COMMUNITY BOARD NO. 2, MANHATTAN
3 WASHINGTON SQUARE VILLAGE
NEW YORK, NY 10012-1899
www.manhattancb2.org
P: 212-979-2272 F: 212-254-5102 E: info@manhattancb2.org
Greenwich Village ⋄ Little Italy ⋄ SoHo ⋄ NoHo ⋄ Hudson Square ⋄ Chinatown ⋄ Gansevoort Market

COMMUNITY BOARD 2 APPLICATION FOR A LIQUOR LICENSE

Please fill out this questionnaire, including the date, and return to the Community Board 2 office by email to arrive **no later than the month's due date** which can be found on CB2 Manhattan's website (https://cbmanhattan.cityofnewyork.us/cb2/resources/sla-questionnaire/). When meetings return to in person, please also provide an additional 5 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 scheduled 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 (including Beer and Wine) within 500 ft. of this location.
2. If the license being applied for is subject to the 500 ft. rule, please provide a copy of the public interest statement that will be submitted to the SLA.
3. Floor plans of the premise, clearly indicating the location of all entrances and exits, windows, bars, tables and chairs, patron and employee bathroom(s) and kitchen layout to be licensed. Please include seat and table counts on the plans for each area. If **outdoor seating of any kind** is included in the application please download and complete **CB2 SLA's Addendum for Outdoor Seating**. For any multi-floor, multi-room or hotel applications, please provide detailed plans for each floor and/or separate areas to be included in the licensed premises that are clearly labeled.
4. Proposed menu with general price ranges, if applicable.
5. Certificate of Occupancy or Letter of No Objection for the premises showing that the proposed use is permitted, including specific use of all outdoor areas within the property line.
6. If unable to show the proposed use is permitted, including for outdoor areas within the property line, please provide a detailed explanation for how the proposed use sought will be permitted and please provide any plans filed or to be filed with the Buildings Department.
7. Letter of Understanding or Letter of Intent from the Landlord.

8. Provide proof of community outreach to area block associations and immediately impacted residents in the building and surrounding area to notify them of your pending application and Community Board meeting information. Copies of any mailings to, and signatures or letters from Residential Tenants at location and from surrounding buildings may be submitted with home address and contact information. (i.e. a letter from the neighborhood block association or petition in support with home address and contact information.)
9. A copy of your NYS Liquor Authority application as it will be submitted to the SLA (excluding financial information).
10. If this is for a **Corporate Change**, please provide the **Current Approved Corporate Set-Up and the Proposed Corporate Set-Up** along with existing executed stipulations with CB2 if applicable.
11. If this is for any type of **Alteration Application**, please provide detailed information regarding the current situation and the proposed changes outlined as an addendum. If adding or subtracting space, please provide current and proposed diagrams.
12. If this application is for a **Change in Method of Operation**, please provide the current method of operation and the proposed changes in method of operation as an addendum.

Meeting Date: December 2/4, 2025

APPLICANT INFORMATION:

Name of applicant(s):
Marlow Table LLC

Trade name (DBA):
TBD

Premises address:
334 Bowery, New York, NY 10012

Cross Streets and other addresses used for building/premise:
Bond Street/Great Jones Street

CONTACT INFORMATION:

Principal(s) Name(s):
Elaine Marlow, Ronan Conlon

Office or Home Address: [redacted]

City, State, Zip: New York, NY 10011

Telephone #: [redacted]

Landlord Name / Contact:
Infinite Realty LLC

Landlord's Telephone and Fax: [redacted]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Elaine Marlow	Murray Hills Enterprises Inc. d/b/a Cask Bar & Kitchen - 167 E. 33rd Street
Ronan Conlon	Four Provinces LLC d/b/a Bar Bonobo - 184 8th Avenue
Ronan Conlon	Third Ave Cafe LLC d/b/a Banc Cafe - 431 433 3rd Avenue

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on…"):
Restaurant and bar serving upscale American fusion cuisine.

