Meeting Date: August 2026

APPLICANT INFORMATION:

Name of applicant(s):
Center for Emerging Culture Inc

Trade name (DBA):
Lightning Society

Premises address:
45 Howard Street AKA 427 Broadway, Floors 4 & 5

Cross Streets and other addresses used for building/premise:

Between Broadway and Mercer Street

CONTACT INFORMATION:

Principal(s) Name(s):
Timothy Phillips

Office or Home Address: [redacted]

City, State, Zip: [redacted]

Telephone #: [redacted] email : timothy@lightning.nyc

Landlord Name / Contact:
The AJD Building LLC; Michael Chetrit

Landlord's Telephone and Fax: [redacted]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Timothy Phillips	Center for Emerging Culture Inc and September Hospitality Management Inc as MGR - 45 Howard Street, Floors 2 & 3 - Serial No. 6091167

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

A not-for-profit private members cultural institution focusing on intimate salon-style gatherings designed to foster intellectual discussion, education, and networking. Our goal is to bring diverse individuals together to explore specific themes like arts and culture, and allow members to showcase talents, such as poetry and songwriting.

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

X a BEER and WINE License *Not-For-Profit Club 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:

Cannabis Museum

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: N/A

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:

N/A

PREMISES:

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

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

Type of Building: ___ Residential _X_ Commercial ___Mixed (Res/Com) ___ Other: _____

Number of floor: _5_____ Year Built : _1871_____

Describe neighboring buildings:
_Mixed_____

Zoning Designation: _M1-5/R9X; SNX_____

Zoning Overlay or Special Designation (applicable) _N/A_____

Block and Lot Number: _231_____ / _8_____

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? _X_ yes __ no
Floors 4 + 5

Is the premise located in a historic district? _X__ yes ____ no

(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? _X__ yes _____ no, please explain : _____
LPC has approved proposed work; already underway

Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space) _X__ 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?

_X_no ____ yes

If yes, what is the maximum occupancy for the premises? _See rider_____

If yes, what is the use group for the premises? _B_____

If yes, is proposed occupancy permitted? _X__ yes ____ no, explain : _____

_____

If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? _X_ yes ____no

Do you plan to file for changes to the Certificate of Occupancy? _X__ yes _____ no
(if yes, please provide copy of application to the NYC DOB) *Applied for a change in use from office to eating & drinking establishment on 5th Floor - waiting for approval*

Will the façade or signage be changed from what currently exist at the premise? ____ no _X__ yes

(if yes, please describe: _Exterior signage on ground floor building door windows, and a branded canvas awning over the street elevator on Howard Street

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? Approx. 7,259 sq. ft. (including stairwells, storage, bathrooms, pantries, etc.)

If more than one floor, please specify square footage by floors: Floor 4: approx. 3,476 sq. ft.
Floor 5: approx. 3,783 sq. ft.

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? Stairs x2 and elevator

How many entrances are there? 2 How many exits? 2 How many bathrooms ? 9

Is there access to other parts of the building? ___ no _X_ yes, explain: See attached diagrams

OVERALL SEATING INFORMATION:

Total number of tables? 51 Total table seats? 134

Total number of bars? 2 Total bar seats? 0

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

Total OVERALL number of seats in Premises : 134

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 2 Seats 0

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

Any food counters? X no ___ yes, describe : _____

For Alterations and Upgrades:

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

* 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 _X_Other: Not-For-Profit Club

What are the Hours of Operation?

Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
			See Rider			
____ to ____	____ to ____	____ to ____	____ to ____	____ to ____	____ to ____	____ to ____

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

Will there be security personnel? ___ no _X_ yes(if yes, what nights and how many?) See rider
Do you have or plan to install French doors, accordion doors or windows that open? _X_ no ___ yes

If yes, please describe : N/A

Will you have TV's ? _X_ no ___ yes (how many?) _____

Type of MUSIC / ENTERTAINMENT: _X_ Live Music _X_Live DJ ___Juke Box _X_ Ipod / CDs ___none

Expected Volume level: _X_ Background (quiet) ___ Entertainment level _X_ Amplified Music
(check all that apply)

Do you have or plan to install soundproofing? ___no _X_ yes

IF YES, will you be using a professional sound engineer? Yes

Please describe your sound system and sound proofing: See attached sound plan

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

___ any events at which a cover fee is charged? _X_ private parties

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? ___ no _X_ yes (if yes, please attach plans) See attached traffic plan

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

See rider*

Are your premises within 200 feet of any school, church or place of worship? _X_ 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: Timothy Phillips Phone: [redacted]

Address: [redacted]

Email : timothy@lightning.nyc

Application submitted on
behalf of the applicant by:

_____
Signature

Print or Type Name Timothy Phillips

Title President

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

CATERING ESTABLISHMENT PROPOSED LICENSED PREMISES

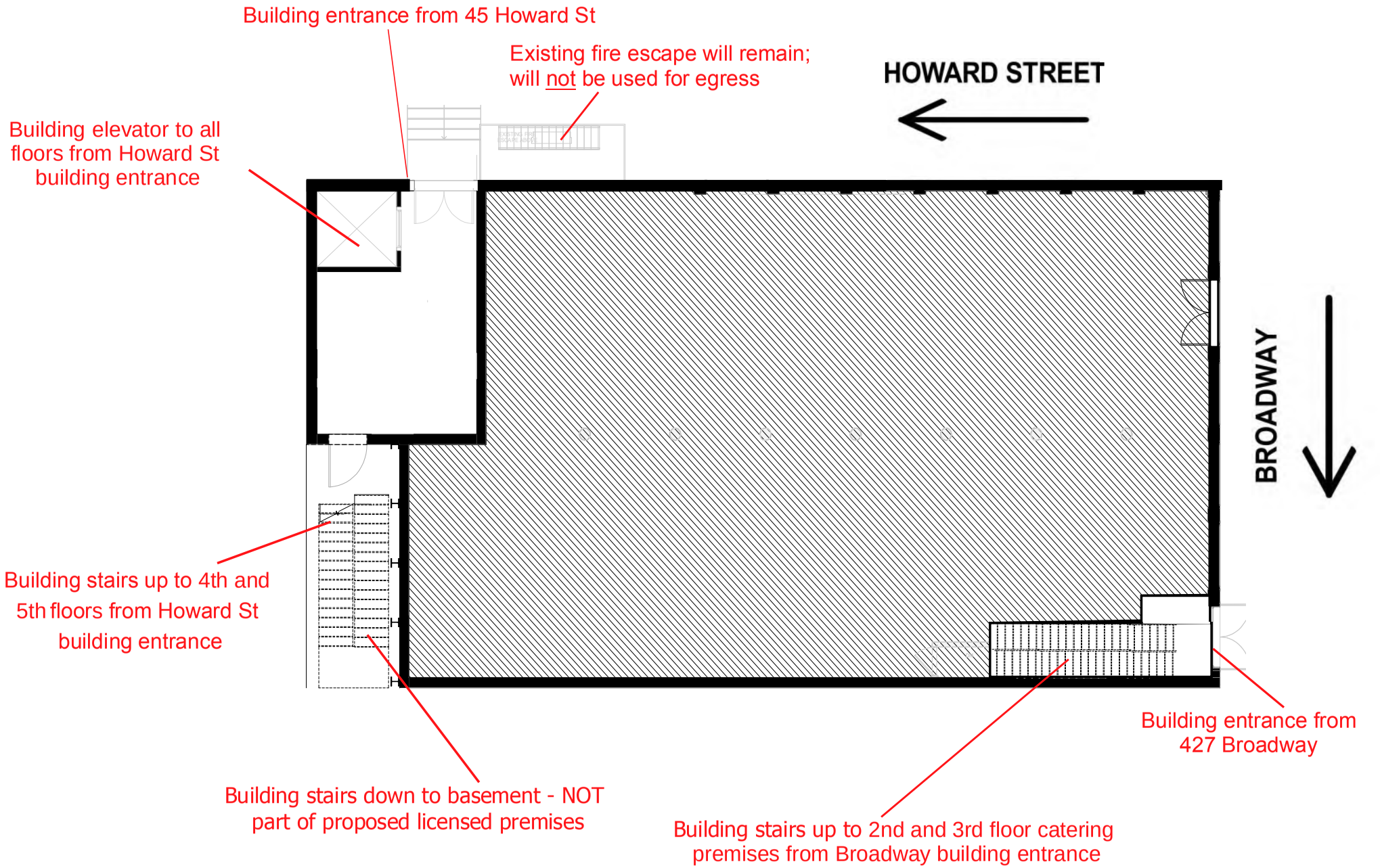
FLOORS 2 & 3

	Regular Operations	Special Events *No more than 10 per year across entire building*
Hours	8AM – 11PM, Sun – Thurs 8AM – 12AM, Fri + Sat	7:30AM – 12AM, Sun – Thurs 7:30AM – 2AM, Fri + Sat
Occupancy	225	400
Wait Lines	No outdoor queueing past 6PM	Outdoor queueing past 6PM
Security	2-4 security personnel on weekends	Additional security personnel, as needed (est. 5-8)

PRIVATE CLUB PROPOSED LICENSED PREMISES

FLOORS 4 & 5

	Regular Operations	Special Events *No more than 10 per year across entire building*
Hours	**Floors 4 & 5** Sun + Mon: 10AM – 12AM Tues – Thurs: 9AM – 12AM Fri: 9AM – 2AM Sat: 10AM – 2AM	**Same as Regular Operations**
Occupancy	200	249
Wait Lines	No outdoor queueing	No outdoor queueing
Security	1 security personnel 7 days/week; 5PM – close	Additional security personnel, as needed (est. 5-8)

