFORMATION:

Principal(s) Name(s):
Jerry Atkins

Office or Home Address: [REDACTED]

City, State, Zip: New York, NY 10002

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact:
Jerry Atkins c/o JASL Group LLC

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>Jerry Atkins</u>	<u>148 Hoyt Street LLC d/b/a The Brooklyn Inn, 148 Hoyt Street, Brooklyn, NY</u> <u>Pennsylvania Jaycox Inc. d/b/a The Magician, 118 Rivington Street, New York, NY</u> <u>WCOU Radio Inc. d/b/a The Tile Bar, 115 First Avenue, New York, NY</u> <u>Red Cat Bar LLC d/b/a Bar Strega, 286 Spring Street, New York, NY</u> <u>236 Butler Cafe LLC d/b/a Evalyn's Tap House, 236 Butler Street, Brooklyn, NY</u> <u>Roebing Inn LLC d/b/a Roebing Inn, 97 Atlantic Avenue, Brooklyn, NY</u> <u>K Bloom Realty LLC d/b/a 12th Street Ale House , 192 Second Ave., New York, NY</u> <u>Cronkite LLC d/b/a Cronkite Pizzeria , 133 Norfolk Street, New York, NY</u>

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

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 : Temporary Retail Permit

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:

Restaurant (Nonna Beppa)

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: _____

Nonna Beppa Soho LLC (0340-23-130281), 07/31/2025

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:

Parlor Club, 2010 - 2018

PREMISES:

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

Own Lease Sub-lease Binding Contract to acquire real property other: LOI

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

Number of floor: 6 Year Built : 1900

Describe neighboring buildings:

There is an empty lot adjacent to the right of the proposed premises and a parking lot to the left. There are two mixed residential/commercial buildings on the block.

Zoning Designation: M1-6

Zoning Overlay or Special Designation (applicable) HSQ - Hudson Square

Block and Lot Number: 579 / 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 : _____

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? 135

If yes, what is the use group for the premises? 6; Eating and Drinking Establishment

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: The signage will be replaced with the new tradename.

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 2,400 sq ft

If more than one floor, please specify square footage by floors: Ground floor - 2,000 sq ft, Basement - 400 sq ft

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? Stairs to the basement located on the first 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 yes, explain: _____

OVERALL SEATING INFORMATION:

Total number of tables? 19 Total table seats? 38

Total number of bars? 1 Total bar seats? 4

Total number of "other" seats? 0 please explain : _____

Total OVERALL number of seats in Premises : 42

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 4

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:

11am to 12am 11am to 12am 11am to 12am 11am to 12am 11am to 12am 11am to 1:00am 11am to 1:00am

Will the business employ a manager? ___ no X yes, name / experience if known : Jason Furlani, 25 years experience

Will there be security personnel? X 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 X yes

If yes, please describe : Existing accordion doors will remain.

Will you have TV's ? ___ no X yes (how many?) 2

Type of MUSIC / ENTERTAINMENT: ___ Live Music ___ Live DJ ___ Juke Box X Ipod / CDs ___ none

Expected Volume level: X Background (quiet) ___ Entertainment level ___ Amplified Music
(check all that apply)

Do you have or plan to install soundproofing? ___ no X yes *previously installed

IF YES, will you be using a professional sound engineer? _____

Please describe your sound system and sound proofing: _____

Soundproofing - Six inch springs with quiet board and 2 inches of acoufelt. Sound system - Sonos system with wall mounted speakers.

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

___ any events at which a cover fee is charged? X private parties

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? ___ no X yes (if yes, please attach plans) Staff will monitor pedestrian and vehicular traffic in front of the proposed premises to ensure that no crowds form nor vehicles cause conjection.

Will you be utilizing ___ ropes ___ movable barriers ___ other outside equipment (describe) _____

No _____

Are your premises within 200 feet of any school, church or place of worship? X 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: Tom Battaglia Phone: ([REDACTED])

Address: [REDACTED]

Email : [REDACTED]

Application submitted on
behalf of the applicant by:



Signature

Print or Type Name Jerry Atkins

Title Managing 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

Liquor:

Re: 290 Hudson Street

1. Miomio - 61 Vandam Street - (469')
2. Kiko - 307 Spring Street - (339')
3. Paul's Casablanca - 305 Spring Street - (319')
4. Kabin - 300 Spring Street - (169')
5. Adoro - 287 Hudson Street - (92')
6. Mishik - 259A Hudson Street - (250')
7. Bar Strega - 286 Spring Street - (112')
8. Linden @ Arlo Hotel - 231 Hudson Street AKA 503 Canal Street & 2 Renwick Street - (402')

Schools & Churches

No schools and churches within 500' area.

