

Meeting Date: December 2025

**APPLICANT INFORMATION:**

Name of applicant(s): Ubani Bistro Inc

Trade name (DBA): Ubani Bistro

Premises address: 259 Bleecker Street, New York, New York

Cross Streets and other addresses used for building/premise:

Cornelia & Morton Streets

**CONTACT INFORMATION:**

Principal(s) Name(s): Kakhaber Chiqovani

Office or Home Address: 259 Bleecker Street

City, State, Zip: New York, New York 10014

Telephone #: [REDACTED]

Landlord Name / Contact: Robert K. Cohen

Landlord's Telephone and Fax: [REDACTED]

<b>NAMES OF ALL PRINCIPAL(s):</b>	<b>NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD</b>
<u>Davit Gogoreliani</u>	<u>Coffeegenyc Inc - 37A Bedford Street, New York, New York</u>
<u>Kakhaber Chiqovani</u>	<u>EDK Group Inc - 937 Second Avenue, New York, New York</u>
<u>Eteri Saladze</u>	<u>Georgian Cuisine Inc - 8309 Third Avenue, Brooklyn, New York</u>

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

Traditional Georgian/French restaurant serving lunch and dinner in a welcoming atmosphere serving the freshest ingredients reasonably priced and impeccably served.

**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.)

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

Restaurant

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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: \_\_\_\_\_  
Savta NYC LLC d/b/a SAVTA 0240-24-135952

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:  
Un known

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**PREMISES:**

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

Own  Lease  Sub-lease  Binding Contract to acquire real property  other: \_\_\_\_\_

Type of Building:  Residential  Commercial  Mixed (Res/Com)  Other: \_\_\_\_\_

Number of floor: 6 Year Built : \_\_\_\_\_

Describe neighboring buildings: Mixed use

Zoning Designation: R7-2

Zoning Overlay or Special Designation (applicable) C1-5

Block and Lot Number: 590 / 2

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor?  yes  no

Is the premise located in a historic district?  yes  no

(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC?  yes  no, please explain : N/A

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

What is the proposed Occupancy? \_\_\_\_\_

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

no  yes LNO

If yes, what is the maximum occupancy for the premises? 74

If yes, what is the use group for the premises? 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 N/A

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: New Signage

**INTERIOR OF PREMISES:**

What is the total licensed square footage of the premises? Approximately 2,200 square feet

If more than one floor, please specify square footage by floors: Approximately 1,100 square feet

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? Interior stairs

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

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

**OVERALL SEATING INFORMATION:**

Total number of tables? 23 Total table seats? 48

Total number of bars? 1 Total bar seats? 8

Total number of "other" seats? 4 please explain: counter seats

Total OVERALL number of seats in Premises: 60

**BARS:**

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 8

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

Any food counters? no  yes, describe: Fronting the bar

**For Alterations and Upgrades:**

Please describe all current and existing bars / bar seats and specific changes:         

\* A stand-up bar is any bar or counter (whether seating or not) over which a member of the public can order, pay for and receive food and alcoholic beverages.

**PROPOSED METHOD OF OPERATION:**

What type of establishment will this be? (check all that apply)

         Bar          Bar & Food  Restaurant          Club/ Cabaret          Hotel          Other:

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: Kakhaber Chigovani Phone: [REDACTED]

Address: 259 Bleeker Street Mc

Email: [REDACTED]

Application submitted on behalf of the applicant by:

[Signature]  
Signature

Print or Type Name Kakhaber Chigovani

Title Vice-President

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.

