

Meeting Date: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name of applicant(s): ASKILI LLC

Trade name (DBA): ASKILI ORCHARD

Premises address: 401 AVE OF THE AMERICAS NY NY 10014

Cross Streets and other addresses used for building/premise:  
WAVERLY PL. - W. 8th ST.

**CONTACT INFORMATION:**

Principal(s) Name(s): GIORGI PAPIASHVILI

Office or Home Address: 401 AVE OF THE AMERICAS

City, State, Zip: N.Y. N.Y. 10014

Telephone #: [REDACTED]

Landlord Name / Contact: REALTYA GVA

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>GIORGI PAPIASHVILI</u>	<u>SIPSTERIA ESPRESSO + NATURAL WINE BAR 1264 AMSTERDAM AVE</u>
<u>MIRANDA GOGISHVILI</u>	<u>LIC# 0267-24-131506 EXP 9/30/26 SINCE 2023</u>
	<u>SIPSTERIA ONE 774 AMSTERDAM AVE LIC# NA-0340-25-105946 PENDING 3/25</u>

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

WE WILL BE A FAMILY RESTAURANT SERVING GEORGIAN  
CUISINE

**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.)

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

RESTAURANT

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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

If yes, please list DBA names and dates of operation: (UNK - 2014)  
HEALTHY VILLAGE LLC DBA: GORBO Lic # 0240-13-109518 EXP. 8/31/15 - RW  
HAO NOODLE + TEA LLC Lic # 0240-22-102707 EXP. 8/31/24 - RW 2016 - 2024

**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: 2 Year Built: 1967

Describe neighboring buildings: COMMERCIAL + MIXED USE

Zoning Designation: C4-5 LC

Zoning Overlay or Special Designation (applicable) GREENWICH VILLAGE HISTORIC DISTRICT

Block and Lot Number: 593 / 22

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor?  yes  no  
BSMT + 1ST FLR

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: THEY WILL BE IF ANY CHANGES ARE MADE

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? RESTAURANT

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?  no  yes LNO

If yes, what is the maximum occupancy for the premises? 74

If yes, what is the use group for the premises? C

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: \_\_\_\_\_)

**INTERIOR OF PREMISES:**

What is the total licensed square footage of the premises? 4800 SQ FT

If more than one floor, please specify square footage by floors: 1ST FL - 2400 BSMR - 2400

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?  
No

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

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? 18 Total table seats? 62

Total number of bars? 1 Total bar seats? 6

Total number of "other" seats? 0 please explain: \_\_\_\_\_

Total OVERALL number of seats in Premises: 68

**BARS:**

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

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: \_\_\_\_\_

\* 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: 11<sup>A</sup> to 11<sup>P</sup> Monday: 11<sup>A</sup> to 11<sup>P</sup> Tuesday: 11<sup>A</sup> to 11<sup>P</sup> Wednesday: 11<sup>A</sup> to 11<sup>P</sup> Thursday: 11<sup>A</sup> to 11<sup>P</sup> Friday: 11<sup>A</sup> to 12<sup>A</sup> Saturday: 11<sup>A</sup> to 12<sup>A</sup>

Will the business employ a manager?  no \_\_\_ yes, name / experience if known : OWNER WILL MANAGE

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

OCCASIONAL SOLO ACOUSTIC - NO RESIDENTS ABOVE OR NEXT DOOR ON EITHER SIDE

Expected Volume level: \_\_\_ Background (quiet) \_\_\_ Entertainment level \_\_\_ Amplified Music (check all that apply)

Do you have or plan to install soundproofing?  no \_\_\_ yes EXISTING

IF YES, will you be using a professional sound engineer? NO

Please describe your sound system and sound proofing: IPOD + SOME SMALL SPEAKERS

Will you be permitting: NO promoted events NO scheduled performances NO outside promoters

NO any events at which a cover fee is charged? NO 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 NO ropes NO movable barriers NO 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: \_\_\_\_\_

Address: \_\_\_\_\_ Distance: \_\_\_\_\_

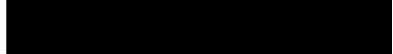
Name of School / Church: \_\_\_\_\_

Address: \_\_\_\_\_ Distance: \_\_\_\_\_

Name of School / Church: \_\_\_\_\_

Address: \_\_\_\_\_ Distance: \_\_\_\_\_

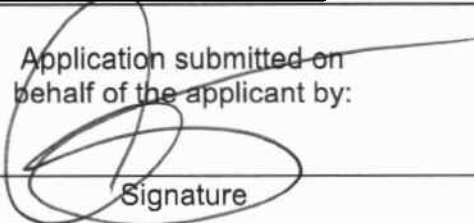
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: GIORGI PAPIASHVILI Phone: 

