Meeting Date: ______________

APPLICANT INFORMATION: Cafe Galerie Galerie, LLC

Name of applicant(s): ~~Doug Schottenstein~~ DS

Trade name (DBA): ~~Cafe Galerie~~

Premises address: 168 Thompson St, 10012

Cross Streets and other addresses used for building/premise: Thompson & Houston

CONTACT INFORMATION:

Principal(s) Name(s): Doug Schottenstein

Office or Home Address: 168 Thompson St

City, State, Zip: NY NY 10012

Telephone #: [redacted] email : [redacted]

Landlord Name / Contact: same

Landlord's Telephone and Fax: same

NAMES OF ALL PRINCIPAL(s): only above

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on"): We are an art gallery that ~~would~~ serves coffee & pastries & ~~take~~ we would like to serve beer & wine & cheese for the experience. Thank you.

DS

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:

prev used as a medical office (I am a physician)

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?
___ yes ___X___ no

If yes, please list DBA names and dates of operation:

_____

_____

PREMISES:

By what right does the applicant have possession of the premises?

X Own ___ Lease ___ Sub-lease ___ Binding Contract to acquire real property ___ other: _____

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

Number of floor: 5 Year Built : 1900

Describe neighboring buildings: short rise, residential, mixed use

Zoning Designation: UG-6

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 00525 / 34

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? ✓ 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? bar & food / gallery / max 40 people

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? 40

If yes, what is the use group for the premises? UG-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 not applicable 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: _____

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 900

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?

No

If more than one floor, what is the access between floors? No

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? 4 Total table seats? 14

Total number of bars? 0 Total bar seats? 0

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

Total OVERALL number of seats in Premises : 14

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? 0

Any food counters? ___ no X yes, describe : food including cheese & pastry ~~or~~ in bakery care

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: None

* 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 X Other: Gallery

What are the Hours of Operation?

Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
12 to 8	5 to 9	5 to 9	5 to 9	5 to 9	5 to 10	12 to 10

Will the business employ a manager? ___ no ___ yes, name / experience if known : Fredy Camar, food certificate holder

Will there be security personnel? ___ no X yes (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 ? X no ___ yes (how many?) ___________

Type of MUSIC / ENTERTAINMENT: ___ Live Music ___Live DJ ___Juke Box X 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: ______________________

____

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

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

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 ___ ropes ___ movable barriers ___other outside equipment (describe) ____ No

____

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: _____ Phone: _____

Address: _____

Email : _____

Application submitted on behalf of the applicant by:

Self - Doug Schottenstein

Signature

Print or Type Name Doug Schottenstein

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, Chair

THE ART BAR

STARBUCKS COFFEE BAR

- **HOT BREW**
- **ICED COFFEE**
- **CHAI LATTE**
- **HOT CHOCOLATE**
- **NITRO COLD BREW**
- **KOMBUCHA**

$10

MAGNOLIA BAKERY

- **MAGNOLIA CONFETTI CAKE**
- **MAGNOLIA PASTEL PARTY CAKE**

$10

WINE SELECTION

- **NAPA VALLEY SAVIGNON BLANC**
- **CABERNET SAVIGNON**

$10

GOURMET CHEESE SELECTION

$10

BEER SELECTION

- **RED STRIPE**
- **PILSNER URQUEL**

$10

PLUMBING NOTES

1. ALL NEW DOMESTIC AND COLD WATER SUPPLY AND HOT WATER RETURN PIPES SHALL BE COPPER TUBING AND SHALL ORIGINATE ON THE SAME FLOOR FROM THE NEAREST WET COLOUM WITH PROPER ACCESS FOR MAINTENANCE. IF ATTACHED TO DISSIMILAR METAL. A COLLISION INHIBITOR IS TO BE PROVIDED
2. INSULATE ALL DOMESTIC HOT AND COLD WATER SUPPLY AND HOT WATER RETURN PIPES
3. WASTE LINE SHALL BE PROPERLY PITCHED TO PREVENT TRAPPED WATER. INSTALL EASTE LINE CONNECTION WITH LONG TERM OR 45° "Y" FITTINGS.
4. RETAIN EXISTING CLEAN OUT CONNECTIONS AND PROVIDE CLEAN OUT CONNECTIONS AT NEW FITTINGS.
5. WHEN CONNECTING NEW DOMESTIC HOT AND COLD WATER SUPPLY AND HOT WATER RETURNS PIPES TO EXISTING RISERS. CONTRACTOR SHALL LEAVE A PLUGGED VALVED OUTLET FOR EACH, FOR FUTURE USE.
6. ALL NEW DOMESTIC HOT AND COLD WATER SUPPLY AND HOT WATER RETURN PIPES ATTENDANT FITTINGS MUST BE PROPERLY INSULATED AND COVERED.
7. INDIVIDUAL SHUT OFF VALVES MUST BE SUPPLIED AND INSTALLED FOR EACH NEW FICTURE. INCLUDING WATER COOLERS.
8. ALL NEW PIPES ARE TO BE SUPPORTED FROM SLAB OR STEEL, BEAMS NOT FROM EXISTING PIPES OR DUCT WORK.
9. ALL WATER SHUTDOWNS TO BE COORDINATED THROUGH THE BUILDING MANAGER. ALL WATER SHUTDOWNS ARE TO BE PERFORMED OR SUPERVISED BY BUILDING PERSONALS AT DISCRETION OF THE BUILDING MANAGER.
10. PLUMBERS SHALL BE RESPONSIBLE THAT ENTIRE INSTALLATION IS IN ACCORDANCE WITH LOCAL AND STATE CODES.
11. PRIVATE BATHROOMS MUST BE INSTALLED ON MINIMUM 4" WASTE LINE
12. ALL VALVES ARE TO BE PROPERLY TAGGED.
13. ANY WET COLUMNS USED SHOULD BE PROVIDED WITH A 24" X 24" STEEL SURFACE MOUNTED ACCESS DOOR.
14. HOT WATER HEATERS SERVING PRIVATE BATHROOM, KITCHEN ETC ARE TO BE SUPPLIED FROM THE WET COLUMN THAT SUPPLIES THE COLD WATER TO THESE AREAS.

NYC BUILDING DEPARTMENT PLUMBING NOTES

1. ALL LUMBING WORK SHALL COMPLY WITH CHAPTER 4 OF THE 2014 NEW YORK CITY BUILDING CODE. AND CHAPTER 1 THROUGH 13 OF THE NEW YORK CITY PLUMBING CODES.
2. PROTECTION OF PIPING AS OUTLINED IN SECTION PC307 SHALL BE PROVIDED AS REQUIRED.
3. IN GENERAL, PIPING MATERIALS SHALL BE AS PER SECTION PC 303.
4. CONSTRUCTION AND SPACING OF HANGERS AND SUPPORTS SHALL BE AS DIRECTED IN SECTION PC 308.
5. WATER SUPPLY SYSTEM SHALL BE AS DIRECTED IN SECTIONS PC601 THROUGH PC614 VALVES SHALL BE PROVIDED AT RISERS AND ELSEWHERE AS PER SECTION PC606
6. SANITARY MATERIALS DRAINAGE, SIZING, GRADING AND OFFSET SHALL BE AS OUTLINED IN SECTION PC701 THROUGH PC715
7. CLEAN-OUTS SHALL BE AS PER SECTION PC708
8. TRAPS SHALL BE AS PER SECTION PC1002.
9. VENT MATERIALS, SIZING, GRADING, CONNECTION, LOCATIONS AND OFFSET SHALL BE AS DIRECTED IN SECTION PC901 THROUGH PC919.
10. SPECIAL AND MISCELLANEOUS PIPING SHALL BE AS DIRECTED IN SECTION PC1201 THROUGH 1204.

ITEMS UNDER CONTROLLED INSPECTION

FIRE-RISISTANT PENETRATION AND JOINTS BC 1704.27

NYCECC EXEMPT STATEMENT

"TO THE BEST OF MY KNOWLEDGE, BELIEF AND PROFESSIONAL JUDGEMENT, THESE PLANS AND SPECIFICATIONS ARE EXEMPT FROM THE NEW YORK CITY ENERGY CONSERVATION CODE BECAUSE NO TR-8 INSPECTIONS ARE REQUIRED" [2020] CHAP R4

NOTE:
BUILDING WILL HAVE 1 OCCUPIED DWELLING UNIT. TENANT PROTECTION PLAN REQUIRED.

