

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): FELIX GREENE SOHO LLC

Trade name (DBA): FELIX ROASTING CO.

Premises address: 145 GREENE ST.

Cross Streets and other addresses used for building/premise:
c/o W HOUSTON ST. - PRINCE ST.

CONTACT INFORMATION:

Principal(s) Name(s): MATT MOINIAN

Office or Home Address: 145 GREENE ST.

City, State, Zip: NY NY 10012

Telephone #: [REDACTED] email: [REDACTED]

Landlord Name / Contact: LDL HOUSTON LLC + GREEN-HOUSTON LLC

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>MATTHEW MOINIAN</u>	<u>FELIX GREENE SOHO LLC 145 GREENE ST. OPL # 0370-25-102339 EXP 11/1/27 SINCE 2003</u>
<u>ALI ANSARI</u>	<u>FELIX GREENE SOHO LLC 104 GREENE ST OPL # 0340-21-120681 UNTIL 2023</u>
<u>HOLDCO LLC TBH COFFEE</u>	<u>FELIX ROASTING CO. 450 PARK AVE SO. TN# 0262-20-102134 2023 - Present</u>

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
WE ARE A TAVERN / COFFEE SHOP SERVING A TAVERN
STYLE MENU

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

a new liquor license (Restaurant Tavern / On premise liquor Other)

an UPGRADE of an existing Liquor License

an ALTERATION of an existing Liquor License

a TRANSFER of an existing Liquor License

a HOTEL Liquor License

a DCA CABARET License

a CATERING / CABARET Liquor License

a BEER and WINE License

a RENEWAL of an existing Liquor License

an OFF-PREMISE License (retail)

OTHER : METHOD OF OPERATION CHANGE

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

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

CLOSING HOURS CHANGING FROM 10PM TO 12AM SEVEN DAYS

A WEEK

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

N/A

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

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

FELIX GREENE SOHO LLC OPT # 0370-25-102339 EXP 1/31/27

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:

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: 8 Year Built : 2003

Describe neighboring buildings: MIXED USE

Zoning Designation: M1-5/R7X

Zoning Overlay or Special Designation (applicable) SNY (SOHO FLAT-IRON HISTORIC DISTRICT)

Block and Lot Number: 514 / 7505

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 NO CHANGES MADE

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? TAVORN

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? 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

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

Will the façade or signage be changed from what currently exist at the premise? no yes
(if yes, please describe: _____)

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? APPROX 1200 SQ. FT.

If more than one floor, please specify square footage by floors: 1ST FLOOR - 650 SQ FT BSMNT. 550 SQ FT

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

NO

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

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? 13 Total table seats? 25

Total number of bars? 1 Total bar seats? 0

Total number of "other" seats? 0 please explain: 0

Total OVERALL number of seats in Premises: 25

BARS:

How many * stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 0

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

Any food counters? no yes, describe: _____

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: _____

What are the Hours of Operation?

Sunday: 9^A to 12^A Monday: 8^A to 12^A Tuesday: 8^A to 12^A Wednesday: 8^A to 12^A Thursday: 8^A to 12^A Friday: 8^A to 12^A Saturday: 8^A to 12^A

Will the business employ a manager? no yes, name / experience if known : Arthur McKeown
is VAS managing for them

Will there be security personnel? no yes (if yes, what nights and how many?) _____

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

If yes, please describe : _____

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 Have

IF YES, will you be using a professional sound engineer? No

Please describe your sound system and sound proofing: I Pod

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

No any events at which a cover fee is charged? No private parties

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? no yes (if yes, please attach plans)

Will you be utilizing No ropes No movable barriers No other outside equipment (describe) _____

Are your premises within 200 feet of any school, church or place of worship? no yes

If there is a school, church or place of worship within 200 feet of your premises or on the same block, please submit a block plot diagram or area map showing its' location in proximity to your applicant premises (no larger than 8 1/2 " x 11").