Address: 401 AVE OF THE AMERICAS NY, NY, 10014

Email : 

Application submitted on behalf of the applicant by:

  
\_\_\_\_\_  
Signature

Print or Type Name MICHAEL KELLY

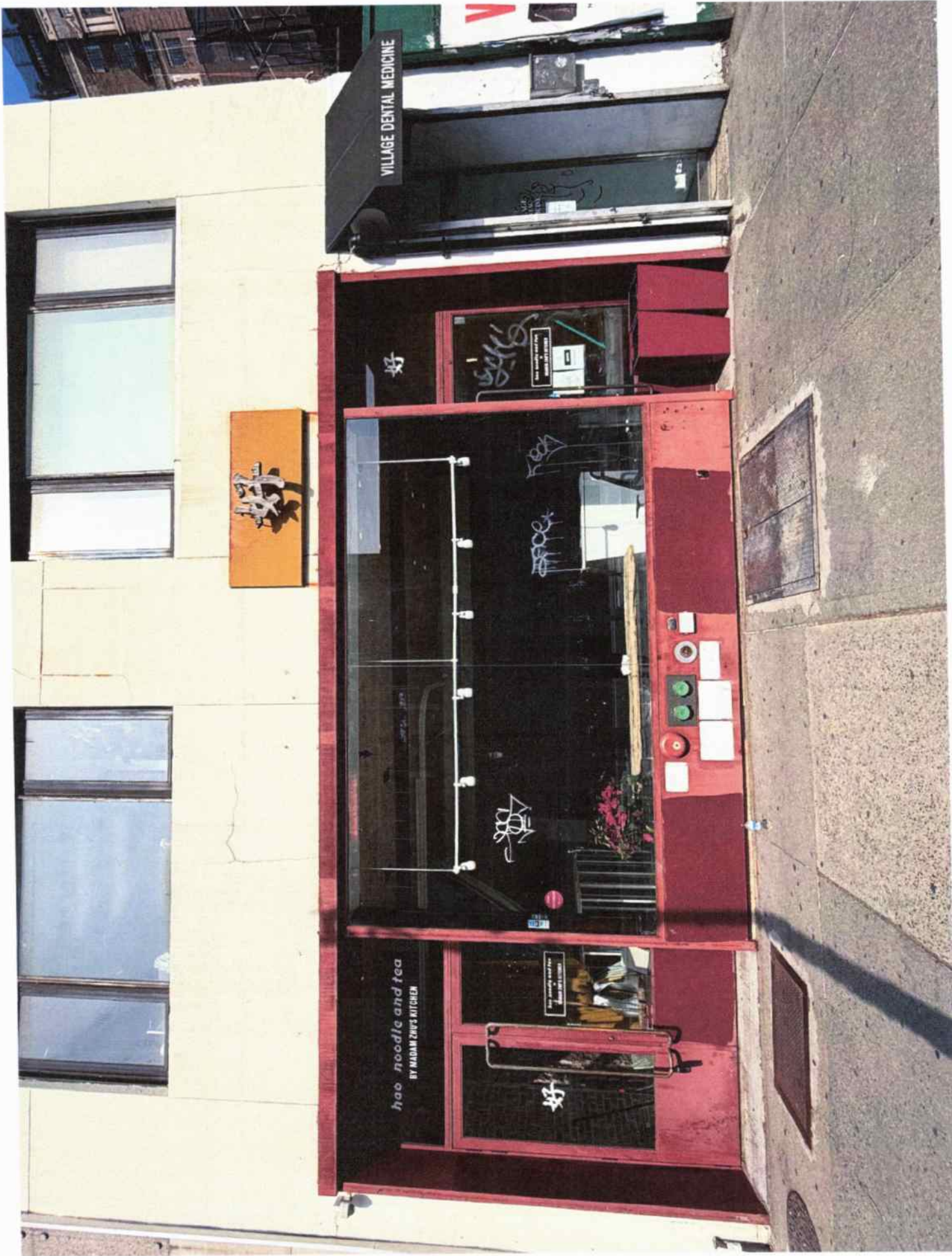
Title REPRESENTATIVE