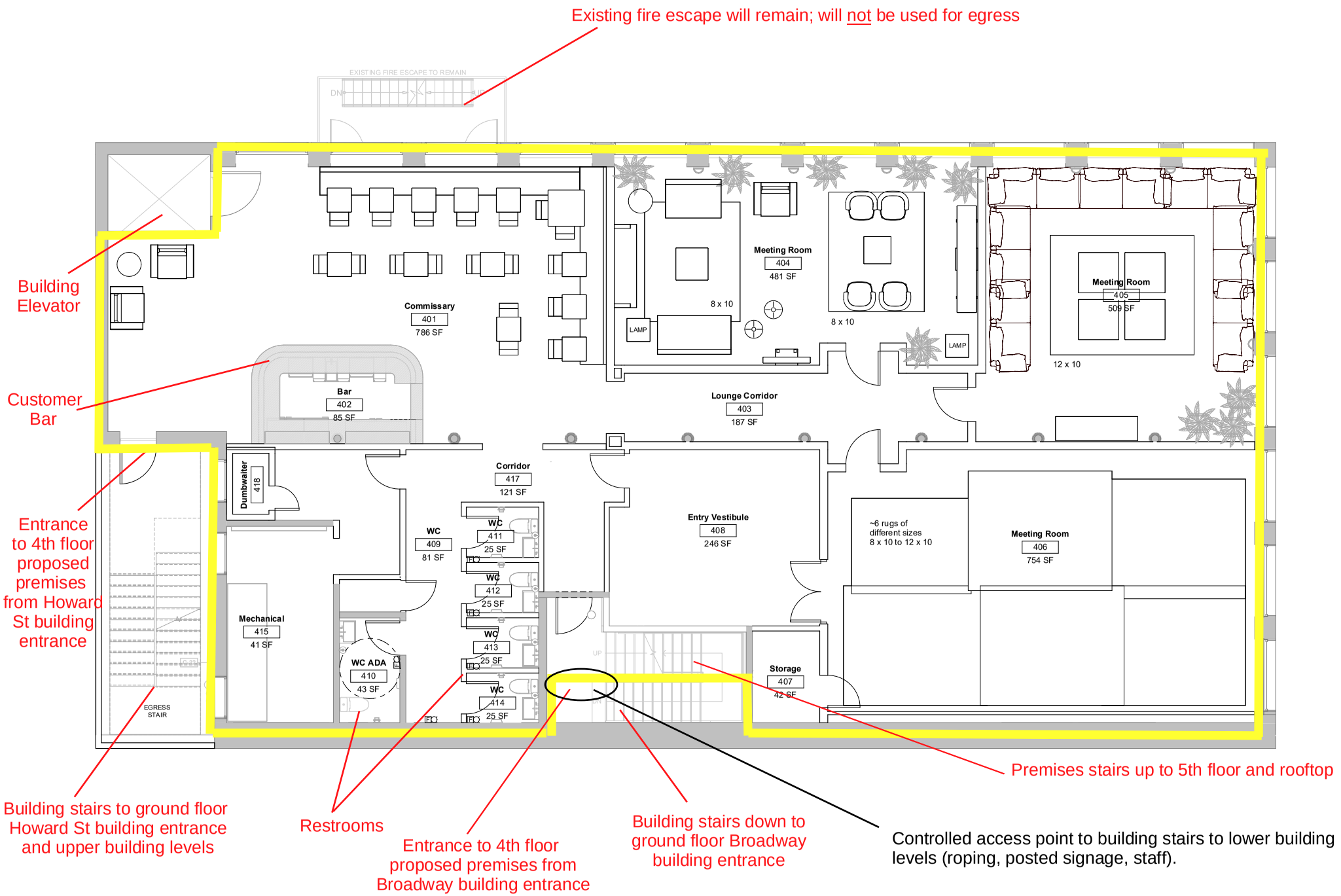


Center for Emerging Culture Inc

Ground Floor

Center for Emerging Culture Inc

Fourth Floor



