Meeting Date: 11/ /2025

APPLICANT INFORMATION:

Name of applicant(s):
428 LGT LLC

Trade name (DBA):
Lagrange

Premises address:
428 Lafayette Street, New York, New York 10003

Cross Streets and other addresses used for building/premise:

Astor and East 4th Street

CONTACT INFORMATION:

Principal(s) Name(s):
Jeffrey Chodorow

Office or Home Address: [redacted]

City, State, Zip: [redacted]

Telephone #: [redacted]

Landlord Name / Contact:
Casper R. Callen Trust c/o Salon Realty, Joshua Salon

Landlord's Telephone and Fax: [redacted]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Jeffrey Chodorow	CGM LLNR LLC d/b/a Jean's - 415 Lafayette Street, NY, NY 10003 RF Hudson (DE) LLC d/b/a RedFarm - 529 Hudson Street, NY, NY 10014
	RF Hudson (DE) LLC d/b/a Decoy - 529 Hudson Street, NY, NY 10014 RF Broadway LLC d/b/a RedFarm- 2170-2178 Broadway NY, NY 10024
	(Previous) CGM- GH LLC & Paige GH Group LLC & Chester WSA LLC d/b/a The Chester

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

Neighborhood French restaurant utilizing produce from our family farm, with collaboration by an acclaimed international chef.

WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY):

X a new liquor license (X 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.)

_____

_____

_____

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

See below

_____

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

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

Very Nice Enterprises LLC d/b/a Tenor (0340-19-108720) 2019-2021; MHJ Management LLC d/b/a The Dance (0340-19-108716) 2019-2021; Tango House Inc. & Colonnades Restaurant Associates LTD d/b/a Malbec Restaurant & Bar/ Tango House (0340-15-107841)2015-2016

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: 5 Year Built : 1833

Describe neighboring buildings:
Mixed and Residential

Zoning Designation: M1-5/R9A

Zoning Overlay or Special Designation (applicable) SNX

Block and Lot Number: 545 / 40

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) __X__ no ____ yes : explain _____

What is the proposed Occupancy? 49

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

___no __*X__ yes *Updates in progress

If yes, what is the maximum occupancy for the premises? 49

If yes, what is the use group for the premises? 6/8

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? __X__ yes ____no

Do you plan to file for changes to the Certificate of Occupancy? __X__ 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 __X__ yes

(if yes, please describe: _____

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 2209

If more than one floor, please specify square footage by floors: Ground fl: 832 SF; Half Grade Up: 1377 SF

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

_____

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

How many entrances are there? 2 How many exits? 1 How many bathrooms ? 4

Is there access to other parts of the building? ___ no ___X yes, explain: only for service use to storage

OVERALL SEATING INFORMATION:

Total number of tables? 34 Total table seats? 72

Total number of bars? 2 Total bar seats? 11

Total number of "other" seats? _____ please explain : _____

Total OVERALL number of seats in Premises : 83

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 2 Seats 11

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: _____

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:
9am to 3am	9am to 3am	9am to 3am	9am to 3am	9am to 3am	9am to 3am	9am to 3am

Will the business employ a manager? ___ no _X_ yes, name / experience if known : TBD

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? ___ no _X_ yes

If yes, please describe : Existing french doors/windows- landmarked

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? Yes

Please describe your sound system and sound proofing: Acoustic ceiling and walls

_____

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

___ any events at which a cover fee is charged? _X_ private parties

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

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: Jeffrey Chodorow Phone: [redacted]

Address: [redacted]

Email : [redacted]

Application submitted on behalf of the applicant by:

Signature

Print or Type Name Jeffrey Chodorow

Title 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, Co-Chair
Robert Ely, Co-Chair

428 LGT LLC
34 tables, 72 seats
2 stand-up bars, 11 bar stools

LEGEND

ELECTRICAL PANEL
50 CFM EXHAUST FAN
N.Y.C. APPROVED EXIT SIGN, ON SEPARATE CIRCUITS, 120 VAC
3-HEADED EMERGENCY LIGHT
2-HEADED EMERGENCY LIGHT
1-HR RATING
2-HR RATING
EGRESS REMOTENESS
EGRESS ROUTE

