

**P&B** Pesetsky & Bookman

## **DANTE WEST 4TH LLC**

Community Board SLA License Questionnaire

**Pesetsky & Bookman**

*Applicant's Alcoholic Beverage Counsel*

325 Broadway, Suite 501

New York, NY 10007

[www.pb.law](http://www.pb.law) | (212) 513-1988 | [hello@pb.law](mailto:hello@pb.law)

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

**APPLICANT INFORMATION:**

Name of applicant(s):

Dante West 4th LLC

Trade name (DBA):

Dante Aperitivo

Premises address:

51 Bank Street, New York, NY, 10014

Cross Streets and other addresses used for building/premise:

W 4th Street & Bank St

**CONTACT INFORMATION:**

Principal(s) Name(s):

Linden Pride

Office or Home Address: 59 Morton Street

City, State, Zip: New York, NY, 10014

Telephone #:

Email: \_\_\_\_\_

Landlord Name / Contact:

51-53 LLC

Landlord's Telephone and Fax:

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

Linden Pride

Nathalie Hudson

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

Perry & Hudson LLC d/b/a Dante West Village, 551 Hudson St, New York, NY, 10014 Serial No. 1320245

Dante Grove St LLC d/b/a Dante, 79-81 MacDougal St, New York, NY, 10012. Serial No. 1285717

Dante Elizabeth St LLC d/b/a Dante- 206-210 Elizabeth St, New York, NY, 10012 (Pending)

Dante Grove St LLC d/b/a Dante, 85 MacDougal St, New York, NY, 10012. Serial No. NA-0340-21-108391 (Pending)

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

Family- run restaurant offering classic European inspired dishes and weekend brunch

**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 Application.

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

N/A

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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: \_\_\_\_\_

Silkstoneone LLC Serial No. 1334720. Expiration: 5/31/2025

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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:

Tremont (Aproximately 2011- 2014)

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**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 : 1905

Describe neighboring buildings:  
Mixed

Zoning Designation: R6

Zoning Overlay or Special Designation (applicable) N/A

Block and Lot Number: 624 / 53

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor?  yes  no  
\*Ground Floor and Basement

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 : N/A

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? 16

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?

no  yes \*Letter of No Objection \*

If yes, what is the maximum occupancy for the premises? \_\_\_\_\_

If yes, what is the use group for the premises? \_\_\_\_\_

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: Signage will be change to reflect the new DBA.

## INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1,582 Sq Feet

If more than one floor, please specify square footage by floors: Ground Floor 962 Sq Feet,  
Basement 620 Sq Feet

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

60 Sq Feet

If more than one floor, what is the access between floors? Access to the basement through a hatch on the street

How many entrances are there? 1 How many exits? 3 How many bathrooms? 1

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

## OVERALL SEATING INFORMATION:

Total number of tables? 12 Total table seats? 22

Total number of bars? 1 Total bar seats? 16

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

Total OVERALL number of seats in Premises : 54\*

## BARS:

**Indoor: 38**  
**Outdoor: 16**

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 16

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:

10 AM to 12 AM    10AM to 12AM    10AM to 12AM    10AM to 12AM    10AM to 1AM    10AM to 1 AM    10AM to 1AM

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 : \_\_\_\_\_

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: \_\_\_\_\_

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: \_\_\_\_\_

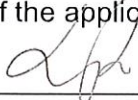
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Email : \_\_\_\_\_

Application submitted on behalf of the applicant by:



\_\_\_\_\_

Signature

Print or Type Name Linden Pride

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, Chair

MENU

## FOR THE TABLE

### PROSCIUTTO & MELONE

San Daniele Aged 24 months  
& candew melon 22 (gf, df)

### OYSTERS ON THE HALF SHELL

classic mignonette & lemon  
half dozen 30 dozen 58 (gf)

### STEAK TARTARE

capers, shallots, egg & Parmigiano Reggiano  
with pane carasau 38 (can be made df & gf)

### BURRATA

burrata, semi-dried tomatoes, basil, sourdough 29  
(v, can be made gf)

### CRUDO DEL PESCATORE

caper leaves, Calabrian chili, citrus, olive oil 30 (gf, df)

### CHILLED OCTOPUS SALAD

potato, fennel, banyuls vinaigrette 30 (gf, df)

### ARANCINI

saffron, mozzarella, pecorino 18 (v)

### MARE MISTO

calamari, rock shrimp, lemons 32 (df)

# VERDURA

## CHILLED BROCCOLI

meyer lemon jam, Calabrian chili,  
Ravida EVOO 19 (v, vg, gf, df)

## CANNELLINI BEAN SALAD

tuscan white beans, celery, shallots,  
goat cheese, parsley 27  
(v, gf, can be made vg & df)

## HEIRLOOM TOMATO & PEACHES

freekah, herbs, feta 29 (v, can be made gf & df)

