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COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE
NEW YORK, NY 10012-1899

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P: 212-979-2272 F: 212-254-5102 E: info@cb2manhattan.org

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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:

- X 1. A list of all other licensed premises (including Beer and Wine) within 500 ft. of this location.
- X 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.
- X 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.
- X 4. Proposed menu with general price ranges, if applicable.
- X 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.
- X 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.
- X 7. Letter of Understanding or Letter of Intent from the Landlord.

- X 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.)
- X 9. A copy of your NYS Liquor Authority application as it will be submitted to the SLA (excluding financial information).
- N/A 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.
- N/A 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.
- N/A 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: July 8, 2025

APPLICANT INFORMATION:

Name of applicant(s):

Center for Emerging Culture Inc

Trade name (DBA):

Lightning Society

Premises address:

45 Howard Street, New York, NY, 10013

Cross Streets and other addresses used for building/premise:

427 Broadway, New York, NY, 10013

CONTACT INFORMATION:

Principal(s) Name(s):

Timothy Phillips

Office or Home Address: [REDACTED]

City, State, Zip: New York, NY, 10013

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact:

Michael Chetrit, The AJD Building LLC

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

Timothy Phillips No previous licenses held

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

We are a members' arts community based in NYC. Our goal is to support emerging arts and culture through intimate performances, engaging talks, and thought leadership designed to promote personal growth.

We will host conferences and similar events that align with our mission in our conference/ballroom level when not in use by the community.

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 : Catering Establishment

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

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

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

The location was rented by a different entity to house a museum. This company was

not related to Center for Emerging Culture Inc.

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:

Not to our

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: 5 Year Built 1910

Describe neighboring buildings:

Retail, office space, residential. An effort has been made to contact all neighbors, firstly in-person, or by email/mail if they were not reachable. .

Zoning Designation: M1-5/R9X

Zoning Overlay or Special Designation (applicable) None

Block and Lot Number: 231 / 8

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 : 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 Small rooftop seating area

What is the proposed Occupancy? 256 per floor

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? 47 per floor

If yes, what is the use group for the premises? UG6

If yes, is proposed occupancy permitted? yes no, explain : Certificate of Occupancy is

however we have filed to change CO to change use and occupancy limits

If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? yes no

Do you plan to file for changes to the Certificate of Occupancy? yes no

(if yes, please provide copy of application to the NYC DOB) Provided in package.

Will the façade or signage be changed from what currently exist at the premise? no yes

(if yes, please describe: _____

What are the Hours of Operation? Estimated 9am - 2am each day, observing quiet hours as per city ordinance.

Sunday: _____ Monday: _____ Tuesday: _____ Wednesday: _____ Thursday: _____ Friday: _____ Saturday: _____
_____ to _____ _____ to _____ _____ to _____ _____ to _____ _____ to _____ _____ to _____ _____ to _____

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?) Every night
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: Not yet purchased - we will be consulting with our sound engineer to find the best solution.

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) not open to public so no lines or sidewalk congestion

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: Timothy Phillips Phone: [REDACTED]

Address: [REDACTED]

Email : [REDACTED]

Application submitted on
behalf of the applicant by:

[Signature]
Signature

Print or Type Name Hari Nathan Kalyan

Title Attorney

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.

[Signature]

[Signature]

Community Board 2,
Manhattan SLA Licensing Committee
Donna Raftery, Co-Chair
Robert Ely, Co-Chair

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Susan Kent, First Vice Chair
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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: Center for Emerging Culture, Inc

Address of Premises: 45 Howard Street, New York, NY, 10013

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

0 tables and 0 seats on _____ Street

_____ tables and _____ seats on _____ Street

Hours of sidewalk café: _____ to _____ .

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

N/A: No sidewalk cafe

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): _____

N/A: No roadbed

Rear yard / Rooftop (circle) will have no more than _____ Lounge style seating only - approx 6-8 modular outdoor sofas
_____ tables and _____ seats

Hours of rear yard / rooftop: 11am to 10pm .

