

Terri Cude, Chair  
Daniel Miller, First Vice Chair  
Susan Kent, Second Vice Chair  
Bob Gormley, District Manager



Antony Wong, Treasurer  
Keen Berger, Secretary  
Erik Coler, Assistant Secretary

## COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

www.cb2manhattan.org

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

Greenwich Village ♦ Little Italy ♦ SoHo ♦ NoHo ♦ Hudson Square ♦ Chinatown ♦ Gansevoort Market

### **COMMUNITY BOARD 2 APPLICATION FOR A LIQUOR LICENSE**

RE: 337B WEST BROADWAY (NY) LLC

Please fill out this questionnaire and return to the Community Board 2 office by fax or mail to arrive at least **5 business days** before the Committee meeting. In addition, bring **10 copies plus supporting material requested** to the SLA committee meeting.

**Failure to complete and return the questionnaire and supporting materials on time will result in your item being removed from the agenda.**

**Failure to provide a completed questionnaire or failure to present before CB2 will result in notifying the State Liquor Authority (SLA) of your noncompliance with the community review process.**

If you need to reschedule, please notify the Community Board 2 office no later than the Friday prior to the following months meeting. Speak to Florence Arenas at the Board Office. **A maximum of 1 layover request** will be granted per application. **Failure to reappear without notification will result in a recommendation to deny this application.**

The following supporting materials are **required** for this application:

- ①. A list of all other licensed premises within 500 ft. of this location including Beer and Wine.
- ②. Floor plans of the premise, including all tables and chairs and kitchen lay out to be licensed. Please also include any schematics for sidewalk café, backyard garden space and/or rooftop areas if applicable.
- N/A- ③. Provide any plans filed or to be filed with the Buildings Department.
- ④. Proposed menu, if applicable.
- ⑤. Certificate of Occupancy or Letter of No Objection for the premises.
- ⑥. Letter of Understanding or Letter of Intent from the Landlord.
- ⑦. Provide proof of community outreach with signatures or letters from Residential Tenants at location and from surrounding buildings. (i.e. a letter from the neighborhood block association or petition in support.)
- ⑧. A copy of your NYS Liquor Authority application as it will be submitted to the SLA. (excluding financial information)

**Meeting Date:** December 2025

**APPLICANT INFORMATION:**

Name of applicant(s): 337B West Broadway (NY) LLC

Trade name (DBA): Mezcal and Amaro

Premises address: 337B West Broadway, New York, NY 10013

Cross Streets and other addresses used for building/premise:  
Grand & Broome Streets - 337-339 West Broadway and 54-58 Grand Street

**CONTACT INFORMATION:**

Principal(s) Name(s): Harrison Nathaniel Greene III

Office or Home Address: 200 Eton Row Unit 35

City, State, Zip: Weehawken, NJ, 07086

Telephone #: 312-375-4120 email : Harrison.Greene@Gmail.com

Landlord Name / Contact: West Broadway Glass Company LLC

Landlord's Telephone and Fax: Telephone: 212-408-0605 Fax: N/A

| NAMES OF ALL PRINCIPAL(s):           | NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD |
|--------------------------------------|---|
| <u>Harrison Nathaniel Greene III</u> | <u>N/A</u>  |
| _____                                | _____   |
| _____                                | _____   |

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on...");  
We hope to be a small European inspired all-day coffee and cocktail bar/tavern with an emphasis on  
hand-crafted cocktails, mezcal and natural wine. We will feature European inspired bites, unique  
coffee and small baked goods.

**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:

On-premises Liquor Establishment

---

---

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: \_\_\_\_\_

---

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:

Sanctuary T from approximately 2007 - 2021

---

---

**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: 3 with Cellar Year Built : N/A (Landmark Designation)

Describe neighboring buildings: Commercial/Retail

Zoning Designation: M 1-5A

Zoning Overlay or Special Designation (applicable) \_\_\_\_\_

Block and Lot Number: 475 / 1

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 : \_\_\_\_\_

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? 50

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? 75

If yes, what is the use group for the premises? UG 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: Previous business signage name will be changed

## INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1070 sq ft

If more than one floor, please specify square footage by floors: N/A

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? N/A

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

Is there access to other parts of the building?  no  yes, explain: \_\_\_\_\_

## OVERALL SEATING INFORMATION:

Total number of tables? 10 Total table seats? 27

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: 37

## 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? N/A

Any food counters?  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  Restaurant  Club/ Cabaret  Hotel  Other: \_\_\_\_\_

What are the Hours of Operation?

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

8am\* to 2am   8am to 2am

\*Alcoholic beverage sales/consumption commences at 10am

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?)   To be determined

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

If yes, please describe :   plan to utilize existing accordion doors

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? \_\_\_\_\_

Please describe your sound system and sound proofing:   Recorded background music only

Will you be permitting:    promoted events    scheduled performances    outside promoters

any events at which a cover fee is charged?    private parties/special events (approximately twice per year)

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)\*

On duty premises Manager will monitor inside patron waiting area and patron vehicles to discourage double or unlawful parking

Will you be utilizing    ropes    movable barriers    other outside equipment (describe) \_\_\_\_\_

It is not anticipated that ropes, barriers or outside equipment will be utilized. In the event patron the waiting area can't be contained to inside the premises, a patron call number will be obtained for text message seating status to minimize/prevent sidewalk crowding

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: \_\_\_\_\_

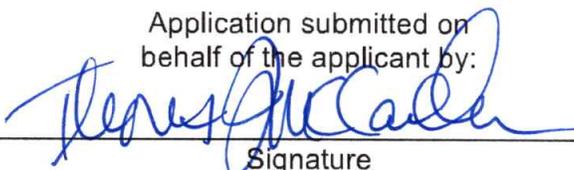
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: Harrison Greene Phone: 312-375-4120

Address: 337B West Broadway, New York, NY 10013

Email : Harrison.Greene@Gmail.com

Application submitted on  
behalf of the applicant by:

  
Signature

Print or Type Name Thomas J McCallen, Esq

Title Authorized NYSLA Representative

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  
Carter Booth, Co-Chair  
Robert Ely, Co-Chair

This report is for informational purposes only in aid of identifying establishments potentially subject to 500 and 200 foot rules. Distances are approximated using industry standard GIS techniques and do not reflect actual distances between points of entry. The NYS Liquor Authority makes no representation as to the accuracy of the information and disclaims any liability for errors.

|                              |  |
|------------------------------|--|
| <b>Proximity Report For:</b> |  |
| Location                     | <b>337 W Broadway, New York, New York, 10013</b>   |
| Geocode                      | <b>Latitude: 40.72243<br/>longitude: -74.00362</b> |
| Report Generated On          | <b>11/17/2025</b>                                  |

| <b>8 Closest Liquor Stores</b>   |  |          |
|--|--|----------|
| Name   | Address  | Distance |
| COOL WINE & SPIRITS LLC<br>License ID: 0100-21-115172<br>Legacy Serial No.: 1332493      | 375B CANAL ST<br>NEW YORK, New York 10013                                | 437 ft   |
| HUDSON SQUARE LIQUORS INC<br>License ID: 0100-23-126624<br>Legacy Serial No.: 1270829    | 80 92 VARICK ST<br>STORE #3<br>NEW YORK, New York 10013                  | 866 ft   |
| SOHO WINE GALLERY INC<br>License ID: 0100-22-118136<br>Legacy Serial No.: 1023584        | 187 SPRING STREET<br>NEW YORK, New York 10012                            | 975 ft   |
| HUDSON WINE & SPIRITS INC<br>License ID: 0100-21-114422<br>Legacy Serial No.: 1136538    | 165 HUDSON ST<br>CRN LAIGHT & HUDSON STREETS<br>NEW YORK, New York 10013 | 1,304 ft |
| GRANYETTE WINE & SPIRITS INC<br>License ID: 0100-23-124575<br>Legacy Serial No.: 1336830 | 184A LAFAYETTE ST<br>NEW YORK, New York 10013                            | 1,541 ft |
| BUNDA STARR CORP<br>License ID: 0100-23-124242<br>Legacy Serial No.: 1344609             | 90 FRANKLIN ST<br>NEW YORK, New York 10013                               | 1,578 ft |
| SOHO WINE & SPIRITS LTD<br>License ID: 0100-21-114462<br>Legacy Serial No.: 1023583      | 459 W BROADWAY<br>NEW YORK, New York 10012                               | 1,611 ft |
| THE WINE HUT CORP.<br>License ID: 0100-22-115848<br>Legacy Serial No.: 1337378           | 197 6TH AVE<br>CORNER RETAIL STORE<br>NEW YORK, New York 10014           | 1,622 ft |