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



VILLAGE DENTAL MEDICINE

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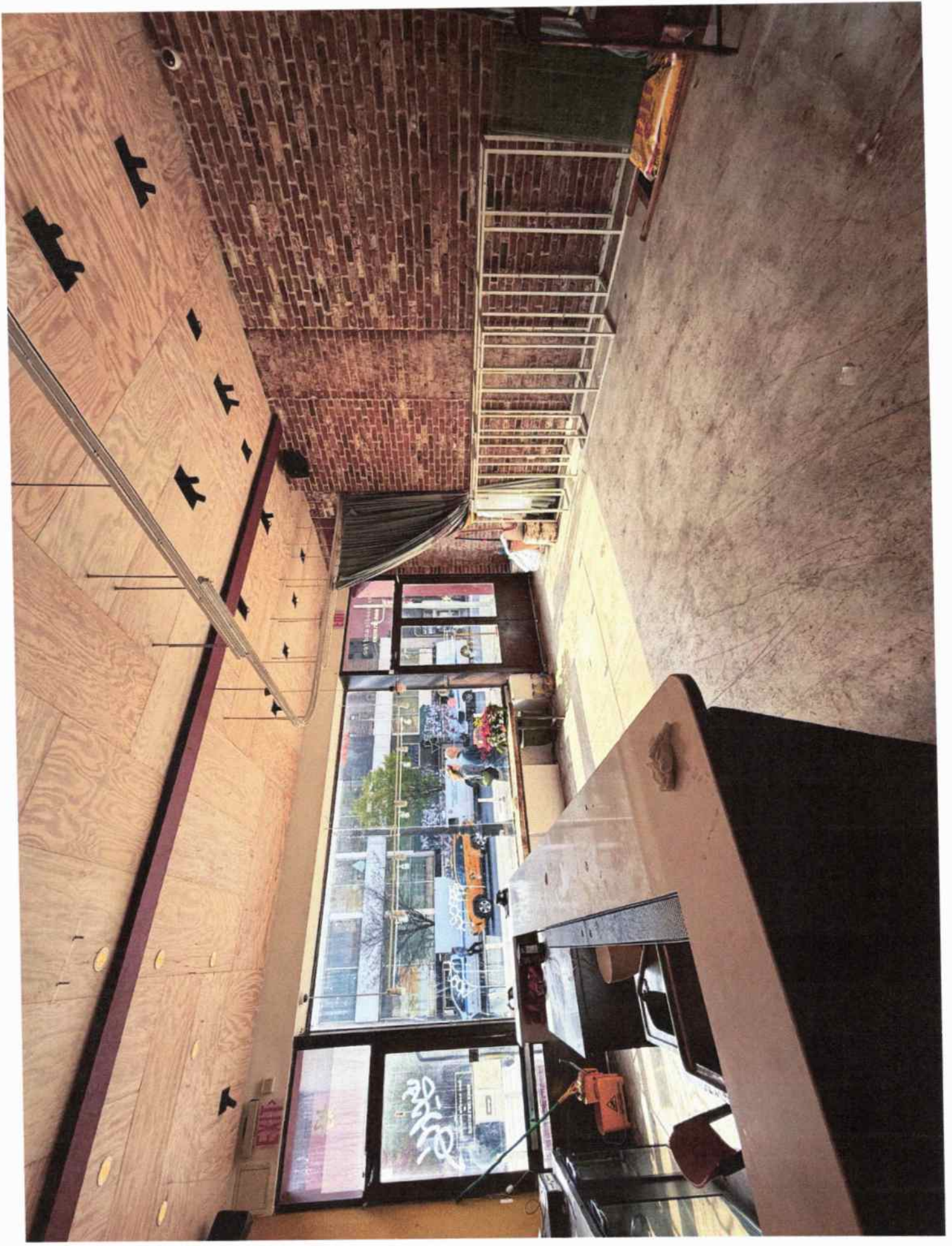
hao noodle and tea  
BY NADAM ZHU'S KITCHEN