Beer & Wine:

1. Tauro Restaurant - 284 Hudson Street (24')
2. LTD Pizza - 225 Hudson (476')



April 22, 2025

New York State Liquor Authority
163 West 125th Street, 8th Floor
Adam Clayton Powell State Building
New York, NY 10027

Re: 290 Hudson Cafe LLC
Premises: 290 Hudson Street, New York

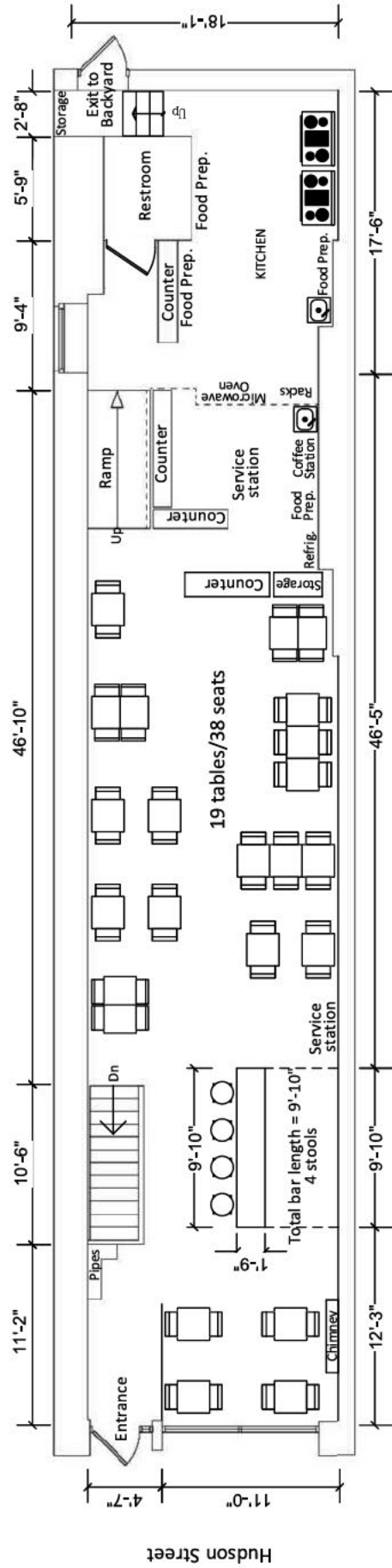
To Whom It May Concern:

Our office represents 290 Hudson Cafe LLC, a New York company that has been created to operate a restaurant at the above-referenced address. For the reasons set forth below, the applicant submits that its application should be granted under Section 64(7)(f) of the New York Alcoholic Beverage Control Law (ABC) because granting the on-premises liquor license creates "public convenience and advantage" and is "in the public interest" as contemplated by Section 64(6-a) of the ABC.

- a) While there are other licenses within 500 Feet of the premises, the Applicant has provided notice to Manhattan Community Board 2 and is scheduled to meet with their SLA Committee on May 13, 2025.
- b) The Applicant has, or will, obtain all necessary state and local permits and licenses to operate the restaurant.
- c) The Applicant is located in Hudson Square in close proximity to subway trains and buses. Parking is available in nearby lots and garages. In light of the parking and nearby public transportation, granting the instant application will not negatively impact vehicular traffic.
- d) There will be no live entertainment or dancing at the premises. Reasonable efforts have been made to soundproof the premises and to reduce the noise emanating from the premises to its neighbors. The premises is surrounded by an adjacent parking lot to the left and an empty lot to the right. Thus, the establishment will not increase the noise level.
- e) The premises has been licensed since 2010. The current licensee has operated as a restaurant with no adverse history.

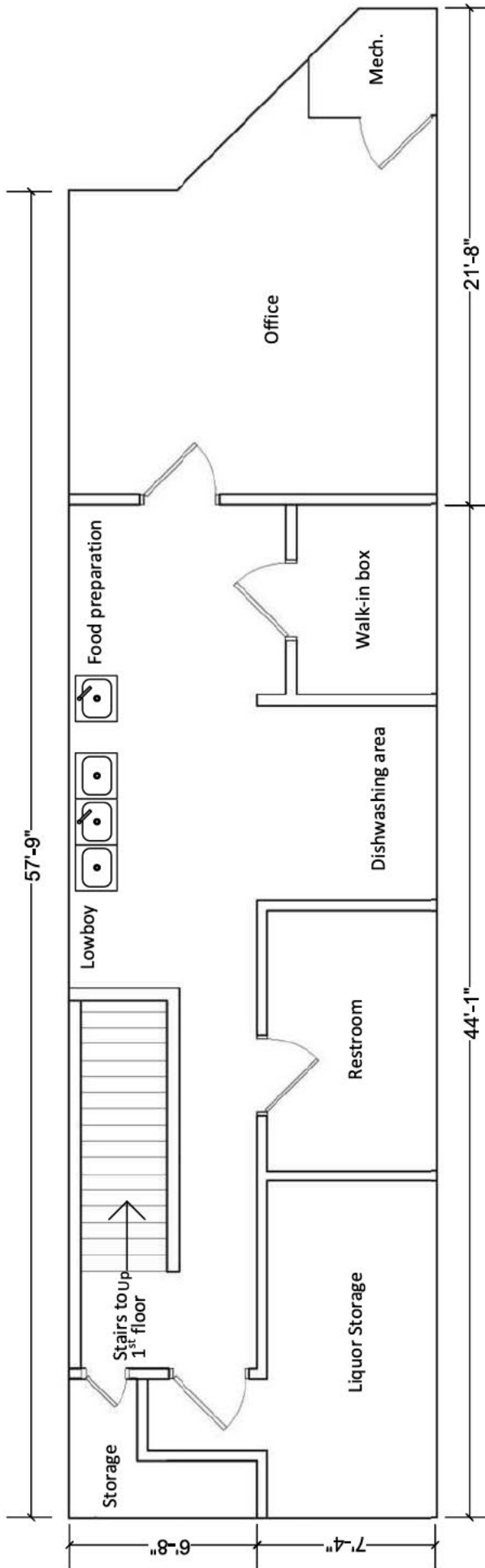
Respectfully submitted,

Michael J. Paleudis, Esq.