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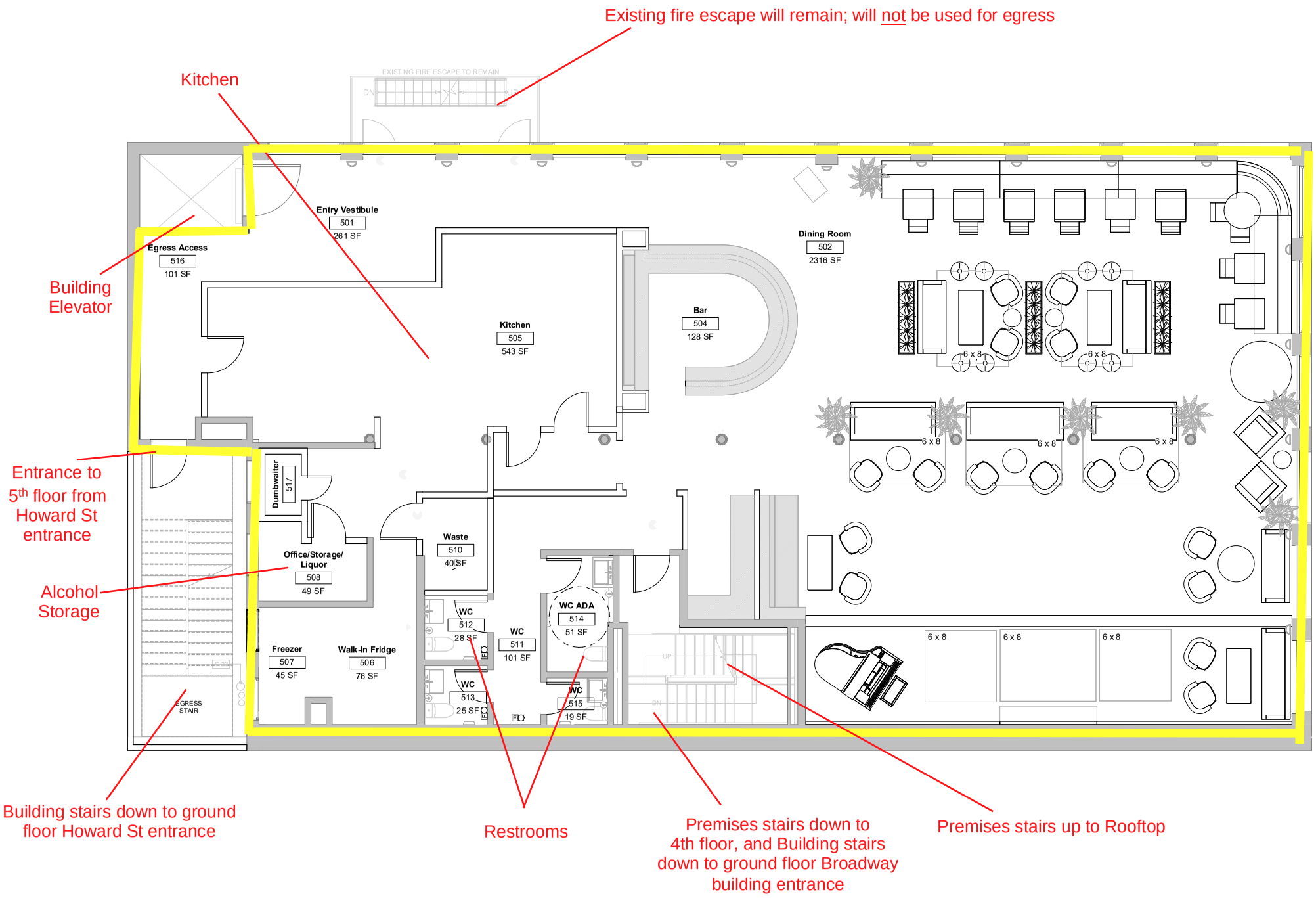
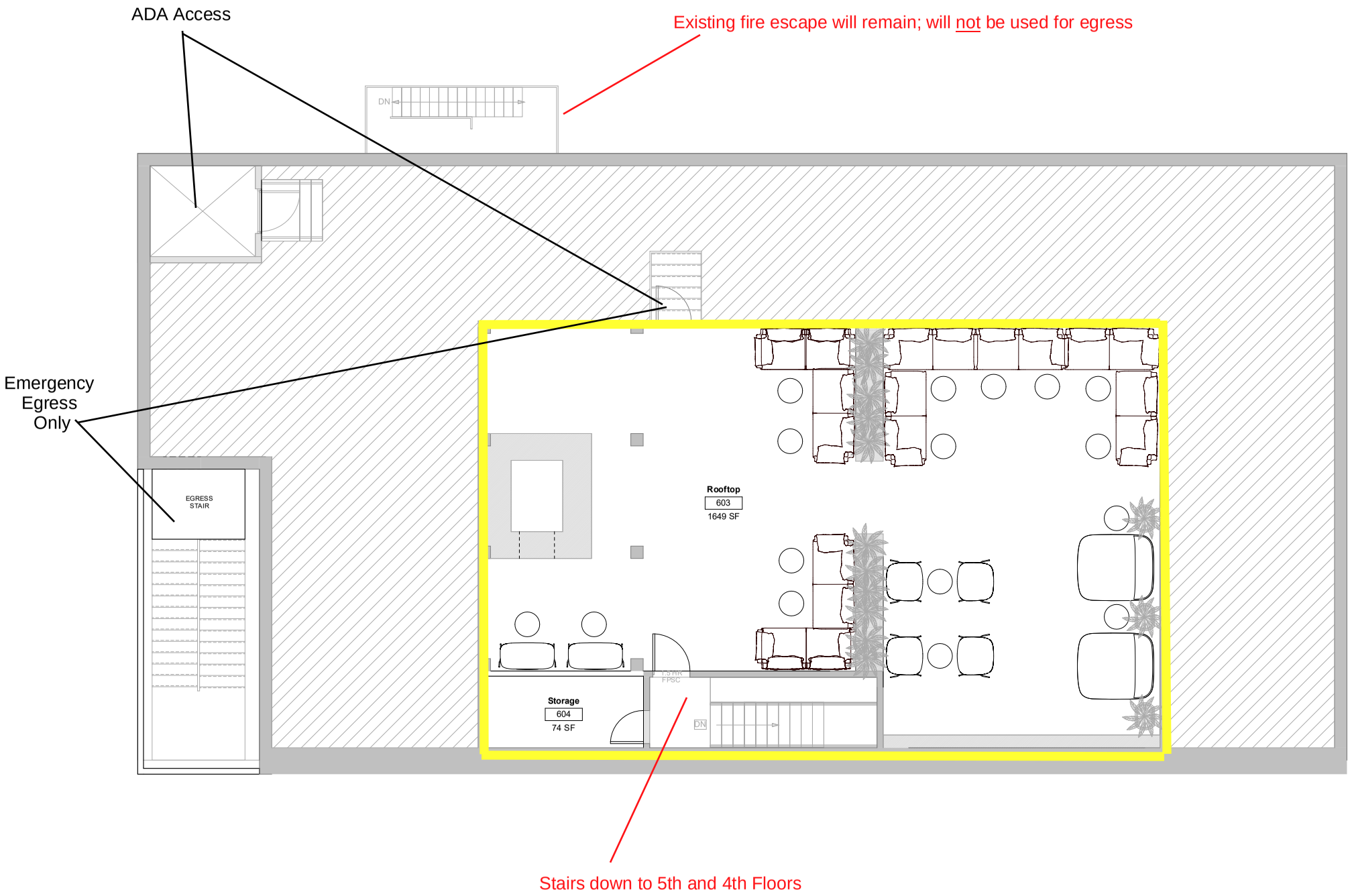
Fifth Floor