## FARMER'S SALAD

fresh pickles, market lettuce selection,  
red wine vinaigrette 26 (v, vg, gf, df)  
*add shrimp 8*

## HARICOT VERTS & SUNGOLD TOMATOES

little gem, dill, soft egg, mustard dressing 28 (v, gf, df)

## GOLDEN MAITAKE MUSHROOMS

chill oil & parsley 18 (v, vg, gf, df)

## ROASTED BABY CARROTS

gremolata, honey, aleppo 18 (v, gf, df, can be made vg)

# PIZZA

## PIZZA BIANCA

whipped ricotta, honey, thyme 22 (v)

## MARINARA

pomodoro, anchovy, oregano 24 (d)

## MARGHERITA

pomodoro, mozzarella, basil 25 (v)

## DIAVOLA

soppressata spicy, mozzarella, tomato,  
hot honey, parsley 26

## ROSA

mortadella, stracciatella, pistacchio  
& rosemary 27

## FUNGHI

roasted mushrooms, taleggio, fontina,  
thyme, egg 28 (v)

## GIALLA

squash blossom, zucchini, stracciatella,  
pesto genovese 27 (v)

## SALSICCIA & OLIVE

fennel, sausage, black olive,  
mozzarella, pomodoro 28

## PASTA

### CONCHIGLIETTE AL RAGU

slow cooked pork & fennel sausage ragu,  
parmigiano, parsley 33 (can be made df)

### GEMELLI CORTI

basil-pine nut pesto, pecorino, lemon 27 (v)

### ENGLISH PEA PANSOTTI

ricotta, lemon, chives, parma butter 34 (v)

### BUCATINI AL POMODORO

san marzano tomatoes, ricotta, basil 29  
(v, can be made vg & df)

## ENTREE

### ROASTED CAULIFLOWER

tahini, calabrian chili, garlic chips  
& herb salad 27 (v, vg, gf, df)

### DORADE AL'ACQUA PAZZA

sungold tomatoes, capers, garlic, parsley 42 (gf, df)

### CRISPY ORA KING SALMON

corn, roasted shiitake, birds eye chili, cilantro, mint 39 (gf, df)

### SPICY ORGANIC CHICKEN ALLA DIAVOLA

roasted peppers, shallots, baby turnips, orange, jus 37 (gf, df)

### STEAK FRITES

chimichurri, NY strip, frites 70 (gf, df)

# BAMBINI

## KIDS MENU

### STEAMED EDAMAME

10 (v. vg. gf. df)

### HALF AVOCADO

5 (v. vg. gf. df)

### PROSCIUTTO & FLAKED PARMIGIANO

10 (gf)

### SEASONAL CALIFORNIA FRUIT SALAD

10 (v. vg. gf. df)

### ARANCINI WITH MOZZARELLA

12 (v)

### CHEESE PIZZA

20 (v)

### QUESADILLA

20 (v)

### PASTA WITH BUTTER & CHEESE

20 (v)

### ORA KING SALMON WITH AVOCADO

20 (v. gf. df)

## DESSERT

### BOOZY AFFOGATO

vanilla gelato, espresso Santa Teresa,  
white creme de cacao, px sherry 22 (v. gf)

### PEACH MELBA

roast peaches, house-made vanilla gelato,  
raspberry, toasted almonds 17 (v. gf. can be made vg & df)

### PANNA COTTA

raspberry coulis & mixed berries 17 (v. gf)

### SIGNATURE TIRAMISU

17 (v)

## DESSERT COCKTAILS

### HONEY BEE

patron reposado. lustau amonillado. mr black. raspberry syrup.  
chocolate bitters. salted honey cream 22

### POLAR BEAR

vida mezcal. dolin blanc. crème de menthe. chocolate bitters 20

### AMALFI LIMONATA

bombay sapphire premier cru. dante limoncello. lemon curd.  
lemon juice. sanpellegrino limonata soda 21

### GRASSHOPPER

green creme de menthe. white creme de cacao. branca menta.  
cream. valrhona chocolate 20

### ESPRESSO MARTINI

grey goose. mr black. fresh espresso 21

|                                |                               |            |
|--------------------------------|-------------------------------|------------|
| 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.)

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.