Indicate the distance in feet from the proposed premise:

Name of School / Church: _____

Address: _____ Distance: _____

Name of School / Church: _____

Address: _____ Distance: _____

Name of School / Church: _____

Address: _____ Distance: _____

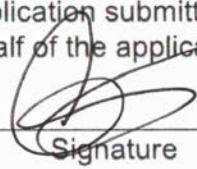
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: _____ Phone: _____

Address: _____

Email : _____

Application submitted on
behalf of the applicant by:



Signature

Print or Type Name MICHAEL KELLY

Title REPRESENTATIVE

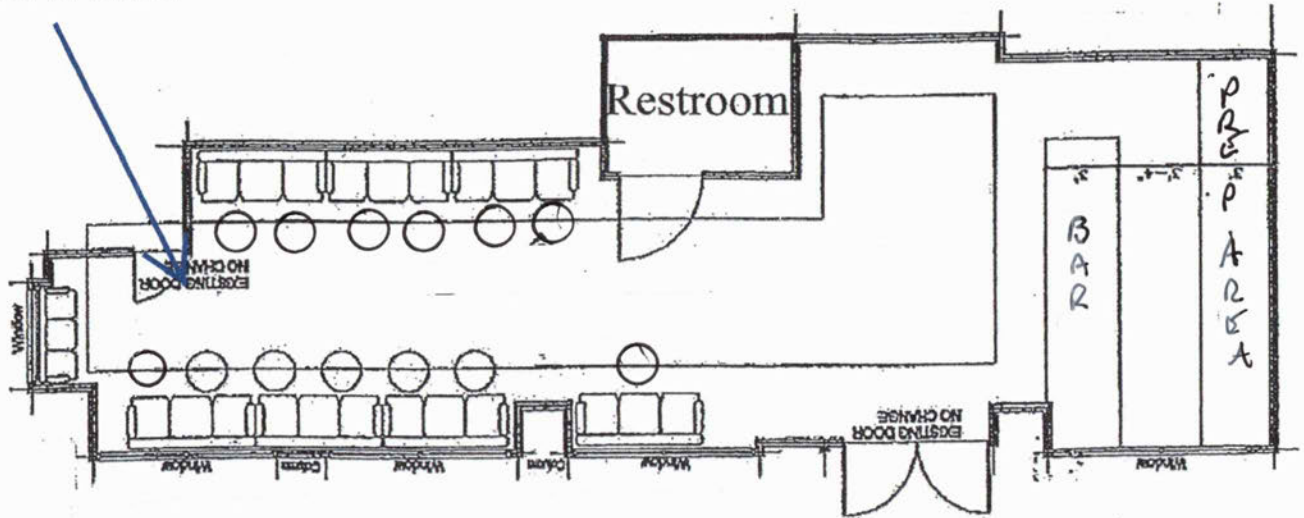
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.



