HELBRAUN LEVEY

63 BEDFORD REST LLC 63 BEDFORD STREET NEW YORK, NY 10014

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

3 Washington Square Village 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: 7/8
APPLICANT INFORMATION:
Name of applicant(s): 63 BEDFORD REST LLC
Trade name (DBA): PENDING
Premises address: 63 BEDFORD STREET, NEW YORK, NY 10014
Cross Streets and other addresses used for building/premise:
CO MMERCE STREET + MORTON STREET
CONTACT INFORMATION:
Principal(s) Name(s): JOHN FRASER
Office or Home Address: 63 BFDFORD STREET
City, State, Zip: NEW YORK, NY 10014
Telephone #: _ email : _
Landlord Name / Contact:
Landlord's Telephone and Fax:
NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
JOHN FRASER SEE ATTACHED
Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on"):
INGREDIENTS FOCUSED RESTAURANT WITH MINIMALISTIC
COOKING SUCH AS HERBS CUT TO ORDER AND SAUCES
MADE TABLESIDE

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LICENSES OWNED BY JOHN FRASER

BRE 1740 BROADWAY SVCS LLC & JFR 1740 RESTAURANT LLC 1740 BROADWAY NEW YORK, NY 10019 ID: 0340-22-107797

EINSTEIN SQUARE HOLDINGS LLC 54180 MAIN ROAD SOUTHOLD, NY 11971 ID: 0267-21-117212

215 CHRYSTIE LLC & IS CHRYSTIE MANAGEMENT LLC & JJ HOSPITALITY 2 LLC 215 CHRYSTIE STREET NEW YORK, NY 10002 ID: 0343-23-107027

NOFO T I LLC AND 57225 MAIN ROAD RESTAURANT 57225 MAIN ROAD SOUTH ROAD NE YORK, NY 11971 ID: 0340-22-112862

IS CHRYSTIE MANAGEMENT LLC & JJ HOSPITALITY 1 LLC 215 CHRYSTIE STREET NEW YORK, NY 10002 ID: 0340-23-136084

88 WALL MANANGER LLC & JJ HOSPITALITY 1 LLC 88 WALL STREET NEW YORK, NY 10005 ID: 0340-22-123368

20 TIMES REST LLC & ARLENE SPIEGEL 701 7TH AVENYE NEW YORK, NY 10036 ID: 0340-23-120723

YS 1740 BROADWAY OPERATOR LLC AND JFR 1740 RESTAURANT LLC AS MGR 1740 BROADWAY NEW YORK, NY 10019 ID: 0524-25-07848

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.
THERE WILL BE NO CHANGES TO THE METHOD OF OPERATION.
If this is for a new application, please list previous use of location for the last 5 years:
RESTAURANT WITH SAME METHOD OF OPERATION.
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:
SNACK COMPANY BEDFORD LLE (0340-21-119304) (EXP: 12/31/2025)
Have any other licenses under the ABC Law been in effect in the last 10 years at this location? yes X_no
If yes, please list DBA names and dates of operation:
NA

PREMISES:

By what right does the applicant have possession of the premises?
Own X Lease Sub-lease Binding Contract to acquire real property other:
Type of Building: Residential Commercial XMixed (Res/Com) Other:
Number of floor:5 Year Built :\86
Describe neighboring buildings: RESIDENTIAL
Zoning Designation: <u>C2-6/R6</u>
Zoning Overlay or Special Designation (applicable) GREENWICH VILLAGE HISTORIC DISTRICT
Block and Lot Number: 584 / 37
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? $_$ yes $ imes$ 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 : _\(\nu \/ \alpha \) (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) yes : explain yes : explain SEATING IN FUTURE
What is the proposed Occupancy?
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?
noyes (PENDING)
If yes, what is the maximum occupancy for the premises? PENDING
If yes, what is the use group for the premises? PENDING
If yes, is proposed occupancy permitted? yes no, explain :PENDING
If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? yesno NA
Do you plan to file for changes to the Certificate of Occupancy? yes no (PENDING)
Will the façade or signage be changed from what currently exist at the premise? noX yes
(if yes, please describe: UPDATED SIGNAGE

What is the total licensed square footage of the premises?
If more than one floor, please specify square footage by floors:
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area? NA (WILL APPLY FOR DOT SEATING IN THE FUTURE)
If more than one floor, what is the access between floors? OUTDOOR STAIRCASE
How many entrances are there? How many exits? How many bathrooms ?
Is there access to other parts of the building? X no yes, explain: A
OVERALL SEATING INFORMATION:
Total number of tables? _9_ Total table seats? _2
Total number of bars? Total bar seats?
Total number of "other" seats? please explain : COUNTER
Total OVERALL number of seats in Premises :
BARS:
How many *stand-up bars / bar seats are being applied for on the premises? Bars Seats
How many service bars are being applied for on the premises?O_
Any food counters? no _X yes, describe : _4 SEAT WINDOW COUNTER
For Alterations and Upgrades:
Please describe all current and existing bars / bar seats and specific changes: NA
*A stand-up bar is any bar or counter (whether seating or not) over which a member of the public can orde 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 Postaurant Club/ Coborot Hotel Other

INTERIOR OF PREMISES:

What are the Hours of Operation?
Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
1 AM to 11PM 11AM to 11PM
Will the business employ a manager? noX yes, name / experience if known :PAUL
Will there be security personnel? X no yes(if yes, what nights and how many?) NIA Do you have or plan to install French doors, accordion doors or windows that open? X no yes
If yes, please describe : NA
Will you have TV's ? X no yes (how many?) NA
Type of MUSIC / ENTERTAINMENT: Live MusicLive DJJuke Box X Ipod / CDsnone
Expected Volume level: X Background (quiet) Entertainment level Amplified Music (check all that apply)
Do you have or plan to install soundproofing?noyes
IF YES, will you be using a professional sound engineer? YES
Please describe your sound system and sound proofing: FINAL SOUND - PROOFING
PLAN TO BE DETERMINED
Will you be permitting: promoted events scheduled performances outside promoters any events at which a cover fee is charged? private parties (~12 PER YEAR)
any events at which a cover fee is charged: private parties (12 fet 72 mg)
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)
Will you be utilizing ropes movable barriersother outside equipment (describe)
(PENDING DOT APPLICATION)
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 $\frac{1}{2}$ " x 11").
Indicate the distance in feet from the proposed premise:
Name of School / Church: NR
Address: N/A

Name of School / Church: NA
Address: NA Distance: NA
Name of School / Church: NA
Address: NA Distance: NA
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.
Contact Person:O`NEIL Phone:
Address: 63 BEDFORD STREET, NEW YORK, NY 10014
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

63 Bedford

All sauces are prepared à la minute, utilizing the finest seasonal sourcing.

Sourdough miche with tableside pistou of the moment

Poultry liver mousse with hand-ground stone fruit mustard 35

Oysters with shallot and cider vinegar

Hudson Valley trout with chilled peppercorn cream and porcini mushrooms 38

Lightly cured tuna with herb sauce vierge 32

Hand cut beef tartare with sauce ravigote and caper leaves 27

Warm haricot verts with organic hen egg gribiche 24

Escarole Lyonnaise with walnuts, anchovy, and mimolette 28

Foraged mushroom mille-feuille with aged Comte 37

Duck confit with Puy lentils and red wine jus 35

Agnolotti of veal, sauce vin jaune

Striped bass with asparagus, leek, and bearnaise 52

Roasted Senat Farms chicken, golden pommes de jus 53

Entrecote steak frites with maître d hotel butter 54