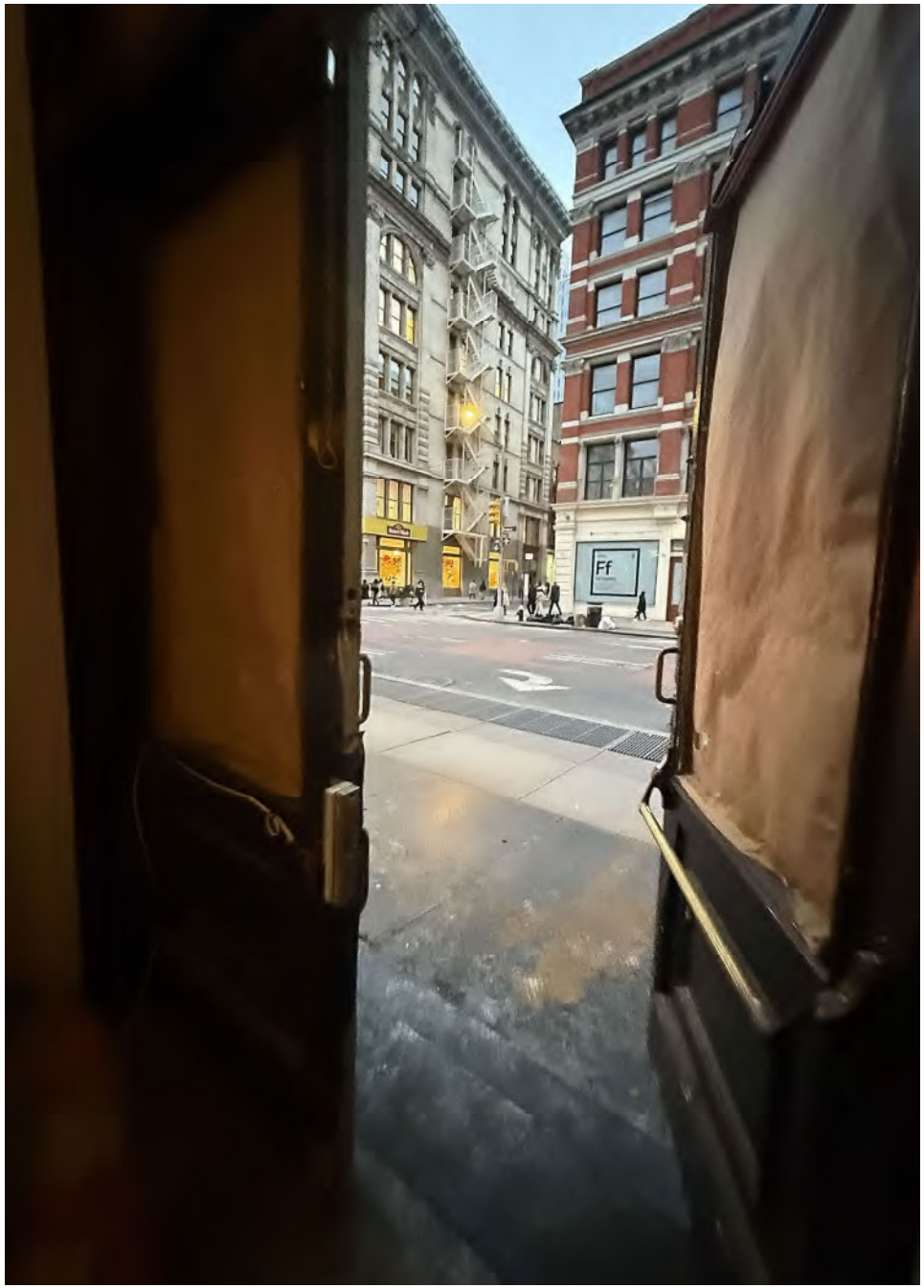
Center for Emerging Culture Inc

Rooftop



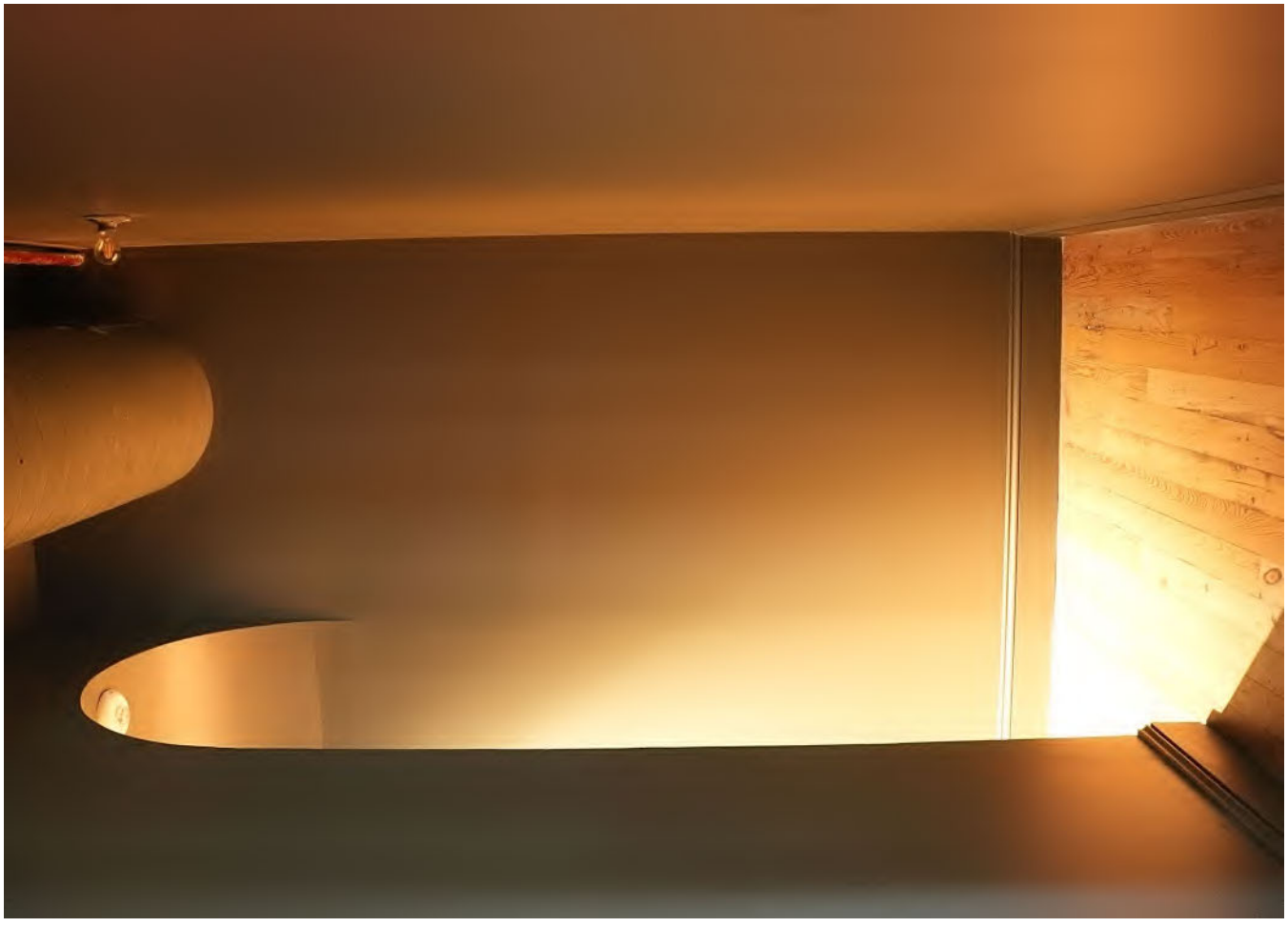