[Signature]

Community Board 2,  
Manhattan SLA Licensing  
Committee Donna Raftery, Chair

Name of School / Church: \_\_\_\_\_

Address: \_\_\_\_\_ Distance: \_\_\_\_\_

Name of School / Church: \_\_\_\_\_

Address: \_\_\_\_\_ Distance: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email : \_\_\_\_\_

Application submitted on  
behalf of the applicant by:

X K. Chigoveri  
Signature

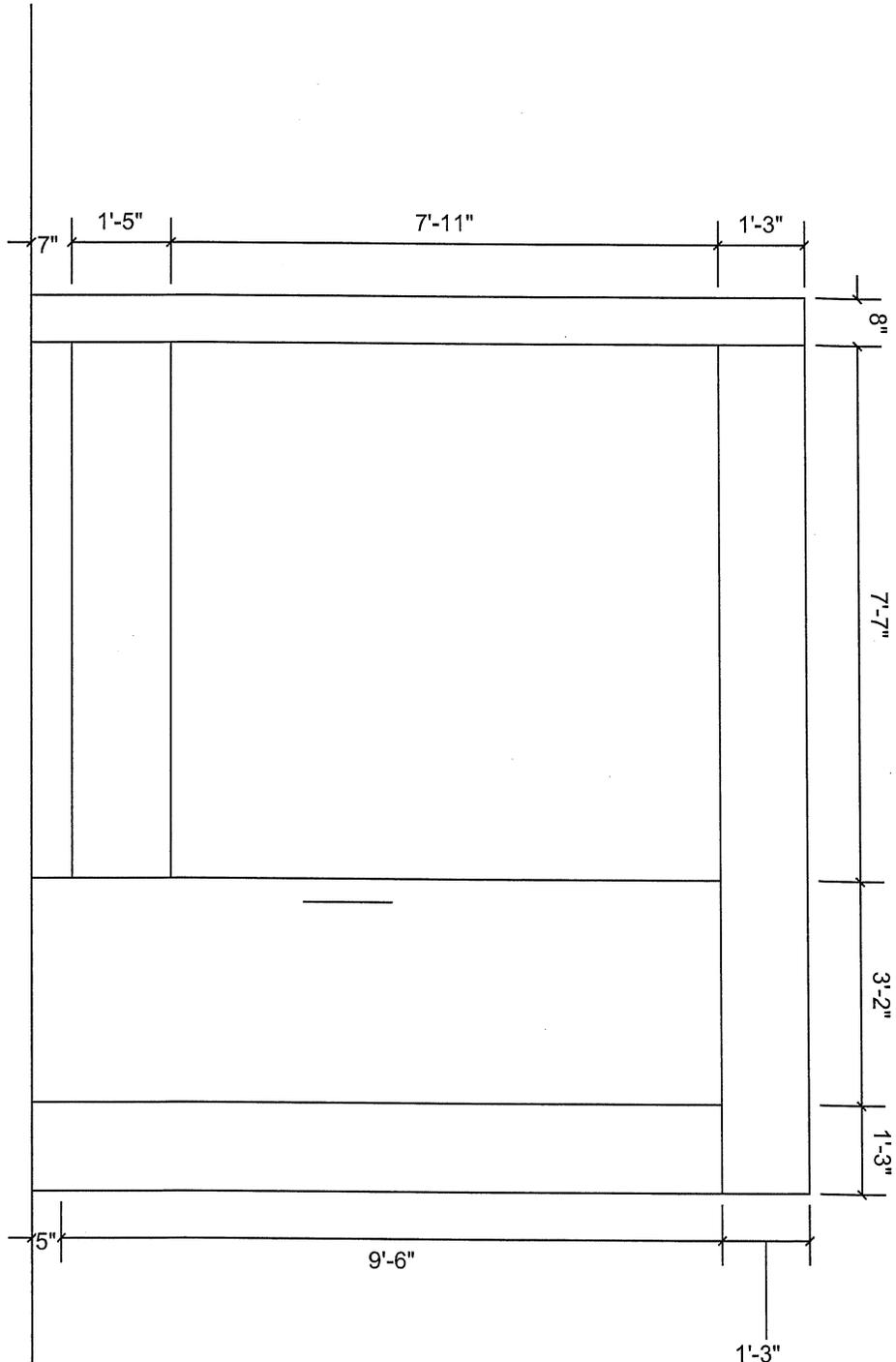
Print or Type Name Kat Haber Chigoveri

Title Vice-President

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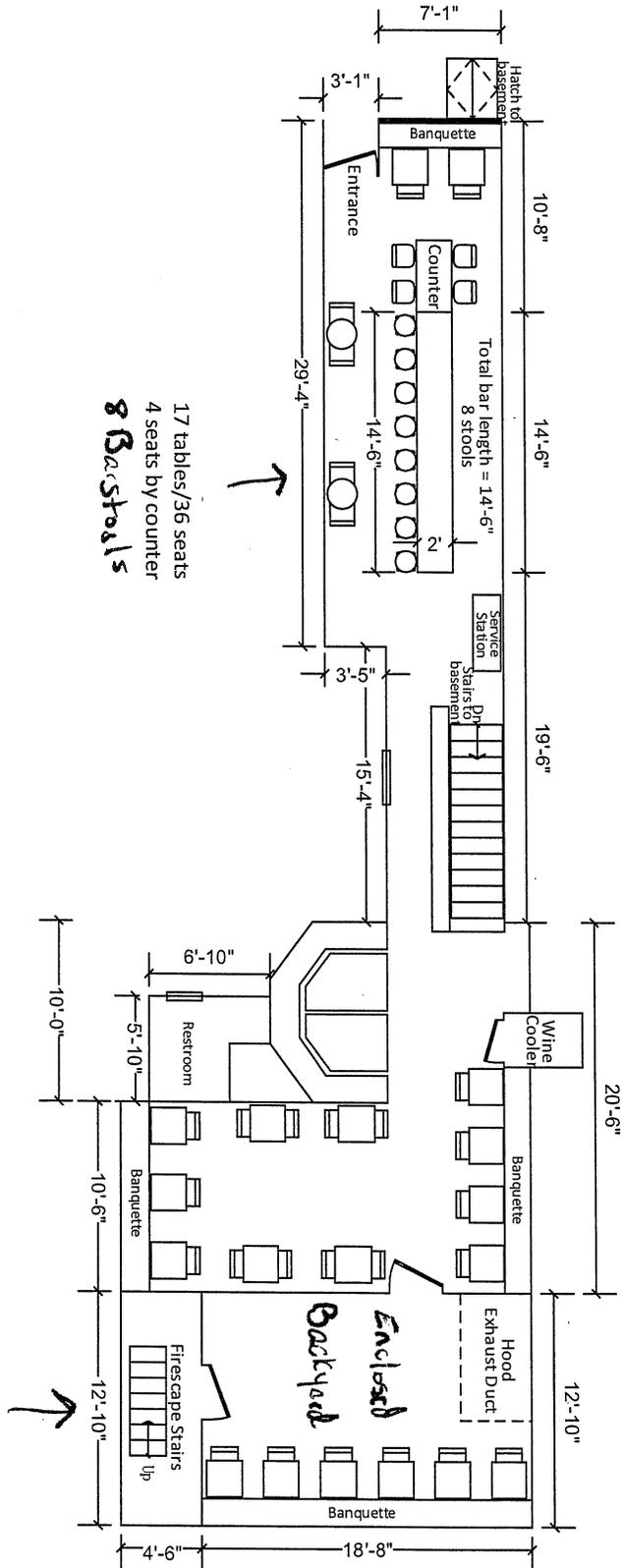


Community Board 2,  
Manhattan SLA Licensing  
Committee Donna Raftery, Chair



FRONT ELEVATION  
 259 Bleecker Street  
 New York, NY  
 June 17, 2025  
 NOT TO SCALE

