P&B Pesetsky & Bookman

MAADU FOODS LLC

Community Board SLA License Questionnaire

Pesetsky & Bookman
Applicant's Alcoholic Beverage Counsel
325 Broadway, Suite 501
New York, NY 10007
www.pb.law | (212) 513-1988 | hello@pb.law

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s):
MAADU FOODS LLC

Trade name (DBA): TBD

Premises address:
496 LaGuardia PL, New York, NY 10012.

Cross Streets and other addresses used for building/premise:

Between West Houston St and Bleecker St

CONTACT INFORMATION:

Principal(s) Name(s):
Isabela Maya Arango and Daniel Maya Arango

Office or Home Address: Moving to N.Y., address pending

City, State, Zip: _____

Telephone #: [redacted]

Landlord Name / Contact:
Alfred Kashinejad

Landlord's Telephone and Fax: [redacted]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Isabela Maya Arango	N/A
Daniel Maya Arango	N/A

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
We are a small, 40-seat steakhouse focused on high-quality food and a refined dining experience. Our concept features an open kitchen, and alcohol will be offered solely as a complement to the meal, not as the focus of the business.

We are not a bar and do not intend to operate as a nightlife venue. All guests will be seated with reservations; standing and crowding are not permitted. We will maintain a controlled, well-managed operation with low noise levels and a strong commitment to being respectful neighbors.

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

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

___ an UPGRADE of an existing Liquor License

___ an ALTERATION of an existing Liquor License

___ a TRANSFER of an existing Liquor License

___ a HOTEL Liquor License

___ a DCA CABARET License

___ a CATERING / CABARET Liquor License

___ a BEER and WINE License

___ a RENEWAL of an existing Liquor License

___ an OFF-PREMISE License (retail)

___ OTHER : _____

If upgrade, alteration, or transfer, please describe specific nature of changes:
(Please include physical or operational changes including hours, services, occupancy, ownership, etc.)

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

496 LaGuardia Restaurant Inc d/b/a Mocha Burger, legacy serial # 1296502, 2016 – 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: _____

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:

496 LaGuardia Restaurant Inc d/b/a Mocha Burger, legacy serial # 1296502, 2016 – 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: _____

Type of Building: ____ Residential ___ Commercial X Mixed (Res/Com) ____ Other: _____

Number of floor: 4 Year Built : 1910

Describe neighboring buildings:
Mixed-use buildings with ground-floor commercial establishments (restaurants and retail) and residential apartments above.

Zoning Designation: R-7, C1 - 5

Zoning Overlay or Special Designation (applicable) Greenwich Village Historic District

Block and Lot Number: 5 2 4 / 35

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 :

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? *289 (Note: applicant does not intend to exceed occupancy of 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? 151 ground floor; 138 basement

If yes, what is the use group for the premises? Group 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 *x no

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: minor signage changes only, no structural changes to the façade.

*** Note: applicant does not intend to exceed occupancy of 74.**

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? Approximately 3,200 SF

If more than one floor, please specify square footage by floors: 1,400SF Ground, 1,800SF Basement

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 staircase

How many entrances are there? 1 How many exits? 2 How many bathrooms ? 3

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

OVERALL SEATING INFORMATION:

Total number of tables? 15 Total table seats? 46

Total number of bars? 1 Total bar seats? 0

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

Total OVERALL number of seats in Premises : 46

BARS:

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

How many service bars are being applied for on the premises? 1

Any food counters? X no ___ yes, describe : _____

For Alterations and Upgrades: ***N/A***

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 X Restaurant ___Club/ Cabaret ___Hotel ___Other: _____

What are the Hours of Operation?

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

11am to 10pm 5pm to 11:30pm 5pm to 11:30pm 5pm to 11:30pm 5pm to 11:30pm 5pm to 11:30pm 11am to 11:30pm

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

Will there be security personnel? X no_____ yes(if yes, what nights and how many?) _____
Do you have or plan to install French doors, accordion doors or windows that open? X no _ yes

If yes, please describe : _____

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? X no _____ yes

IF YES, will you be using a professional sound engineer? N/A

Please describe your sound system and sound proofing: Standard background music system.