### Schools within 500 feet

| Name | Address | Distance |
|------|---------|----------|
|------|---------|----------|

No Schools within 500 feet

### Churches within 500 feet

| Name | Distance |
|------|----------|
|------|----------|

No Churches within 500 feet

### Pending On Premises Liquor Licenses within 750 feet

| Name | Address | Distance |
|------|---------|----------|
|------|---------|----------|

|  |   |       |
|--|---|-------|
| 57 GRAND STREET CAFE CORP<br>Application ID: MA-25-102079-01 | 57 GRAND STREET<br>NEW YORK, New York 10013 | 88 ft |
|--|---|-------|

|  |   |        |
|--|---|--------|
| Cengo Consulting NP LLC<br>Application ID: NA-0340-25-124855 | 32 Grand St<br>New York, New York 10013 | 301 ft |
|--|---|--------|

|  |                                     |        |
|--|-------------------------------------|--------|
| 510 SOHO RESTAURANT GROUP LLC<br>Application ID: NA-0340-25-116928 | 510 Broome St<br>New York, NY 10013 | 426 ft |
|--|-------------------------------------|--------|

### Active On Premises Liquor Licenses within 750 feet

| Name | Address | Distance |
|------|---------|----------|
|------|---------|----------|

|   |  |       |
|---|--|-------|
| BRASSERIE FELIX INC<br>License ID: 0340-23-128851<br>Legacy Serial No.: 1118346 | 340 WEST BROADWAY<br>NEW YORK, New York<br>10013 | 39 ft |
|---|--|-------|

|  |   |       |
|--|---|-------|
| PAPATZUL LLC<br>License ID: 0340-22-105016<br>Legacy Serial No.: 1180023 | 55 GRAND ST<br>WEST BROADWAY &<br>WOOSTER STREET<br>NEW YORK, New York<br>10013 | 64 ft |
|--|---|-------|

|   |  |       |
|---|--|-------|
| 57 GRAND STREET CAFE CORP<br>License ID: 0340-23-131643<br>Legacy Serial No.: 1025438 | 57 GRAND STREET<br>NEW YORK, New York<br>10013 | 79 ft |
|---|--|-------|

|   |   |        |
|---|---|--------|
| PASTA PERFECT LLC<br>License ID: 0340-22-111340<br>Legacy Serial No.: 1278575 | 53 GRAND ST<br>AKA 331 W<br>BROADWAY<br>NEW YORK, New York<br>10013 | 104 ft |
|---|---|--------|

|   |   |        |
|---|---|--------|
| 330 WB OPERATIONS LLC<br>License ID: 0340-23-133505<br>Legacy Serial No.: 1300708 | 330 W BROADWAY<br>NEW YORK, New York<br>10013 | 125 ft |
|---|---|--------|

|  |                                      |        |
|--|--------------------------------------|--------|
| 323 MM NYC LLC<br>License ID: 0340-23-135306 | 323 W BROADWAY<br>NEW YORK, New York | 218 ft |
|--|--------------------------------------|--------|

## Active On Premises Liquor Licenses within 750 feet

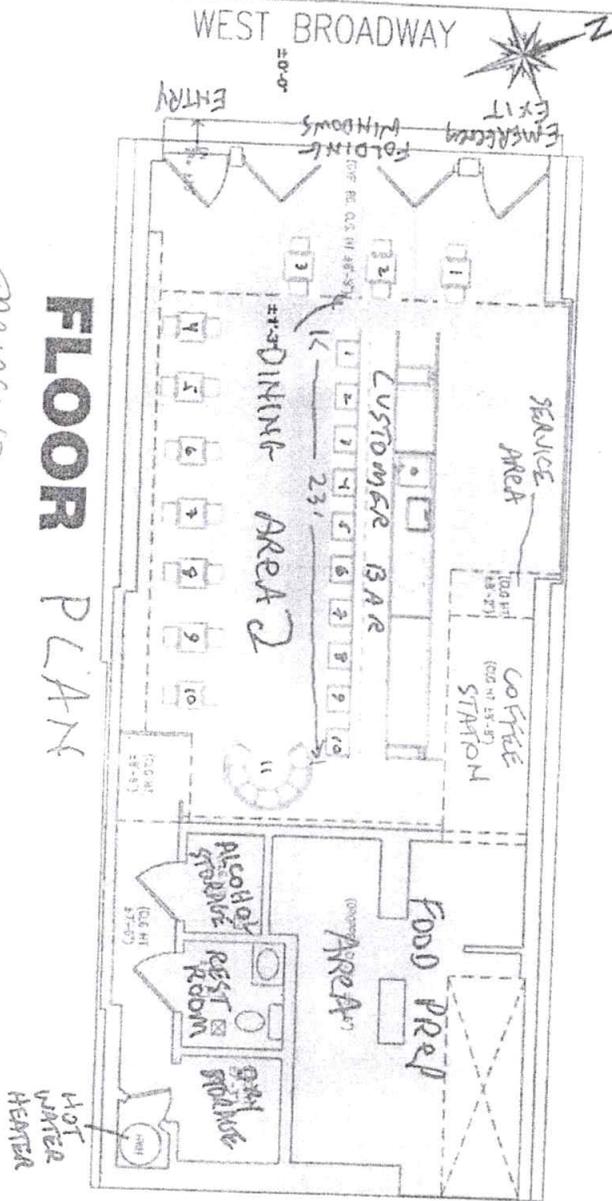
| Name  | Address   | Distance |
|---|---|----------|
| Legacy Serial No.: 1282989  | 10013   |          |
| 357 WBROADWAY LLC<br>License ID: 0340-24-130453<br>Legacy Serial No.: 6039135                                       | 357 W BROADWAY<br>NEW YORK, New York<br>10013                         | 242 ft   |
| BROOME STREET BAR INC,THE<br>License ID: 0340-23-131292<br>Legacy Serial No.: 1028408                               | 361 363 W BROADWAY<br>AKA 499 BROOME<br>STREET<br>NEW YORK, NY 10013  | 250 ft   |
| MAISON CLOSE NYC LLC<br>License ID: 0340-23-135964<br>Legacy Serial No.: 1347180                                    | 15 WATTS ST<br>NEW YORK, New York<br>10013                            | 302 ft   |
| Thor James Hotel Leaseco LLC & Highgate<br>Hotels, L.P.<br>License ID: 0343-22-126857<br>Legacy Serial No.: 1306380 | 23 27 GRAND ST<br>NEW YORK, New York<br>10013                         | 320 ft   |
| BOWERY BUNGALOW NYC LLC<br>License ID: 0340-24-121579<br>Legacy Serial No.: 6029988                                 | 495 BROOME ST<br>AKA 359 W<br>BROADWAY<br>NEW YORK, New York<br>10013 | 342 ft   |
| SOHO GRAND HOTEL, INC. & HARTZ HOTEL<br>SERVICES, INC.<br>License ID: 0343-23-112654<br>Legacy Serial No.: 1023301  | 310 W BROADWAY<br>NEW YORK, New York<br>10013                         | 357 ft   |
| PMB SOHO LLC<br>License ID: 0340-21-120233<br>Legacy Serial No.: 1256878  | 54 THOMPSON ST<br>NEW YORK, New York<br>10012                         | 453 ft   |
| DOWNTOWN RESTAURANT CO LLC<br>License ID: 0340-22-108585<br>Legacy Serial No.: 1025079                              | 372 376 WEST<br>BROADWAY<br>NEW YORK, New York<br>10012               | 469 ft   |
| FUMEE INC<br>License ID: 0370-21-117868<br>Legacy Serial No.: 1025290   | 32 WATTS ST<br>NEW YORK, New York<br>10013                            | 477 ft   |
| A PEACEFUL CORNER INC<br>License ID: 0340-23-138418<br>Legacy Serial No.: 1271064                                   | 393 CANAL ST<br>NEW YORK, NY 10013                                    | 490 ft   |
| LUPE'S EAST L.A. KITCHEN, INC.<br>License ID: 0340-23-128084<br>Legacy Serial No.: 1114905                          | 110 SIXTH AVENUE<br>WATTS & BROOME<br>NEW YORK, New York<br>10013     | 495 ft   |
| PARAISO GROUP LLC<br>License ID: 0340-22-106399   | 525 527 BROOME ST<br>NEW YORK, New York                               | 499 ft   |