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)

X OTHER : Temporary Retail Permit

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:

Gino Sorbillo (2017 - 2021)

Gia Trattoria (2021)

XEO Cantina NYC (2022 - 2025)

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: N/A

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:

Gino Sorbillo (2017 - 2021)

Gia Trattoria (2021)

XEO Cantina NYC (2022 - 2025)

PREMISES:

By what right does the applicant have possession of the premises?

___ Own _X_ Lease* ___ Sub-lease ___ Binding Contract to acquire real property ___ other: _____
*Letter of Understanding provided. Please see attached.
Type of Building: ___ Residential ___ Commercial _X_ Mixed (Res/Com) ___ Other: _____

Number of floor: 8 Year Built : 1909

Describe neighboring buildings:
Mixed commercial & residential

Zoning Designation: C6-1

Zoning Overlay or Special Designation (applicable) MIH Area

Block and Lot Number: 530 / 38

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? __ yes _X_ 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? ____ yes _X_ no, please explain : pending

Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space) _X_ no ____ yes : explain _____

What is the proposed Occupancy? 74

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

___no _X_ yes

If yes, what is the maximum occupancy for the premises? 74 for Use Group 6, Eating and Drinking Establishment

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

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

_____

If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? ___ yes ____no N/A

Do you plan to file for changes to the Certificate of Occupancy? ____ yes _X_ no
(if yes, please provide copy of application to the NYC DOB)

Will the façade or signage be changed from what currently exist at the premise? ____ no _X_ yes

(if yes, please describe: Awning with tradename

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 2,992 sq.ft.

If more than one floor, please specify square footage by floors: Ground floor - 2,353 sq.ft., Basement - 555 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? 2 staircases from sidewalk to basement

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

Is there access to other parts of the building? ___ no _X_ yes, explain: Access to other basement areas; door to licensed area will remain locked at all times.

OVERALL SEATING INFORMATION:

Total number of tables? 24 Total table seats? 56

Total number of bars? 1 Total bar seats? 12

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

Total OVERALL number of seats in Premises : 64

BARS:

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

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

Any food counters? _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:
12pm to 2am	12pm to 2am	12pm to 2am	12pm to 2am	12pm to 2am	12pm to 2am	12pm to 2am

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

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

If yes, please describe : Existing accordion doors will remain in front.

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: Amplified system with a sound limiter and disbursed wall mounted speakers, to be configured as per sound engineer.

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? ___ no _X_ yes (if yes, please attach plans) Staff will monitor the front of the premise to ensure that crowds don't form and traffic does not become conjested.

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: Elaine Marlow Phone: [redacted]

Address: Please call or email.

Email : elaine@barbonobo.com

Application submitted on
behalf of the applicant by:

_____
Signature

Print or Type Name Elaine Marlow

Title Managing 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, Chair

NYC BUILDINGS

Certificate of Occupancy

CO Number: 103101082F

This certifies that the premises described herein 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. No change of use or occupancy shall be made unless a new Certificate of Occupancy is issued. *This document or a copy shall be available for inspection at the building at all reasonable times.*

A.

Borough:	Manhattan	**Block Number:**	00530	**Certificate Type:**	Final
Address:	334 BOWERY	**Lot Number(s):**	38	**Effective Date:**	03/16/2007
Building Identification Number (BIN):	1008489	**Building Type:**	Altered		

For zoning lot metes & bounds, please see BISWeb.

B.

Construction classification:	1	**Number of stories:**	8
Building Occupancy Group classification:	RES	**Height in feet:**	85
Multiple Dwelling Law Classification:	CAA	**Number of dwelling units:**	14

C. **Fire Protection Equipment:**
None associated with this filing.

D. **Type and number of open spaces:**
None associated with this filing.

E. **This Certificate is issued with the following legal limitations:**
None

Borough Comments: None

Christopher M Santulli
Borough Commissioner
Borough Commissioner

Commissioner

B Form 54 (Revised 03/05)