INTERIOR DIAGRAM – 1st Floor
 290 Hudson Street
 New York, NY
 April 10, 2025

NOT TO SCALE



INTERIOR DIAGRAM – Basement
 290 Hudson Street
 New York, NY
 April 10, 2025
 NOT TO SCALE

DUMPLINGS

CHICKEN \$12

Chicken and chives

PORK \$12

Pork and chive

VEGETABLE \$12

Vegetables

SHRIMP \$12

Shrimp and chive

BEEF \$12

Beef and Chive

SPECIALTY DUMPLINGS

TORIKAWA \$15

Pork and chive wrapped in chicken

UMAMI PORK \$15

Pork and cabbage

UMAMI CHICKEN \$15

Chicken and cabbage

RAMEN

GARLIC MISO \$17

TONKOTSU \$17

HIKARI SPICY \$17

SPICY MISO \$17

CHICKEN PAITAN \$17

Certificate of Occupancy

CO Number: 104217189F

This certifies that the premises described herein conforms substantially to the approved plans and specifications and to the requirements of all applicable laws, rules and regulations for the uses and occupancies specified. No change of use or occupancy shall be made unless a new Certificate of Occupancy is issued. *This document or a copy shall be available for inspection at the building at all reasonable times.*

A.	Borough: Manhattan	Block Number: 00579	Certificate Type: Final
	Address: 290 HUDSON STREET	Lot Number(s): 5	Effective Date: 04/21/2010
	Building Identification Number (BIN): 1009738	Building Type: Altered	
<i>For zoning lot metes & bounds, please see BISWeb.</i>			
B.	Construction classification: 5	(Prior to 1968 Code)	
	Building Occupancy Group classification: E	(1968 Code)	
	Multiple Dwelling Law Classification: None		
	No. of stories: 6	Height in feet: 72	No. of dwelling units: 0
C.	Fire Protection Equipment: None associated with this filing.		
D.	Type and number of open spaces: None associated with this filing.		
E.	This Certificate is issued with the following legal limitations: None		
Borough Comments: None			



Borough Commissioner



Commissioner

DOCUMENT CONTINUES ON NEXT PAGE

Certificate of Occupancy

CO Number: 104217189F

Permissible Use and Occupancy						
All Building Code occupancy group designations are 1968 designations, except RES, COM, or PUB which are 1938 Building Code occupancy group designations.						
Floor From To	Maximum persons permitted	Live load lbs per sq. ft.	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
CEL	20	OG	F-4		6	ACCESSORY PREPARATION KITCHEN, STORAGE, OFFICE AND BATHROOMS FOR EATING AND DRINKING ESTABLISHMENT ON FIRST (1) FLOOR (UG6)
CEL		OG	B-2		6	BOILER ROOM AND STORAGE
MEZ	3	60			6	ACCESSORY STORAGE FOR EATING AND DRINKING ESTABLISHMENT
001	135	60	F-4		6	EATING AND DRINKING ESTABLISHMENT
002	31	120	E		6	OFFICES
003	31	120	E		6	OFFICES
004	31	120	E		6	OFFICES
005	31	120	E		6	OFFICES
006	31	120	E		6	OFFICES
END OF SECTION						



Borough Commissioner



Commissioner

END OF DOCUMENT

104217189/000 4/21/2010 12:45:42 PM

Alexandra Calderwood

From: Michael Paleudis
Sent: Wednesday, April 2, 2025 6:19 AM
To: info@hudsonsquarebid.org
Cc: Jason Furlani; Alexandra Calderwood
Subject: Liquor License Application @ 290 Hudson Street
Attachments: 03.24.25 - 30 Day Notice (submitted).pdf

To Whom It May Concern:

Our law firm represents 290 Hudson Café LLC, an entity formed by Jerry Atkins. I am reaching out to you because our client has submitted the attached 30 Day Notice to Manhattan Community Board No. 2 (CB2) because it intends to file an application to the New York State Liquor Authority seeking an on-premises liquor license for 290 Hudson Street, a location that has held a full on-premises liquor license since at least as early as 2019, most recently operating as Nonna Beppa. Our client seeks the same indoor closing hours (12:00 am Sunday through Thursday and 1:00 am Friday and Saturday) that are approved by CB2 for the current operator. There will be no outdoor dining area.

The meeting with CB2 will take place on either May 6 or May 8. Please do not hesitate to write or call if your organization has any questions or concerns about this application or would like to meet with our client to discuss the project in advance of its meeting with CB2.

Thank you.

Michael J. Paleudis, Esq.