Active On Premises Liquor Licenses within 750 feet

| Name   | Address   | Distance |
|--|---|----------|
| Legacy Serial No.: 1312126   | 10013   |          |
| TRIBECA ASCOTT LLC, TRIBECA TRS LLC, FC<br>CANAL MGMT<br>License ID: 0343-22-126770<br>Legacy Serial No.: 1293480                            | 370 CANAL ST<br>NEW YORK, New York<br>10013                                       | 552 ft   |
| BROOME STREET FOOD AND DRINK LLC<br>License ID: 0340-22-114403<br>Legacy Serial No.: 1320650   | 529 BROOME ST<br>STORE C-104<br>NEW YORK, New York<br>10013                       | 555 ft   |
| BROOME STREET FOOD AND DRINK LLC<br>License ID: 0340-22-108694<br>Legacy Serial No.: 1310074   | 529 BROOME ST<br>LOWER LEVEL<br>NEW YORK, New York<br>10013                       | 555 ft   |
| SIP NY ACQUISITION LLC, SIM SOHO<br>MANAGER, LLC AND SESSANTA, LLC AS<br>MANAGER<br>License ID: 0343-24-123739<br>Legacy Serial No.: 6032205 | 60 THOMPSON ST<br>NEW YORK, New York<br>10012                                     | 587 ft   |
| ST HELIER TAVERN LLC<br>License ID: 0370-23-129187<br>Legacy Serial No.: 1315925   | 285 W BROADWAY<br>AKA 380 CANAL ST<br>GROUND FLOOR<br>NEW YORK, New York<br>10013 | 628 ft   |
| ANTIQUÉ GARAGE INC<br>License ID: 0340-22-106913<br>Legacy Serial No.: 1151001   | 41 MERCER STREET<br>GRAND & BROOME<br>NEW YORK, New York<br>10013                 | 724 ft   |
| ATM JAPAN INC.<br>License ID: 0340-23-135437<br>Legacy Serial No.: 1282118   | 3 LISPENARD ST<br>NEW YORK, New York<br>10013                                     | 731 ft   |
| MONTRES JOURNE NY LLC<br>License ID: 0415-23-161671<br>Legacy Serial No.: 6004036  | 53 MERCER ST<br>NEW YORK, New York<br>10013                                       | 737 ft   |
| 45 MERCER RESTAURANT LLC<br>License ID: 0340-23-137029<br>Legacy Serial No.: 1262152   | 45 MERCER ST<br>NEW YORK, New York<br>10013                                       | 744 ft   |
| ROCKEFELLER UNIVERSITY, THE<br>License ID: 0349-23-125759<br>Legacy Serial No.: 1022479  | 1230 52 YORK AVE<br>NEW YORK, New York<br>10021                                   | 745 ft   |

337 B WEST BROADWAY (NY) LLC  
 337 B WEST BROADWAY  
 NEW YORK, NY 10013

- GROUND FLOOR PLATE DIMENSION -  
 PREMISES SQUARE FOOTAGE: 10705 SF



# FLOOR PLAN

TABLES: 10

SEATS AT TABLES: 27

SEATS AT CUSTOMER BAR: 10

337 B WEST BROOKWAY (NY) LLC  
337 B WEST BROOKWAY  
NEW YORK, NY 10013

# The Menu TWEEN FOOD

## Bites

Marccona Almonds \$5

Marccona Almonds, Smoked Paprika, Olive Oil, Sea Salt

Olives \$7

Nicoise Fig, Garlic, Lemon, Rosemary

Mexican Chocolate Popcorn \$7

NY Crown Corn, Cocoa, Cinnamon, Salt, Cayenne

Aged Cheeses \$15

Rotating Selection, Sliced to Order

Aged Meats \$18 (Add Cheese \$12)

Rotating Selection, Sliced to Order

Panini \$20

NY, Barbed Ciabatta, Aged Meat + Cheese

3370 WEIT PROBABLY (NY) LLC  
 33713 WEIT PROBABLY  
 New York NY 10013

# The Menu

*TAVERN DRINKS*

## Cocktails

**Jack Handley** \$20  
 Mezcal, Card Amaro, Sweet Vermouth, Apple Brandy

**Summer Skin** \$21  
 Reposado Tequila, Arbol Chili Agave, Mango, Fresh Lime Juice

**Clean Cut** \$21  
 Blanco Tequila, Ancho Reyes, Campari, Chili Threads, Fresh Lemon Juice

**Bookmaker** \$22  
 Irish Whiskey, Liqueur 43, Dry Sherry, Angostura Bitters

**Fairlane** \$22  
 London Dry Gin, St. Germain, Bonal, Dry Sherry

**Wedding Slinger** \$19  
 Rum, Watermelon, Spice, Fresh Lime Juice

## White

**Yasuko & G. Jacquemain, L'Étincelle, Dordogne** \$14/\$56  
 Sémillon, 2018  
**Samlavisi Marani, Chinuri, Kartli**  
 Chinuri, 2018 \$15/\$59

## Sparkling

**Sebastien Brunet, Grolleau 100%, Rosé, Loire Valley** \$16/\$62  
 Grolleau, NV  
**Domaine des Terres Blanches, Ancestral Blanc Loire**  
 Chenin Blanc, 2018 \$17/\$65

## Skin-contact

**Vinyes Singulars, Penedes, Africa connection Catalonia**  
 Macabeo, 2018 \$15/\$59  
**Amor Mundi, Misczane Manavi, Kakheti**  
 Mtsvane, 2018 \$16/\$62

## Beer

**High Life** \$6 (add Aperol \$2)  
**Locally Made Craft Hard Seltzer** \$13

# DEPARTMENT OF BUILDINGS CERTIFICATE OF OCCUPANCY

BOROUGH **MANHATTAN**

DATE: **NOV 1 - 1982** No. **83030**

ZONING DISTRICT **M 1-5A**

This certificate supersedes C.O. No.

THIS CERTIFIES that the ~~new~~-~~altered~~-~~existing~~-building-premises located at

**337-339 West Broadway**

Block **475** Lot **1 & 2**

CONFORMS SUBSTANTIALLY TO THE APPROVED PLANS AND SPECIFICATIONS AND TO THE REQUIREMENTS OF ALL APPLICABLE LAWS, RULES, AND REGULATIONS FOR THE USES AND OCCUPANCIES SPECIFIED HEREIN

PERMISSIBLE USE AND OCCUPANCY

| STORY  | LIVE LOAD<br>LBS PER<br>SQ FT | MAXIMUM<br>NO OF<br>PERSONS<br>PERMITTED | ZONING<br>DWELLING<br>OR ROOMING<br>UNITS | BUILDING<br>CODE<br>HABITABLE<br>ROOMS | ZONING<br>USE GROUP | BUILDING<br>CODE<br>OCCUPANCY<br>GROUP | DESCRIPTION OF USE |
|--|-------------------------------|--|---|--|---------------------|--|--------------------|
| Cellar   | -                             | -  | -   | -                                      | -                   | -                                      | Crawl space        |
| 1st  | 75                            | 91                                       | -   | -                                      | 6                   | Comm.                                  | Retail stores      |
| 1st Mezz.  | 75                            | 11                                       | -   | -                                      | 6                   | Comm.                                  | Retail stores      |
| 2nd  | 75                            | 28                                       | -   | -                                      | 6                   | Comm.                                  | Retail stores      |
| <p><b>TOTAL: Retail Stores</b></p> <p><b>Commercial</b></p> <p><b>Old-Code</b></p> <p><b>This certificate of occupancy is predicated upon the final report of inspection dated October 26, 1982.</b></p> |                               |  |   |  |                     |  |                    |

(SPECIFY - PARKING SPACES, LOADING BERTHS, OTHER USES, NONE)

USES OF USE OR OCCUPANCY SHALL BE MADE UNLESS  
A REVISED CERTIFICATE OF OCCUPANCY IS OBTAINED

CERTIFICATE IS ISSUED SUBJECT TO FURTHER LIMITATIONS, CONDITIONS AND  
REVERSE SIDE.

