

Meeting Date: May 2026

APPLICANT INFORMATION:

Name of applicant(s):
Legion Hospitality LLC

Trade name (DBA):
Legion Restaurant

Premises address:
140 Charles Street at 683 Washington Street
Cross Streets and other addresses used for building/premise:
Corner of Washington Street and Charles Street

CONTACT INFORMATION:

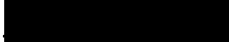
Principal(s) Name(s):
Truman Parsons

Office or Home Address: 140 Charles Street at 683 Washington Street

City, State, Zip: New York, NY 10014

Telephone #: 

Landlord Name / Contact:
140 Charles Street LLC

Landlord's Telephone and Fax: 

NAMES OF ALL PRINCIPAL(s):
Truman Parsons

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
N/A

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

This will be a new American restaurant, with southern inflections focusing on fine dining, featuring tasting menus as well as a la carte menus with an open kitchen, elegantly minimalist décor and warm and friendly staff.

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:

Sit down delicatessen

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:

The above deli, but SLA records do not reveal.

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: 21 Year Built : _____

Describe neighboring buildings:
Mixed use

Zoning Designation: C1-6A

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 631 / 7502

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 : _____

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

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: New signage

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? Approximately 1600 square feet

If more than one floor, please specify square footage by floors: _____

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 ? 1

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

OVERALL SEATING INFORMATION:

Total number of tables? 13 Total table seats? 26

Total number of bars? 1 Total bar seats? 7

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

Total OVERALL number of seats in Premises : 33

BARS:

How many * stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 7

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

5 PM to 1 AM 5 PM to 1 AM 5 PM to 1 AM 5 PM to 1 AM 5 PM to 1 AM 5 PM to 1 AM 5 PM to 1 AM

Will the business employ a manager? no yes, name / experience if known : Isiah Nichols

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

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

Please describe your sound system and sound proofing: Computer generated background music utilizing small speakers throughout the dining room

Will you be permitting: promoted events scheduled performances outside promoters

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) **One employee will be designated to ensure that loiterers move on, that smokers are respectful of our neighbors, and that sidewalks never become congested.**

Will you be utilizing ropes movable barriers 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: _____

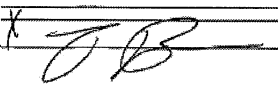
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: Truman Parsons Phone: [REDACTED]

Address: 140 Charles Street at 683 Washington Street

Email : [REDACTED]

Application submitted on
behalf of the applicant by:



Signature

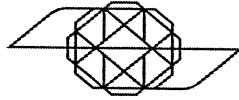
Print or Type Name Truman Parsons

Title Managing Member

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



LEGION

Chef's Tasting Menu

145

À La Carte

Bread Service, Laminated Southern Biscuit, Caramelized Fennel Butter
14

Lobster Tartar, Pickled Vanilla, Heirloom Tomato
25

Amadai Crudo, Chilled Quince Broth, Turmeric oil
23

Grilled Firefly Squid, Petite Pois, Smoked Ham Hock Broth
29

Bay Scallops a la Plancha, Sweet Corn, Brown Butter Sabayon
28

Chicken Wing, Maple Tare, Carolina Gold Rice Porridge, Black Truffle
36

Sablefish, Pumpkin, Bonito Butter, Ossetra Caviar
34

Dover Sole, Crawfish Butter, Pomme Puree
44

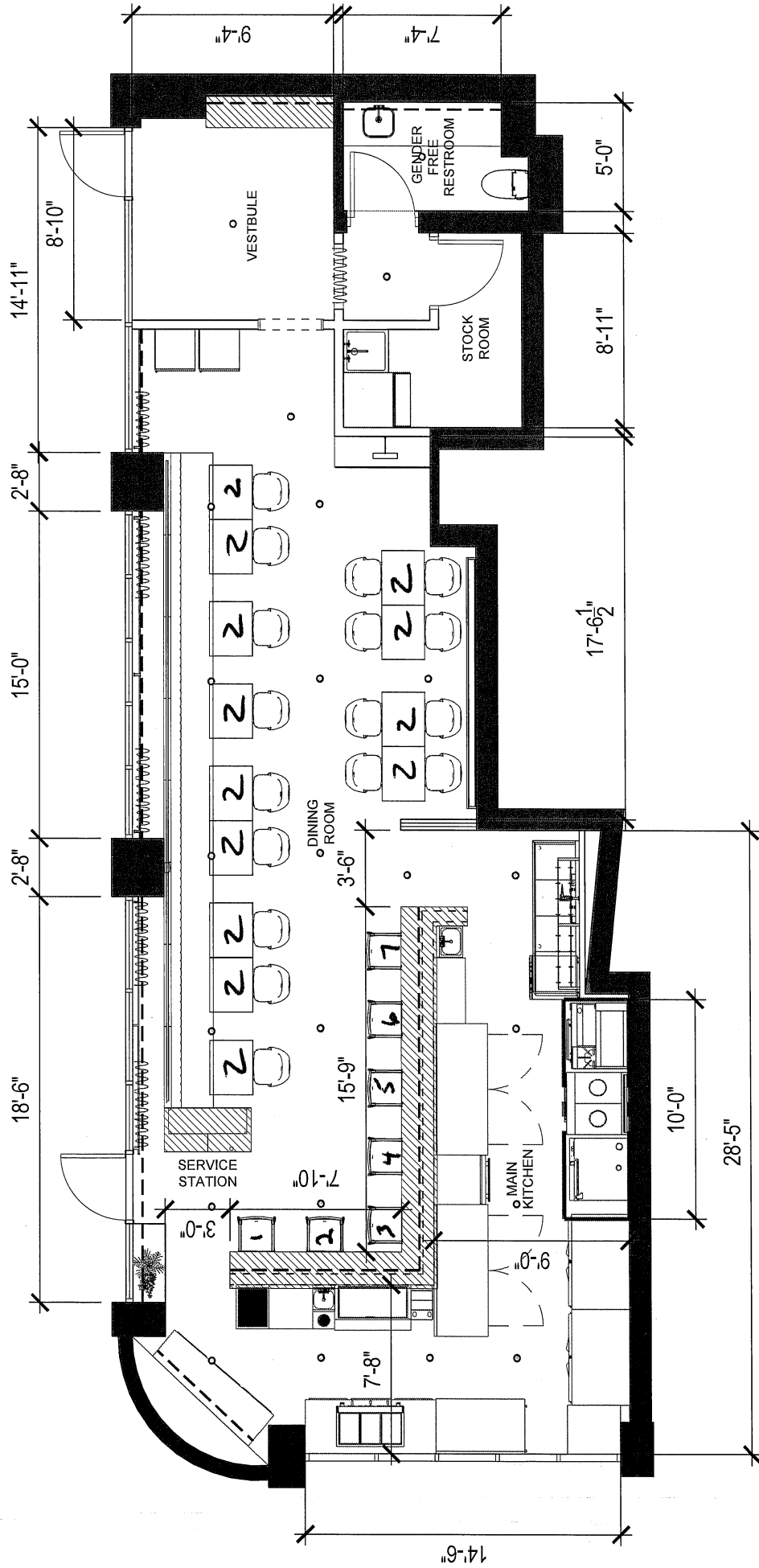
Lacquered Quail, Muscadine Grape, Jus Gras
47

Lamb Saddle and Belly, Pistachio Butter, Spring Onion, Vadouvan Jus
50

Whipped Valençay, Reisling Gelee, Smoked Pine Nut Brittle, Sourdough
19

Peanut Butter Semifreddo, Brown Butter Fulletine, Fleur de Sel
20

Bananas Foster, Bourbon-Vanilla Ice Cream, Yeast Caramel
22



13 Tables
 26 Seats
 7 Bar stools

Legion Hospitality LLC
 140 Charles Street at
 683 Washington Street
 New York, NY 10014