212.827.8482 (Direct)

[Join Meeting Room](#)

www.kpplaw.com



New York | New Jersey

JASL Group LLC

JASL Group LLC
290 Hudson Street
New York, NY 10012

To: 290 Hudson Café LLC

From: JASL Group LLC

Date: 04/01/2025

RE: Letter of intent for 290 Hudson Café LLC to lease out 290 Hudson street NY, NY 10012

This letter constitutes a non-binding offer by "JASL Group LLC" ("Landlord"), to enter into negotiations with the owner of the above referenced Company ("Renter"):

Rent Price for Year : \$ [REDACTED]
3% increases each year

Lease term: 5 years with 5 year option

Lease: To be drafted by Landlords counsel and delivered to Renter's counsel

Lease Date: Upon Closing of the building

Security Deposit: [REDACTED]

Land Lord work: As is restaurant already built

Tenants work: All interior work needed.

This Letter of Intent is not intended to be contractual in nature but is merely a statement of general terms and conditions under which the Purchaser would be willing to acquire the Property.

JASL Group LLC

By *Jerry Atkins*

Name:

Accepted and Agreed:

290 Hudson Café LLC

By *Jerry Atkins*

290 Hudson Street NEW YORK, N.Y. 10012
[REDACTED]



SANITARY INSPECTION GRADE
A
1625
NYC

ATTENTION RESIDENTS & NEIGHBORS
798 Hudson Cafe LLC
plans to open a restaurant at this location,
798 Hudson Street, and is seeking to
serve beer/wine & liquor.

There will be an opportunity for public
comment on:

**May 6 or 8 (Wed, 4-8pm) at the
Manhattan Community Board 2 SC &
Licensing Committee Meeting, Edith
Heath Greenwich Village, 200 West 14th
Street, 6th Floor**

Please Contact Our Agency at (212) 312-1111 or
https://www3.nyc.gov/site/health/food-ohse/operating-ohs-application



Petition to Support Proposed Liquor License

Date: April 21, 2025

The following undersigned residents of the area support the issuance of the following liquor license (Indicate the type of license such as full-liquor or beer-wine) Full-liquor

to the following applicant/establishment (company and/or trade name) 290 Hudson Cafe LLC


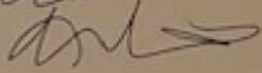
Address of premises: 290 Hudson Street, New York, NY 10013

This business will be a: (circle) Bar Restaurant Other: _____

The hours of operation will be:
11am - 12am (Sunday - Thursday), 11am - 1am (Friday & Saturday)

PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area.

Other information regarding the license:

Name	Signature	Address and Apt # (required)
Matt Liu		250 Hudson St
ANTHONY SCHEVALIERE		250 HUDSON ST

Petition to Support Proposed Liquor License

Date: April 11, 2025

The following undersigned residents of the area support the issuance of the following liquor license (Indicate the type of license such as full-liquor or beer-wine) Full-liquor

to the following applicant/establishment (company and/or trade name) 290 Hudson Cafe LLC





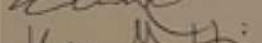


Address of premises: 290 Hudson Street, New York, NY 10013

This business will be a: (circle) Bar Restaurant Other: _____

The hours of operation will be:
11am - 12am (Sunday - Thursday), 11am - 1am (Friday & Saturday)

PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area.

Other information regarding the license:

Name	Signature	Address and Apt # (required)
Vince Lucasi		Vayne Media
GIRAYU STATH		Vayne Media
Daryl Garza		Vayne Media
Henry Casus		Vayne Media
Kyle Hudgins		Vayne Media
Mike Pickett		Vayne Media
Zachary Rares		77 Charlton St Apt 56D
		New York, NY 10014

Petition to Support Proposed Liquor License

Date: April 15, 2025

The following undersigned residents of the area support the issuance of the following liquor license (indicate the type of license such as full-liquor or beer-wine) Full-liquor

to the following applicant/establishment (company and/or trade name) 290 Hudson Cafe LLC


Address of premises: 290 Hudson Street, New York, NY 10013

This business will be a: (circle) Bar Restaurant Other: _____

The hours of operation will be:
11am - 12am (Sunday - Thursday), 11am - 1am (Friday & Saturday)

PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area.

Other information regarding the license:

Name	Signature	Address and Apt # (required)
Stephanie Aricea Jarrat Slopan		315 Hudson St 315 Hudson St 315 Hudson



(1) Name of Applicant

(2) Select ONE of the following:

Purchase of an Existing Business:

Transfer or Sale of a business in a premises that is currently LICENSED* for alcoholic beverage sales. *Submit a Contract of Sale or Conveyance. *Must have been operating under a license within 30 days of the filing of this application.*

Application for a New Business:

A new business in a proposed premises that is: (1) currently UNLICENSED for alcoholic beverage sales; (2) not a wine or liquor store; and (3) not subject to the 500' Law.

A new business in a premises that is currently LICENSED for alcoholic beverage sales: (1) where a Transfer or Sale of the previous business is NOT taking place; (2) is not a wine or liquor store; and (3) is not subject to the 500' Law.