AGENT

COMMISSIONER

3 COPY - DEPARTMENT OF BUILDINGS

COPY

THAT THE ZONING LOT ON WHICH THE PREMISES IS LOCATED IS BOUNDED AS FOLLOWS:

BEGINNING at a point on the Northeast ~~corner~~ corner formed by the intersection of West Broadway and Grand Street  
 running thence north 51.2' ..... feet; thence east 50.6' ..... feet;  
 thence south 51.2' ..... feet; thence west 50.6' ..... feet;  
 thence ..... feet; thence ..... feet;  
 thence ..... feet; thence ..... feet;  
 to the point or place of beginning.

~~ALT.~~ No. 1188/61 DATE OF COMPLETION 10/26/82 CONSTRUCTION CLASSIFICATION Class 3-N.F.P.  
 BUILDING OCCUPANCY GROUP CLASSIFICATION Commercial HEIGHT 2 STORIES, 23' FEET

THE FOLLOWING FIRE DETECTION AND EXTINGUISHING SYSTEMS ARE REQUIRED AND WERE INSTALLED IN COMPLIANCE WITH APPLICABLE LAWS.

|  | YES | NO |                            | YES | NO |
|--|-----|----|----------------------------|-----|----|
| STANDPIPE SYSTEM                               |     |    | AUTOMATIC SPRINKLER SYSTEM |     |    |
| YARD HYDRANT SYSTEM                            |     |    |                            |     |    |
| STANDPIPE FIRE TELEPHONE AND SIGNALLING SYSTEM |     |    |                            |     |    |
| SMOKE DETECTOR                                 |     |    |                            |     |    |
| FIRE ALARM AND SIGNAL SYSTEM                   |     |    |                            |     |    |

STORM DRAINAGE DISCHARGES INTO:

- A) STORM SEWER  B) COMBINED SEWER  C) PRIVATE SEWAGE DISPOSAL SYSTEM

SANITARY DRAINAGE DISCHARGES INTO:

- A) SANITARY SEWER  B) COMBINED SEWER  C) PRIVATE SEWAGE DISPOSAL SYSTEM

LIMITATIONS OR RESTRICTIONS:

BOARD OF STANDARDS AND APPEALS CAL. NO. \_\_\_\_\_  
 CITY PLANNING COMMISSION CAL. NO. \_\_\_\_\_  
 OTHERS: \_\_\_\_\_

## STORE LEASE

**AGREEMENT OF LEASE**, made as of this 1<sup>st</sup> day of November, 2021, between **WEST BROADWAY GLASS COMPANY, LLC** (hereinafter referred to as "Landlord"), a limited liability company organized pursuant to the laws of the State of New York, with its business address at c/o Manhattan Skyline Management Corp., 103 West 55<sup>th</sup> Street, New York, New York 10019, and **337B WEST BROADWAY (NY) LLC** (hereinafter referred to as "Tenant"), a limited liability company organized pursuant to the laws of the State of New York, with its business address at 337B West Broadway, New York, New York 10013.

### WITNESSETH:

Landlord hereby leases to Tenant and Tenant hereby hires from Landlord 337B West Broadway, New York, New York, being a retail space as shown on Exhibit A attached hereto and made a part hereof (the "Demised Premises"), for the term of ten (10) years, to commence on the date this Lease is executed by and delivered to both parties (the "Lease Commencement Date") and to end at midnight on the last day of the tenth (10<sup>th</sup>) "Lease Year" (the "Lease Expiration Date"), both dates inclusive, unless earlier terminated in accordance with the provisions hereof, at an annual rental rate as set forth below, which Tenant agrees to pay in lawful money of the United States which shall be legal tender in payment of all debts and dues, public and private, at the time of payment, in equal monthly installments in advance on the first day of each month during said term, at the office of Landlord or such other place as Landlord may designate, without any set off or deduction whatsoever, except that Tenant shall pay the first monthly installment of Fixed Rent on the execution hereof. The foregoing notwithstanding, Landlord acknowledges receipt from Tenant of a "good faith deposit" in the amount of the first monthly installment of Fixed Rent and agrees to apply such good faith deposit to the payment of the first monthly installment of Fixed Rent.

When the Lease Commencement Date, Rent Commencement Date (as hereinafter defined) and Lease Expiration Date have been determined, Landlord shall execute and furnish to Tenant a statement in the form annexed hereto and made a part hereof as Exhibit B setting forth such dates. Any failure by either party to execute such statement shall not affect the Lease Commencement Date, Rent Commencement Date or Lease Expiration Date.

The parties hereto, for themselves, their heirs, distributees, executors, administrators, legal representatives, successors and assigns, hereby covenant as follows:

#### Rent:

1. Tenant shall pay the rent as above and as hereinafter provided:

A. Beginning on the date that Tenant receives written notice of final, unconditional approval from Community Board 2 ("Community Board 2 Approval") of Tenant's application for a liquor license, including approval to operate Tenant's business in the Demised Premises during

LANDLORD UNDERSTANDS/INTENT

distributees, executors, administrators, successors, and except as otherwise provided in this Lease, their assigns.

**Entire Agreement: 50.** No earlier statement or prior written matter shall have any force or effect. Tenant agrees that it is not relying on any representations or agreements other than those contained in this Lease. This agreement shall not be modified or canceled except by writing subscribed by all parties.

**In Witness Whereof.** Landlord and Tenant have respectively signed and sealed this Lease as of the day and year first above written.

Landlord:

By: 

Name:  
Title:

Tenant:

By: 

Name: Harrison Greene  
Title: Managing principal

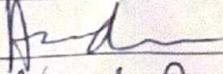
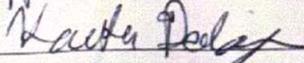
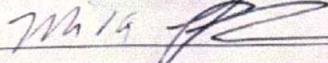
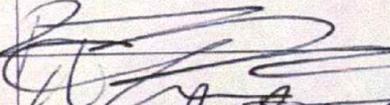
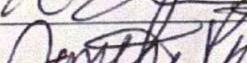
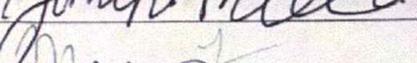
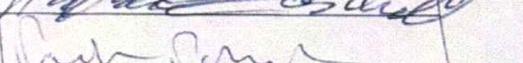
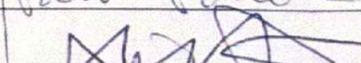
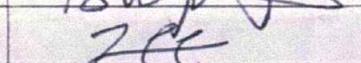
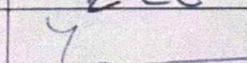
By: 

Name: Henry Henry  
Title: Principal

We are hoping to open a small all-day coffee, natural wine and cocktail bar called Mezcal and Amaro here in SoHo at 337B West Broadway, NY, NY, 10013.

We are filing for an on-premises liquor license with the NY State Liquor Authority and would appreciate your support for our application. Our proposed hours of operation will be 7a – 2a Tuesday through Sunday.

We appreciate your filling in your information below as a show of support for our project. Thanks!

| Name             | Address           | Signature   |
|------------------|-------------------|---|
| Amy Dresden      | 35 Grand St       |  |
| Kaitlin Feldin   | 219 Hudson Street |  |
| Mia Luffell      | 300 W Broadway    |  |
| Nicole Notar     | ↓                 | nicole notar  |
| Rhonda Ruggiero  |                   |  |
| Dominic Moreno   | 3254 W. Broadway  |  |
| Jonathan Padilla | 339 W Broadway    |  |
| Mikel Lawson     | 998 Bromme Street |  |
| Andrew Boszhardt | 9 Barrow Street   |  |
| Sarah Schultz    | 359 W. Bway       |  |
| Aizé Santana     | 62 Grand          |  |
| EE               | 62 Grand          | EE  |
| Yoshie Sen       | 26 Wooster        |  |

We are hoping to open a small all-day coffee, natural wine and cocktail bar called Mezcal and Amaro here in SoHo at 337B West Broadway, NY, NY, 10013.