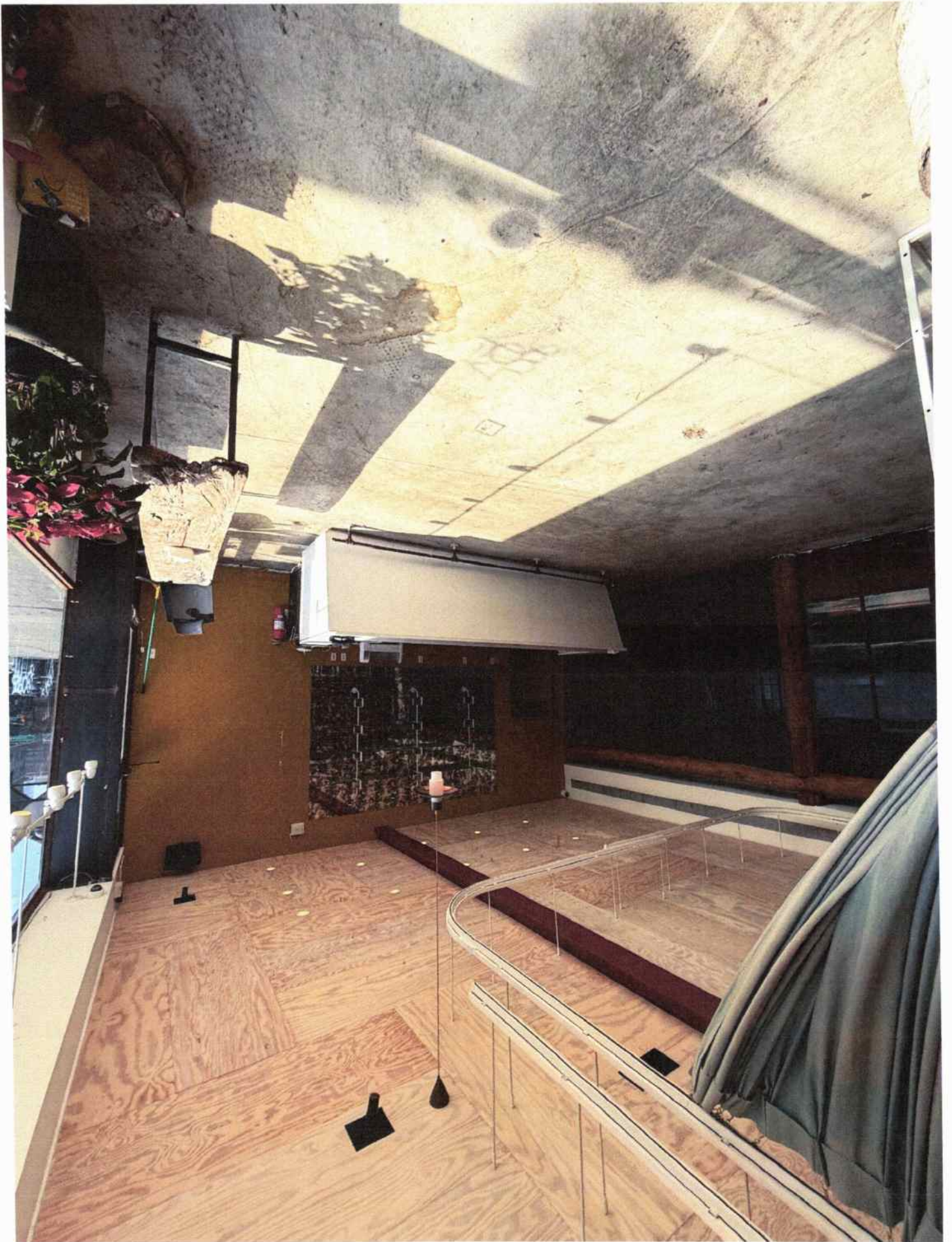
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