Proposed Premises - 2nd and 3rd Floors

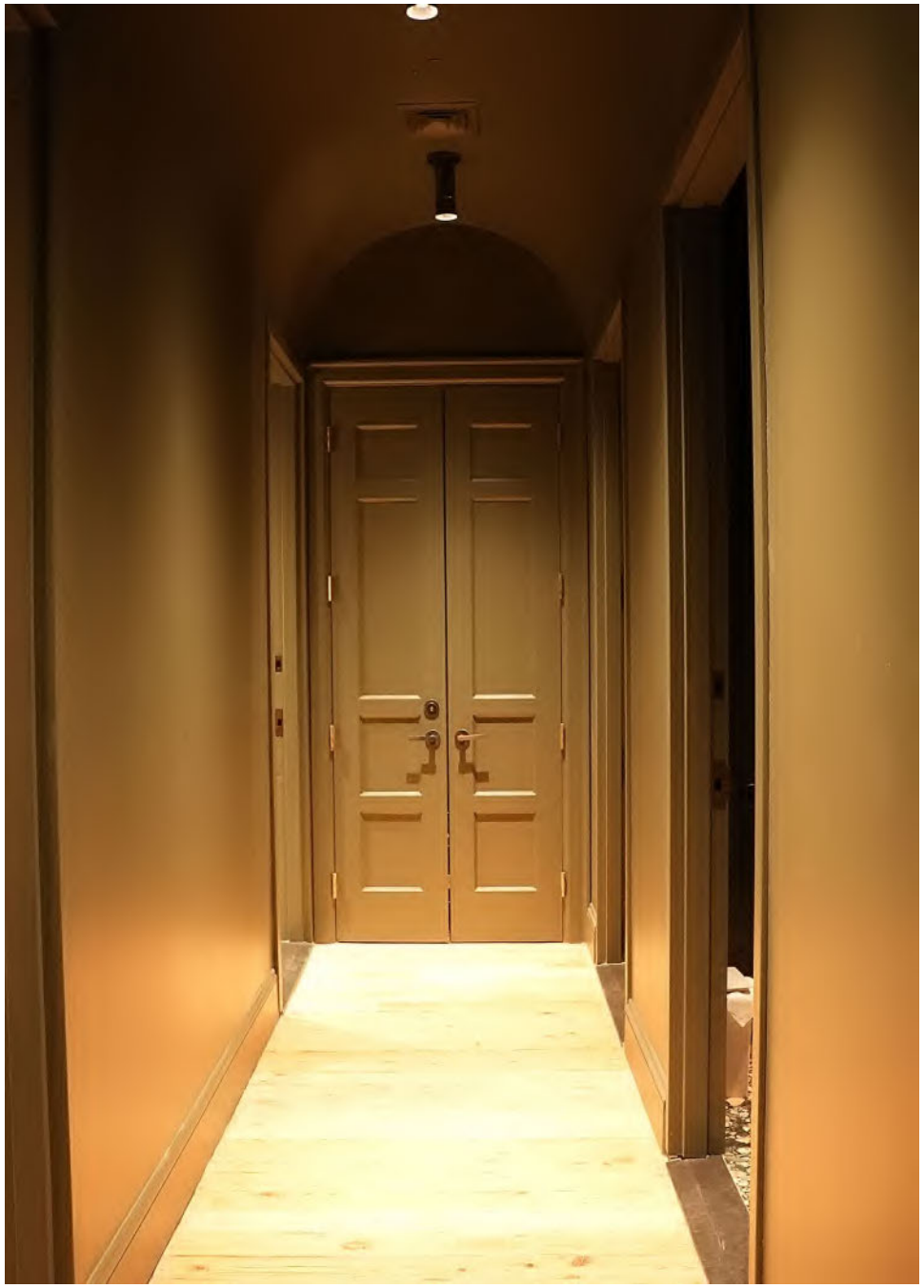