We are filing for an on-premises liquor license with the NY State Liquor Authority and would appreciate your support for our application. Our proposed hours of operation will be 7a – 2a Tuesday through Sunday.

We appreciate your filling in your information below as a show of support for our project. Thanks!

| Name             | Address                      | Signature      |
|------------------|------------------------------|----------------|
| ZACH WOOD        | 28 WOOSTER                   | ZACH WOOD ✓    |
| georgia lantern  | 21 wooster                   | georgialantern |
| Maria Polk       | 317 West Broadway            | [Signature]    |
| Shawanya Brown   | 40 Grand Street              | [Signature]    |
| Kamau Preston    | 40 Grand Street              | [Signature]    |
| Shayla Johnson   | 350 W. Broadway              | [Signature]    |
| Wendler Preston  | 40 Grand Street              | [Signature]    |
| Jak Sean         | Latitude Gallery             | [Signature]    |
| Rachel Barbarosh | <del>200 West Broadway</del> | Rachel         |
| esther barbarosh | <del>200 West Broadway</del> | esther         |
| Nick Wong        | 503 W Broadway               | Nick Wong      |
| LIN Wong         | " "                          | LIN            |
| Jane Wong        | " "                          | Jane Wong      |

170  
Mercer →  
↓





|                                |                               |            |
|--------------------------------|-------------------------------|------------|
| OFFICE USE ONLY                |                               |            |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

**8. TO BE FILLED IN ONLY BY SOLE PROPRIETOR OR PARTNERS** (attach additional sheets if necessary)

|                            |           |                    |               |
|----------------------------|-----------|--------------------|---------------|
| Name of Individual/Partner | Residence | Social Security #: | Date of Birth |
| Name of Individual/Partner | Residence | Social Security #: | Date of Birth |
| Name of Individual/Partner | Residence | Social Security #: | Date of Birth |
| Name of Individual/Partner | Residence | Social Security #: | Date of Birth |

**9. TO BE FILLED IN ONLY BY CORPORATION OR LLC/LLP APPLICANTS** (attach additional sheets if necessary)

Please list the names and addresses of Principals (Stockholders, Officers, Directors, LLC Members/Managers, LLP Partners)

|                                      |  |                    |
|--------------------------------------|--|--------------------|
| Name of Principal                    | Residence  | Social Security #: |
| <b>Harrison Nathaniel Greene III</b> | <b>200 Eton Row # 35, Weehawken, NJ 07086</b>                        | <b>321-82-0553</b> |
| Title                                | No. of Shares if Corporation OR % of ownership if LLC or Partnership | Date of Birth      |
| <b>LLC Manager/Member</b>            | <b>100% of Ownership</b>   | <b>08/19/1983</b>  |
| Name of Principal                    | Residence  | Social Security #: |
| Title                                | No. of Shares if Corporation OR % of ownership if LLC or Partnership | Date of Birth      |
| Name of Principal                    | Residence  | Social Security #: |
| Title                                | No. of Shares if Corporation OR % of ownership if LLC or Partnership | Date of Birth      |
| Name of Principal                    | Residence  | Social Security #: |
| Title                                | No. of Shares if Corporation OR % of ownership if LLC or Partnership | Date of Birth      |

Note:

**\*If 10 or less shareholders**, list all stockholders, officers, directors, LLC members and LLC managers, if any. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for all.

**\*If more than 10 shareholders**, list all shareholders owning 10% or more of any class of its shares. Also, include any officers, directors, shareholders, LLC members, LLC managers and trustees. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for those individuals. Provide a listing of all other shareholders owning less than 10% interest. Include their name, home address, social security number, date of birth, shares or percentage of ownership, title, citizenship and any statutory disqualifications.

**\*Not-For-Profit Corporations**, list all principal officers and any director/trustee who is compensated on the license. Trustees/ Directors who are not compensated do not need to submit a Personal Questionnaire or fingerprints. However, the applicant must submit a list with the name and address of each such individual along with a statement that each such individual is eligible to hold a license. Applicants that have filed for a Club License only need to list a single individual as the Alcoholic Beverage Control Officer.

|                                |                               |            |
|--------------------------------|-------------------------------|------------|
| OFFICE USE ONLY                |                               |            |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

---

## RIGHT TO PREMISES

---

### 1. RIGHT TO PREMISES

1a. By what right does the applicant have possession of the premises?

Own     
  Lease     
  Sub-Lease     
  Binding contract to acquire real property     
  Written intent to lease

Other (explain):

**If leasing, the lease must run for the full term of the license period or at least be renewable to cover the full term. Month to month leases or month to month renewal terms are not acceptable. The tenant name on the lease must match the applicant name exactly.**

1b. Do the terms of the lease or other arrangement require the applicant to provide any consideration based on a percentage of the receipts of the business?      Yes       No

If YES, please list the section/page of the lease this information can be found:

### 2. OTHER INTERESTED PARTIES

Does or will anyone other than the applicant/principals share on a percentage basis or in any way in the receipts, losses or deficiencies of the business to any extent whatsoever?

Yes       No

If YES, please state the names and addresses of such persons, the nature and percent of their share and date acquired.

|      |         |                    |               |
|------|---------|--------------------|---------------|
| Name | Address | Nature of interest | Date Acquired |
|      |         |                    |               |
| Name | Address | Nature of interest | Date Acquired |
|      |         |                    |               |
| Name | Address | Nature of interest | Date Acquired |
|      |         |                    |               |
| Name | Address | Nature of interest | Date Acquired |
|      |         |                    |               |

|                                |                               |            |
|--------------------------------|-------------------------------|------------|
| OFFICE USE ONLY                |                               |            |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

---

## LANDLORD IDENTIFICATION INFORMATION

---

In order to obtain the most accurate information this form should be completed by the Landlord. This form must be completed and submitted regardless of whether the property owner is a third party landlord or the applicant.

1. Name of Landlord (as it appears on lease and deed): **West Broadway Glass Company LLC**

2. Landlord Mailing Address

Street Address: **101 West 55th Street**

City: **New York**

State: **NY**

Zip Code: **10019**

3. Telephone Number of Landlord: **212 408-0605**

4. Landlord Principals (ALL landlord principals must be disclosed below)

|                      |  |
|----------------------|--|
| Name                 | Address (if different than Landlord's mailing address above) |
| <b>Donald Zucker</b> |  |

|      |  |
|------|--|
| Name | Address (if different than Landlord's mailing address above) |
|      |  |

|      |  |
|------|--|
| Name | Address (if different than Landlord's mailing address above) |
|      |  |

|      |  |
|------|--|
| Name | Address (if different than Landlord's mailing address above) |
|      |  |

5. Are any persons listed on this Landlord Identification Form currently or previously licensed under the ABC Law? Yes     No

|               |               |
|---------------|---------------|
| Serial Number | Licensee Name |
|               |               |

|               |               |
|---------------|---------------|
| Serial Number | Licensee Name |
|               |               |

|               |               |
|---------------|---------------|
| Serial Number | Licensee Name |
|               |               |

6. Are any persons listed on this form police officers? Yes     No

If yes, list names below:

Name

Name

7. List number of years real property has been owned or legally controlled by the landlord: **Approximately nineteen (19) years**

|                                |                               |            |
|--------------------------------|-------------------------------|------------|
| OFFICE USE ONLY                |                               |            |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

## 500 FOOT LAW STATEMENT

### Applicants for on premises liquor licenses must complete this section (Not required for on premises beer or wine applicants)

If the location is subject to the 500 Foot Law, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-b, 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within a 500 foot radius of three or more on premises liquor establishments and the population of the municipality is 20,000 or more. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

#### The Proposed Premises (*check the appropriate box below*):

IS NOT WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.

IS WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500 FOOT RADIUS, *UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.*)

NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.