A new or existing business in a proposed premises that is: (1) currently UNLICENSED for alcoholic beverage sales; (2) not a wine or liquor store; and (3) is subject to the 500' Law.

A new business in a premises that is currently LICENSED for alcoholic beverage sales: (1) where a Transfer or Sale of the previous business is NOT taking place; (2) is not a wine or liquor store; and (3) is subject to the 500' Law.

(3) Name of Current Licensee, if any:

Serial Number:

(4) Address of premises

Phone Number

(5) County of premises

As an authorized signatory of the current applicant, I certify that I have read and understand the foregoing conditions for a Temporary Retail Permit and represent that I am eligible for such permit.

TITLE

APPLICANT'S SIGNATURE

DATE

(5) Is this an initial or extension request? *If it's an extension request, choose the number of 30-day extensions you are requesting.*

<input checked="" type="checkbox"/> Initial Permit <i>this permit is good for 180 days</i>	30-Day Extension Request <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three
--	---

**Permits are NOT eligible for a refund.*

The above party agrees that any false statement in the above certificates will constitute grounds for disapproval of the permit and the license application(s).

See Next Page for fees

Application Wizard Cover Page

Congratulations on completing your application wizard for a Retail License with the New York State Liquor Authority.

Based on your answers below, the type of license you are applying for is a Restaurant On-Premises Liquor (OP 252 Restaurant)

Note: Please be sure to submit the cover page along with your application to the NYS Liquor Authority. The information on the cover page is used by the agency to help ensure timely and accurate processing. Failure to include the cover page in your submission may result in delays.

The fee(s) for this application includes:

Restaurant On-Premises Liquor (OP 252 Restaurant) - Initial Application Fee - [REDACTED] + Non-Refundable Filing Fee - [REDACTED]
Temporary Permit - \$640.00 (Non-Refundable)

Attention - Additional fees for fingerprinting services may be required.

This application also requires a \$1,000.00 bond.

- | | | | | |
|--|----------------------------------|---------------------------|----------------------------------|----|
| Are you interested in applying for a permit to allow you to operate while your application is pending? | <input checked="" type="radio"/> | Yes | <input type="radio"/> | No |
| Do you currently have a Chain Restaurant License status and do you wish to add an additional licensed location? | <input type="radio"/> | Yes | <input checked="" type="radio"/> | No |
| What type of alcohol will you sell for on premises consumption? | | Beer, Wine, Cider, Liquor | | |
| Is the premises you wish to license in New York, Kings, Bronx, or Queens county? | <input checked="" type="radio"/> | Yes | <input type="radio"/> | No |
| Do you have rentable rooms/apartments for overnight guests? | <input type="radio"/> | Yes | <input checked="" type="radio"/> | No |
| Are you a not for profit or fraternal club/organization who will serve club members and their guests only as defined in Section 3(9) of the ABC Law? | <input type="radio"/> | Yes | <input checked="" type="radio"/> | No |
| Does your premises operate like a banquet hall hosting private events only? | <input type="radio"/> | Yes | <input checked="" type="radio"/> | No |
| Is your premises a vessel that provides ferry, fishing or excursion services? | <input type="radio"/> | Yes | <input checked="" type="radio"/> | No |
| Do you have a capacity for 600 or more and have musical entertainment of any kind? | <input type="radio"/> | Yes | <input checked="" type="radio"/> | No |
| Do you want to operate a bottle club where alcohol is not sold? | <input type="radio"/> | Yes | <input checked="" type="radio"/> | No |
| Do you have a full kitchen? | <input checked="" type="radio"/> | Yes | <input type="radio"/> | No |
| Will you serve full entree like meals? | <input checked="" type="radio"/> | Yes | <input type="radio"/> | No |
| Will you brew your own beer on the premises? | <input type="radio"/> | Yes | <input checked="" type="radio"/> | No |
| Will you operate seasonally? | <input type="radio"/> | Yes | <input checked="" type="radio"/> | No |
| Will your premises have more than one stand-up bar? | <input type="radio"/> | Yes | <input checked="" type="radio"/> | No |

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

FILING CHECKLIST

APPLICANTS SHOULD KEEP A COPY OF THIS APPLICATION AND THE SUPPORTING DOCUMENTS FOR THEIR RECORDS.

This checklist has been created to better assist you with the application process. All items on the checklist must be complete and accurate. If all items in the checklist are not submitted, the application may be disapproved for Failure to Comply.

Section 100(8) of the Alcoholic Beverage Control Law requires that Notice be posted in a conspicuous place at the entrance of the premises within 10 days of filing a new application to sell liquor at retail. This Notice does not apply to a premises that is currently licensed to sell liquor at retail. This Notice Form can be found on our website under "Notice to be Posted at Proposed Premises."

Section 110-b of the ABC Law requires ALL on-premises applicants (whether applying for beer, wine or liquor licenses) to notify the local Municipality or Community Board at least 30 days prior to filing an application the the Liquor Authority. A COPY OF THE COMPLETED STANDARDIZED FORM AND PROOF OF DELIVERY MUST BE SUBMITTED WITH THIS APPLICATION.

