



Gastronaut Restaurant LLC

Community Board SLA License Questionnaire

Pesetsky & Bookman

Applicant's Alcoholic Beverage Counsel

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COMMUNITY BOARD 2 APPLICATION FOR A STATE LIQUOR AUTHORITY LICENSE ADDENDUM FOR OUTDOOR SEATING

For a Liquor License Application that includes any outdoor areas, please complete the following:

- Submit a diagram of outdoor seating indicating length and width of area(s) and location of all tables and chairs. Include all obstructions (trees, fire hydrants, proximity to bus stops, bike racks, signs, etc.).
- Submit photos of the premises where the sidewalk café and/or roadbed will be located. Required photos show one frontal, one left and one right side view of proposed sidewalk café and/or roadbed.
 - Photos must show complete sidewalk and/or roadway area where sidewalk café and/or roadbed will be including views to curb and neighboring properties.
 - For rear yard, show photos of yard and surrounding area, including upper view of adjacent buildings.

Name of Applicant: Gastronaut Restaurant LLC

Address of Premises: 72 MacDougal Street

Sidewalk café will have no more than (If premises is located on a corner please indicate for both streets):

4 tables and 8 seats on MacDougal Street
 tables and seats on Street

Hours of sidewalk café: 5pm to 11pm .

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc):

Tree Pit

Roadbed will have no more than (If premises is located on a corner please indicate for both streets):

10 tables and 20 seats on MacDougal Street
 tables and seats on Street

Hours of roadbed: 5pm to 11pm .

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc):

n/a

Rear yard / Rooftop (circle) will have no more than 0 tables and 0 seats

Hours of rear yard / rooftop: n/a to n/a .

Does seating extend beyond the business frontage? x No Yes

Will outdoor dining structures on the sidewalk be enclosed on three (3) or more sides? x No Yes

Will outdoor dining structures on the roadbed be enclosed on three (3) or more sides? x No Yes

Is there any outdoor music, speakers or TVs? x No Yes, please describe:

Will heating elements be used? x No Yes, please describe:









Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s):
Gastronaut Restaurant LLC

Trade name (DBA):
TBD

Premises address:
72 MacDougal Street, New York, NY 10012

Cross Streets and other addresses used for building/premise:
Bleecker and West Houston Streets

CONTACT INFORMATION:

Principal(s) Name(s):
Polina Andris & Roman Rakusa

Office or Home Address: _____

City, State, Zip: _____

Telephone #: _____ email : _____

Landlord Name / Contact:
Macaja LTD

Landlord's Telephone and Fax: _____

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Roman Rakusa	n/a
Dmitry Valtfogel	n/a
Polina Andris	n/a

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

Gastronaut Restaurant will be an upscale neighborhood restaurant offering fine Slavic-inspired dining with a modern Russian fusion cuisine and a carefully curated cocktail program. The establishment will focus primarily on seated food service, hospitality, and a high-quality dining experience. The concept is intended to serve the local West Village community in a respectful, restaurant-oriented setting.

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.)

Transfer Application. Current Licensee: Parcelle 72 MacDougal LLC d/b/a Parcelle

Changes: Hours of Operation; ownership and layout of the dining areas and patron bars.

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: _____

Parcelle 72 MacDougal LLC, License ID: 0340-25-107498 Expiration date: 03/31/2027

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:

Parcelle: 09/2025-Present; Babs: 2019-2024; and ChezJacqueline: 1982-2017

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: 4 Year Built : 1958

Describe neighboring buildings:

Mixed-Use

Zoning Designation: R7-2

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 526 / 84

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 sidewalk cafe and roadway seating

What is the proposed Occupancy? 68

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

☐ no ☒ yes *Existing LNO*

If yes, what is the maximum occupancy for the premises? 74

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 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: The applicant intends to replace the existing signage

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1,200 SQ FT

If more than one floor, please specify square footage by floors: n/a-ground floor only

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

Sidewalk Cafe: 23.65 SQ FT Roadway Seating: 213.45 SQ FT

If more than one floor, what is the access between floors? n/a-ground floor only

How many entrances are there? 2 How many exits? 2 How many bathrooms ? 3

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

OVERALL SEATING INFORMATION:

Total number of tables? 11 Total table seats? 22

Total number of bars? 2 Total bar seats? 35

Total number of "other" seats? 28 please explain : sidewalk cafe: 8 and roadway: 20

Total OVERALL number of seats in Premises : 85 seats: 57 indoors and 28 outdoors

BARS:

How many *stand-u bar ba seat ar bein applie fo o th premises Bar ____ Seat 16

How many service bars are being applied for on the premises 0

An foo counters 0 n ____ yes describ _____

Fo Alteration an Upgrades:

Pleas describ al curren an existin bar ba seat an specifi changes _____

n/a

* A stand- p b r s a y b r r count r (wheth r seati g r no) ov r whi h a memb r ft e publ c c n order, p y f r a d recei e fo d a d alcohol c beverages.

