Supernatural Wine Inc & Supernatural Wines NY LLC
dba La Compagnies des Vins Surnaturels
247 249 Centre Street / New York, NY 10013

Questionnaire for a Corporate Change Application

1. **NY State Liquor Authority Corporate Change Application**

2. **NYC Department of Buildings Letter of No Objection**

BERNSTEIN REDO & SAVITSKY PC
1177 Avenue of the Americas, 5th floor
New York, NY 10036
Tel. 212.651.3100
www.brpclaw.com

Meeting Date: **September 2025**

APPLICANT INFORMATION:

Name of applicant(s):
Supernatural Wine Inc. & Supernatural Wines NY LLC

Trade name (DBA):
La Compagnies des Vins Surnaturels

Premises address:
247 249 Centre Street/ New York, NY 10013

Cross Streets and other addresses used for building/premise:

Grand Street and Broome Street

CONTACT INFORMATION:

Principal(s) Name(s):
Xavier Padovani

Office or Home Address: **247 249 Centre Street**

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

Telephone #: [redacted] email : [redacted]

Landlord Name / Contact:
A. Trenkmann Estate Inc

Landlord's Telephone and Fax: [redacted]

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

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

The establishment is a classic French restaurant/ lounge doing business as La Compagnies des Vins Surnaturels, which translates to The Company of Supernatural Wines. The venue offers customers an exceptional and comprehensive wine list with a tapas style menu in a charming and warm atmosphere. The instant application is for a corporate restructure and there are no changes to the method of operation.

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)

X OTHER : **Corporate change**

If upgrade, alteration, or transfer, please describe specific nature of changes:
(Please include physical or operational changes including hours, services, occupancy, ownership, etc.)

The change will be a corporate restructure. The co-licensee Supernatural Wine Inc is currently owned by Experimental Worldwide Ltd with 80 shares. Experimental Worldwide Ltd will be selling its 80 shares to Mousquetaires Ltd and in turn Mousquetaires Ltd will own 80 shares in the co-licensee Supernatural Wine Inc.

As to the other co-licensee Supernatural Wines NY LLC there is no change in officers or ownership. There is no change in the method of operation for the premises.

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

N/A, Supernatural Wine Inc. & Supernatural Wines NY LLC have been operating at the premises with a full liquor license since February 2017.

Is any license under the ABC Law currently active at this location? **X** yes _____ no

If yes, what is the name of current / previous licensee, license # and expiration date: _____

Supernatural Wine Inc. & Supernatural Wines NY LLC have been operating at the premises with a full liquor license since February 2017 with a January 31, 2027 expiration date.

Have any other licenses under the ABC Law been in effect in the last 10 years at this location?
X yes ___no

If yes, please list DBA names and dates of operation:

Supernatural Wine Inc. & Supernatural Wines NY LLC have been operating at the premises with a full liquor license since February 2017.

Supernatural Wine Inc. & Supernatural Wines NY LLC operated at the premises with a beer and wine license from April 2014 to February 2017.

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 __X__ Mixed (Res/Com) ___ Other: _____

Number of floor: ___7_____ Year Built : **Estimated 1900**

Describe neighboring buildings:
Commercial and Residential

Zoning Designation: **M1-5B**

Zoning Overlay or Special Designation (applicable) **None**

Block and Lot Number: **472** / **4**

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? __X__ yes __ no

Is the premise located in a historic district? __X__ yes _____ no

(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? __X__ 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 __X__ yes : explain **Sidewalk cafe**

What is the proposed Occupancy? **74**

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

___no __X__ yes **There is a DOB Letter of No Objection on file**

If yes, what is the maximum occupancy for the premises? **74**

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

If yes, is proposed occupancy permitted? __X__ yes _____ no, explain : _____

_____

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

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

(if yes, please describe: **N/A**

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? **2,335 square feet**

If more than one floor, please specify square footage by floors: **1st floor 1,453 square feet, Cellar 882 square feet**

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

Yes, a 165 square foot sidewalk cafe

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

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: **Two doors in the basement. The doors are for egress and are locked.**

OVERALL SEATING INFORMATION:

Total number of tables? **12** Total table seats? **43**

Total number of bars? **1** Total bar seats? **15**

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

Total OVERALL number of seats in Premises : **58**

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars **1** Seats **15**

How many service bars are being applied for on the premises? **None**

Any food counters? **X** 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 **X** Other: **Lounge**

What are the Hours of Operation? **Sidewalk cafe 10am to 11pm Sunday, 11am-11pm Monday to Thursday and 10am to 11pm Saturday**

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

10am to **1am** **11am** to **1am** **11am** to **1am** **11am** to **1am** **11am** to **2am** **11am** to **2am** **10am** to **2am**

Will the business employ a manager? ___ no **X** yes, name / experience if known : **Caleb Ganzer**
He has worked at the premises since March 2015.

Will there be security personnel? **X** 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? **X** no ___ yes

If yes, please describe : **N/A**

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? **X** no* ___ yes **Soundproofing already installed.**

IF YES, will you be using a professional sound engineer? **N/A**

Please describe your sound system and sound proofing:

Already installed for sound proofing and sound system.

Will you be permitting: ___ promoted events ___ scheduled performances ___ outside promoters

___ any events at which a cover fee is charged? **X** private parties **and wine tastings**

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? **X** 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? **X** no ___ yes
Not on the same street or avenue

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: **No churches on the same street or avenue.**

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: **Xavier Padovani** Phone: [redacted]

Address: **247 249 Centre Street / New York, NY 10013**

Email : [redacted]

Application submitted on
behalf of the applicant by:

Donald M. Bernstein
Signature

Print or Type Name **Donald M. Bernstein**

Title **Counsel for licensees**

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, Co-Chair
Robert Ely, Co-Chair

Current License for Pierre-Charles Cros, Romée de Goriainoff, Olivier Bon, Xavier Padovani, Caleb Ganzer and Eric Bolyard

6 W 24 Super ECC LLC
dba La Compagnie Wine Bar/ Experimental Cocktail Club
6 West 24th Street
New York, New York 10010
License ID No. NA-0340-23-109984
June 2024 to present with a full liquor license

Previous List of Licenses for Pierre-Charles Cros, Romée de Goriainoff, Olivier Bon, Xavier Padovani

Experimental Cocktail New York Inc.
dba ECC
191 Chyrstie Street
New York, New York 10002
Serial No. 1256638
April 2012 to 2016 with a full liquor license

Previous List of Licenses for Pierre-Charles Cros, Romée de Goriainoff, Olivier Bon, Xavier Padovani, Caleb Ganzer and Eric Bolyard

Supernatural Wine Inc
dba Supernatural Lake
7928 - 7930 County Road 153
Interlaken, New York 14847
Serial No. 3165649
Summer seasonal 2020 for a beer and wine license