

Meeting Date: August, 2025

APPLICANT INFORMATION:

Name of applicant(s):
Xandra Hospitality, LLC

Trade name (DBA):
KABIN

Premises address:
300 Spring Street, New York, NY 10013

Cross Streets and other addresses used for building/premise:
Between Hudson and Renwick Streets

CONTACT INFORMATION:

Principal(s) Name(s):
Alexandra Tangen

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone #: [REDACTED] email : alex@kabin.nyc

Landlord Name / Contact:
KCL Realty Partners, LLC

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
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<u>Alexandra Tangen</u>	<u>KABIN, 300 Spring Street, Legacy Serial No. 6036296</u>
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Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):

A Scandinavian neighborhood cocktail bar with curated food and beverage programs by Marco Murillo

and Gabriel Gometz. We are applying to expand our current Hours of Operation to include morning coffee

service, breakfast, and 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 : Method of Operation Change for existing OP-Tavern License # 6036296

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

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

Method of Operation change to expand the hours of operation to: 7AM-12AM on weekdays, and 7AM-1AM

on weekends to allow for coffee, breakfast and brunch service. Same closing hours previously stipulated to

with Manhattan CB 2.

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

Legacy Serial No. 6036296, exp. 8/31/2026

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:

Pine and Polk/Pacific Standard : 2022 -2024

Union Bar and Kitchen : 2014 - 2019

Cherry Wood Kitchen : 2013 - 2014

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: 7 Year Built : 2005

Describe neighboring buildings:
Commercial and residential mixed use buildings

Zoning Designation: C6-2A

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 00594 / 77

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? ☒*yes ☐ no

Ground floor and basement storage*

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 : _____

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? N/A - no outdoor seating as part of this application

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? 70

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

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

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? 3,127 sq. ft.

If more than one floor, please specify square footage by floors: Ground Floor: 2,000 sq. ft.; Basement: 1,000 sq. ft. (storage)

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

N/A

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

How many entrances are there? 1 How many exits? 1 How many bathrooms ? 2

Is there access to other parts of the building? no X yes, explain: service elevator for building

OVERALL SEATING INFORMATION:

Total number of tables? 12 Total table seats? 32

Total number of bars? 1 Total bar seats? 10

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

Total OVERALL number of seats in Premises : 42

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? X 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 X Bar & Food Restaurant Club/ Cabaret Hotel Other: _____

What are the Hours of Operation?

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

7AM to 12AM 7AM to 12AM 7AM to 12AM 7AM to 12AM 7AM to 12AM 7AM to 1AM 7AM to 1AM

Will the business employ a manager? no X yes, name / experience if known : Kristine Gutierrez

Will there be security personnel? X no yes(if yes, what nights and how many?)

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

If yes, please describe :

Will you have TV's ? X no yes (how many?)

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

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

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

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

Please describe your sound system and sound proofing: Sonos speakers with iPod. Foam panels and
soft surfaces under tables and on ceiling.

Will you be permitting: promoted events scheduled performances outside promoters

 any events at which a cover fee is charged? X private parties No more than 12 per year, as previously stipulated to with MCB2

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) Management will direct patrons to not block the sidewalk through staff and signs. However, given this bar is currently open and operating, there is no anticipation that the premises will alter the status quo or materially affect pedestrian or vehicular traffic in the area.

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? 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 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: Alexandra Tangen Phone: [REDACTED]

Address: [REDACTED]

Email : alex@kabin.nyc

Application submitted on
behalf of the applicant by:

/s/ Alexandra T angen

Signature

Print or Type Name Alexandra Tangen

Title LLC Managing Member

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

CURRENT HOURS OF OPERATION

	SUN	MON	TUES	WED	THURS	FRI	SAT
OPEN	5PM	5PM	5PM	5PM	5PM	5PM	5PM
CLOSE	12AM	12AM	12AM	12AM	12AM	1AM	1AM

**PROPOSED CHANGES TO EXISTING
METHOD OF OPERATION - ADDENDUM**

- The only change sought through this Method of Operation Change application is to expand the opening hours from 5PM to 7AM all days that the business is open. This change is requested to facilitate coffee, breakfast, and brunch offerings at the premises.
- There are no requested changes to the closing hours that were previously stipulated to with Manhattan CB 2.