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

If YES, please specify:

*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:  License Serial Number:

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:  License Serial Number:

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

**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?   
*\*Indoor and Sidewalk Cafe*

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 2                          | Bar 3                          |
|---|--------------------------------|--------------------------------|
| Bar Type: <input type="text" value="Customer Bar"/>     | Bar Type: <input type="text"/> | Bar Type: <input type="text"/> |
| Length: <input type="text" value="12 ft"/>              | Length: <input type="text"/>   | Length: <input type="text"/>   |
| Shape: <input type="text" value="L Shaped"/>            | Shape: <input type="text"/>    | Shape: <input type="text"/>    |
| Location: <input type="text" value="1st Floor/Ground"/> | Location: <input type="text"/> | Location: <input type="text"/> |

**Attach additional sheets if there are more than 3 bars.**

**P&B**

Pesetsky & Bookman

**Pesetsky & Bookman, PC**

Attorneys at Law

325 Broadway, Suite 501

New York, NY 10007

(212) 513-1988 | [www.PB.law](http://www.PB.law)

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Max Bookman | Partner | [max@pb.law](mailto:max@pb.law)

April 2, 2025

New York State Liquor Authority  
PO BOX 782772  
Philadelphia, PA 19178-2772

Re: Dante West 4th LLC d/b/a Dante  
51 Bank Street,  
New York, NY 10014  
Bathroom Waiver

Dear Sir/Madam:

This letter is to request the waiver of a second bathroom within the above-referenced premises as the occupancy of the premises is for less than 75 people.

Thank you for your attention to this matter.

Very truly yours,

PESETSKY & BOOKMAN, P.C.



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By: Max Bookman, Esq.

|                                |                               |
|--------------------------------|-------------------------------|
| 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:

During all hours of operation

**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)

- Sidewalk Cafe     Deck     Patio     Porch     Gazebo
- Rooftop     Yard     Balcony     Pavilion     Tent

Other (describe):

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.

- Fencing     Wall     Shrubbery     Roping     Stanchions

Other (describe):

7f. Is a permit required by the locality for outside area(s)?  Yes  No

If yes, submit a copy of the permit.

|   |
|---|
| <input type="radio"/> Original <input type="radio"/> Amended <input type="text"/> Date<br><div style="text-align: center; font-weight: bold; font-size: small;">OFFICE USE ONLY</div> |
|---|

## 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:

|                                |                               |      |
|--------------------------------|-------------------------------|------|
| OFFICE USE ONLY                |                               |      |
| <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.

Management will be on premises at all times to supervise and control the establishment and ensure ABC law compliance. All employees will receive training so as to know how to prevent service of alcohol to minors, intoxicated individuals and how to handle disorderly patrons.

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>

Jeanine Kiely, Chair  
Susan Kent, First Vice Chair  
Valerie De La Rosa, Second Vice Chair  
Mark Diller, District Manager



Antony Wong, Treasurer  
Amy Brenna, Secretary  
Ritu Chattree, Assistant Secretary

## 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 STATE LIQUOR AUTHORITY LICENSE ADDENDUM FOR OUTDOOR SEATING

For a Liquor License Application that includes any outdoor areas, please complete the following:

- Submit a diagram of outdoor seating indicating length and width of area(s) and location of all tables and chairs. Include all obstructions (trees, fire hydrants, proximity to bus stops, bike racks, signs, etc.).
- Submit photos of the premises where the sidewalk café and/or roadbed will be located. Required photos show one frontal, one left and one right side view of proposed sidewalk café and/or roadbed.
  - Photos must show complete sidewalk and/or roadway area where sidewalk café and/or roadbed will be including views to curb and neighboring properties.
  - For rear yard, show photos of yard and surrounding area, including upper view of adjacent buildings.

Name of Applicant: Dante West 4th LLC

Address of Premises: 51 Bank Street, New York, NY, 10014

Sidewalk café will have no more than (If premises is located on a corner please indicate for both streets):

3 tables and 6 seats on Bank Street  
4 tables and 8 seats on W 4th Street

Hours of sidewalk café: 10 AM to 10 PM .

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): \_\_\_\_\_  
\_\_\_\_\_

Roadbed will have no more than (If premises is located on a corner please indicate for both streets):

\_\_\_\_\_ tables and \_\_\_\_\_ seats on \_\_\_\_\_ Street  
\_\_\_\_\_ tables and \_\_\_\_\_ seats on \_\_\_\_\_ Street

Hours of roadbed: \_\_\_\_\_ to \_\_\_\_\_ .

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): \_\_\_\_\_  
\_\_\_\_\_

Rear yard / Rooftop (circle) will have no more than \_\_\_\_\_ tables and \_\_\_\_\_ seats

Hours of rear yard / rooftop: \_\_\_\_\_ to \_\_\_\_\_ .

- Does seating extend beyond the business frontage?  No \_\_\_ Yes
- Will outdoor dining structures **on the sidewalk** be enclosed on three (3) or more sides?  No \_\_\_ Yes
- Will outdoor dining structures **on the roadbed** be enclosed on three (3) or more sides? \_\_\_ No \_\_\_ Yes
- Is there any outdoor music, speakers or TVs?  No \_\_\_ Yes, please describe: \_\_\_\_\_
- Will heating elements be used?  No \_\_\_ Yes, please describe: \_\_\_\_\_

GROUND FLOOR