DOCUMENT CONTINUES ON NEXT PAGE

NYC BUILDINGS

Certificate of Occupancy

CO Number: 103101082F

Permissible Use and Occupancy

Floor From	To	Maximum persons permitted	Live load lbs per sq. ft.	Building Code habitable rooms	Building Code occupancy group	Zoning dwelling or rooming units	Zoning use group	Description of use
CEL			OG		COM RES		6, 2	ACCESSORY STORAGE BOILER ROOM
001		60	100		COM		6	STORE
002	008	60	100		RES	2	2	TWO (2) CLASS "A" APARTMENTS NOTE: FOURTEEN (14) CLASS 'A' APARTMENTS CONVERTED UNDER ARTICLE 7B MDL/OLD CODE

END OF SECTION

Christopher M Santalli

Borough Commissioner

Borough Commissioner

Commissioner

B Form 54 (Revised 03/05)

END OF DOCUMENT

103101082/000 03/16/2007 11:53:14 AM

INIFINTE REALTY LLC
386 PARK AVENUE SOUTH, 2ND FLOOR
NEW YORK, NY 10012

November 17, 2025

Manhattan Community Board 2
3 Washington Square Village, Unit 1A
New York, NY 10012

Re: Letter of Interest; 334 Bowery

To Whom It May Concern:

Infinite Realty LLC (Landlord) is the owner of 334 Bowery, New York, NY (Building). Landlord submits this letter to confirm that it is currently in negotiations to lease a portion of commercial space in the Building to Marlow Table LLC. Nothing contained herein shall be construed as a binding commitment or agreement by Infinite Realty LLC to lease space to Marlow Table LLC, nor does it create any legal obligation on the part of Infinite Realty LLC. All terms and conditions of any potential lease remain subject to ongoing negotiation and final written agreement between the parties.

Infinite Realty LLC

By:_____
William Fung,
Authorized Signatory

DINNER

SNACKS & BREAD

BREAD & BUTTER · 12
Einkorn sourdough served warm
with fennel butter.

CHIPS & HAM · 16
House made chips, 18-month Broadbent ham, piparras

COLD BAR & RAW

EAST COAST OYSTERS · 24 / 48
Mignonette, cocktail sauce

SHRIMP COCKTAIL · 19
Chilled shrimp, cocktail sauce, dijonnaise

FLUKE CEVICHE · 17
Coconut, ponzu, ginger, lime

BLACK BASS CRUDO · 18
Cured olives, preserved Meyer lemon, extra virgin olive oil

