

Meeting Date: OCTOBER 2025

APPLICANT INFORMATION:

Name of applicant(s):

CAROLOOD CROFT SOHO LLC

Trade name (DBA):

PENDING

Premises address:

210 6TH AVENUE NEW YORK, NY 10014

Cross Streets and other addresses used for building/premise:

KING AND CHARLES STREETS

CONTACT INFORMATION:

Principal(s) Name(s):

ADAM RUBIN

Office or Home Address: _____

City, State, Zip: _____

Telephone #: _____

email : ADAM@CAROLWOODLP.COM

Landlord Name / Contact:

Landlord's Telephone and Fax: _____

NAMES OF ALL PRINCIPAL(s):

ADAM RUBIN

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

CROFT ALLEY, BEVERLY HILLS, CA

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

A NEIGHBORHOOD RESTAURANT THAT BRINGS PEOPLE TOGETHER OVER SIMPLE, WELL-PREPARED FOOD AND SUPPORTING LOCAL JOBS

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.)

N/A

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

RESTAURANT

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: _____

CURRENTLY LICENSED AS PRINKIPAS LLC 0340-23-137082

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:

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: 6 Year Built : 1928

Describe neighboring buildings:

MIXED USE - RESIDENTIAL AND COMMERCIAL

Zoning Designation: R7-2

Zoning Overlay or Special Designation (applicable) C1-5

Block and Lot Number: 519 / 44

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 : PENDING

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 SIDEWALK CAFE

What is the proposed Occupancy? 75

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? 120

If yes, what is the use group for the premises? USE GROUP 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: WILL LIKELY CHANGE SIGNAGE AND AWNINGS

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 3500 SQ FT

If more than one floor, please specify square footage by floors: GRND - APPROX 1600 / BSMNT - APPROX 1900

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

YES SIDEWALK CAFE

If more than one floor, what is the access between floors? STAIRCASE TO STREET

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

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

OVERALL SEATING INFORMATION:

Total number of tables? 17 Total table seats? 52

Total number of bars? 1 Total bar seats? 12

Total number of "other" seats? 47 please explain : sidewalk 20 tables / 47 seats

Total OVERALL number of seats in Premises : 64

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 12

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

Any food counters? ☒ 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 ☐ Bar & Food ☒ Restaurant ☐ Club/ Cabaret ☐ Hotel ☐ Other: _____

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
9a to 12a 9a to 12a 9a to 12a 9a to 12a 9a to 12a 9a to 12a 9a to 12a

Will the business employ a manager? ☐ no ☒ yes, name / experience if known : pending

Will there be security personnel? ☒ no ☐ yes(if yes, what nights and how many?)
Do you have or plan to install French doors, accordion doors or windows that open? ☐ no ☒ yes

If yes, please describe : accordion doors that can open - closing no later than 9pm sun-thur & 10pm fri-sat

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? no

Please describe your sound system and sound proofing: _____

small sonos style speakers.

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) _____
will have sidewalk cafe equipment

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: **MADISON BRIGHT** Phone: [REDACTED]

Address: _____

Email : **MADISON@CROFTALLEY.COM**

Application submitted on
behalf of the applicant by:

Signature

Print or Type Name **HEATHER KIRK - HELBRAUN AND LEVEY LLP**

Title **DIRECTOR OF LICENSING**

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.



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www.cb2manhattan.org

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

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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: CAROLWOOD CROFT SOHO LLC

Address of Premises: 210 6TH AVENUE

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

3 tables and 12 seats on 6TH AVE Street 5 TABLES / 11 SEATS ON

12 tables and 24 seats on PRINCE Street MACDOUGAL STREET

Hours of sidewalk café: 9AM to SUN-THUR 9PM CLOSING / FRI-SAT 11PM CLOSING

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

TREES, NEARBY CROSSWALK, NEARBY BUSTOP, CITI BIKE RACK

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):

Rear yard / Rooftop (circle) will have no more than _____ tables and _____ seats

Hours of rear yard / rooftop: _____ to _____ .

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: _____

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