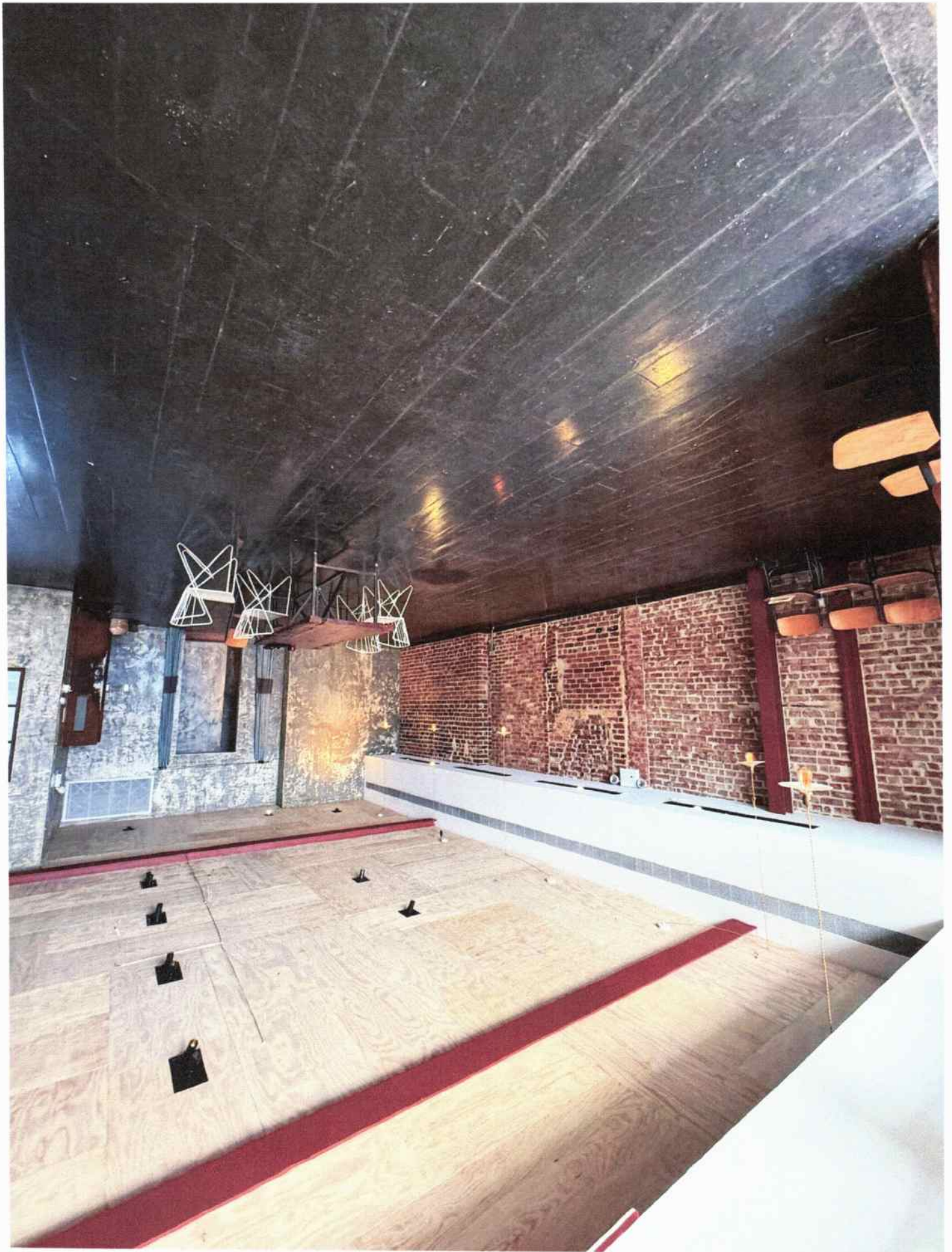
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