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

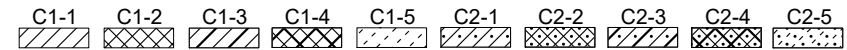
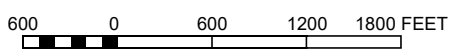
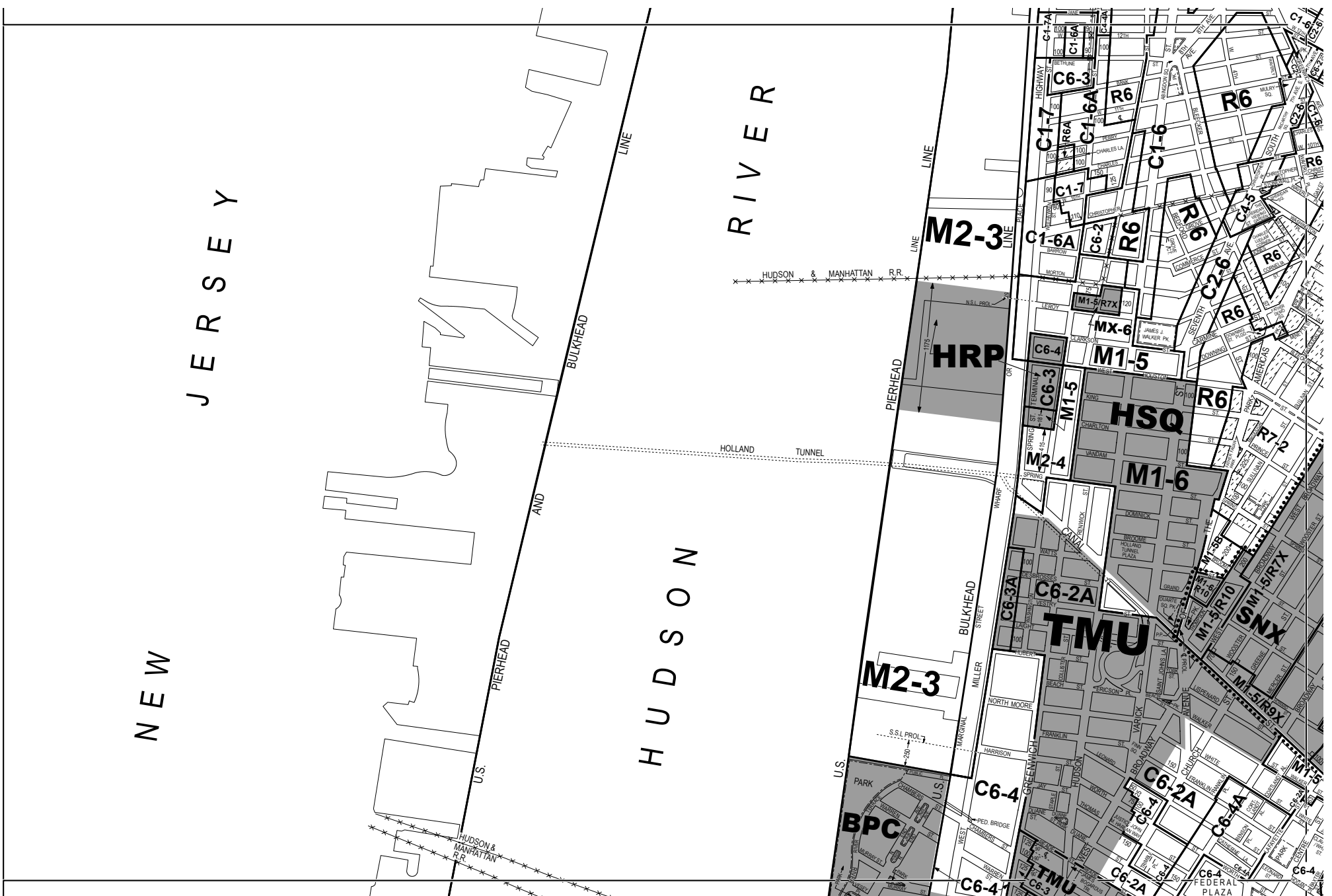
Is there any outdoor music, speakers or TVs? No Yes, please describe: Background/ambient only - no amplified sound

Will heating elements be used? No Yes, please describe: _____

NEW JERSEY

RIVER

HUDSON



NOTE: Where no dimensions for zoning district boundaries appear on the zoning maps, such dimensions are determined in Article VII, Chapter 6 (Location of District Boundaries) of the Zoning Resolution.

ZONING MAP

THE NEW YORK CITY PLANNING COMMISSION

Major Zoning Classifications:

The number(s) and/or letter(s) that follows an **R**, **C** or **M** District designation indicates use, bulk and other controls as described in the text of the Zoning Resolution.

- R** - RESIDENTIAL DISTRICT
- C** - COMMERCIAL DISTRICT
- M** - MANUFACTURING DISTRICT

SPECIAL PURPOSE DISTRICT
The letter(s) within the shaded area designates the special purpose district as described in the text of the Zoning Resolution.

AREA(S) REZONED

Effective Date(s) of Rezoning:

12-15-2021 C 210422 ZMM

Special Requirements:

For a list of lots subject to CEQR environmental requirements, see APPENDIX C.

For a list of lots subject to "D" restrictive declarations, see APPENDIX D.

For Inclusionary Housing designated areas and Mandatory Inclusionary Housing areas on this map, see APPENDIX F.

MAP KEY

	8b	8d
	12a	12c
	12b	12d

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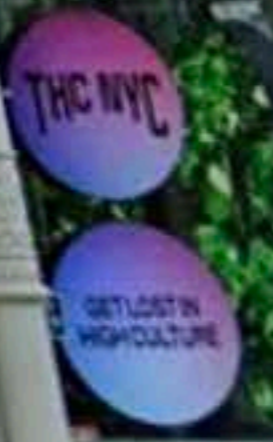
NOTE: Zoning information as shown on this map is subject to change. For the most up-to-date zoning information for this map, visit the Zoning section of the Department of City Planning website: www.nyc.gov/planning or contact the Zoning Information Desk at (212) 720-3291.

ZONING MAP **12a**



Retail Space for Lease
Call: 212.312.3000 Fax: 212.312.3000

427



RIGHT LANE
MUST
TURN RIGHT