PROPOS D METH D F OPERATION:

What type of establishment will this be? (check all that apply)

B B r & Fo X Restaura Clu / Cabar Hot Othe :

What are the Hours of Operation?

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

5pm to 1am 5pm to 1am 5pm to 1am 5pm to 1am 5pm to 1am 5pm to 2am 5pm to 2am

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

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 : n/a

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? _____

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

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) _____
reservation only

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: _____

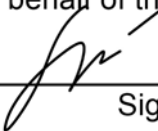
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: Polina Andris Phone: _____

Address: _____

Email : _____

Application submitted on
behalf of the applicant by:


Signature

Polina Andris
Print or Type Name _____

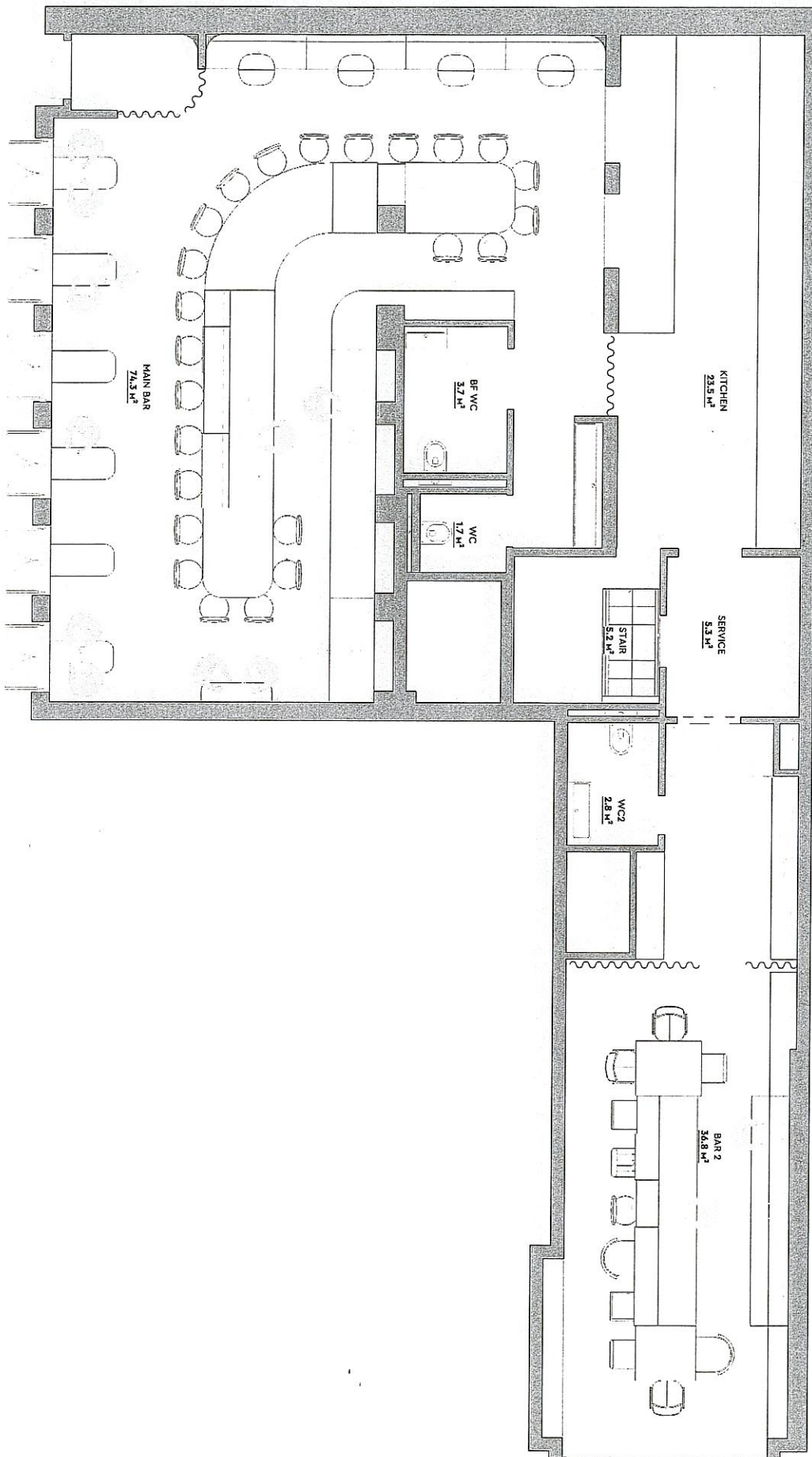
President
Title _____

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.