NOT APPLICABLE - POPULATION OF CITY, TOWN OR VILLAGE IS UNDER 20,000

NOT APPLICABLE - BEER, WINE AND CIDER ONLY

#### IMPORTANT:

### YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS LOCATED WITHIN A 500 FOOT RADIUS OF THE PROPOSED PREMISES

For assistance, use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If a premises is within a 500 foot radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must **ATTACH A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

**FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.**

|                                |                               |      |
|--------------------------------|-------------------------------|------|
| OFFICE USE ONLY                |                               |      |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date |

## STATEMENT OF AREA PLAN 200 Foot Law

**THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE**

1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH or PLACE OF WORSHIP WITHIN **300 FEET**
  
2. Is the premises within 200 feet of **ANY SCHOOL, CHURCH or PLACE OF WORSHIP?**  
 (exclusive use as a church or place of worship will be determined by this agency)  
 (please respond "YES" if ANY school, church or place of worship is within 200 feet)  

Yes       No
  
3. Submit a BLOCK PLOT DIAGRAM (aerial view of the building, with nearby businesses and residences labeled) showing the location of any school, church or place of worship (8-1/2" x 11")

**Indicate the distance in feet from the entrance of the proposed premises to the closest entrance of any school, church or place of worship.**

*Attach additional sheets if necessary.*

**ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN**

|  |
|--|
| 1. Name of church/school:<br><br>Address:<br><br>Distance: |
| 2. Name of church/school:<br><br>Address:<br><br>Distance: |
| 3. Name of church/school:<br><br>Address:<br><br>Distance: |

For assistance use the "GIS MAPS - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

**If applying for a full liquor license (beer, wine and liquor) and the premises is within 200 feet of a school, church or place of worship, the application may be denied.**

**If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.**

|   |
|---|
| OFFICE USE ONLY   |
| <input type="radio"/> Original <input checked="" type="radio"/> Amended      Date |

## PROPOSED METHOD OF OPERATION

*This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.*

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises?      Yes       No  
*(If YES, please provide details on a separate sheet)*
  - 1a. If the premises is *not* a catering establishment, will the premises periodically close to host private events?       Yes      No  
 If YES, how frequently?      **Infrequently, and anticipated at twice a year**
  
2. Will the premises have music?       Yes      No
  - 2a. If YES, check all that apply:       Recorded      DJ      Juke Box      Karaoke  
 Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):
  - 2b. Will the premises use the services of an Event Promoter?      Yes       No
  
3. Will the premises permit dancing?      Yes       No
  - 3a. If dancing is permitted, who will be permitted to dance?      Patrons      Employees for Entertainment      Both
  - 3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing?      Yes      No
  
4. Will there be topless entertainment?      Yes       No
  
5. Will the business employ a manager?       Yes      No
  - 5a. ~~Will~~ will principal(s) manage?      Yes \*      No  
 \***Business oversight**
  
6. How many employees? (excluding principals and security personnel)      **6**
  - 6a. If answer is "0" please provide an explanation:

|                                |                               |            |
|--------------------------------|-------------------------------|------------|
| OFFICE USE ONLY                |                               |            |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

**5. Kitchen:**

5a. Does the premises have a full kitchen?      Yes       No

If NO, does the premises have a food preparation area?       Yes      No

**Show Kitchen or Food Prep Area on the Interior Diagram**

**NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU**

5b. Is a chef/cook employed at the premises?       Yes      No

If YES, please list hours of day chef/cook  
will devote to the premises:      **Seven (7) Days: 8:00 AM - 2:00 AM**

**6. Hotel or Bed & Breakfast:**

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises?      Yes      No

**7. Outdoor Areas:**

7a. Are there any outside areas used for the sale or consumption of alcohol?      Yes       No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:  
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

Sidewalk Cafe      Deck      Patio      Porch      Gazebo

Rooftop      Yard      Balcony      Pavilion      Tent

Other (describe):

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control?      Yes      No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

Fencing      Wall      Shrubbery      Roping      Stanchions

Other (describe):

7f. Is a permit required by the locality for outside area(s)?      Yes      No

If yes, submit a copy of the permit.

|                                |                               |            |
|--------------------------------|-------------------------------|------------|
| OFFICE USE ONLY                |                               |            |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

**3. Premises (interior):**

3a. List the total number of floors of the business establishment to be licensed, including the basement: **1**

3b. List the floor(s) where the proposed premises will be located: **Ground Floor**  
 (e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored? **Ground Floor: Refrigeration, Behind Customer Bar & Storage Room**

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?  
 If yes, show the means of access on the interior diagram(s). Yes  No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?  
 (e.g., hallway, stairwells, common areas, etc.) Yes  No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram. **1**

3g. List the maximum occupancy of the premises: **50** 3h. Number of tables? **10**

3i. Number of seats at tables? **27** 3j. Number of seats at bar or counter? **10**

**4. Bars:**

4a. How many customer bars are located on the premises? **1**  
*(a customer bar is where patrons may order, purchase or receive alcoholic beverages)*

4b. How many service bars? *(a service bar is for wait staff use exclusively)* **0**

4c. Describe each bar in the fields below:

| <b>Bar 1</b>                  | <b>Bar 2</b> | <b>Bar 3</b> |
|-------------------------------|--------------|--------------|
| Bar Type: <b>Customer</b>     | Bar Type:    | Bar Type:    |
| Length: <b>~23' Feet</b>      | Length:      | Length:      |
| Shape: <b>Rectangular</b>     | Shape:       | Shape:       |
| Location: <b>Ground Floor</b> | Location:    | Location:    |

**Attach additional sheets if there are more than 3 bars.**

|                                |                               |            |
|--------------------------------|-------------------------------|------------|
| OFFICE USE ONLY                |                               |            |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

## ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

**Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section.  
See sample diagrams at the end of this application.**

### 1. Zoning

1a. State what the area is zoned for: **Mixed**  
(e.g., Residential, Business, Mixed etc.)

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits?       Yes      No      Pending

### 2. Premises

2a. Describe the type of building in which the premises will be located.      **2 Story Commercial Building with Mezzanine & Cellar**

2b. Is or has the building/proposed premises been known by any other address?       Yes      No

If YES, please specify: **337 - 339 West Broadway, NY, NY 10013 and 54 - 58 Grand Street, NY, NY 10013**

*If the address was changed due to a 911 update or other government action, please include documentation for the change.*

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

Currently Licensed       Previously Licensed      Never Licensed      Do Not Know

Name of Licensee: **Soho Tea LLC**

License Serial Number: **1187974**

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

Yes       No \*       Do Not Know \*\*

\*Applicant      \*\*Prior Licensee

**Any pending disciplinary action may delay a determination on this application or result in the disapproval.**

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed?      Yes       No

Name of Licensee:

License Serial Number:

|                                |                               |            |
|--------------------------------|-------------------------------|------------|
| OFFICE USE ONLY                |                               |            |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

**3. Premises (interior):**

3a. List the total number of floors of the business establishment to be licensed, including the basement: **1**

3b. List the floor(s) where the proposed premises will be located: **Ground Floor**  
 (e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored? **Ground Floor: Refrigeration, Behind Customer Bar & Storage Room**

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?  
 If yes, show the means of access on the interior diagram(s).

Yes       No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?  
 (e.g., hallway, stairwells, common areas, etc.)

Yes       No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram. **1**

3g. List the maximum occupancy of the premises: **50** 3h. Number of tables? **10**

3i. Number of seats at tables? **27** 3j. Number of seats at bar or counter? **10**

**4. Bars:**

4a. How many customer bars are located on the premises? **1**  
*(a customer bar is where patrons may order, purchase or receive alcoholic beverages)*

4b. How many service bars? *(a service bar is for wait staff use exclusively)* **0**

4c. Describe each bar in the fields below:

| <b>Bar 1</b>                  | <b>Bar 2</b> | <b>Bar 3</b> |
|-------------------------------|--------------|--------------|
| Bar Type: <b>Customer</b>     | Bar Type:    | Bar Type:    |
| Length: <b>~23' Feet</b>      | Length:      | Length:      |
| Shape: <b>Rectangular</b>     | Shape:       | Shape:       |
| Location: <b>Ground Floor</b> | Location:    | Location:    |

**Attach additional sheets if there are more than 3 bars.**

|  |
|--|
| <input type="radio"/> Original <input type="radio"/> Amended                      Date _____ |
| OFFICE USE ONLY  |

**5. Kitchen:**

5a. Does the premises have a full kitchen?      Yes       No

If NO, does the premises have a food preparation area?       Yes      No

**Show Kitchen or Food Prep Area on the Interior Diagram**

**NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU**

5b. Is a chef/cook employed at the premises?       Yes      No

If YES, please list hours of day chef/cook  
will devote to the premises:      **Seven (7) Days: 8:00 AM - 2:00 AM**