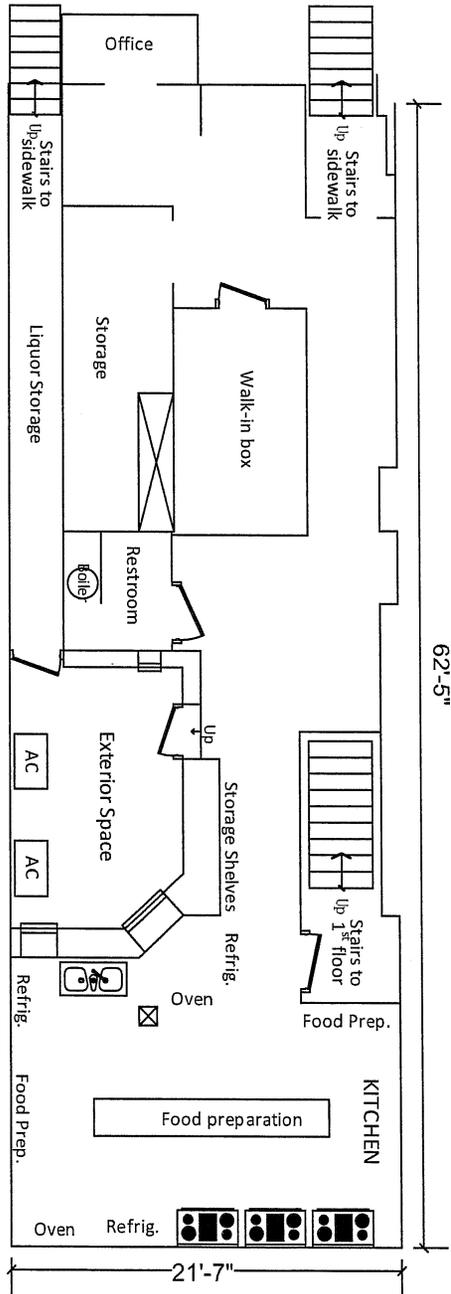
Bleecker Street



INTERIOR DIAGRAM - 1<sup>st</sup> Floor  
259 Bleecker Street  
New York, NY  
June 17, 2025

NOT TO SCALE

Bleecker Street



INTERIOR DIAGRAM – Basement  
259 Bleecker Street  
New York, NY  
June 17, 2025  
NOT TO SCALE

# UBANI

## BISTRO

### BRUNCH MENU

**AVOCADO TOAST** \$18.00

Whole wheat bread, Fried Egg, Guacamole, tomato, green mix.

**EGGBREAD (KIKLEKO)** \$18.00

Eggbread with ham, cheese and bacon. Served with green mix.

**GEORGIAN STYLE RATATOUILLE** \$17.00

combination of fresh, colorful vegetables and herbs topped with fried egg on a butter toasted bread.

**EGGS BENEDICT** \$18.00

Homemade brioche, poached Eggs and Hollandaise sauce and Avocado.

**OMELETTE WITH KUPATZ** \$22.00

Scrambled eggs with tomatoes, Beef and pork sausage, served with green mix.

**FRENCH TOAST** \$17.00

Homemade brioche, cinnamon, Fresh berries, pastry cream.

**CROQUE MADAME** \$18.00

bread, ham, Gruyère cheese, and a béchamel sauce.

**CROQUE MONSIEUR** \$18.00

Bread, ham, cheese and Béchamel sauce

### DINER MENU

#### APERHAIZER

**ESCARGOT (SNAILS BURGUNDY STYLE)** \$19.00

**SALMON CARPACCIO** \$18.00

**BEEF CARPACCIO** \$18.00

**FROG LEGS** \$30.00

**MUSSELS** \$22.00

#### SALAD

**CHICKEN LIVER SALAD** \$19.00

**SEAFOOD SALAD** \$19.00

**BLUE CHEESE SALAD** \$18.00

**STEAK SALAD WITH PESTO** \$20.00

#### SOUP

**FRENCH-ONION** \$15.00

**MUSHROOM CREAM** \$15.00

**PUMPKIN CREAM** \$15.00

#### MAIN COURSE

**STEAK TARTARE** \$22.00

**NY STRIP STEAK** \$40.00

**BEEF BOURGUIGNON** \$55.00

**LAMB CHOPS WITH ESTROGEN SAUCE** \$58.00

**TROUT FILLET WITH MUSHROOM SAUCE** \$30.00

#### DESSERT

**CHOCOLATE LAVA CAKE** \$14.00

**NOUGAT GLACE** \$14.00

**APPLE TATIN** \$14.00

259 Bleecker Street

New York, NY 10014  
United Statesz