LAMB TARTARE · 19
Olives, Marcona almonds, Calabrian chili, nigella cracker

WAGYU BEEF CARPACCIO · 39
Truffle vinaigrette, 24-month Parmigiana

ESCARGOT · 23
Parsley-garlic butter, Nick & Sons baguette

GREENS & VEGETABLES

CAESAR SALAD · 21
Little gem, radicchio, pecorino
Add fancy anchovies · 5

CHARRED ESCAROLE · 14
Anchovy vinaigrette, sesame breadcrumbs

BADGER FLAME BEETS · 14
Stracciatella, chives

PASTA

AGNOLOTTI · 22
Honey nut squash, walnuts, sage, brown butter

CAPPELLETTI · 29
Crab, orange-saffron beurre blanc, chives

SCARPINOCC · 35
Wild mushrooms, Moliterno al tartufo, parsley

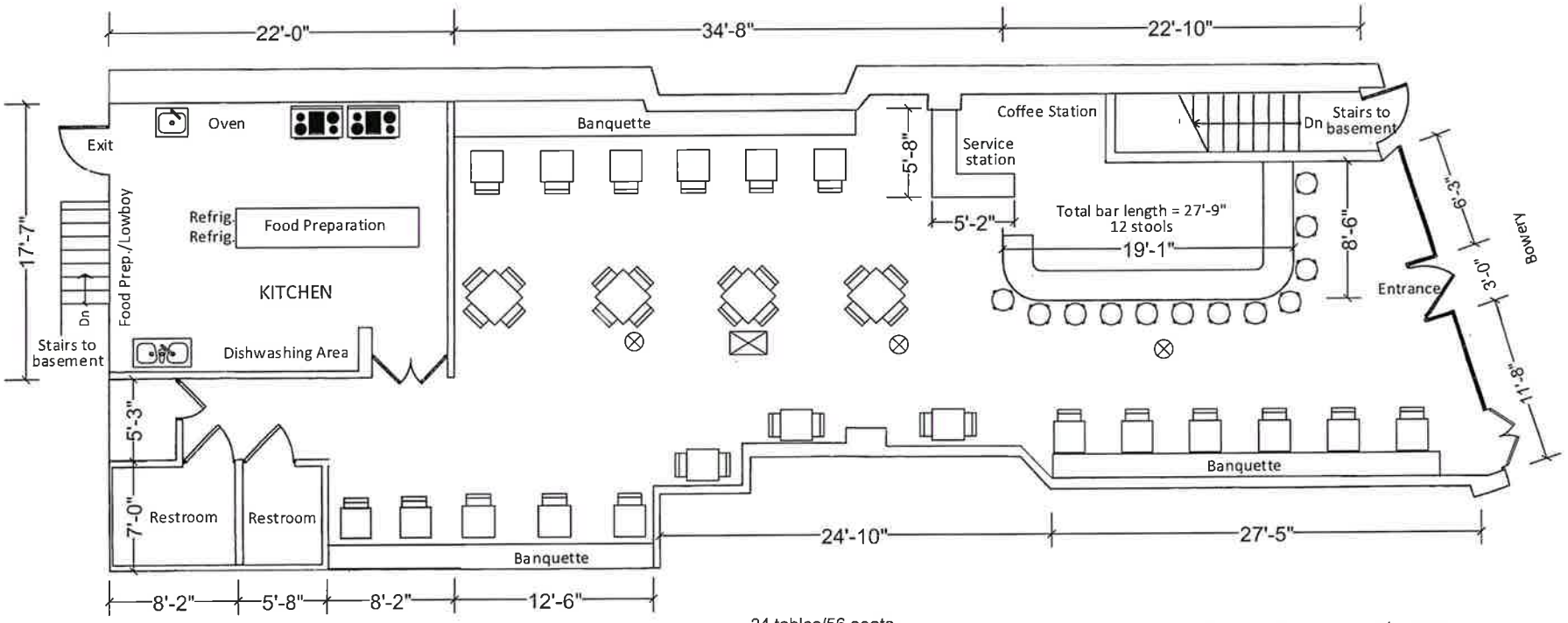
MAINS

DOUBLE CHEESEBURGER · 19
Mustard aioli, pickles, onion

FLAT IRON CHICKEN · 39
Jus, confit garlic, preserved Meyer lemon, chives

STEAK FRITES AU POIVRE · 45
Prime teres major, peppercorn sauce

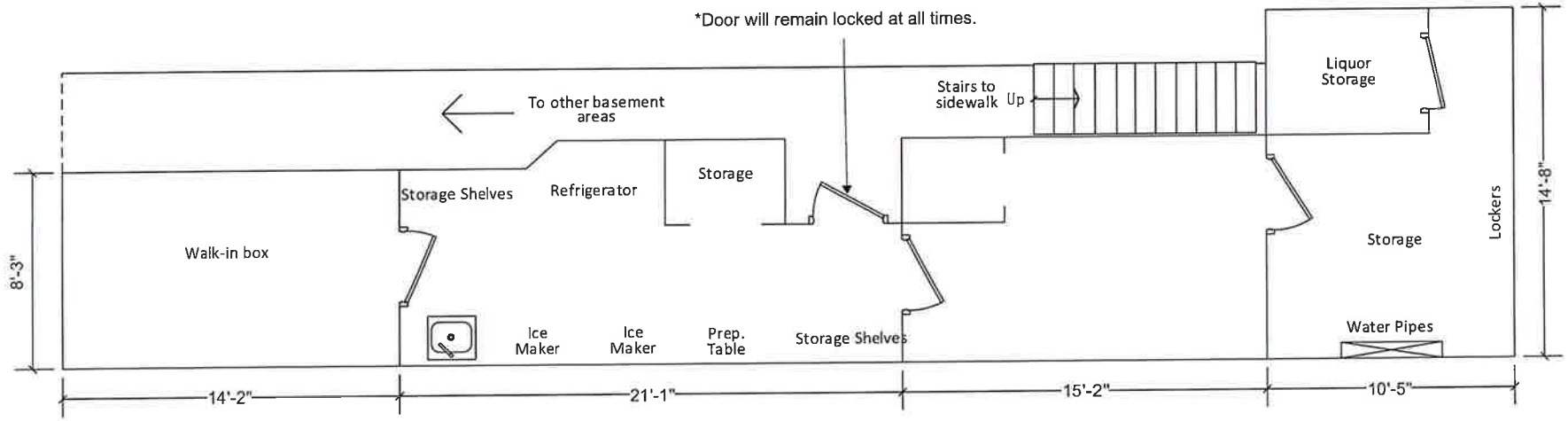
GRILLED BRANZINO · 49
Butterflied, boneless, salsa verde