TENANTS SAFETY NOTES:

NOTE: A TENANT PROTECTION PLAN WILL BE SUBMITTED IN ACCORDANCE WITH THE REQUIREMENTS OF ARTICLE 120 OF TITLE 28 OF THE ADMINISTRATIVE CODE PRIOR TO THE ISSUANCE OF A PERMIT.

1) EGRESS: THE MINOR INTERIOR RENO. OF AN EXISTING COMMERCIAL SPACE @CELLAR FL. ONLY WILL NOT EFFECT THE REQUIRED MEANS OF EGRESS AT ANY TIME

2) FIRE SAFETY: THE MINOR INTERIOR RENO. OF AN EXISTING COMMERCIAL SPACE @CELLAR FL. ONLY WILL NOT EFFECT FIRE SAFETY. CONSTRUCTION AND HOUSEKEEPING OPERATIONS SHALL STRICTLY OBSERVE ALL APPLICABLE LAWS. ALL CONTRACTORS SHALL UNDERTAKE ALL FIRE SAFETY MEASURE WHERE APPROPRIATE TO THE NATURE OF THE WORK. THIS MAY INCLUDE BUT NOT LIMITED TO HAVE FIRE EXTINGUISHERS ON SITE, MAINTAIN FIRE HYDRANT/SIAMESE CONNECTION, MAINTAIN THE FIRE RATING ASSEMBLIES.

3 & 3.1) HEALTH REQ. :THE MINOR INTERIOR RENO. OF AN EXISTING COMMERCIAL SPACE @CELLAR FL. ONLY WILL NOT EFFECT HEALTH REQ. ASBESTOS REPORT HAS BEEN PROVIDED. THE CONTRACTOR SHALL UNDERTAKE ALL ACTIONS NESS. TO MIN. DUST, DIRT, TIMELY REMOVAL OF CONSTR. DEBRIS. THE WORK SHOULD NOT INTERRUPT ELECTRICAL, HEATING, WATER, SERVICES.

4) COMP.W/ HOUSING STANDARDS:THE MINOR INTERIOR RENO. OF AN EXISTING COMMERCIAL SPACE @CELLAR FL. ONLY; ALL WORK TO BE PERFORMED IN ACCORD. W/ 2014 NYC CODES, NYC HOUSING CODES, NYS MULTI-DWELLING CODES.

5) STRUCTURAL SAFETY: THE MINOR INTERIOR RENO. OF AN EXISTING COMMERCIAL SPACE @CELLAR FL. ONLY WILL NOT EFFECT STRUCTURAL SAFETY. WORK SHALL BE PERFORMED IN A MANNER THAT WILL NOT ENDANGER THE OCCUPANTS OF THE BUILDING.

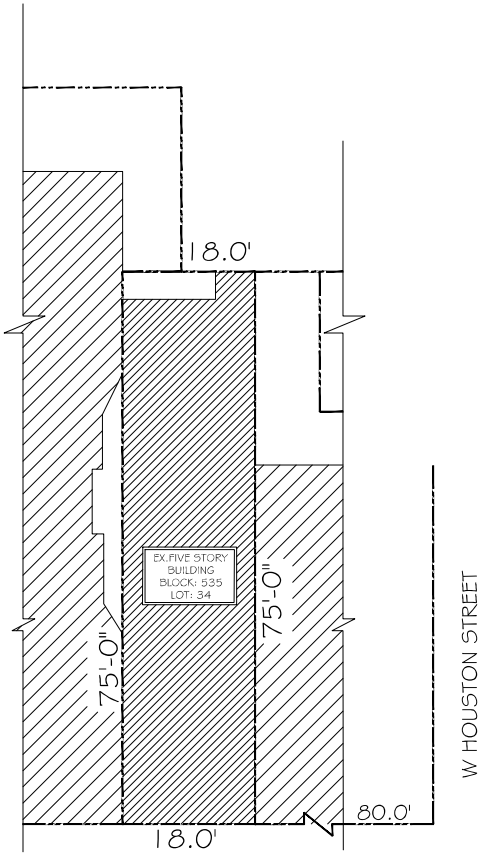
6) NOISE REST. : THE MINOR INTERIOR RENO. OF AN EXISTING COMMERCIAL SPACE @CELLAR FL. WORK SHALL BE CONFINED TO NORMAL HOURS 8AM-6PM : MONDAY TO FRIDAY EXCEPT HOLIDAYS OR MORE RESTRICTIVE HOURS AS MAY BE PRESCRIBED BY BUILDING IN HOUSE RULES.