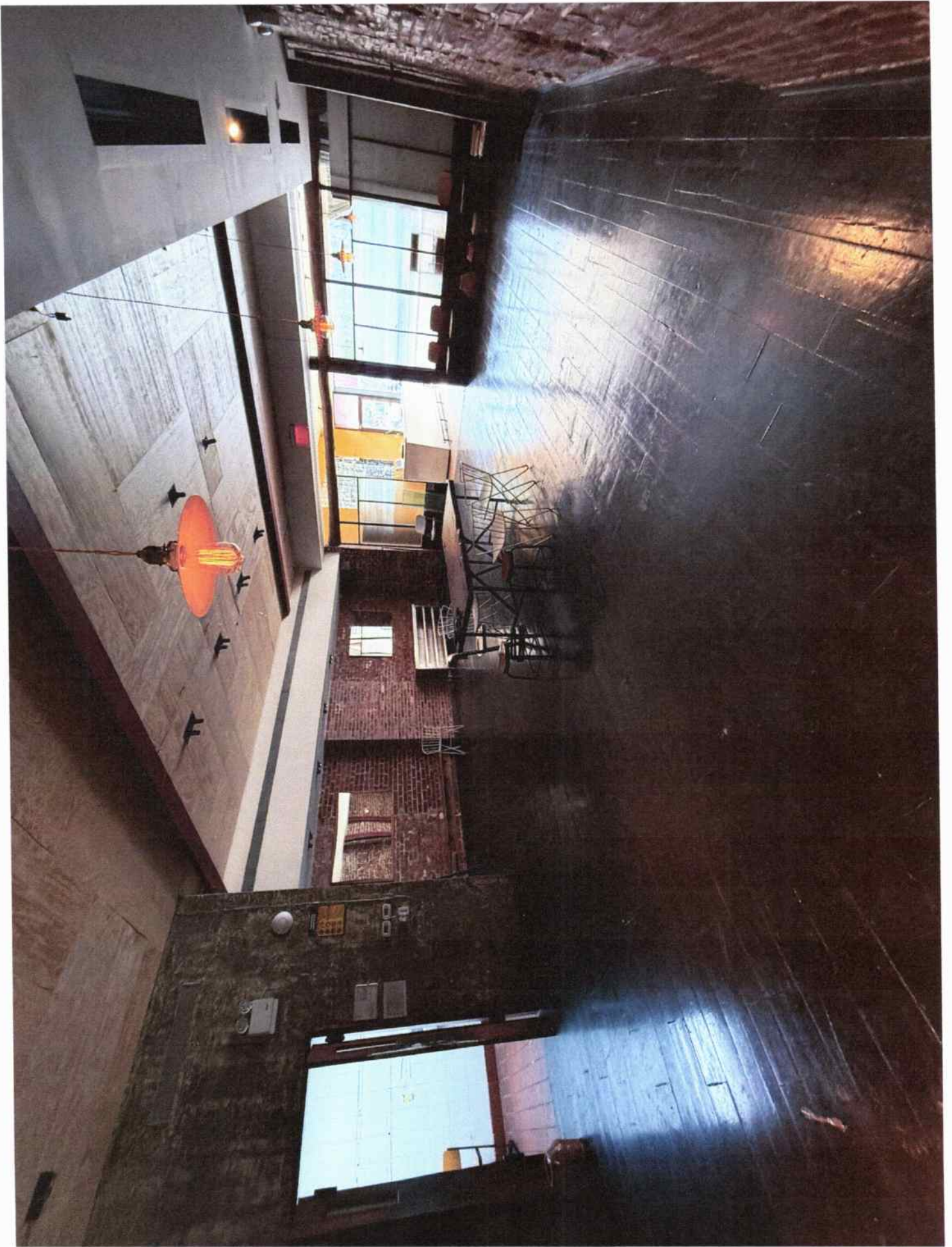