LAFAYETTE STREET

1 A-100 1ST FLOOR PLAN
SCALE: 3/16" = 1'-0"

swa architecture

11 PARK PLACE SUITE 816
NEW YORK, NY 10007
PHONE: 2124927556

100 EAST MAIN STREET
HUNTINGTON, N.Y 11743
PHONE: 631-424-0400 FAX: 631-547-4151

PROJECT

428 LAFAYETTE ST

428 LAFAYETTE ST.
NEW YORK, NY, 10003

MEP ENGINEER
NAME:
ADDRESS:
CITY:
STATE:
ZIP:
TEL:
EMAIL:

STRUCTURAL ENGINEER
NAME:
ADDRESS:
CITY:
STATE:
ZIP:
TEL:

SPECIAL INSPECTOR
NAME:
ADDRESS:
CITY:
STATE:
ZIP:
TEL:
EMAIL:

REVISIONS:

DOB B-SCAN
JOB # 122943422

DRAWING TITLE / INFORMATION:

FLOOR PLANS

SEAL & SIGNATURE:

DATE: 2024-04-24
DWG No.:
A-100.02
SHEET 08 OF 11

LAGRANGE

428 Lafayette Street • NYC 10003 • @lagrangenewyork

HORS D'OEUVRES

Scallop tartare, cauliflower, black truffle (served in the shell)	22
Tuna tartare, quail egg, castelvetrano olive, crispy capers	24
Green beans pistou, Japanese uni	26
Chicken liver mouse, crunchy farm vegetables, cornichons	19
Plateau de Crudités seasonal farm vegetables, black sesame aioli	17

ENTREE

Frisée au "scallop Lardon"	24
Little gem, compte, toasted walnuts, smoked apple	22
Roasted heirloom carrots- tarragon, pistachio	19
Truffled baby cauliflower gratin	24
Steak tartare, egg yolk, shallot chips, cornichons	28
"Mushrooms escargot," persillade, crouton	22
Lobster salad Parisienne, celery, chervil, smoked trout roe	32
De puy Lentils, smoked creme fraiche, roasted carrot purée, seared tuna	28
Soup l'onion roasted bone marrow, broiled emmenthaler, croutons, salade vert	29

PLATS PRINCIPALE

Spaghetti, Cultured butter, poached lobster- add black truffle	34
Israeli cous cous, roasted farm vegetables, curry vinaigrette	24
Roasted heirloom squash, squash mousse, bread crumb, green beans pistou	22
Ratatouille, tomato, eggplant, heirloom zucchini, green herbs	24
Moules vietnamiennes, coconut green curry, fries	28
Japanese flounder grenobloise, green salad	36
Bistro chicken frites and bacon jus	56
Truffled cauliflower gratin	58
Chicken curry- vadouvan, basmati rice	26
La Grange burger- Gruyère, heirloom tomato, caramelized onion, fries	29
Duck l'orange, crackling skin, carrots Vichy	34
Steak frites/au poivre/bernaise	36