24 tables/56 seats

INTERIOR DIAGRAM – 1st Floor
334 Bowery
New York, NY
November 5, 2025

NOT TO SCALE



INTERIOR DIAGRAM – Basement
334 Bowery
New York, NY
November 5, 2025

NOT TO SCALE

Landess-Simon, Inc.
Legal & Commercial Photography
45 Lawlins Park
Wyckoff, NJ 07481
Phone: (917) 975-5218
E-mail: landess@att.net
landessphotographers.com

Re: 334 Bowery

1. Il Buco Alimentari & Vineria – 53 Great Jones Street – (228')
2. The Wren – 344 Bowery – (98')
3. Gemma – 4 East 3rd Street – (167')
4. The Bowery Hotel – 335 Bowery AKA 4 East 3rd Street – (123')
5. Bowery Electric – 327 Bowery – (129')
6. Primi – 325 Bowery – (153')
7. Gjelina – 45 Bond Street – (230')
8. Il Buco – 47 Bond Street – (211')
9. Fish Cheeks – 55 Bond Street – (155')
10. Von – 3 Bleecker Street – (249')
11. Kissaki – 319 Bowery – (238')
12. Kabawa – 8 Extra Place – (471')
13. Slainte – 304 Bowery – (469')
14. Duane Park – 308 Bowery – (420')
15. Bowery Bar – 310 Bowery – (403')
16. Vic's – 31 Great Jones Street – (443')
17. Elvis – 54 Great Jones Street – (253')
18. Yawning Cobra – 356 Bowery – (322')
19. Misirizzi – 36 East 4th Street – (479')
20. Swift – 54 East 4th Street – (489')
21. Phebe's – 359-361 Bowery – (389')
22. Short Stories – 355 Bowery – (306')

Schools & Churches

No schools and churches within 500' area.

500 Foot Survey (Beer & Wine)

1. Yoshinko – 342 Bowery (72 Ft.)
2. Atelier Jolie – 57 Great Jones Street (162 Ft.)
3. Think Coffee – 1 Bleecker Street (273 Ft.)
4. C As In Charlie – 5 Bleeker Street (245 Ft.)
5. Sheen Center – 18 Bleeker Street (352 Ft.)

**This information derives from the NYS Liquor Authority Mapping Project (LAMP).*

KORNGUT PALEUDIS LLC

MICHAEL J. PALEUDIS, *MEMBER* +♦★Δ
BENJAMIN A. KORNGUT, *MEMBER* +
LAURA E. RYAN, *ASSOCIATE* Δ
ELKE A. HOFMANN, *OF COUNSEL* +★Φ
LEONARD M. FOGELMAN, *OF COUNSEL* +
DAVID M. DAHAN, *OF COUNSEL* +Ω
ADAM I. KLEINBERG, *OF COUNSEL* +Δ
PAUL C. TAYLOR, *OF COUNSEL* Δ+

ADMITTED TO PRACTICE +NY, ♦CT, ★PA, ΔNJ, ΩMA, ΦCA

November 14, 2025

New York State Liquor Authority
163 West 125th Street, 8th Floor
Adam Clayton Powell State Building
New York, NY 10027

Re: *Marlow Table LLC*
Premises: *334 Bowery, New York, NY 10012*

To Whom It May Concern:

Our office represents Marlow Table LLC, a company that has been established to operate a restaurant at the above-referenced address. For the reasons set forth below, the applicant submits that its application should be granted under Section 64(7)(f) of the New York Alcoholic Beverage Control Law (ABC) because granting the on-premises liquor license creates "public convenience and advantage" and is "in the public interest" as contemplated by Section 64(6-a) of the ABC.

a) While there are other licenses within 500 Feet of the premises, the applicant has served proper notice to Manhattan Community Board 2 and is scheduled to meet with their SLA Committee on December 2, 2025.

b) The applicant will obtain all necessary state and local permits and licenses to operate the club.

c) The proposed premises is in close proximity to subway trains and buses. Parking is available in nearby lots and garages. In light of the parking and nearby public transportation, granting the application will not negatively impact vehicular traffic.

d) Soundproofing will be installed, and the applicant will play recorded music kept at an ambient noise level, so it should not impact the noise level in the area.

Respectfully submitted,

Michael Paleudis, Esq.

NEW YORK STATE | Liquor Authority

OFFICE USE ONLY
◯ Original ◯ Amended Date _____

LICENSE

102

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

FILING CHECKLIST

APPLICANTS SHOULD KEEP A COPY OF THIS APPLICATION AND THE SUPPORTING DOCUMENTS FOR THEIR RECORDS.

This checklist has been created to better assist you with the application process. All items on the checklist must be complete and accurate. If all items in the checklist are not submitted, the application may be disapproved for Failure to Comply.

Section 105-b of the Alcoholic Beverage Control Law requires that Notice be posted in a conspicuous place at the entrance of the premises within 10 days of filing a new application to sell liquor at retail. This Notice does not apply to a premises that is currently licensed to sell liquor at retail. This Notice Form can be found on our website under "Notice to be Posted at Proposed Premises."

Section 110-b of the ABC Law requires ALL on-premises applicants (whether applying for beer, wine or liquor licenses) to notify the local Municipality or Community Board not more than 270 days prior to filing an application the the Liquor Authority. A COPY OF THE COMPLETED STANDARDIZED FORM AND PROOF OF DELIVERY MUST BE SUBMITTED WITH THIS APPLICATION.

Applicants MUST submit the following sections of the license application when filing the application:

- ☐ Application Wizard Cover Page
- ☑ Application
- ☑ Right to Premises
- ☑ Landlord Identification
- ☐ Financial Disclosure
- ☑ 500 Foot Law Statement
- ☑ Statement of Area Plan
- ☐ Establishment Questionnaire
- ☑ Method of Operation
- ☐ Personal Questionnaire (for each Principal, Lender, Donor, Joint Account Holder, etc. - signed and dated)
- ☐ Notice of Appearance (if represented by someone other than the applicant principals)
- ☐ Applicant's Statement (signed and dated)
- ☐ Completed copy of the Standardized Notice Form for providing 30 days advance notice to the municipality with proof of delivery

Applicants MUST submit the following Supporting Documents when filing the application:

- ☐ Bond, Form L-9 (signed by an applicant principal and expiring at the end of the initial licensing term)
- ☐ Detailed Diagrams of the interior of the premises (see diagram instructions and examples at the end of this application) Financial
- ☐ Records showing the source and availability of funds to be used for the venture
- ☐ Lease/Deed/Contracts (you must provide proof that you have full control over the premises)
- ☐ Letter of request to waive the two restroom rule (if only one restroom)
- ☐ Menu
- ☐ Photo Identification for all applicant principals (copies only)
- ☐ Photos of applicant principals
- ☐ Photos of the proposed premises (exterior and interior - including bar, kitchen/food preparation area)
- ☐ Submission of all the fees associated with this application (see Application Wizard Cover Page)

Applicants MUST submit the following Supporting Documents before a license can be issued (Conditions of Approval):

- ☐ Assumed Name Filing Receipt (if DBA is used)
- ☐ Newspaper Affidavit
- ☐ NYS Department of State Corporate Filing Receipt or Business Certificate from County Clerk if Sole Proprietor or Partnership
- ☐ Photos of the premises showing it ready to open and operate

NEW YORK STATE | Liquor Authority

OFFICE USE ONLY
◯ Original ◯ Amended Date _____

29

LICENSE

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.