Applicants **MUST** submit the following sections of the license application when filing the application:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Application Wizard Cover Page | <input checked="" type="checkbox"/> Method of Operation |
| <input checked="" type="checkbox"/> Application | <input checked="" type="checkbox"/> Personal Questionnaire (for each Principal, Lender, Donor, Joint Account Holder, etc. - signed and dated) |
| <input checked="" type="checkbox"/> Right to Premises | <input checked="" type="checkbox"/> Notice of Appearance (if represented by someone other than the applicant principals) |
| <input checked="" type="checkbox"/> Landlord Identification | <input checked="" type="checkbox"/> Applicant's Statement (signed and dated) |
| <input checked="" type="checkbox"/> Financial Disclosure | <input checked="" type="checkbox"/> Completed copy of the Standardized Notice Form for providing 30 days advance notice to the municipality with proof of delivery |
| <input checked="" type="checkbox"/> 500 Foot Law Statement | |
| <input checked="" type="checkbox"/> Statement of Area Plan | |
| <input checked="" type="checkbox"/> Establishment Questionnaire | |

Applicants **MUST** submit the following Supporting Documents when filing the application:

- Bond, Form L-9 (signed by an applicant principal and expiring at the end of the initial licensing term)
- Detailed Diagrams of the interior of the premises (see diagram instructions and examples at the end of this application)
- Financial Records showing the source and availability of funds to be used for the venture
- Lease/Deed/Contracts (you must provide proof that you have full control over the premises)
- Letter of request to waive the two restroom rule (if only one restroom)
- Menu
- Photo Identification for all applicant principals (copies only)
- Photos of applicant principals
- Photos of the proposed premises (exterior and interior - including bar, kitchen/food preparation area)
- Proof of Country of Citizenship for all applicant principals NOT currently licensed with the NYS Liquor Authority (e.g., copy of Birth Certificate, US Passport, Certificate of Naturalization, Permanent Resident Card)
- Submission of all the fees associated with this application (see Application Wizard Cover Page)

Applicants **MUST** submit the following Supporting Documents before a license can be issued (Conditions of Approval):

- | | |
|--|---|
| <input checked="" type="checkbox"/> Assumed Name Filing Receipt (if DBA is used) | <input checked="" type="checkbox"/> NYS Department of State Corporate Filing Receipt or Business Certificate from County Clerk if Sole Proprietor or Partnership |
| <input type="checkbox"/> Certificate of Authority to Collect NYS Sales Tax | <input type="checkbox"/> Photos of the premises showing it ready to open and operate |
| <input type="checkbox"/> Certificate of Occupancy | <input type="checkbox"/> Workers' Compensation & Disability Insurance Policy numbers AND carrier names OR a Certificate of Attestation of Exemption from coverage |
| <input type="checkbox"/> Maximum Occupancy Certificate (if requesting the restroom waiver) | |
| <input type="checkbox"/> Newspaper Affidavit | |



OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

LICENSE 29

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.

1. APPLICANT

Name of Applicant:

(e.g., Sole Proprietor, Partnership, Corporation, LLC, LLP, LP, etc.)

290 Hudson Cafe LLC

Trade Name(DBA): *(see instructions) ** must be provided if premises will be called by any name other than as listed in the "Name of Applicant"*

Hudson Square Dumpling House

Premises Street Address: **290 Hudson Street**

City: **New York**, NY Zip Code: **10013**

County: **New York** Telephone Number of Premises (include area code): **TBD**

Mailing Address (if different than above): _____

City: _____ State: _____ Zip Code: _____

E-mail address (required): _____

Business Website: _____

2. CONTACT (if different than applicant)

Name of Contact: **Michael Paleudis** Attorney Representative Contact Person

Office Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number of Office (include area code): _____

E-mail address (required): _____

3. For SEASONAL licenses only (select license date range): **Not Applicable** to: **Not Applicable**

4. Number of ADDITIONAL BARS (if any): **0**

5. Which season will the add bars operate: **N/A**

6. Federal Tax ID Number: _____

7. Certificate of Authority to Collect NYS Sales Tax: **N/A; please refer to NYSLA Advisory**

[OFFICE USE ONLY]			
DATE FILED:	_____	SERIAL #:	_____
Approved	<input type="radio"/>	Disapproved	<input type="radio"/>
		License Board Member	Date
		_____	_____

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

8. TO BE FILLED IN ONLY BY SOLE PROPRIETOR OR PARTNERS (attach additional sheets if necessary)

Name of Individual/Partner	Residence	Social Security #:	Date of Birth
Name of Individual/Partner	Residence	Social Security #:	Date of Birth
Name of Individual/Partner	Residence	Social Security #:	Date of Birth
Name of Individual/Partner	Residence	Social Security #:	Date of Birth

9. TO BE FILLED IN ONLY BY CORPORATION OR LLC/LLP APPLICANTS (attach additional sheets if necessary)

Please list the names and addresses of Principals (Stockholders, Officers, Directors, LLC Members/Managers, LLP Partners)

Name of Principal	Residence	Social Security #:
Jerry Atkins		
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
LLC Managing Member	100%	
Name of Principal	Residence	Social Security #:
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
Name of Principal	Residence	Social Security #:
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
Name of Principal	Residence	Social Security #:
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth

Note:

***If 10 or less shareholders,** list all stockholders, officers, directors, LLC members and LLC managers, if any. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for all.

