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COMMUNITY BOARD No. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

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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: APRIL 7 AND 9, 2026

APPLICANT INFORMATION:

Name of applicant(s):

MAYAANS HOSPITALITY GROUP LLC

Trade name (DBA):

WINE AT MAYAAN'S

Premises address:

519 BROOME ST, NEW YORK NY 10013

Cross Streets and other addresses used for building/premise:

THOMPSON ST & 6TH AVE

CONTACT INFORMATION:

Principal(s) Name(s):

YADIN SOFFER

Office or Home Address:

[REDACTED]

City, State, Zip: NEW YORK NY 10019

Telephone #:

[REDACTED]

Landlord Name / Contact:

ZACHARY BAUMGARTEN / IS-ILA REALTY CORP

Landlord's Telephone and Fax:

[REDACTED]

NAMES OF ALL PRINCIPAL(s):

YADIN SOFFER

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

NONE

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

This establishment will be operating as a Wine Bar with a special way of serving Charcuterie where the customers

will be able to choose their own cheese combinations and wine bottles. We are planning to open from 4pm to 2am every day

and only play background music indoors. There won't be any outdoor seating area. The indoor capacity will be 43 people.

There will be 2 customer restrooms, a designated Cheese Room for customers to select, a well distributed dining layout and the customer bar at the front area.

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.)

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

It used to be a Restaurant under the name of Mishka NY LLC and had the restaurant wine license since 2024 -2025

then ANYWAY SOHO LTD with an On Premises Restaurant Liquor since 2016 - 2024

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:

MISHKA NY LLC SINCE 2024 - 2025 #0240-25-116752

ANYWAY SOHO LTD SINCE 2016 - 2024 #0340-18-101315

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: Commercial/Office

Number of floor: 5 Year Built : 1890

Describe neighboring buildings:
Mixed Use

Zoning Designation: M1-5B

Zoning Overlay or Special Designation (applicable) Landmark , No Commercial Overlay

Block and Lot Number: 476 / 25

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 : I did not touch anything outside
I took over the premises as is. The mural is a tourist attraction and was there many years ago.

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? 50

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: No awning was there. I will have a discreet signage from inside the storefront

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? Approx 830SF

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 ? 2

Is there access to other parts of the building? no X yes, explain: Separate door next to the entry door of the premises on the right leading upper floors

OVERALL SEATING INFORMATION:

Total number of tables? 18 Total table seats? 43

Total number of bars? 1 Total bar seats? 0

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

Total OVERALL number of seats in Premises : 43

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? X 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 X Bar & Food Restaurant Club/ Cabaret Hotel Other: _____

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
4pm to 2am 4pm to 2am 4pm to 2am 4pm to 2am 4pm to 2am 4pm to 2am 4pm to 2am

Will the business employ a manager? ☐ no ☒ yes, name / experience if known : Not hired yet

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 : Existing Historic French 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? NO

Please describe your sound system and sound proofing: The place was originally built with soundproof materials on the walls and ceiling.

Will you be permitting: ☐ promoted events ☐ scheduled performances ☐ outside promoters
NONE

☐ any events at which a cover fee is charged? ☐ 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) This is a commercial zoned parking area

There will be a sign No Loitering on premises. I do not expect to have a large crowd, as it will be a wine upscale bar.

Will you be utilizing ☐ ropes ☐ movable barriers ☐ other outside equipment (describe) _____

If necessary, I will be utilizing stanchions outside the entrance

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: _____

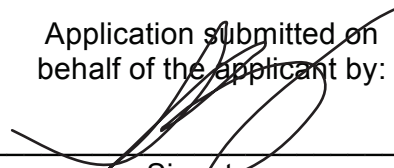
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: YADIN SOFFER Phone: ██████████

Address: ████████████████████

Email : ████████████████

Application submitted on
behalf of the applicant by:



Signature

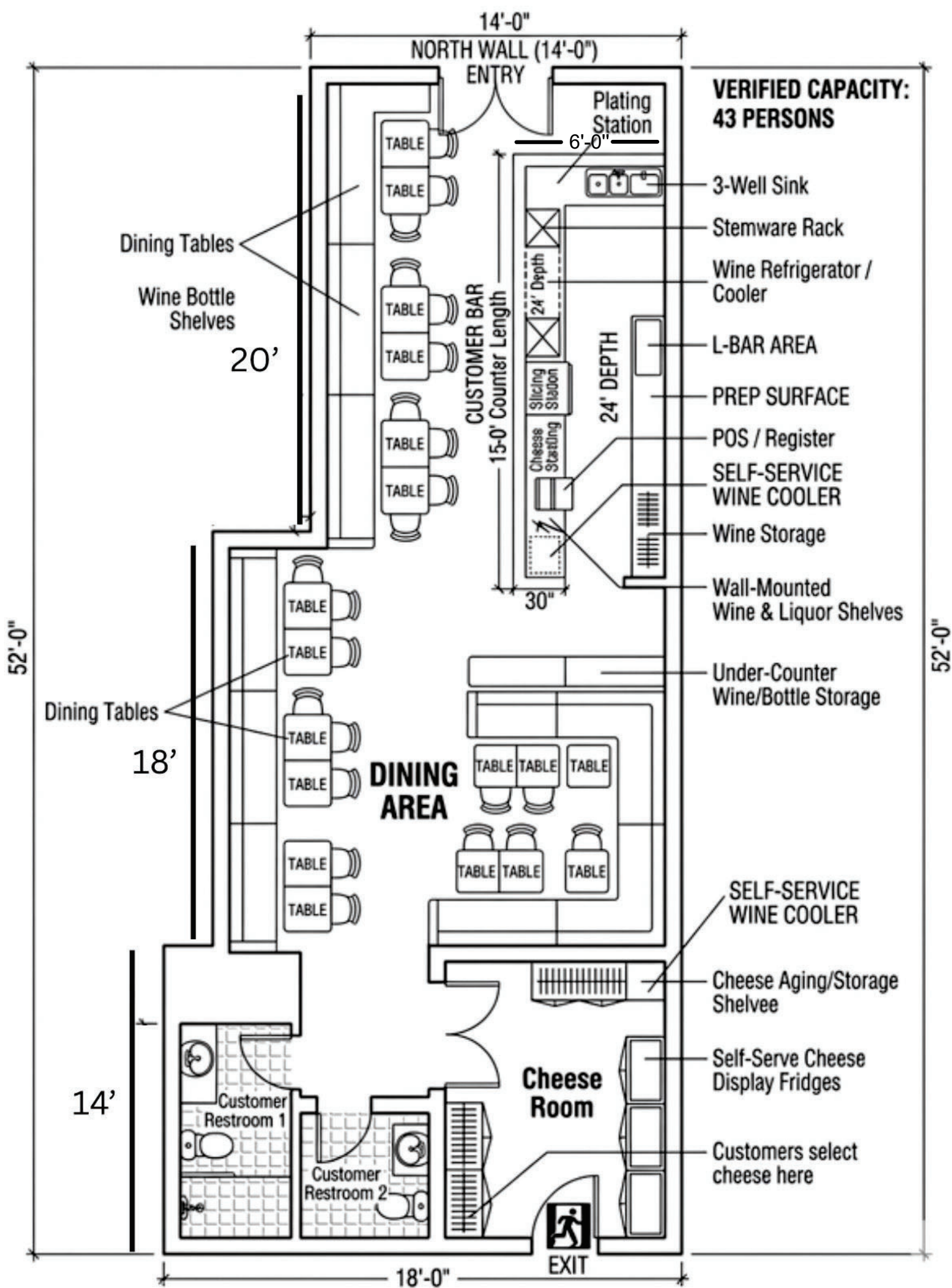
Print or Type Name SANDRA HUNG FONG

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, Chair



MAAYAN'S

519 BROOME STREET · NEW YORK NY 10013

C H E E S E

Served with seasonal accompaniments

The Classic\$28

Aged Comté, Manchego, Brie de Meaux

Honeycomb, marcona almonds, fig jam, crostini

The Bold\$34

Roquefort, Époisses, aged Gouda, Taleggio

Quince paste, walnuts, dried apricots, grissini

The Italian\$32

Parmigiano-Reggiano, Pecorino Toscano, Burrata

Truffle honey, olives, roasted peppers, focaccia

The Grand Plateau\$52

Chef's selection of six artisan cheeses

Charcuterie, seasonal fruit, nuts, preserves, assorted breads



CURRENT VIEW OF EXTERIOR



CURRENT APPEARANCE OF THE BAR AND DINING AREA



PROPOSED VIEW OF THE DINING AREA AND BAR - RENDER VIEW



CURRENT APPEARANCE OF THE BACK ROOM



PROPOSED BACK AREA FOR SELECTION OF CHEESES