1. APPLICANT

Name of Applicant: *(e.g., Sole Proprietor, Partnership, Corporation, LLC, LLP, LP, etc.)* Marlow Table LLC

Trade Name(DBA): *(see instructions) ** must be provided if premises will be called by any name other than as listed in the "Name of Applicant"* TBD

Premises Street Address: 334 Bowery

City: New York , NY Zip Code: 10012

County: New York Telephone Number of Premises (include area code): TBD

Mailing Address (if different than above):

City: State: Zip Code:

E-mail address (required): elaine@barbonobo.com

Business Website:

2. CONTACT *(if different than applicant)*

Name of Contact: Michael Paleudis ◉ Attorney ◯ Representative ◯ Contact Person

Office Address: 100 Canal Pointe Boulevard, suite 125

City: Princeton State: NJ Zip Code: 08540

Telephone Number of Office (include area code): (212) 835-8482

E-mail address (required): mjp@kplawyers.com

3. For SEASONAL licenses only (select license date range): Not Applicable **to:** Not Applicable

4. Number of ADDITIONAL BARS (if any): 0

5. Months that SEASONAL add bars will operate: Not Applicable **to:** Not Applicable

6. Federal Tax ID Number (required):

[OFFICE USE ONLY]

DATE FILED: APPLICATION ID #:

Approved ◯ Disapproved ◯

License Board Member Date

OFFICE USE ONLY
◯ Original ◯ Amended Date _____

7. 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

8. 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 #:
Elaine Marlow		
Title	**No. of Shares if Corporation OR % of ownership if LLC or Partnership**	**Date of Birth**
Managing Member	50%	
Name of Principal	**Residence**	**Social Security #:**
Ronan Conlon		
Title	**No. of Shares if Corporation OR % of ownership if LLC or Partnership**	**Date of Birth**
Managing Member	50%	
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:

*__Corporations and Limited Liability Companies (LLCs)__ must list the name, residential address, social security number and date of birth of any individual who owns 10% or more of the applicant corporation and any individual who holds the following titles (or their equivalent): president; treasurer; secretary; and chief executive officer. Any individual listed must also submit a Personal Questionnaire, copy of photo identification, original photo and fingerprints. *See Advisory 2022-13 for assistance.*

*__Not-For-Profit Corporations__ must 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 personal questionnaires 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. If the non-profit is only applying for a club license, the second page of the application form must list the name, residential address, social security number and date of birth of the individual serving as the Alcoholic Beverage Officer. The individual must also submit a Personal Questionnaire. *See Advisory 2015-4 for assistance.*

NEW YORK STATE | Liquor Authority

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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

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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*): Infinite Realty LLC

2. Landlord Mailing Address

Street Address: 386 Park Avenue, 2nd Floor

City: New York State: NY Zip Code: 10016

3. Telephone Number of Landlord: (646) 291-6352

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

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

5. Are any persons listed on this form police officers? ◯ Yes ◉ No

If yes, list names below:

Name

Name

Name

6. List number of years real property has been owned or legally controlled by the landlord: 26 years

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500 FOOT LAW STATEMENT

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

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.

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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:	
Address:	
Distance:	
2. Name of church/school:	
Address:	
Distance:	
3. Name of church/school:	
Address:	
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.