***If more than 10 shareholders,** list all shareholders owning 10% or more of any class of its shares. Also, include any officers, directors, shareholders, LLC members, LLC managers and trustees. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for those individuals. Provide a listing of all other shareholders owning less than 10% interest. Include their name, home address, social security number, date of birth, shares or percentage of ownership, title, citizenship and any statutory disqualifications.

***Not-For-Profit Corporations,** list all principal officers and any director/trustee who is compensated on the license. Trustees/ Directors who are not compensated do not need to submit a Personal Questionnaire or fingerprints. However, the applicant must submit a list with the name and address of each such individual along with a statement that each such individual is eligible to hold a license. Applicants that have filed for a Club License only need to list a single individual as the Alcoholic Beverage Control Officer.

RIGHT TO PREMISES

1. RIGHT TO PREMISES

1a. By what right does the applicant have possession of the premises?

- Own
 Lease
 Sub-Lease
 Binding contract to acquire real property
 Written intent to lease
 Other (explain):

If leasing, the lease must run for the full term of the license period or at least be renewable to cover the full term. Month to month leases or month to month renewal terms are not acceptable. The tenant name on the lease must match the applicant name exactly.

1b. Do the terms of the lease or other arrangement require the applicant to provide any consideration based on a percentage of the receipts of the business? Yes No

If YES, please list the section/page of the lease this information can be found:

2. OTHER INTERESTED PARTIES

Does or will anyone other than the applicant/principals share on a percentage basis or in any way in the receipts, losses or deficiencies of the business to any extent whatsoever?

- Yes No

If YES, please state the names and addresses of such persons, the nature and percent of their share and date acquired.

Name	Address	Nature of interest	Date Acquired
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
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<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>

LANDLORD IDENTIFICATION INFORMATION

In order to obtain the most accurate information this form should be completed by the Landlord. This form must be completed and submitted regardless of whether the property owner is a third party landlord or the applicant.

1. Name of Landlord (as it appears on lease and deed):

JASL Group LLC

2. Landlord Mailing Address

Street Address:

[REDACTED]

City: New York

State: NY

Zip Code: 10002

3. Telephone Number of Landlord:

[REDACTED]

4. Landlord Principals (ALL landlord principals must be disclosed below)

Name

Address (if different than Landlord's mailing address above)

Jerry Atkins

Name

Address (if different than Landlord's mailing address above)

Name

Address (if different than Landlord's mailing address above)

Name

Address (if different than Landlord's mailing address above)

5. Are any persons listed on this Landlord Identification Form currently or previously licensed under the ABC Law?

Yes No N/A

Serial Number

Licensee Name

Serial Number

Licensee Name

Serial Number

Licensee Name

6. Are any persons listed on this form police officers?

Yes No N/A

If yes, list names below:

Name

Name

7. List number of years real property has been owned or legally controlled by the landlord:

10 years

500 FOOT LAW STATEMENT

Applicants for on premises liquor licenses must complete this section (Not required for on premises beer or wine applicants)

If the location is subject to the 500 Foot Law, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-b, 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within a 500 foot radius of three or more on premises liquor establishments and the population of the municipality is 20,000 or more. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

The Proposed Premises (*check the appropriate box below*):

- IS NOT WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.
- IS WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500 FOOT RADIUS, *UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.*)
- NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.
- NOT APPLICABLE - POPULATION OF CITY, TOWN OR VILLAGE IS UNDER 20,000
- NOT APPLICABLE - BEER, WINE AND CIDER ONLY

IMPORTANT:

YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS LOCATED WITHIN A 500 FOOT RADIUS OF THE PROPOSED PREMISES

For assistance, use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If a premises is within a 500 foot radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must **ATTACH A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

STATEMENT OF AREA PLAN
200 Foot Law

THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE

<p>1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH or PLACE OF WORSHIP WITHIN 300 FEET</p> <p>2. Is the premises within 200 feet of ANY SCHOOL, CHURCH or PLACE OF WORSHIP? (exclusive use as a church or place of worship will be determined by this agency) (please respond "YES" if ANY school, church or place of worship is within 200 feet)</p> <p style="text-align: center;"><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>3. Submit a BLOCK PLOT DIAGRAM (aerial view of the building, with nearby businesses and residences labeled) showing the location of any school, church or place of worship (8-1/2" x 11")</p>
--

Indicate the distance in feet from the entrance of the proposed premises to the closest entrance of any school, church or place of worship.

Attach additional sheets if necessary.

ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN

1. Name of church/school:	<input type="text"/>
Address:	<input type="text"/>
Distance:	<input type="text"/>
2. Name of church/school:	<input type="text"/>
Address:	<input type="text"/>
Distance:	<input type="text"/>
3. Name of church/school:	<input type="text"/>
Address:	<input type="text"/>
Distance:	<input type="text"/>

For assistance use the "GIS MAPS - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If applying for a full liquor license (beer, wine and liquor) and the premises is within 200 feet of a school, church or place of worship, the application may be denied.