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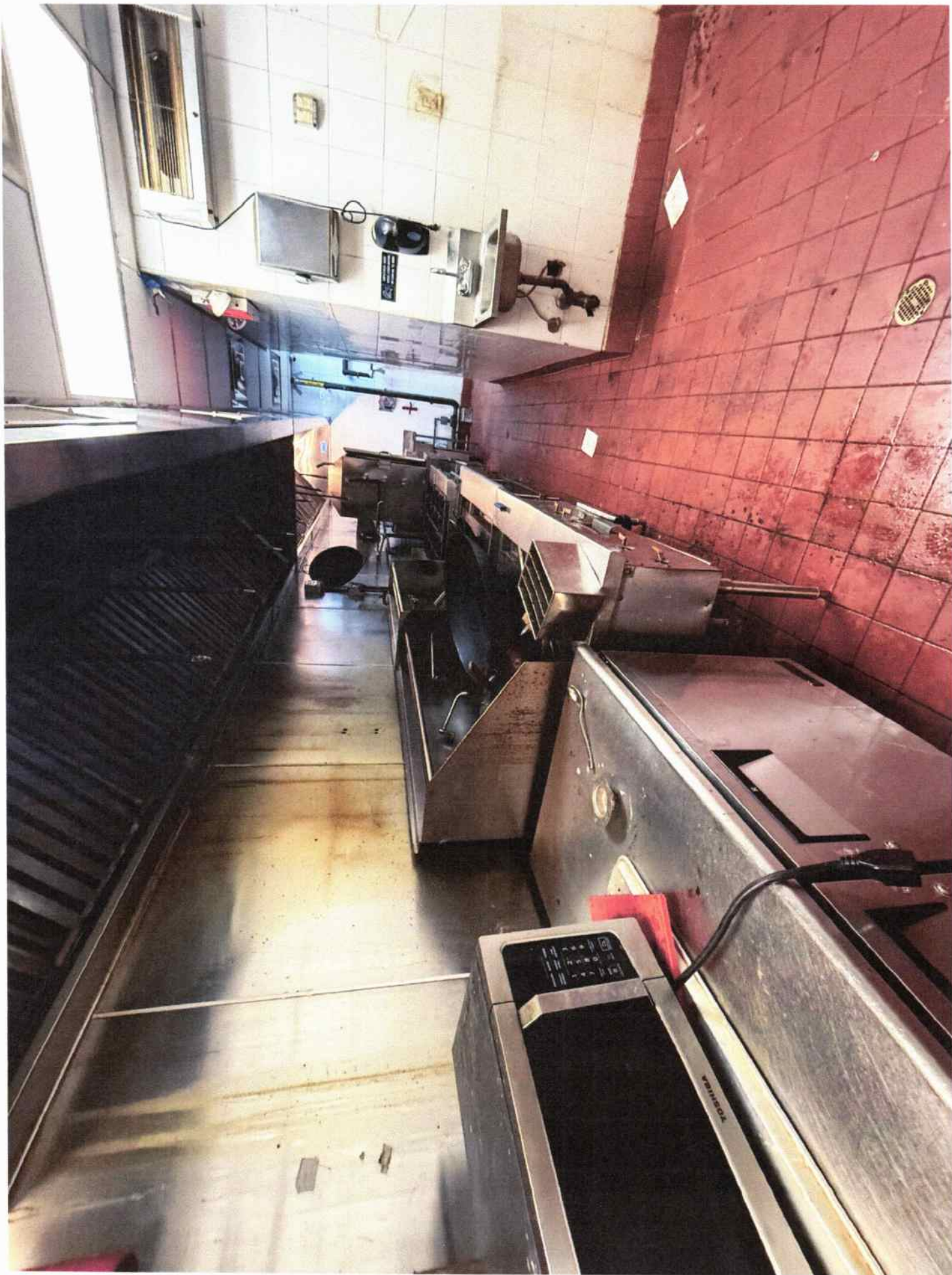