_____

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 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? 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: Isabela Maya Arango Phone: [redacted]

Address: Address pending

Email : [redacted]

Application submitted on
behalf of the applicant by:

Isabela Maya Arango.
Signature

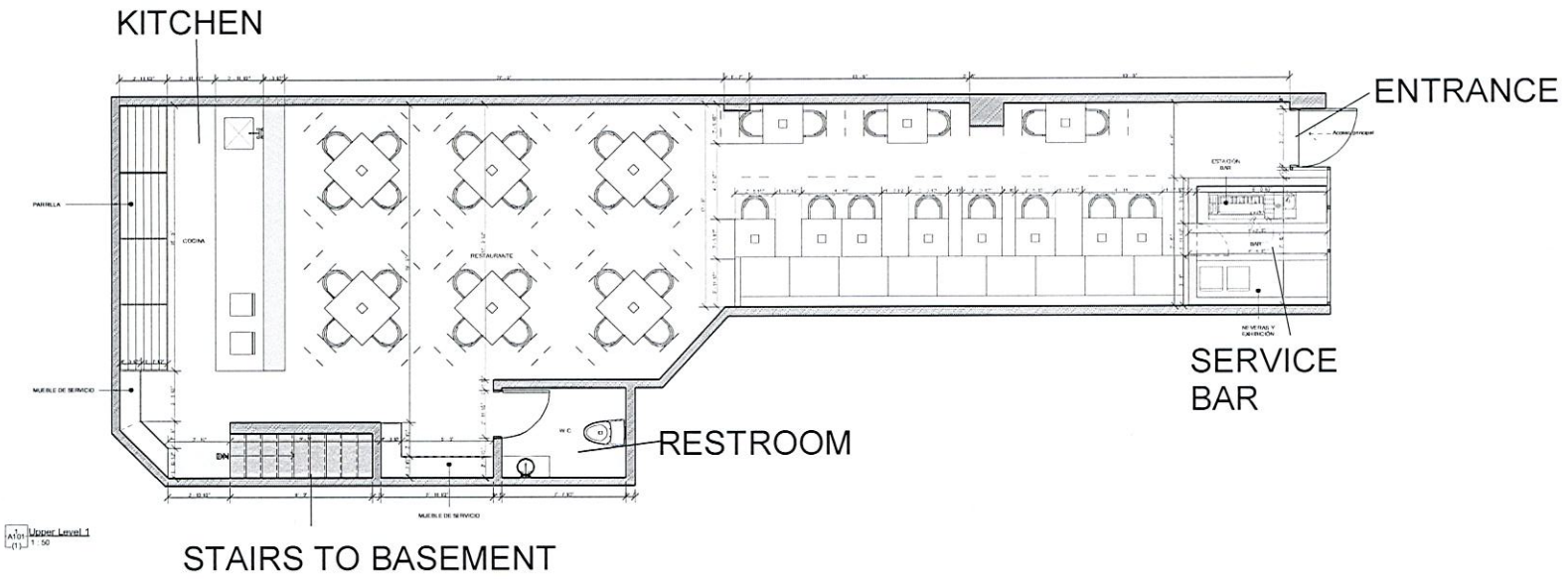
Print or Type Name Isabela Maya Arango.

Title Owner

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

Ground Floor



ARQUITECTA SUGEY TORRES

CONTACT: +57 301 264 2438
Arq. Sugey Torres

PROJECT: Restaurante Frances	SHEET TITLE: Planta General - Upper Level (INCH)		DRAWN BY: Arq. Sugey C. Torres Amaya
ADDRESS: Bogotá	DATE: 04/03/25		APPROVED BY: Arq. Sara Restrepo
OWNER: Daniel Maya	PAPER SIZE: ARCH C	SCALE: 1:50	