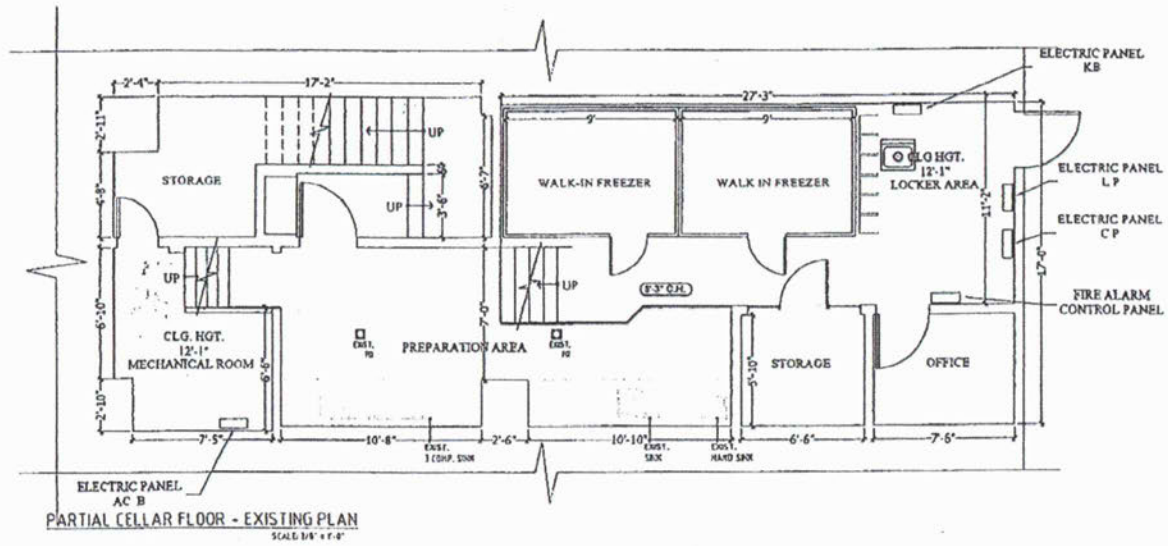
Community Board 2,
Manhattan SLA Licensing Committee
Donna Raftery, Co-Chair
Robert Ely, Co-Chair

Felix Greene Street Soho LLC
d/b/a Felix Roasting Co.
145 Greene Street
New York, NY 10012
Ground Floor Diagram

Staircase to Cellar



Felix Greene Street Soho LLC
145 Greene Street
New York, NY 10012
Cellar Diagram



FELIX ROASTING CO.

ESPRESSO

COFFEE	4
ESPRESSO	4
CORTADO	4.25
AMERICANO	4
CAPPUCCINO	5
LATTE	5.25
MOCHA	7
HOT COCOA	6
FLAT WHITE	5

MOCHA/ CARAMEL - \$1.5

SEASONAL HOUSE-MADE SYRUP - \$1.5

HOUSE-MADE NUT MILK - \$1.5

NUT MILK CONTAINS ALMONDS, CASHEWS & PEPITAS

WHOLE MILK AVAILABLE

ALL ICED DRINKS + \$1

SPECIALTY OFFERINGS

HICKORY SMOKED S'MORES LATTE	15
DECONSTRUCTED ESPRESSO TONIC.....	11

TOAST

AVOCADO TOAST..... 12

SOURDOUGH, MASHED AVOCADO, RADISH, PICKLED RED ONION, RED CHILLI, CILANTRO, MUSTARD SEED, ITALIAN LEMON OLIVE OIL, MALDON SEA SALT.

☼ SMOKED SALMON - 4

WHIPPED RICOTTA & FIG TOAST..... 12

SOURDOUGH, WHIPPED RICOTTA, SOUR CHERRY COMPOTE, TRUFFLE OIL, LEMON THYME, MALDON SEA SALT.

☼ PROSCIUTTO DI PARMA - 4

FILTER COFFEE

8 OZ	3.25
12 OZ	3.50
16 OZ	3.75

DRAFT

COLD BREW.....	7
NITRO ICED TEA.....	6

TEA & MATCHA

BLACK	4.5
GREEN.....	4.5
HERBAL.....	4.5
MATCHA LATTE.....	6
ICED OR HOT	
CHAI LATTE	6
ICED OR HOT	

GRAB & GO

FELIX EGG SALAD SANDO.....	10
SMOKED SALMON SANDO.....	10
CHICKEN SALAD SANDO	10
FELIX NICOISE SALAD	10
FARMHOUSE CHICKEN SALAD.	10

BAGELS

FELIX "CLASSIC".....	10
CREAM CHEESE, CAPERS, PICKLED ONION, SPROUTS, FENNEL, DILL.	
☼ SMOKED SALMON - 4	
NOTORIOUS RBG	10
BLUEBERRY & SAGE CREAM CHEESE, FRESH STRAWBERRIES, BLACKBERRIES, CINNAMON, MINT.	