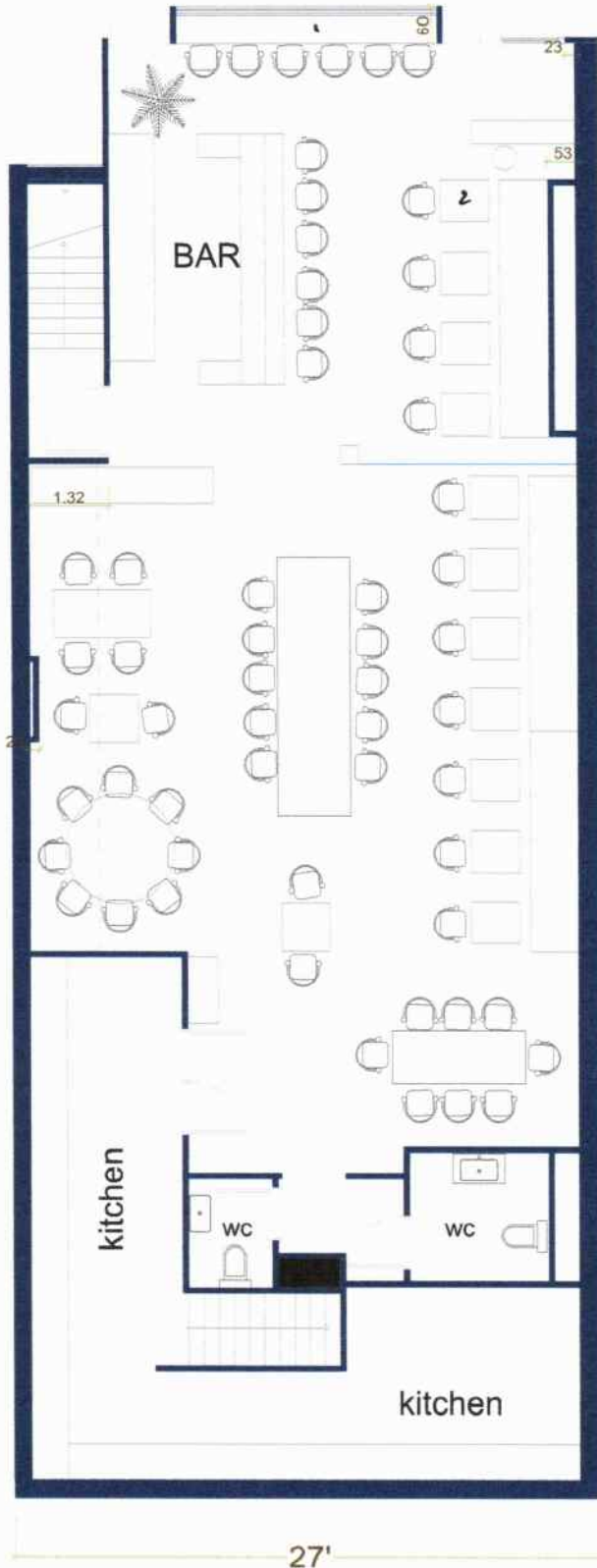




Ground Floor  
2,400 SF

SIXTH AVENUE

18 TABLES  
62 SEATS  
6 BAR SEATS



# Basement 2,400 SF



# Askili Orchard

## Cold Starters

### GEORGIAN VEGGIE DIPS 21\$

A vibrant mix of spinach, beet, green bean and trout pâtés blended with walnuts, garlic, and herbs. Served with cornbread chips (Mchadi)

### PESTO AUBERGINE 16\$

Thin eggplant slices topped with a delicate basil-garlic pesto sauce

### PATÈ 19\$

Liver patè topped with caramelized onions and served with a side of a fig jam and fresh Georgian bread

### BEET SALAT 15\$

Tender boiled sliced beets, with fresh cilantro, marinated in tkemali - a tangy and spicy wild plum sauce

### HOMEMADE GEBZHALIA 17\$

Soft cheese rolled with fresh mint and savory herbs, served in a creamy sauce

## Soup

### KHINKALI SOUP 16\$

Mini versions of classic Georgian hand-twisted dumplings filled with juicy spiced meat or mushrooms, in a herbal green broth

### RED BEAN SOUP 12\$

Slow-cooked kidney beans in a broth enriched with coriander, garlic, onions, and fresh herbs

## Khachapuri (Cheese Breads)

### ADJARULI KHACHAPURI 18\$

A boat-shaped gluten free dough filled with a blend of soft and salty cheese, topped with an egg yolk and a pat of butter

### IMERULI KHACHAPURI 16\$

A thin crispy dough stuffed with a blend of cheeses - perfect for sharing

### MEGRULI KHACHAPURI 17\$

Similar to Imeruli but with extra cheese melted on top for double the indulgence

### MINI KHACHAPURIS IN PUFF PASTRY 14\$

Assortment of flaky puff pastries filled with a blend of savory cheese, red bean paste, and spinach with cheese varieties

## EVERY DAY FROM

11:00<sub>AM</sub> - 11:00<sub>PM</sub>

**Oversized hand-rolled juicy Georgian dumplings**  
(three per serving)

BEEF AND PORK	12\$
LAMB	13\$
CHEESE	10\$
MUSHROOM WITH TARRAGON	11\$

### Mains

<b>LAMB OR MUSHROOM STEW</b>  	<b>Lamb 25\$ Mushroom 20\$</b>
Tender lamb or mushrooms stewed with tarragon, white wine, green plums, and loads of fresh herbs	
<b>GEORGIAN AUTUMN MIX</b>	<b>Pork 25\$ Chicken 22\$</b>
Rustic and hearty – roasted pork or chicken with golden potatoes, onions, and Georgian spices, with a side of a sour Georgian plum sauce	
<b>GARLIC CHICKEN</b>	<b>24\$</b>
Crispy chicken in a creamy garlic and herbs sauce.	
<b>STEAK IN RED WINE</b>	<b>27\$</b>
Fillet Mignon in a thick and tangy red Saperavi sauce, garnished with pearl onions and potato purée	

### Desserts

<b>BUFFALO YOGURT PANACOTA</b>	<b>16\$</b>
Delicate yogurt panacota topped with caramelized walnuts and almonds	
<b>WALNUT CAKE</b>	<b>16\$</b>
Crunchy cake with walnut and crème fraîche filling	

GEORGIAN GASTRONOMY

*Reinventing Classic Taste*