**6. Hotel or Bed & Breakfast:**

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises?      Yes      No

**7. Outdoor Areas:**

7a. Are there any outside areas used for the sale or consumption of alcohol?      Yes       No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:  
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

- |                   |      |         |          |        |
|-------------------|------|---------|----------|--------|
| Sidewalk Cafe     | Deck | Patio   | Porch    | Gazebo |
| Rooftop           | Yard | Balcony | Pavilion | Tent   |
| Other (describe): |      |         |          |        |

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control?      Yes      No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- |                   |      |           |        |            |
|-------------------|------|-----------|--------|------------|
| Fencing           | Wall | Shrubbery | Roping | Stanchions |
| Other (describe): |      |           |        |            |

7f. Is a permit required by the locality for outside area(s)?      Yes      No  
If yes, submit a copy of the permit.

|   |                 |
|---|-----------------|
| <input type="radio"/> Original <input type="radio"/> Amended                     Date _____ | OFFICE USE ONLY |
|---|-----------------|

## PROPOSED METHOD OF OPERATION

*This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.*

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises?     Yes      No  
 (If YES, please provide details on a separate sheet)
  - 1a. If the premises is not a catering establishment, will the premises periodically close to host private events?      Yes     No  
 If YES, how frequently?     **Infrequently, and anticipated at twice a year**
  
2. Will the premises have music?      Yes     No
  - 2a. If YES, check all that apply:      Recorded     DJ     Juke Box     Karaoke  
 Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):
  - 2b. Will the premises use the services of an Event Promoter?     Yes      No
  
3. Will the premises permit dancing?     Yes      No
  - 3a. If dancing is permitted, who will be permitted to dance?     Patrons     Employees for Entertainment     Both
  - 3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing?     Yes     No
  
4. Will there be topless entertainment?     Yes      No
  
5. Will the business employ a manager?      Yes     No
  - 5a. ~~Will~~ will principal(s) manage?     Yes \*     No  
 \***Business oversight**
  
6. How many employees? (excluding principals and security personnel)     **6**
  - 6a. If answer is "0" please provide an explanation:

|                                |                               |      |
|--------------------------------|-------------------------------|------|
| OFFICE USE ONLY                |                               |      |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date |

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions).  
If applied for and pending, please indicate.

Workers' Compensation Carrier  
Name and Policy Number: **Pending**

Disability Insurance Carrier Name  
and Policy Number: **Pending**

**If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996**

8. Will security personnel be used at the premises?      Yes       No

9a. If YES, how many?

9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

***The licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.***

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

**Applicant's management will instruct and train its employees to perform the following:**

- a) check identification of all patrons to ensure that persons served are legal age;**
- b) observe the establishment for impaired or unruly persons\*;** and
- c) secure the confinement of alcoholic beverages to the licensed premises.**

**\*The premises Manager will be notified in the unlikely event that a patron is deemed impaired or unruly. If such conduct continues local law enforcement will be contacted.**

10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

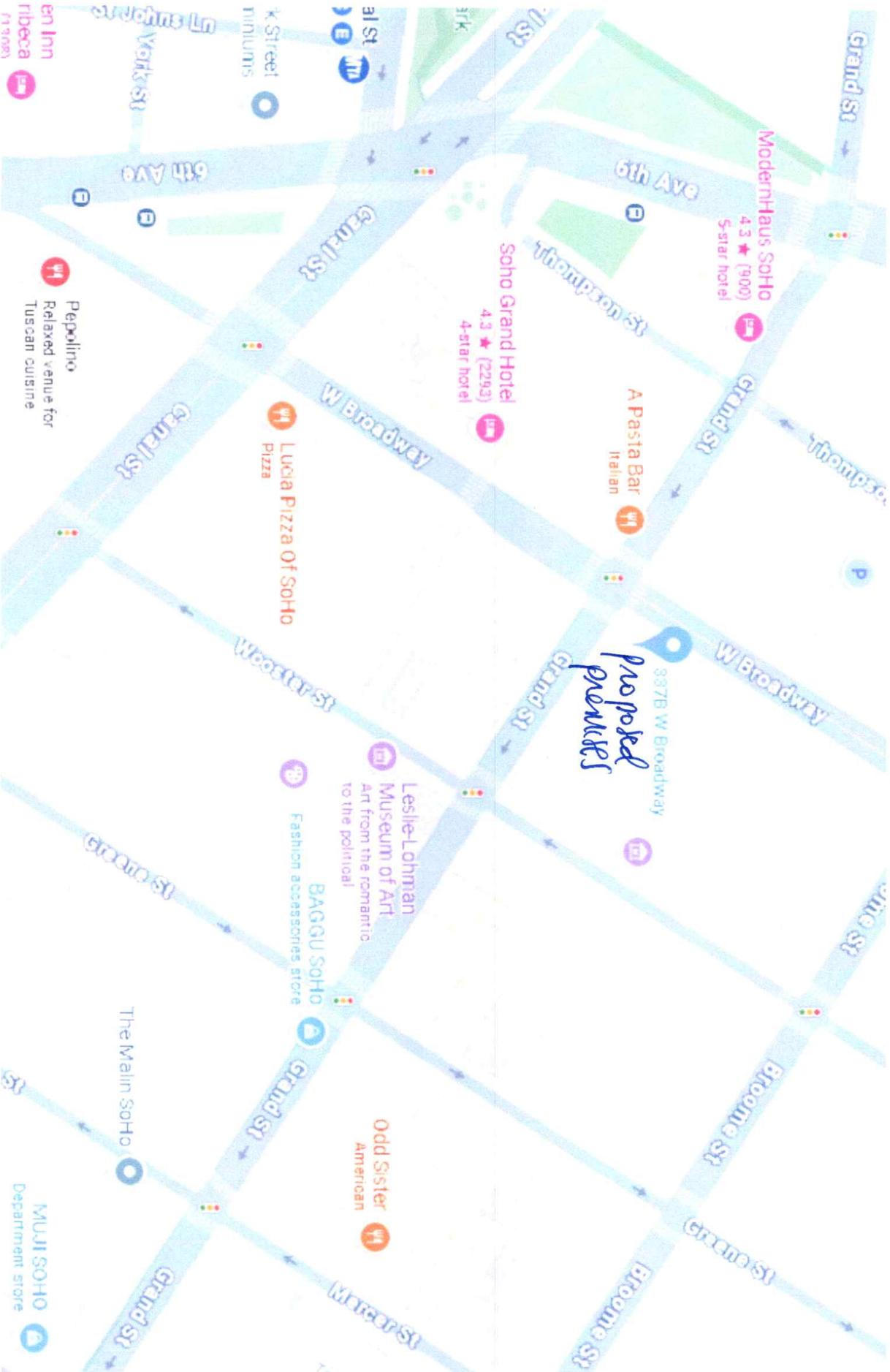
Yes      No

10a. If NO, please explain:

**ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY**

A list of county closing hours is available at the following link:  
<http://sla.ny.gov/provisions-for-county-closing-hours>

337B W BROOKWAY (NY) LLC  
— Retail Net Drawn —





**State Liquor  
Authority**

**KATHY HOCHUL**  
Governor

**VINCENT G. BRADLEY**  
Chairman

**LILY M. FAN**  
Commissioner

*Clevert Draft*

**PUBLIC INTEREST QUESTIONNAIRE  
(FOR APPLICATIONS SUBJECT TO THE 500 FOOT LAW)**  
(revised 12/31/21)

Applicant's Name: 337B West Broadway (NY) LLC

Applicant's DBA/trade name: Not Applicable

Applicant's Serial Number:

Address of Applicant's Premises

Street Number & Name: 337B West Broadway

City: NY, NY

Zip Code: 10013

PLEASE READ THE FOLLOWING CAREFULLY BEFORE COMPLETING THE QUESTIONNAIRE.