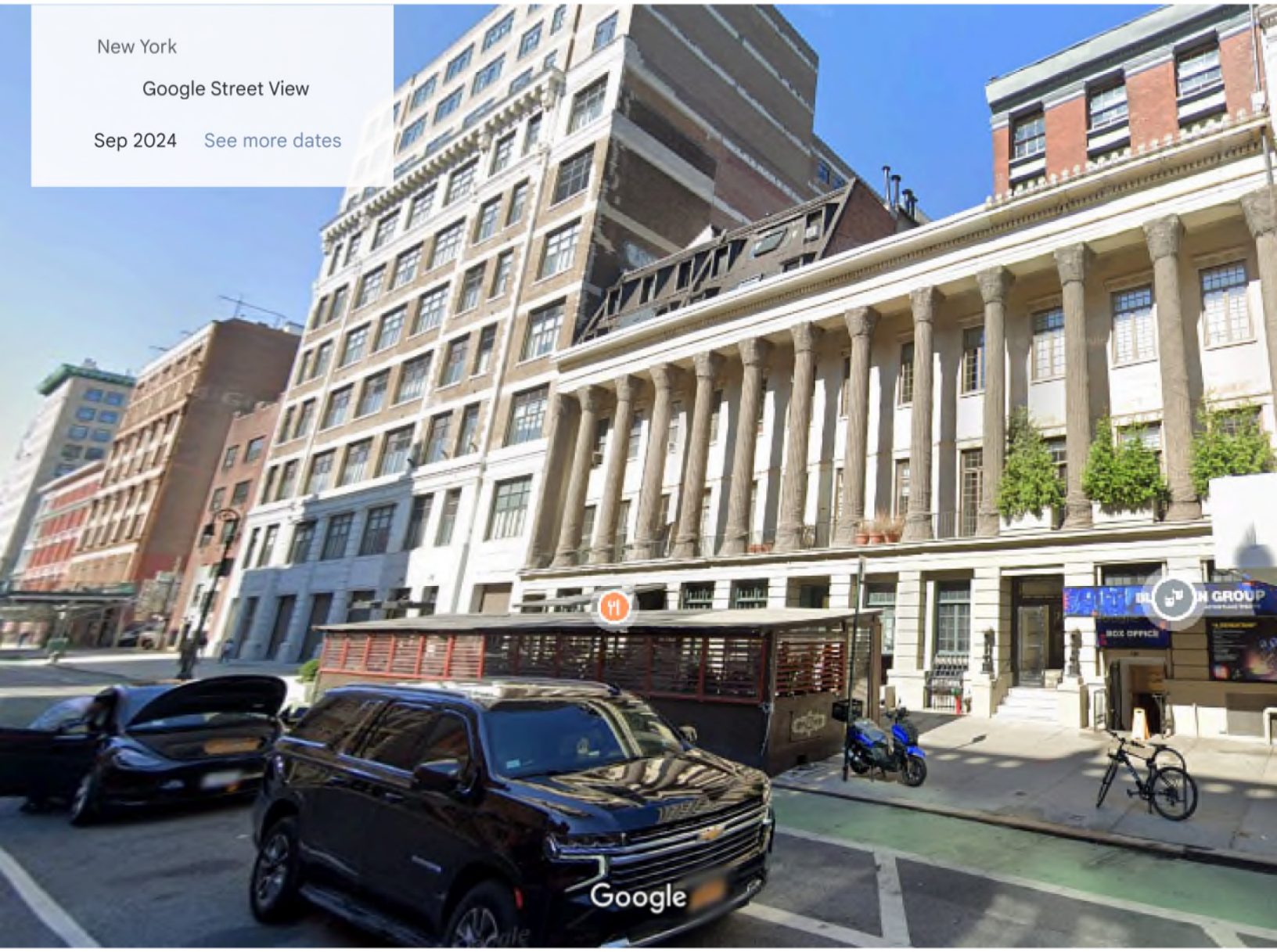
DESSERT

Floating island, candied Orange, violet	14
Espresso crème brule	11
Banana flambé, Tahitian vanilla ice cream	12
Poached pear, chantilly cream	11
Tart au citron	11

Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.

We automatically charge a gratuity of 20% to all large parties of 9 or more guests. This gratuity is shared among our servers and other staff members who contribute to your dining experience.

Google Maps 425 Lafayette St



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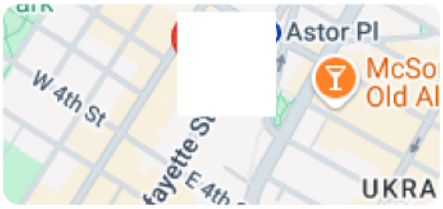

Google Maps 423 Lafayette St

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