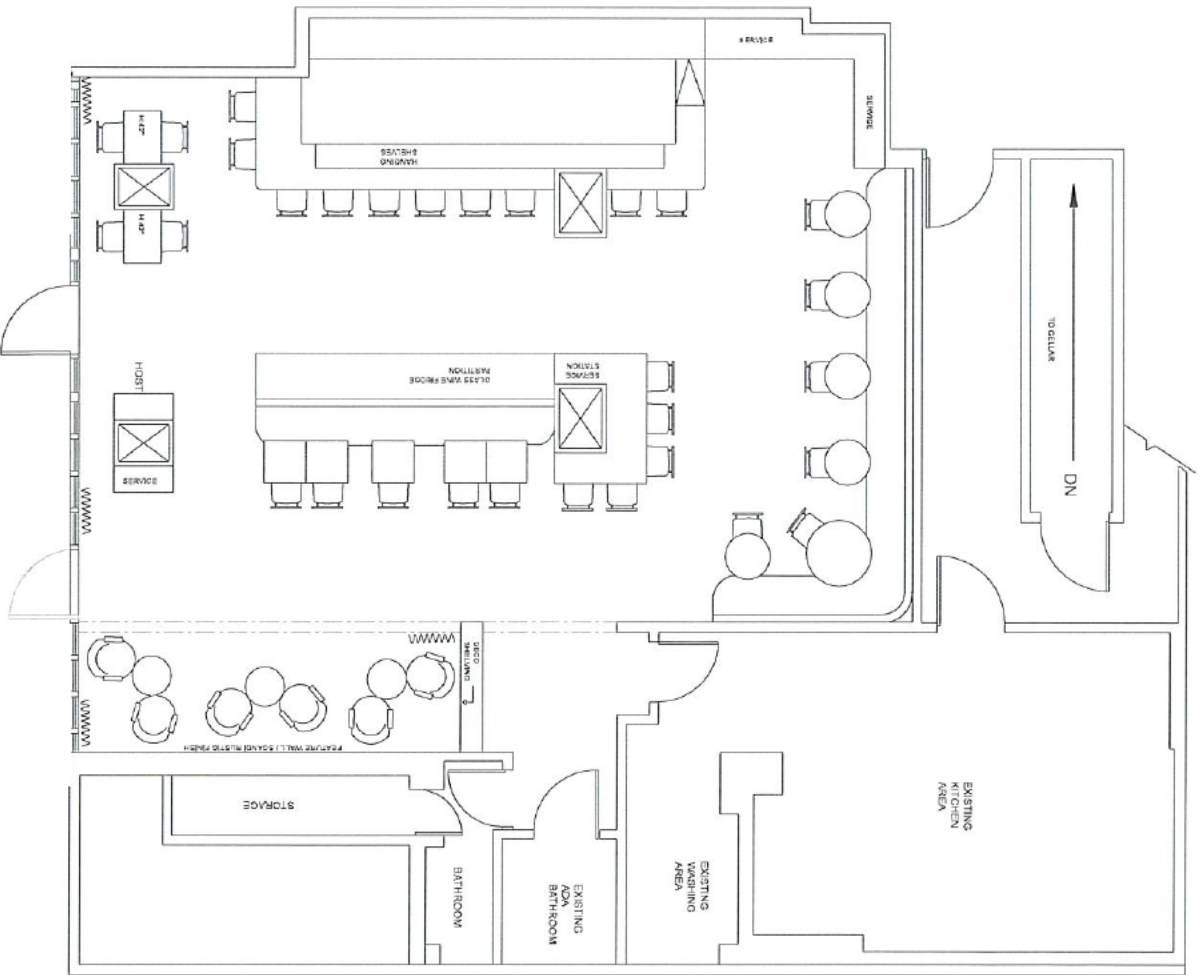
	SUN	MON	TUES	WED	THURS	FRI	SAT
OPEN	7AM	7AM	7AM	7AM	7AM	7AM	7AM
CLOSE	12AM	12AM	12AM	12AM	12AM	1AM	1AM

NORDIC NIBBLES

Menu

FOR THE TABLE

WHITEFISH SPREAD	\$16	GIN CURED YELLOWTAIL	\$26	SWEDISH MEATBALLS	\$22
nordic bread crisps, peashoots		smoked ponzu, rye crumble, nasturtium, elderflower		pork + chicken meatballs, chicken skin gravy, lingonberry jam	
GRILLED OLIVES + CHEESE	\$10	SEARED SCALLOPS	\$31	BERGEN BURGER	\$22
fennel pollen, thyme, konbu oil		chestnut, confit leeks, pickled enoki mushroom		jarlsberg cheese, black aioli, red pepper relish, pickle	
DANISH SOURDOUGH	\$9	DANISH HOT DOG	\$16	HASSLEBACK POTATO	\$22
seaweed butter		remoulade, crispy shallots, salted cucumber, pickled cabbage		jarlsberg cheese, chive, trout roe	
		ASPARAGUS	\$20	NORWEGIAN WAFFLES	—
		snow pea purée, baby cauliflower, cured egg yolk		choice of savory or sweet	
		CAESER SALAD	\$16	— CAVIAR: herbed crème fraîche, kaluga caviar, \$110	
		kale, parmesan, artichoke, rugbrod, egg		— SWEET: sea buckthorn crème anglaise, lingonberry jam, \$16	



WWW.HARTWOODING
JEANETTE@HARTWOODING

PROJECT:

KABIN - BAR

ADDRESS:
300 SPRING ST., NY

OWNER:
ALEXANDRA TANGEN

DESIGNER: JD/BYBLACK

PROJECT #: 2023.3

DRAWN BY: JD

DATE: 12.14.2023

NOT FOR CONSTRUCTION

THIS IS A PRELIMINARY DESIGN. IT IS NOT TO BE USED FOR CONSTRUCTION. ANY CHANGES TO THE DESIGN SHALL BE MADE BY THE ARCHITECT.

DATE REMARK

12.14.23 FURNISHED LAYOUT

SHEET TITLE:

FURNISHED
LAYOUT

SHEET NUMBER:

TOTAL PAGES:

-

300 Spring Street Cellar Diagram

