

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): AMBLESIDE PARTNERS LLC

Trade name (DBA): GOSPEL.

Premises address: 281 LAFAYETTE STREET, NY 10012.

Cross Streets and other addresses used for building/premise:

CONTACT INFORMATION:

Principal(s) Name(s): JAMES HUDDLESTON.

Office or Home Address: 281 LAFAYETTE STREET

City, State, Zip: NYC, NEW YORK 10012.

Telephone #: [REDACTED] email: [REDACTED]

Landlord Name / Contact:

Landlord's Telephone and Fax: _____

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>JAMES HUDDLESTON</u>	_____
_____	_____
_____	_____

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

TAVERN WITH FOOD MENU + DJ

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 : CHANGE IN METHOD OF OPERATION

If upgrade, alteration, or transfer, please describe specific nature of changes:

(Please include physical or operational changes including hours, services, occupancy, ownership, etc.)

CHANGE IN PHYSICAL SPACE, EXTRA SQ FOOTAGE

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

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:

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: 2 Year Built: _____

Describe neighboring buildings: _____

MIXED (RES/COM)
Zoning Designation: M1-5/R7X

Zoning Overlay or Special Designation (applicable) SPECIAL SMO-NOMA MIXED USE DISTRICT

Block and Lot Number: 510 / 33

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? OCCUPANCY GROUP A.

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? 289

If yes, what is the use group for the premises? OCCUPANCY GROUP A

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: _____

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 5000 sq ft

If more than one floor, please specify square footage by floors: 2500 x 2 floors

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?

If more than one floor, what is the access between floors? ONE CONNECTING STAIRCASE

How many entrances are there? 2 How many exits? 2 How many bathrooms? 6

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

OVERALL SEATING INFORMATION:

Total number of tables? 27 Total table seats? 108

Total number of bars? 3 Total bar seats? 12

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

Total OVERALL number of seats in Premises: 120

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 3 Seats _____

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

Any food counters? no yes, describe: _____

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: _____

2 BARS + 8 BAR SEATS.

* 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: Tavern.

What are the Hours of Operation?

Sunday: 5pm to 2am Monday: 5pm to 2am Tuesday: 5pm to 2am Wednesday: 5pm to 4am Thursday: 5pm to 4am Friday: 5pm to 4am Saturday: 5pm to 4am

Will the business employ a manager? ☐ no ☒ yes, name / experience if known : _____

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? YES

Please describe your sound system and sound proofing: TPE SYSTEM

STUDIO GRADE SOUND PROOFING WITH QUIET ROCK + MASS LOADED VINYL.

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)

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: _____

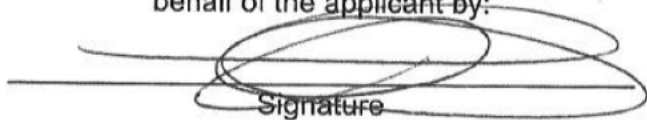
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: James Huddleston Phone: 

Address: 281 Lafayette St. NY NY 10012

Email : 

Application submitted on
behalf of the applicant by:


Signature

Print or Type Name Mr. James Huddleston

Title Co-founder + 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

GOSPËL

TRIBE

Late Night Menu

KALAMATA & GREEN PITTED OLIVES

5

HUMMUS & PITA

14

GREEK SALAD

(Add Chicken \$7)

16

ORGANIC LENTIL SALAD

Beets and mustard vinaigrette

18

MANGAS CHICKEN SKEWERS

Tender chicken thighs marinated in spices

24

LASAGNA

Fresh ricotta & mozzarella

24

MAC AND CHEESE

14

CHICKEN SCHNITZEL

Ricotta mashed potato and mixed greens

29

CHARCUTERIE BOARD

25

gospelnyc.com

281 Lafayette

@gospeltribe