If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.

OFFICE USE ONLY	
<input type="radio"/> Original	<input type="radio"/> Amended Date _____

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

**Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section.
See sample diagrams at the end of this application.**

1. Zoning

1a. State what the area is zoned for:
(e.g., Residential, Business, Mixed etc.) Mixed

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits? Yes No Pending

2. Premises

2a. Describe the type of building in which the premises will be located. 6 story multi unit

2b. Is or has the building/proposed premises been known by any other address? Yes No

If YES, please specify: 286 Spring Street

If the address was changed due to a 911 update or other government action, please include documentation for the change.

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?
 Currently Licensed Previously Licensed Never Licensed Do Not Know

Name of Licensee: Nonna Beppa Soho LLC License Serial Number: 0340-23-130281

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

Yes No Do Not Know

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed? Yes No

Name of Licensee: Red Cat Bar LLC License Serial Number: 1322088

3. Premises (interior):

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?
If yes, show the means of access on the interior diagram(s).

Yes No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?
(e.g., hallway, stairwells, common areas, etc.)

Yes No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises: 3h. Number of tables?

3i. Number of seats at tables? 3j. Number of seats at bar or counter?

4. Bars:

4a. How many customer bars are located on the premises?
(a customer bar is where patrons may order, purchase or receive alcoholic beverages)

4b. How many service bars? *(a service bar is for wait staff use exclusively)*

4c. Describe each bar in the fields below:

Bar 1

Bar Type:

Length:

Shape:

Location:

Bar 2

Bar Type:

Length:

Shape:

Location:

Bar 3

Bar Type:

Length:

Shape:

Location:

Attach additional sheets if there are more than 3 bars.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

5. Kitchen:

5a. Does the premises have a full kitchen? Yes No

If NO, does the premises have a food preparation area? Yes No

Show Kitchen or Food Prep Area on the Interior Diagram

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU

5b. Is a chef/cook employed at the premises? Yes No

If YES, please list hours of day chef/cook will devote to the premises:

All hours kitchen is open

6. Hotel or Bed & Breakfast:

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises? Yes No

7. Outdoor Areas:

7a. Are there any outside areas used for the sale or consumption of alcohol? Yes No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

- | | | | | |
|---|-------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Sidewalk Cafe | <input type="checkbox"/> Deck | <input type="checkbox"/> Patio | <input type="checkbox"/> Porch | <input type="checkbox"/> Gazebo |
| <input type="checkbox"/> Rooftop | <input type="checkbox"/> Yard | <input type="checkbox"/> Balcony | <input type="checkbox"/> Pavilion | <input type="checkbox"/> Tent |
| <input type="checkbox"/> Other (describe): <input style="width: 650px; height: 20px;" type="text"/> | | | | |

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? Yes No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- | | | | | |
|---|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Wall | <input type="checkbox"/> Shrubbery | <input type="checkbox"/> Roping | <input type="checkbox"/> Stanchions |
| <input type="checkbox"/> Other (describe): <input style="width: 650px; height: 20px;" type="text"/> | | | | |

7f. Is a permit required by the locality for outside area(s)? Yes No
If yes, submit a copy of the permit.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

PROPOSED METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises? Yes No
(If YES, please provide details on a separate sheet)

1a. If the premises *is not* a catering establishment, will the premises periodically close to host private events? Yes No

If YES, how frequently?

2. Will the premises have music? Yes No

2a. If YES, check all that apply: Recorded DJ Juke Box Karaoke

Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):

2b. Will the premises use the services of an Event Promoter? Yes No

3. Will the premises permit dancing? Yes No

3a. If dancing is permitted, who will be permitted to dance? Patrons Employees for Entertainment Both

3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No

4. Will there be topless entertainment? Yes No

5. Will the business employ a manager? Yes No

5a. If NO, will principal(s) manage? Yes No

6. How many employees? (excluding principals and security personnel)

6a. If answer is "0" please provide an explanation:

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<input type="radio"/> Original	<input type="radio"/> Amended	Date

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions). If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:

Disability Insurance Carrier Name and Policy Number:

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996

8. Will security personnel be used at the premises? Yes No

9a. If YES, how many?

9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

The Licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

An experienced manager will be on site daily. Guests will be monitored to ensure that they are not being overserved alcoholic beverages and identification will be checked to ensure that no one underage is served alcoholic beverages. Staff will remove unruly patrons to prevent altercations from occurring.

10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

Yes No

10a. If NO, please explain:



ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link:
<http://sla.ny.gov/provisions-for-county-closing-hours>

Title	290 Hudson Cafe LLC; Community Board Questionnaire
File name	04.24.25%20-%20CB...client%29_opt.pdf
Document ID	6d51d9c03bba0a2fe2b0a4184f9c7720a6fb99b1
Audit trail date format	MM / DD / YYYY
Status	● Signed

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 SIGNED	04 / 24 / 2025 17:33:09 UTC	Signed by 290 Hudson Cafe LLC (jatkings@gldht.com) IP: 74.68.60.208
 COMPLETED	04 / 24 / 2025 17:33:09 UTC	The document has been completed.