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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:
(e.g., Residential, Business, Mixed etc.)
Mixed

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.
8 story multi unit

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

If YES, please specify: 334-346 Bowery

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: XEO Cantina, Inc. License ID Number: 0340-23-128478

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

◯ Yes ◯ No ◉ Do Not Know

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 ID Number:

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◯ Original ◯ Amended Date _____

3. Premises (interior):

3a. List the total number of floors of the business establishment to be licensed, including the basement: 2

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

3c. Where is the alcohol stored? Cellar

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). *There is access to unlicensed areas of the basement. Door to licensed area will remain locked at all times. ◉ Yes ◯ No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, overwhich 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. 2

3g. List the maximum occupancy of the premises: 74 3h. Number of tables? 24

3i. Number of seats at tables? 56 3j. Number of seats at bar or counter? 12

4. Bars:

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

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

4c. Describe each bar in the fields below:

Bar 1		**Bar 2**		**Bar 3**	
Bar Type:	Customer Bar	Bar Type:		Bar Type:	
Length:	19'1"	Length:		Length:	
Shape:	L Shaped	Shape:		Shape:	
Location:	1st Floor/Ground	Location:		Location:	

(If the location of your bar is not listed as a choice in the drop-down menu, please type in your answer.)

Attach additional sheets if there are more than 3 bars.

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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: All hours kitchen is open

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:

Note: 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, the permit application, proof of workers' compensation and proof of liability insurance to provide coverage for "injury sustained by persons on the contiguous municipal public space or non-contiguous municipal public space used by the licensee and, if applicable, persons and cyclists using or crossing a bike thoroughfare that connects the licensed premises to the non-contiguous municipal space used by the licensee."

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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? Approximately 12 times per 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.):

☐ Outdoor Music (give details: e.g. Live, DJ, Recorded 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 *Principals will also manage.

5a. If NO, will principal(s) manage? ○ Yes ○ No

6. How many employees? (excluding principals and security personnel) 15

6a. If answer is "0" please provide an explanation:

7. Will security personnel be used at the premises? ◉ Yes ○ No

7a. If YES, how many? 1

7b. 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:

Pending

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.

8. 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.

9. 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

9a. 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

Outlook

RE: Liquor License Application; 334 Bowery

From Michael Paleudis <mjp@kplawyers.com>
Date Fri 11/7/2025 8:53 AM
To Michael Paleudis <mjp@kplawyers.com>
Cc Alexandra Calderwood <aac@kplawyers.com>
Bcc bstarztwo@gmail.com <bstarztwo@gmail.com>; ban62007@gmail.com <ban62007@gmail.com>; mitchellgrubler@yahoo.com <mitchellgrubler@yahoo.com>

Apologies, my email, below contained an error. The address is 334 Bowery, there is **no unit designation** in this building.

Michael J. Paleudis, Esq.
212.837.8482 (Direct)
212.835.6768 (Main)
Join Meeting Room
mjp@kplawyers.com
www.kplawyers.com

KORNGUT PALEUDIS LLC

New York I New Jersey

From: Michael Paleudis
Sent: Friday, November 7, 2025 8:49 AM
To: Michael Paleudis <mjp@kplawyers.com>
Cc: Alexandra Calderwood <aac@kplawyers.com>
Subject: Liquor License Application

Dear Ms. Campo / Mr. Grubler:

Our law firm represents Marlow Table, LLC. Our client has submitted a 30 Day Notice to Manhattan Community Board No. 2 (CB2) because it intends to file an application to the New York State Liquor Authority for a liquor license to be sited at the East Unit of 334 Bowery (presently occupied by XEO Cantina). As you may know, this location has been previously licensed with a full on-premises license. Our client will also operate a restaurant and will close no later than 2:00 am. There will be no outdoor areas. Our client will meet with CB2 in December. Please do not hesitate to write or call if your organization has any questions or concerns about this application or would like to meet with our client to discuss the project in advance of its meeting with CB2.

Thank you.

Michael J. Paleudis, Esq.
212.837.8482 (Direct)
212.835.6768 (Main)
Join Meeting Room

Dropbox Sign

Audit trail

Title	11.18.25 - CB2 Questionnaire (to client) .pdf
File name	11.18.25%20-%20CB...0client%29%20.pdf
Document ID	63f4b6e6836f0aed5ed284277152dc0fb5f9c817
Audit trail date format	MM / DD / YYYY
Status	● Signed

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SIGNED	11 / 18 / 2025 20:38:51 UTC	Signed by Marlow Table LLC (elaine@barbonobo.com) IP: 146.75.237.54
COMPLETED	11 / 18 / 2025 20:38:51 UTC	The document has been completed.