Building Entrance from 45 Howard Street

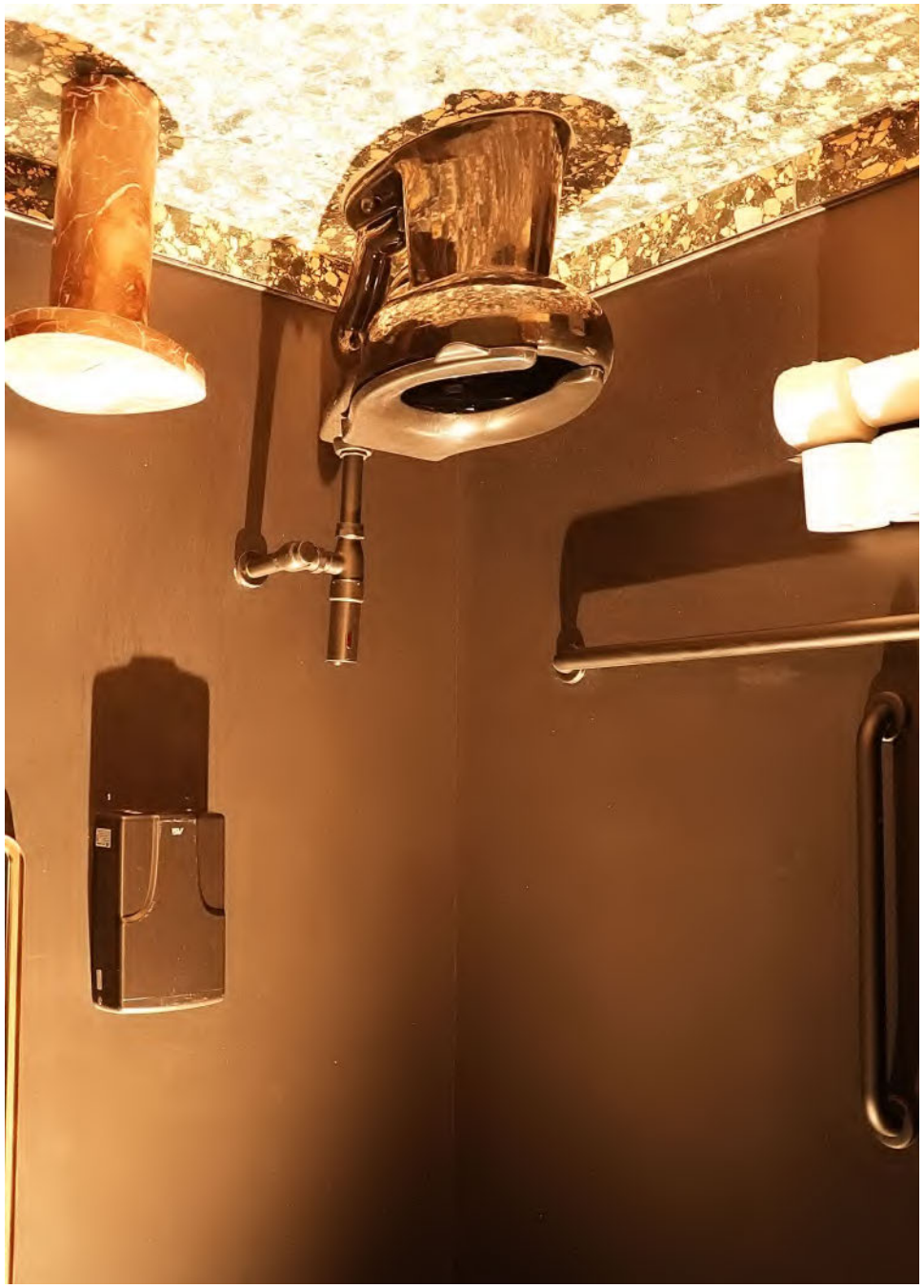


Building Entrance from 427 Broadway

