

HELBRAUN || LEVEY

KHG 180 Spring LLC
180 SPRING STREET

MANHATTAN COMMUNITY BOARD 2

Meeting Date:

Valerie De La Rosa, *Chair*
Eugene Yoo, *First Vice Chair*
Donna Raftery, *Second Vice Chair*
Mark Diller, *District Manager*



Antony Wong, *Treasurer*
Emma Smith, *Secretary*
Brian Pape, *Assistant Secretary*

COMMUNITY BOARD NO. 2, MANHATTAN

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NEW YORK, NY 10012-1899

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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: 7/1/2025

APPLICANT INFORMATION:

Name of applicant(s): KHG 180 SPRING LLC

Trade name (DBA): BAR PEDRO'S

Premises address: 180 SPRING ST, NEW YORK, NY 10012

Cross Streets and other addresses used for building/premise:
THOMPSON ST + W BROADWAY

CONTACT INFORMATION:

Principal(s) Name(s): KELLY KENT

Office or Home Address: 180 SPRING ST

City, State, Zip: NEW YORK, NY 10012

Telephone #: [REDACTED]

Landlord Name / Contact: BEN FERZIGER

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>KELLY KENT</u>	<u>CROWN SHY (70 PINE ST, NEW YORK, NY);</u>
	<u>SAGA (70 PINE ST, NEW YORK, NY); OVERSTORY (70 PINE</u>
	<u>ST, NEW YORK, NY); TIME AND TIDE (360 PARK AVE SOUTH,</u>
	<u>NEW YORK, NY)</u>

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
A RE-IMAGINING OF LATE FOUNDER JAMAL KENT'S GRANDFATHER'S BAR AND RESTAURANT IN TORREMILONOS, SPAIN. BAR PEDRO'S WILL FOCUS ON SPANISH AND ITALIAN CUISINE AND THE TEAM HOPES TO CONTINUE BISTRO LES AMIS' LEGACY AS A NEIGHBORHOOD STAPLE.

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.)

THIS IS A TRANSFER SUBJECT TO AN ASSET PURCHASE AGREEMENT WITH CURRENT
TENANT. WE ARE REQUESTING THE SAME STIPULATIONS WITH THE EXCEPTION OF THE
OCCASSIONAL DJ. SAID DJ WILL BE AT A BACKGROUND LEVEL THROUGH THE EXISTING
SOUND SYSTEM.

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

BAR AND RESTAURANT (BISTRO LES AMIS) FOR THE PAST 28 YEARS.

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: RDK RESTAURANT
CORP (BISTRO LES AMIS) : 0340-23-131578 (EXP: 3/31/2027)

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:

N/A

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: 4 Year Built : 1848

Describe neighboring buildings: MIXED-USE

Zoning Designation: R7-2 / C1-5

Zoning Overlay or Special Designation (applicable) SULLIVAN-THOMPSON HISTORIC DISTRICT + COASTAL ZONE

Block and Lot Number: 488 / 14

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 (NO CHANGES)

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 WILL BE APPLYING FOR DOT SIDEWALK + ROADWAY SEATING IN THE FUTURE

What is the proposed Occupancy? 74

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? 74

If yes, what is the use group for the premises? 6 (RESTAURANT)

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: NEW SIGNAGE TO REFLECT NEW NAME

INTERIOR OF PREMISES:

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

If more than one floor, please specify square footage by floors: 1,100: GROUND
: BASEMENT (NO PATRON ACCESS)

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

TO BE DETERMINED BY DOT PROCESS

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

How many entrances are there? _____ How many exits? _____ How many bathrooms? _____

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

OVERALL SEATING INFORMATION:

Total number of tables? 25 Total table seats? 56

Total number of bars? 1 Total bar seats? 10

Total number of "other" seats? 0 please explain: N/A

Total OVERALL number of seats in Premises: 66

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 10

How many service bars are being applied for on the premises? 0

Any food counters? 0 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 X Restaurant ___ Club/ Cabaret ___ Hotel ___ Other: _____

What are the Hours of Operation?

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

11AM to 4AM 11AM to 4AM 11AM to 4AM 11AM to 4AM 11AM to 4AM 11AM to 4AM 11AM to 4AM

Will the business employ a manager? ___ no yes, name / experience if known : MAXIMILIAN QUATTRONE

Will there be security personnel? no ___ yes(if yes, what nights and how many?) N/A

Do you have or plan to install French doors, accordion doors or windows that open? ___ no yes

If yes, please describe : FRENCH DOORS THAT WILL CLOSE BY 10PM ALL NIGHTS

Will you have TV's ? ___ no yes (how many?) 1 (ONLY USED DURING SPECIAL EVENTS)

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

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

Do you have or plan to install soundproofing? ___ no yes

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

Please describe your sound system and sound proofing: 8 SMALL SPEAKERS MOUNTED TO THE WALLS AND CEILING

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) ___

TO BE DETERMINED BY DOT PROCESS

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: N/A

Address: N/A Distance: N/A


Name of School / Church: N/A

Address: N/A Distance: N/A

Name of School / Church: N/A

Address: N/A Distance: N/A

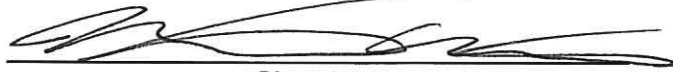
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: HARRISON GINSBERG Phone: 

Address: 180 SPRING ST, NEW YORK, NY 10012

Email : _____

Application submitted on
behalf of the applicant by:



Signature

Print or Type Name MATTHEW COLTON

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, Chair

Small- Bar Food, Bites, Fun

Potato Chips & Jamon

Crispy Calamari- Fried Lemon, Parsley, Peppers

Jamon Croquettes — Must. Perfect.

Tortilla Española — aioli

Lighter Plates

Carne Crudo, Tomato, Truffle

Tuna Crudo - Orange zest, Olive, good olive oil

Crispy Rice - saffron aioli, chorizo, tiny shrimp and razor-thin scallions

Sizzling Shrimp & Garlic

Larger Dishes

Pedro's Chicken - Piparra pan sauce, rosemary. with fries.

Grilled Fish, -Lemon, Classic Salsa Verde

Steak Frites - Black Pepper, Fries, simply au poivre spin.

Clams-Vinho Verde, Garlic

Salads & Veg

Pedro's Salad - Fennel & Orange Salad, Olives

Frisee Salad -Jardon, egg.

Ensalada Malagueña - Kale, Onion, Potato, Chickpea, Shallot, Artichoke

Carrots, Harissa, Pistou

Charred Cauliflower, Currants, Pinenuts, Tahini

Daytime

Toast, Egg, Romesco

Oil Packed Tuna open face sando

Le Club- Pedro's Club Sandwich. No frills

GROUND FLOOR