- This questionnaire must be submitted. Do not use any version other than the 12/31/21 revised form. No other document that an applicant submits will be accepted as a substitute. If needed, the applicant can attach supplemental pages to the questionnaire. Additional pages should be signed and dated by the person submitting the questionnaire.
- The information provided in this questionnaire must be consistent with the information provided in the application. If upon review the Authority determines that the applicant submitted conflicting or contrary information, the application will be subject to disapproval or, if the license has already been issued, the licensee will be subject to disciplinary action.
- The information provided in this questionnaire, as well as the information provided in the application, must also be consistent with the information provided in the notice that must be sent to the municipality 30 days before the application is filed. If the information sent to the municipality differs in any way from what was provided by the applicant, the applicant must identify those differences when completing this questionnaire.
- The Administrative Law Judge assigned to the application will not have a copy of the application as part of the record. The Administrative Law Judge will only have the material received by the deadline for submissions. Applicants should, therefore, answer the questionnaire as completely and thoroughly as possible.

**Questions**

General location of proposed licensed premises

1. In what city, town or village is the proposed licensed premises located? (For the City of New York, please identify the Community Board)

City/ Town/ Village/ Community Board: New York City Community Board 2

County: Manhattan

2. How many establishments with On-Premises Liquor licenses are located within a 500- foot radius of the proposed licensed premises?

Twenty

3. Of those establishments, how many can best be described as:

Restaurant? Twelve

Tavern/bar? Eight

Hotel? Two

Catering hall? \_\_\_\_\_

Nightclub? \_\_\_\_\_

Adult entertainment venue? \_\_\_\_\_

Other? \_\_\_\_\_

4. The area surrounding the proposed licensed premises is best described as (check only one):

Residential? \_\_\_\_\_

Commercial?   X  

Mixed residential/commercial \_\_\_\_\_

Description of proposed licensed premises and method of operation

5. What type of business (restaurant, tavern/bar, nightclub, catering hall, etc.) will the applicant be operating?

Tavern/Bar

6. In what type of building (single occupant, multi-unit, mixed-use, etc.) will the proposed licensed premises be located and how many floors does the building have?

First story of a two story, attached structure

7. Are there residents living above, below, or adjacent to the proposed licensed premises? If so, have they been contacted by the applicant, and is the applicant aware of whether they support or oppose this application?

No

8. How many floors will the proposed licensed premises occupy?

One

9. What is the maximum occupancy of the proposed licensed premises (interior space only)?

74

10. How large (in square feet) is the proposed licensed premises (interior space only)?

1070 sq. ft

11. How many tables (for patrons) will be in the proposed licensed premises (interior space only)?

Ten

12. How many seats (total) will be at the tables (interior space only)?

Twenty-seven

13. How many customer bars will be in the proposed licensed premises (interior space only)?

One

14. How many seats will be at the customer bars (interior space only)?

Ten

15. Will the proposed licensed premises have a full restaurant menu or a limited tavern menu?

Limited tavern menu

16. Will the applicant have security and, if so, how many security personnel will be used?

Yes, TBD

17. Will the applicant have recorded (background, no DJs or Juke Box) music?

Background

18. Will the applicant have live music?

No

19. Will the applicant have DJs?

No

20. Will the applicant have a Juke Box?

No

21. Will the applicant have karaoke?

No

22. If the applicant will have music, how will it control the noise volume?

Background music volume will be monitored by management for compliance with local law

23. Will the applicant allow patron dancing?

No

24. Will the applicant have employee/staff dancing and, if there is dancing will it include topless or exotic dancing (such as pole or lap dancing)?

No

25. Will the applicant use the services of a promoter?

No

26. Will the applicant rent out part, or all, of the premises for private events (Not applicable to catering establishments)? If so, how many times a year will the premises be rented out?

Yes, approximately twice per year

27. Does the applicant have an agreement in place with its municipality regarding the operation of the proposed licensed premises? If so, a copy of the agreement must be provided with this questionnaire.

No

28. If there is no agreement in place, has the applicant met with the municipality and is the applicant aware of the municipality's position regarding this application?

Have previously met with the Community Board and received approval on three separate occasions.

29. What are the applicant's hours of operation?

Seven days from 8am to 2am

30. Will the applicant be using any outside areas (including but not limited to sidewalk cafes, patios, decks, yards, etc.)? If so, please describe, including where the area is and the square footage, number of tables/ seats/ customer bars, hours of operation for outside service, etc.

No

31. Does the applicant intend to operate with any doors or windows kept open? If so, please describe and indicate the hours that the doors or windows will be kept open.

Yes, landmark building with folding windows. Approx 8am to 6pm

32. Is the applicant currently operating under a temporary retail permit?

No

33. Other than the liquor license, are there any required government approvals, permits, etc., that have not yet been obtained by the applicant to operate the proposed licensed premises?

None

34. Was the proposed licensed premises licensed in the past? If so, please identify the prior licensee and disclose any adverse disciplinary history, if known.

Yes – Sanctuary T from approximately 2007-2021 - No known adverse history

35. Is the proposed licensed premises currently licensed? If so, please identify the current licensee and disclose any adverse disciplinary history, if known.

No

36. If the proposed licensed premises was, or is currently licensed, briefly describe the prior licensee's method of operation, if known.

To the best of our knowledge: Tavern/Bar– Interior occupancy: 74 - One restroom with previously SLA approved waiver – Interior Tables: 16 - Interior seats at tables: 32 – Seats at Customer Bar: 10 – Background recorded music only – No dancing – No promoters – Folding windows – No security

37. If the proposed licensed premises has an adverse, disciplinary history, what actions will the applicant take to prevent future violations?

Not applicable

38. Is the applicant currently operating at the proposed licensed premises without alcoholic beverage sales?

No

39. Does the applicant have parking available for its patrons? Please describe the type of parking, if any.

\_\_\_\_\_

Information concerning the applicant

40. Has the applicant, or any of its principals, or proposed managers, ever held, or currently hold, a license to sell alcoholic beverages? If so, please identify those licenses.

No \_\_\_\_\_

41. Has the applicant, or any of its principals, or proposed managers, ever had a license cancelled or revoked by the Authority?

No \_\_\_\_\_

42. Does the applicant, or any of its principals, or proposed managers, have any other adverse disciplinary history with the Authority?

No \_\_\_\_\_

43. Does the applicant, or any of its principals, or proposed managers, have any other experience operating, supervising or working at a business licensed to sell alcoholic beverages? If so, please explain.

Yes, Manager, Anthoy Fiacco, Milk and Honey (Bartender), Dutch Kills (Bartender), Grand Banks (manager) \_\_\_\_\_

Additional information regarding Public Interest

44. Please explain the impact that the proposed licensed premises will have on vehicle and pedestrian traffic in the area.

Given our entire space is just under 1100 square feet, with seating for 37, we don't anticipate having any impact on vehicular or pedestrian traffic in the area

---

---

45. Please explain the impact that the proposed licensed premises will have on the noise level in the area.

Little to none, we will have no externally facing speakers, and again, we're quite small and share all walls and our ceiling with commercial tenants

---

---

46. Are there any other reasons to support a finding that issuing this license is in the public interest? Please be as specific as possible.

In my day job, I'm a champion of CSR and believe that businesses can be an instrument to affect positive change in the communities in which they transact. We plan to feature local artists on our walls and to partner with local vendors and use NYC made goods wherever possible. As a former bartender myself I know how physically demanding the job can be, as such we plan to offer a living wage and comprehensive medical insurance to all of our employees as well as giving all employees a path to equity ownership. The hope is that our model will serve as a new archetype in the New York hospitality sector.

---

---

---

---

---

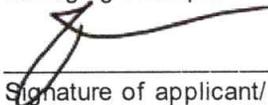
---

---

The applicant acknowledges that the Authority will rely on the representations made in this questionnaire. By signing and submitting this questionnaire, the applicant acknowledges that any false statement or misrepresentation herein will constitute cause for the disapproval of the application or disciplinary action against the applicant's license if the application is approved, including the possibility of revocation or cancellation of the license.

Please print the name of the applicant/ applicant's principal signing this questionnaire:

Harrison Greene  
Managing Principal

  
\_\_\_\_\_  
Signature of applicant/ applicant's principal

11/14/2025  
\_\_\_\_\_  
Date

\_\_\_\_\_

Please print the name of applicant's attorney/representative, if any

\_\_\_\_\_  
Signature of applicant's attorney/representative

\_\_\_\_\_  
Date