7) MAINTAINING ESSENTIAL SERVICES: THE MINOR INTERIOR RENO. OF AN EXISTING COMMERCIAL SPACE @CELLAR FL. WILL NOT EFFECT THE TENANT SPACES, EGRESS, HEATING OR HOT WATER SYSTEMS, OR ANY OTHER SERVICES, FIRE SAFETY. INSTALL IN ACCORDANCE WITH NYC HOUSING MAINTENANCE CODES

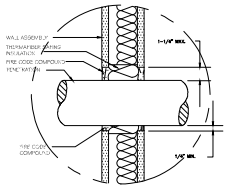
8) N/A

LEGEND

- EXISTING WORK TO REMAIN
- EXISTING WORK TO BE REMOVED
- 2-HR RATED INTERIOR PARTITIONS (2 LAYERS) 5/8" GYP. BD. BOTH SIDES (TYPE X) ON 2" x 4" METAL STUDS @ 16" O.C.
- 1HR. RATED NON-BEARING INTERIOR PARTITIONS 2" x 4" METAL STUDS @ 16" O.C. 1 LAYER 5/8" GYP. BD. BOTH SIDES.
- S&C D. SMOKE & CARBON MONOXIDE DETECTOR. 15' MAX. FROM ALL SLEEPING AREAS.
- M.V. CEILING MOUNTED AIR EXHAUST FAN 75 C.F.M.



SITE PLAN
SCALE: 1/8"=1'-0"



WALL ASSEMPLY
FIRE STOPPING DETAIL
NOT TO SCALE

NYC Buildings
ACCEPTED
Date: 01/28/2022

ENGINEER
JOHANN SEBASTIAN VELEZ
LICENCE #099831
ABEJA ENGINEERING PLLC
347 EAST 82ND STREET, APT 202 MANHATTAN N.Y. 10028
TEL: 718-291-8555 CELL: 716-907-8162

PROJECT ADDRESS:
168 THOMPSON STREET MANHATTAN N.Y. 10012

BLOCK 535	CROSS STREET
LOT 34	WEST HOUSTON STREET
ZONE R7-2	
MAP 12C	

PROJECT SCOPE:

FILING PLANS FOR THE MINOR INTERIOR RENOVATION OF AN EXISTING COMMERCIAL SPACE(U,G,6) AT CELLAR FL. ONLY. WORK INCLUDES THE INSTALLATION OF NEW PLUMBING FIXTURES. CONSTRUCTION TO BE FILED SEPARATELY UNDER JOB # M00644533

DRAWING TITLE:
CELLAR FLOOR PLAN, PLUMBING RISER DIAGRAM

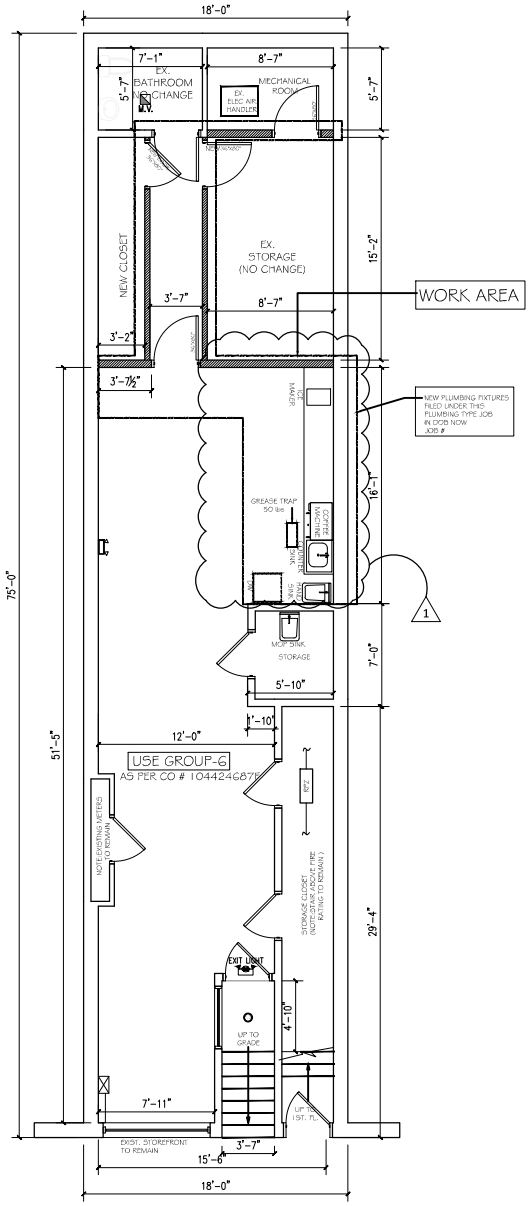
REVISIONS:
NO. DATE DESCRIPTION APPROV.