NOTES

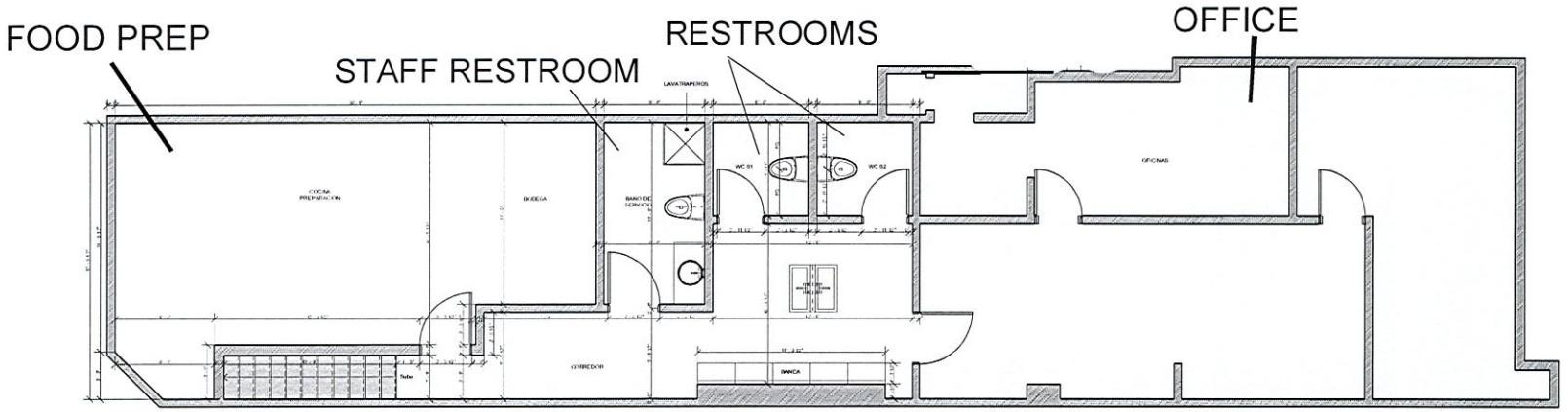
NOTA IMPORTANTE

Se deja expreso constancia de que todas las dimensiones, niveles, ubicaciones, y especificaciones reflejadas en este plano deben serán cotejas in sitio antes del inicio de cualquier trabajo de ejecución. La información contenida en este documento tiene carácter referencial y podrá estar sujeta a ajustes conforme a las condiciones reales de la obra. El contratista y/o profesional a cargo deberá comunicar cualquier diferencia detectada respecto a lo representado, y obtener las aclaraciones correspondientes antes de proceder. La omisión de esta verificación será bajo exclusiva responsabilidad del ejecutante.

SHEET NO.:

A101 (1)

Basement



1 A100 (1) Lower Level 1
1 : 50

ARQUITECTA SUGEY TORRES

CONTACT: +57 301 204 2438
Arq. Sugey Torres

PROJECT: Restaurante Frances	SHEET TITLE: Planta General - Lower Level (INCH)	DRAWN BY: Arq. Sugey C. Torres Amaya	NOTES
ADDRESS: Bogotá	DATE: 04/03/25	APPROVED BY: Arq. Sara Restrepo	
OWNER: Daniel Maya	PAPER SIZE: ARCH C / SCALE: 1:50		

NOTA IMPORTANTE:

Se deja expreso constancia de que todas las dimensiones, niveles, ubicaciones y especificaciones indicadas en este plano deben ser verificadas in situ antes del inicio de cualquier trabajo de ejecución. La información contenida en este documento tiene carácter referencial y podrá estar sujeta a ajustes conforme a las condiciones reales de la obra. El contratista y/o profesional a cargo deberá comunicar cualquier diferencia detectada respecto a lo representado, y obtener las autorizaciones correspondientes antes de proceder. La omisión de esta verificación será bajo exclusiva responsabilidad del ejecutante.

SHEET NO.:

A100 (1)

MENU

STARTERS

Tuna Tataki
Tuna Tartare with Caviar
Wagyu Ribeye Brioche with Caviar
Truffle Salmon Crudo
Steak Tartare
Hamachi Ponzu Crudo

SALADS & SOUPS

Caesar Salad
Smoked Bacon Salad
French Onion Soup

HANDMADE PASTA

Linguini with Clams
Lobster Linguini

PRIME STEAK SELECTION

Ribeye Steak
New York Strip
Filet Mignon
Kansas City Strip
Porterhouse
Tomahawk Ribeye
Pork Chop

SAUCES

Green Peppercorn Demi
Chimichurri
Steak Jus

SIDES

French Fries
Truffle Fries
Creamy Potatoes
Butter Mushrooms
Grilled Asparagus
Truffle Mac & Cheese