

HELBRAUN || LEVEY

EL CAMARON PELUDO LLC
20 CORNELIA STREET
NEW YORK, NY 10014

MANHATTAN COMMUNITY BOARD 2

David Gruber, Chair
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COMMUNITY BOARD No. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

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Greenwich Village ✦ Little Italy ✦ SoHo ✦ NoHo ✦ Hudson Square ✦ Chinatown ✦ Gansevoort Market

COMMUNITY BOARD 2 APPLICATION FOR A LIQUOR LICENSE

Please fill out this questionnaire and return to the Community Board 2 office by fax or mail to arrive at least **5 business days** before the Committee meeting. In addition, bring **10 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 following months 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 within 500 ft. of this location including Beer and Wine.
2. Floor plans of the premise, including all tables and chairs and kitchen lay out to be licensed. Please also include any schematics for sidewalk café, backyard garden space and/or rooftop areas if applicable.
3. Provide any plans filed or to be filed with the Buildings Department.
4. Proposed menu, if applicable.
5. Certificate of Occupancy or Letter of No Objection for the premises.
6. Letter of Understanding or Letter of Intent from the Landlord.
7. Provide proof of community outreach with signatures or letters from Residential Tenants at location and from surrounding buildings. (i.e. a letter from the neighborhood block association or petition in support.)
8. A copy of your NYS Liquor Authority application as it will be submitted to the SLA. (excluding financial information)*

N/A, THIS APPLICATION HAS NOT BEEN SUBMITTED *

APPLICANT INFORMATION:

Name of applicant(s):
EL CAMARON PELUDO LLC

Trade name (DBA):
PENDING

Premises address:
20 CORNELIA STREET, NEW YORK, NY 10014

Cross Streets and other addresses used for building/premise:

WEST 4TH AND BLEECKER STREET

CONTACT INFORMATION:

Principal(s) Name(s):
GIOVANNI CERVANTES *ADDITIONAL PRINCIPALS LISTED BELOW*

Office or Home Address: 20 CORNELIA STREET

City, State, Zip: NEW YORK, NY 10014

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact:
20 PIERRE ASSOCIATES LLC

Landlord's Telephone and Fax: _____

NAMES OF ALL PRINCIPAL(s):

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

GIOVANNI CERVANTES

LOS CHIDOS LLC; ID:0240-25-100777

TANIA ALEJANDRA APOLINAR MARIN

LOS CHIDOS LLC; ID:0240-25-100777

CARLOS BARRERA DUARTE

LOS CHIDOS LLC; ID:0240-25-100777

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

FAST CASUAL SEAFOOD COCKTAIL BAR BROUGHT TO YOU BY THE TAQUERIA RAMIREZ TEAM.

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 *BEER AND WINE BAR/TAVERN*
- 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.)

N/A. _____

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

RESTAURANT. _____

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: _____
N/A

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:

20 CORNELIA LLC; SILVER APRICOT (0240-22-100337)- PLEASE SEE LAMP SCREENSHOT ATTACHED. _____

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: 5 Year Built : 1871

Describe neighboring buildings:

MIXED-USE, RESIDENTIAL AND COMMERCIAL

Zoning Designation: R6

Zoning Overlay or Special Designation (applicable) N/A

Block and Lot Number: 589 / 17

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 : PENDING

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 N/A

What is the proposed Occupancy? 74

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

no yes *PLEASE SEE PROOF OF LNO ATTACHED*

If yes, what is the maximum occupancy for the premises? <75

If yes, what is the use group for the premises? 6, EATING/DRINKING ESTABLISHMENT

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: SIGNAGE WITH APPLICANT TRADE NAME TO BE ADDED (DESIGN PENDING).

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? GROUND FLOOR: 750 SQ. FEET.

If more than one floor, please specify square footage by floors: BASEMENT FOR EMPLOYEE USE ONLY.

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: N/A

OVERALL SEATING INFORMATION:

Total number of tables? 1 Total table seats? 4

Total number of bars? 1 Total bar seats? 12

Total number of "other" seats? 0 please explain : N/A

Total OVERALL number of seats in Premises : 16

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? no ___ yes, describe : N/A

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: N/A THIS APPLICATION IS

NOT PART OF AN ALTERATION OR UPGRADE.

* 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: *BEER & WINE ONLY*

What are the Hours of Operation?

Sunday: 12PM to 12AM Monday: 8AM to 12PM Tuesday: 12PM to 12AM Wednesday: 12PM to 12AM Thursday: 12PM to 12AM Friday: 12PM to 12AM Saturday: 12PM to 12AM

Will the business employ a manager? ___ no yes, name / experience if known : PRINCIPALS TO MANAGE

Will there be security personnel? no ___ yes(if yes, what nights and how many?) N/A

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

If yes, please describe : N/A

Will you have TV's ? no ___ yes (how many?) N/A

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? N/A

Please describe your sound system and sound proofing: EXISTING SOUND-PROOFING FROM PREVIOUS RESTAURANT. THERE WILL BE STANDARD RESTAURANT SPEAKERS PLAYING PRE-RECORDED BACKGROUND MUSIC ONLY.

Will you be permitting: ___ promoted events ___ scheduled performances ___ outside promoters

___ any events at which a cover fee is charged? private parties (ON OCCASSION) *APPROX. 10-20 PER YEAR (CORPORATE & HOLIDAY EVENTS)

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) * SEE NOTES BELOW *

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

ESTABLISHMENT TO HAVE RESERVATION SYSTEM AND EMPLOYEE/MANAGER TO ENSURE NO LINES FORM OUTSIDE PREMISES.

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: NEIGHBORHOOD CHURCH OF GREENWICH VILLAGE

Address: 315 W 22ND St, NY, NY 10011 Distance: 227 FEET

Name of School / Church: HIGHER GROUND/VILLAGE VESPER

Address: 269 Bleecker St, New York, NY 10014 Distance: 227 FEET

Name of School / Church: N/A

Address: _____ Distance: _____

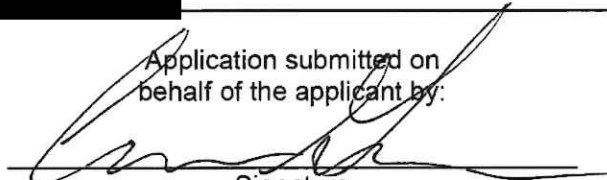
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: CARLOS BARRERA Phone: [REDACTED]

Address: 20 CORNELIA STREET NEW YORK, NY 10014

Email: [REDACTED]

Application submitted on behalf of the applicant by:



Signature

Print or Type Name HELBRAUN & LEVEY LLP c/o ADRIANNA GOLOVATII

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
Carter Booth, Co-Chair
Robert Ely, Co-Chair

Proposed Menu:

Shrimp broth
Tomato Salad with boquerones
Sardine Taco
Shrimp Taco
Tuna Tostada
Crab Tostada
Pescadilla
Cocktail Shrimp
Shrimp Aguachile
Oysters
Clams
Shrimp Carpaccio
Red Head-on Shrimp
Cigalas
Caviar by the gram