DRAWING NO.: PL-001.00
DATE: 01/11/2022
SCALE: SEE DRAWINGS

SEAL & SIGNATURE:
STATE OF NEW YORK · JOHANN VELEZ · 099831 · LICENSED PROFESSIONAL ENGINEER
01-14-2022

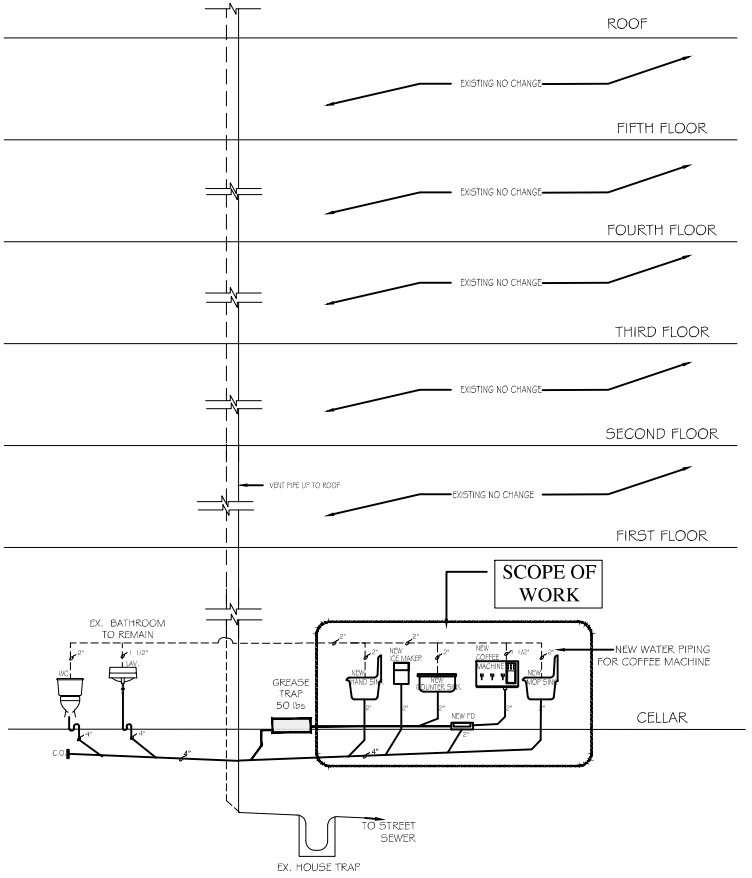
APPLICATION#
M00644547-I1

DRAWING SHEET NO: 1 OF 2



CELLAR FLOOR PLAN

SCALE: 1/4" = 1'-0"



PLUMBING RISER DIAGRAM

SCALE: NTS

JAMES SCHAEFER ARCHITECT, P.C.
899 UNION STREET
BROOKLYN, NEW YORK 11215
212-233-1710
james@jsarch.nyc

PROJECT ADDRESS:
168 THOMPSON STREET MANHATTAN N.Y. 10012

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DRAWING TITLE:
CELLAR FLOOR PLAN, PLUMBING RISER DIAGRAM

REVISIONS:
△ 09-18-2024 - REVISED

DRAWING NO.:
PL-002.01

DATE: 01/11/2022

SCALE: SEE DRAWINGS

SEAL & SIGNATURE:

APPLICATION#
M01064212-P3

DRAWING SHEET NO: 2 OF 2