



Vevamo Partners LLC

Community Board SLA License Questionnaire

Pesetsky & Bookman

Applicant's Alcoholic Beverage Counsel

325 Broadway, Suite 501

New York, NY 10007

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Addendum for Vevamo Partners LLC - Method of Operation

Current Approved Hours of Operation:

2pm-11pm Sunday to Wednesday

2pm-12am Thursday to Saturday

Proposed Hours of Operation

11am-11pm Sunday to Wednesday

11am-12am Thursday to Saturday

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s):
Vevamo Partners LLC

Trade name (DBA):
Bar V

Premises address:
10-12 Morton Street, Retail #2, New York, NY 10014

Cross Streets and other addresses used for building/premise:
7th Avenue South and Bleecker Street

CONTACT INFORMATION:

Principal(s) Name(s):
Veli Sirt

Office or Home Address: [REDACTED]

City, State, Zip: New York, NY 10014

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact:
Morton Street Associates

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Veli Sirt	Entwine / 765 Washington Street / Bar V/10-12 Morton Street
Valeri Kvaratskhelia	Entwine / 765 Washington Street / Bar V / 10-12 Morton Street
Mortiz Hilf	Entwine / 765 Washington Street / Bar V / 10-12 Morton Street

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

The premises is currently operating a neighborhood restaurant serving tapas with a beer and wine license.

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

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

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

Proposed new Hours of Operation: 11am to 11pm Sunday to Wednesday; 11am-12am Thursday
to Saturday.

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

N/A

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: _____

Vevamo Partners LLC d/b/a Bar V, License ID: 0240-25-107598 and expiration date: 03/31/2027

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:

Lena, Legacy Serial #1322968

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 : 1907

Describe neighboring buildings:

Mixed: Residential/Commercial

Zoning Designation: R6 and C2-6

Zoning Overlay or Special Designation (applicable) N/A

Block and Lot Number: 586 / 57

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

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 N/A

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 LNO

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? ☒ 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? 1,350 SQ FT

If more than one floor, please specify square footage by floors: GF: 700 SQ FT and Basement: 650 SQ FT

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? 2 How many bathrooms ? 1

Is there access to other parts of the building? no x yes, explain: Basement for emergency exit only

OVERALL SEATING INFORMATION:

Total number of tables? 11 Total table seats? 31

Total number of bars? 1 Total bar seats? 4

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

Total OVERALL number of seats in Premises : 35

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 4

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

Any food counters? no x yes, describe : Cold Cut Display / Section

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 11pm 11am to 11pm 11am to 11pm 11am to 11pm 11am to 12am 11am to 12am 11am to 12am

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

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 : N/A

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? N/A

Please describe your sound system and sound proofing: _____

Basic home sound system for background music - iPod

Will you be permitting: No promoted events No scheduled performances No outside promoters

No any events at which a cover fee is charged? Yes 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 Noropes No movable barriers No other outside equipment (describe) _____

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: _____ Phone: _____

Address: _____

Email : _____

Application submitted on
behalf of the applicant by:

Signature 

Print or Type Name Veli Sirt

Title Principal

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

BATHROOM

STAIRS
IT GOES TO BASEMENT

Vevamo Partners LLC
10-12 Morton Street
New York, NY 10014
Ground Floor Diagram

WINDOWS

DOOR

SHELF

SINK

COLD CUT
COUNTER

WINE SHELF
STORAGE

COUNTER

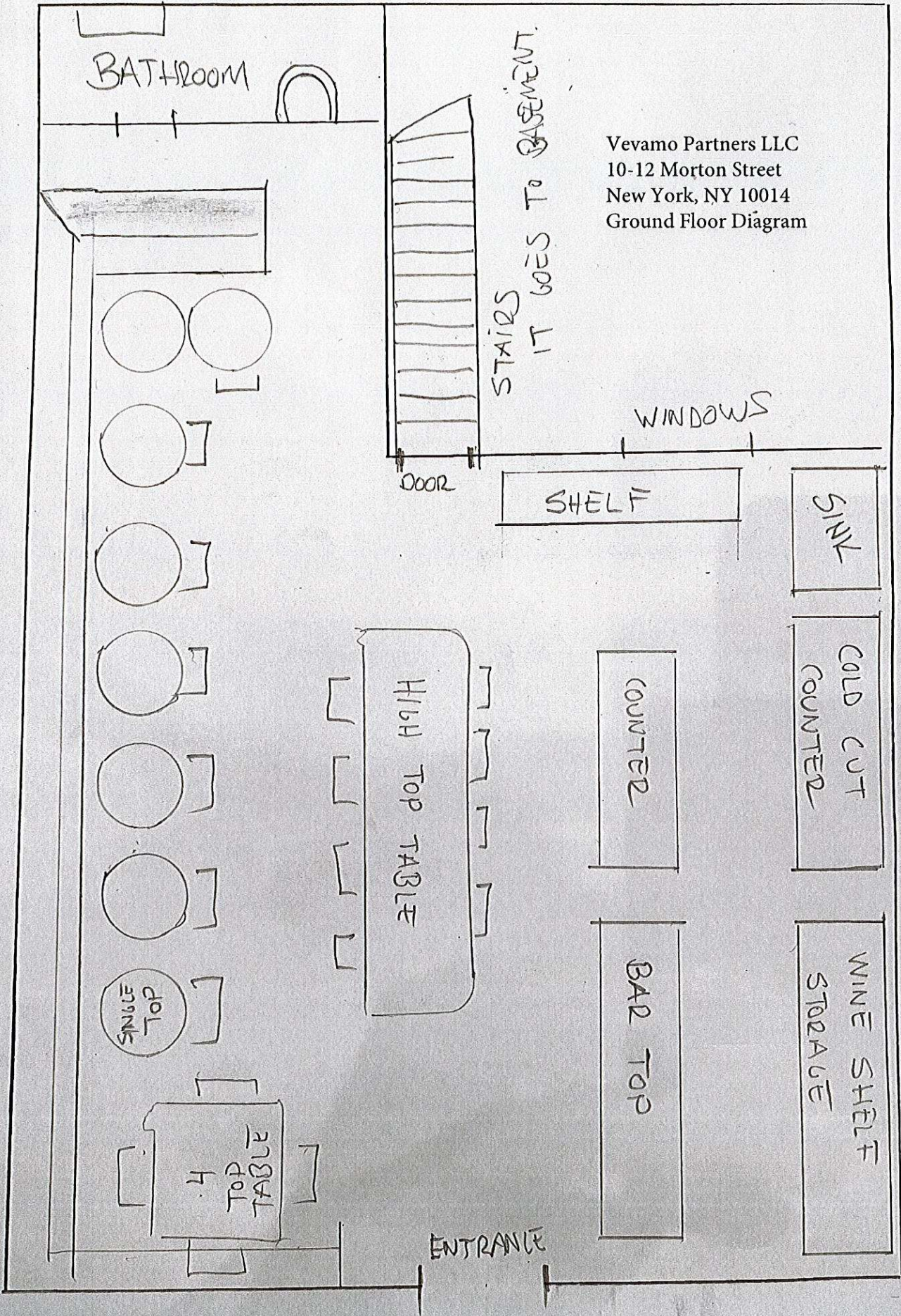
BAR TOP

HIGH TOP TABLE

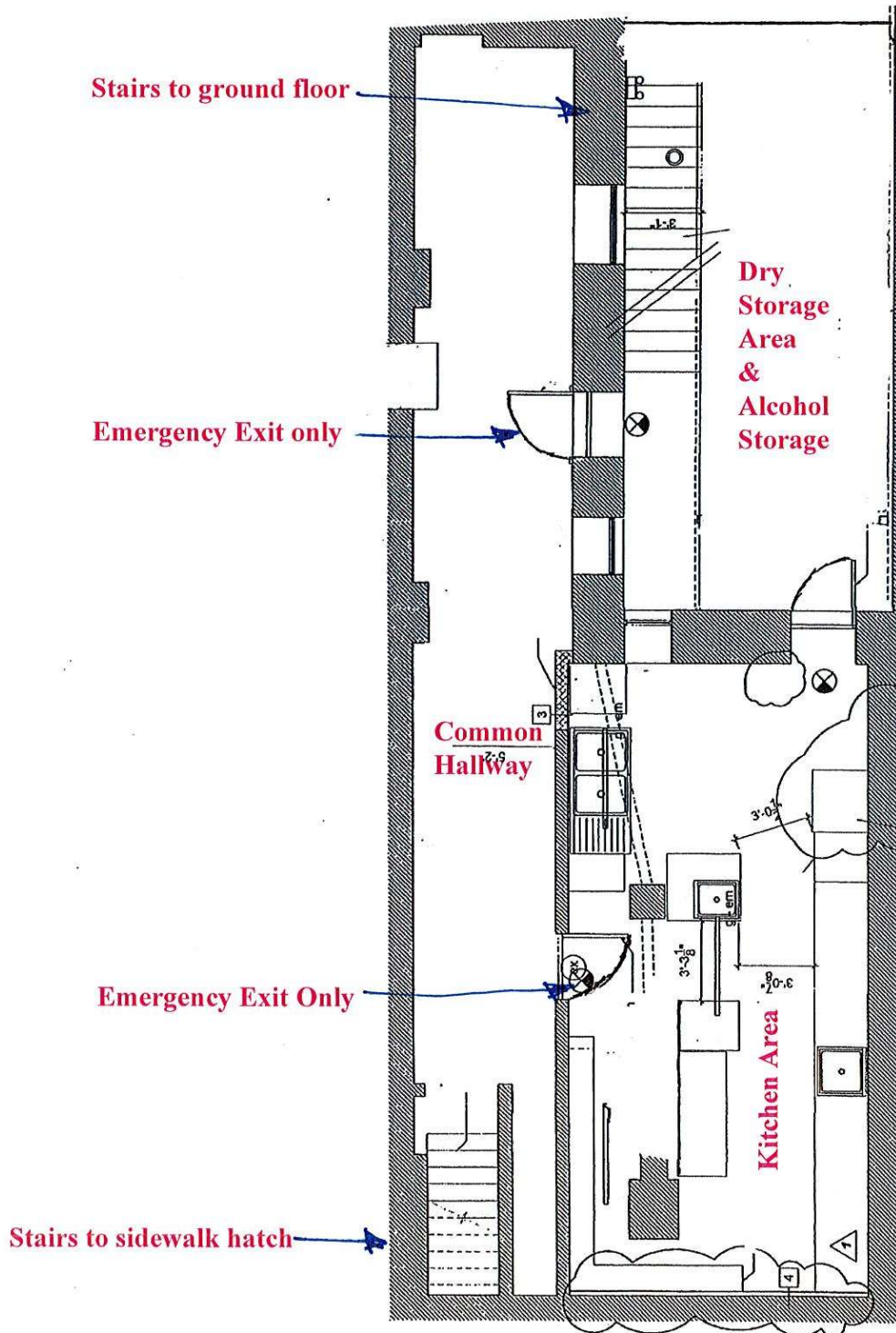
POOL
TABLE

4
TOP
TABLE

ENTRANCE



Vevamo Partners LLC
10-12 Morton Street
New York, NY 10014
Basement Diagram



April 2024

MENU

Olives	\$8.00
Roasted Pistachio	\$10.00
Chicken Liver Pate	\$14.00
Brie & Honey Toast	\$12.00
Mushroom Toast with Goat cheese	\$12.00
Grilled Cheese	\$14.00
Cod Fish Brandade	\$12.00

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MEZZE	\$20.00
Hummus, Muhammara, Cacik	ea. \$9.00

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GREEK SALAD	\$16.00
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CHICKEN SANDWICH	\$18.00
chicken breast, avocado, melted cheddar, sourdough	

MANTI	\$22.00
Savory baby dumpling in yogurt sauce	

GRILLED LAMB CHOPS	\$34.00
With mashed potatoes and sauteed French Beans	

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SAN SEBASTIAN CHEESECAKE	\$14.00
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BAR V
10 MORTON STREET NY

CHEESE & MEAT

SMOKED CHEDDAR	\$10.00
Maine, pasteurized cow milk	
PECORINO CALABRESE	\$10.00
Italy, pasteurized sheep milk	
DELICE DE BOURGOGNE	\$16.00
France, pasteurized goat milk.	
BUCHERON	\$12.00
France, pasteurized goat milk.	
BRIE	\$12.00
France, soft-ripened, pasteurized cow milk	
.	
SPECK	\$12.00
TIPSY COW BEEF & DRY SALAMI	\$12.00
SPICY CHORIZO	\$10.00
.	
CHOICE OF 3	\$26.00
CHOICE OF 5	\$34.00
CHOICE OF 7	\$40.00

ENTWINE
765 WASHINGTON STREET NY