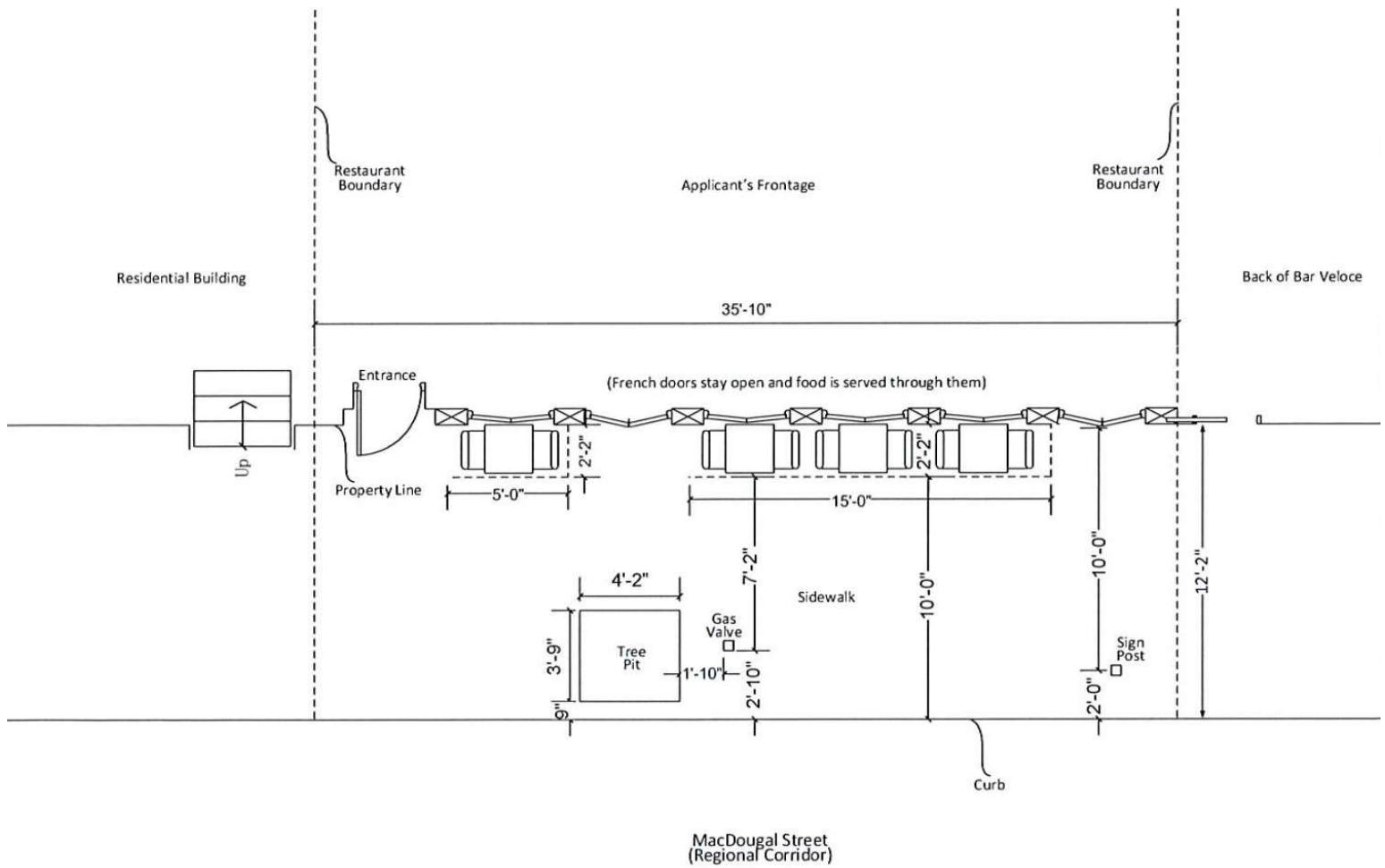


Community Board 2,
Manhattan SLA Licensing
Committee Donna Raftery, Chair

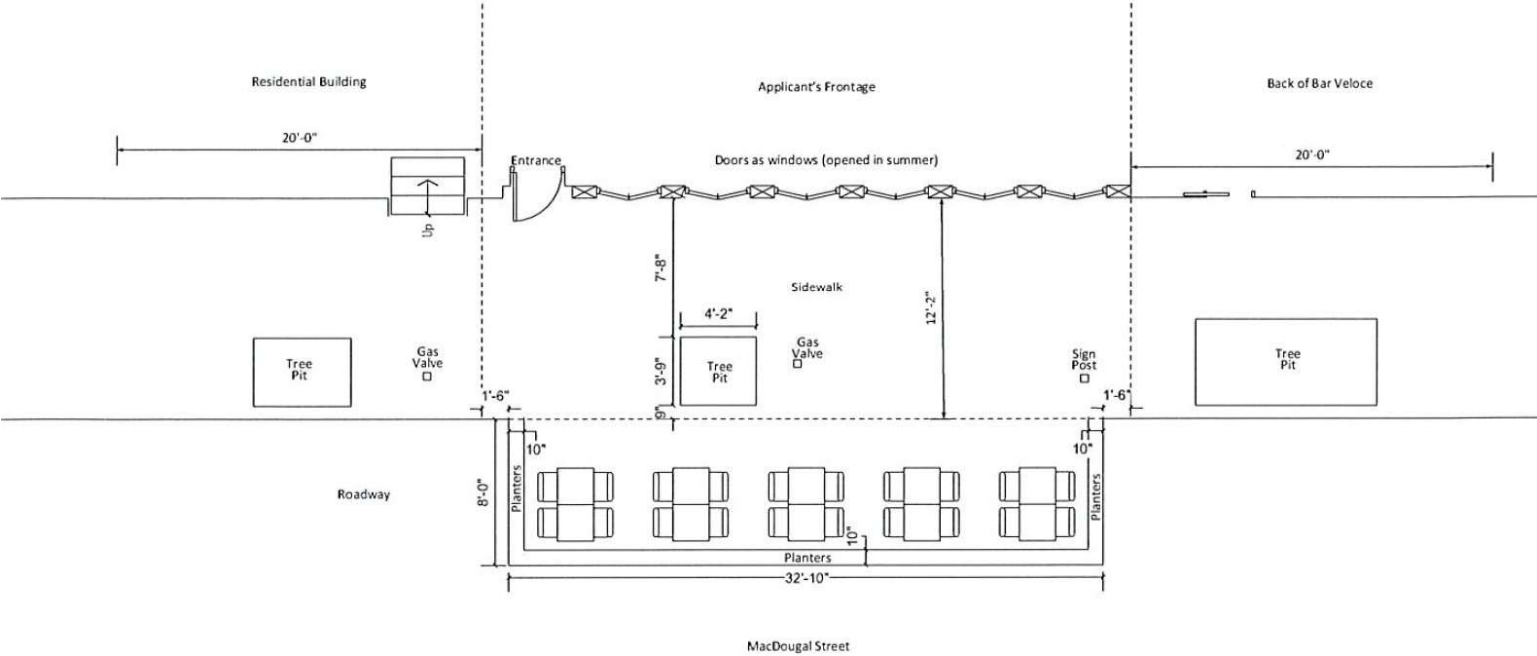
Layout Plan



Sidewalk Cafe Diagram



Roadway Seating Diagram





GASTRONAUT



Menu

Ice Tapas

- *Sea Scallop, Salmon Roe*
 - *Yuzu, Fennel, Whelk*
- *Spicy Beans, Tomatoes, Cured Venison*

Vladivostok Sushi

- *Shrimp*
- *Sea Scallop*
- *Sockeye Salmon*
 - *Whelk*
 - *Venison*

Hot Starters

- *Sockeye Salmon Pies*
- *Crab & Shrimp Dumplings*

Soup

- *Leek Cream Soup*

Hot Dishes

- *Young Potatoes, Mushrooms & Venison*
 - *Baked Potato, Pork Fat & Shrimp*
 - *Beef Stroganoff*
- *Roasted Duck Breast*
 - *Veal Cheeks*
 - *Chicken Cutlets*

Profiteroles

- *Chicken Pâté*
- *Spicy Beans*
- *Sea Scallop with Sea Urchin Roe*

Rolls

- *Herring & Beet*
- *Sockeye Salmon*

Tapioca Chips

- *Sea Scallop*
- *Venison Tartare*
- *Herring Tartare*
- *Seasonal Vegetables*

Crab Selection

- *Asian-Style Crab with Vegetables*
 - *Crab Cakes*
 - *Crab Burger*

Cannoli

- *Spicy Carrot*
 - *Tuna*
- *Radish, Carrot & Aioli*
 - *Crab & Avocado*
 - *Shrimp Tartare*
 - *Sockeye Tartare*
 - *Curry Chicken*

Salads

- *Crab & Avocado Salad*
- *Roasted Beet & Goat Cheese*

Desserts

- *Beet Pavlova*
- *Berry Cones*
- *Jerusalem Artichoke Dessert*