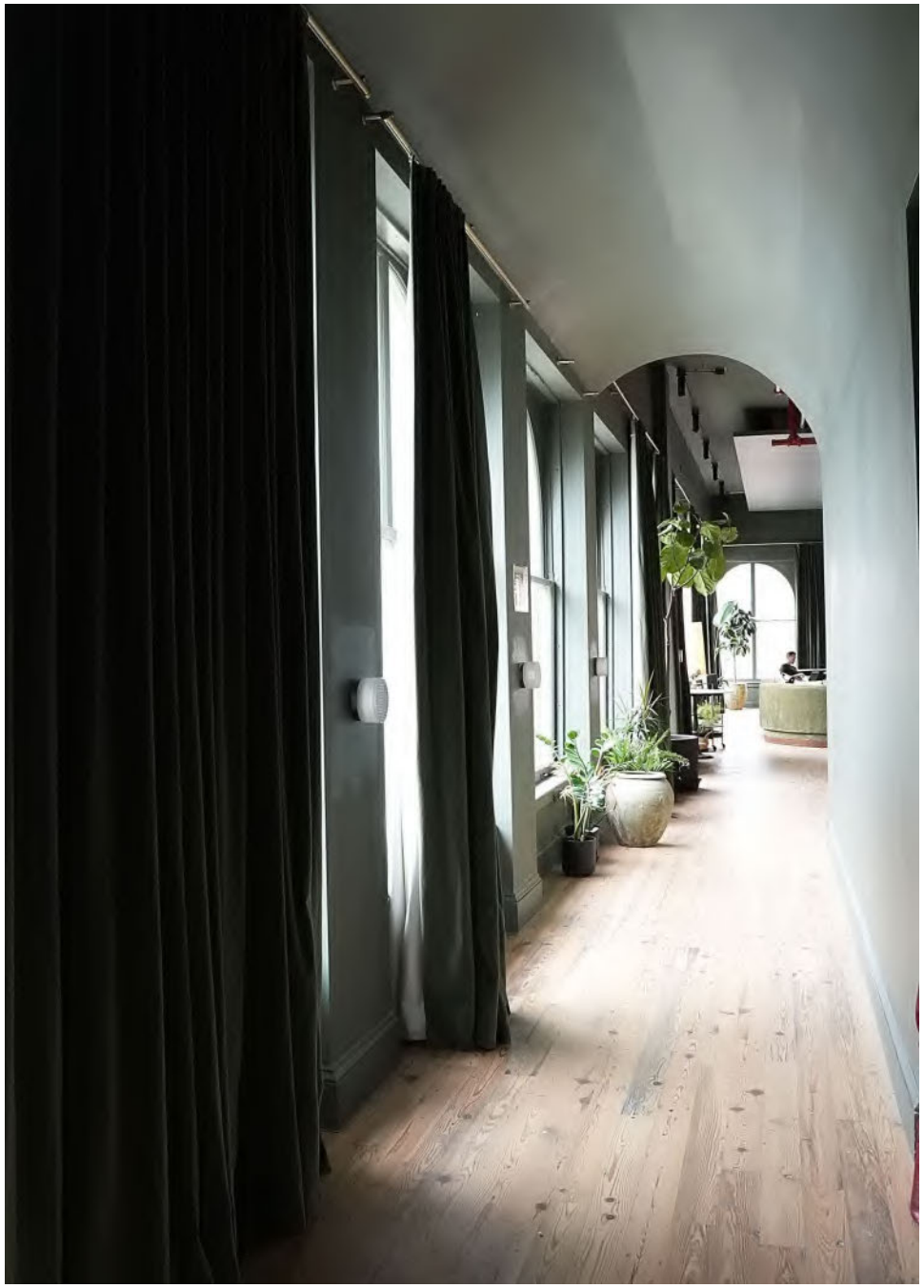

BATHROOMS
EXIT

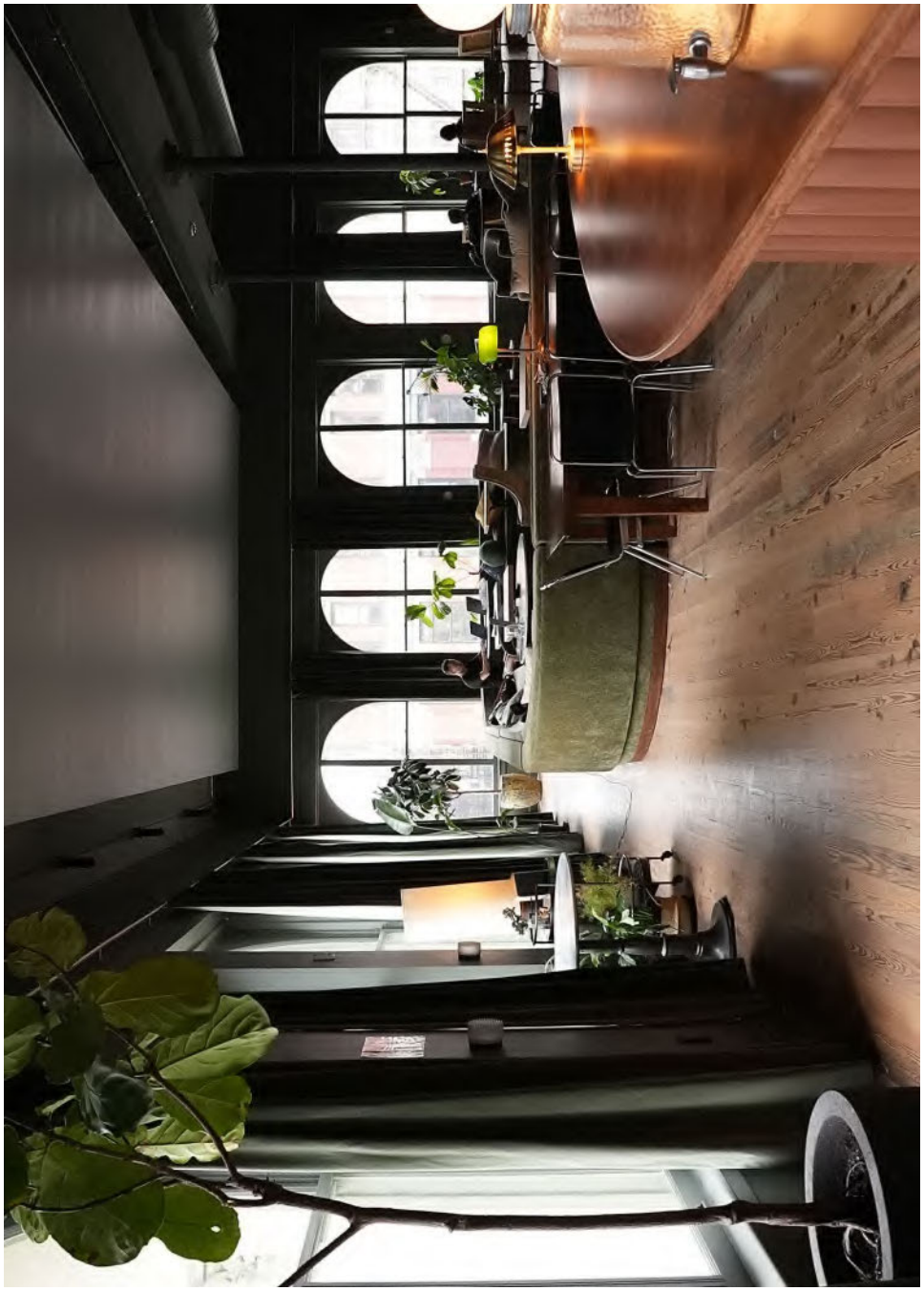


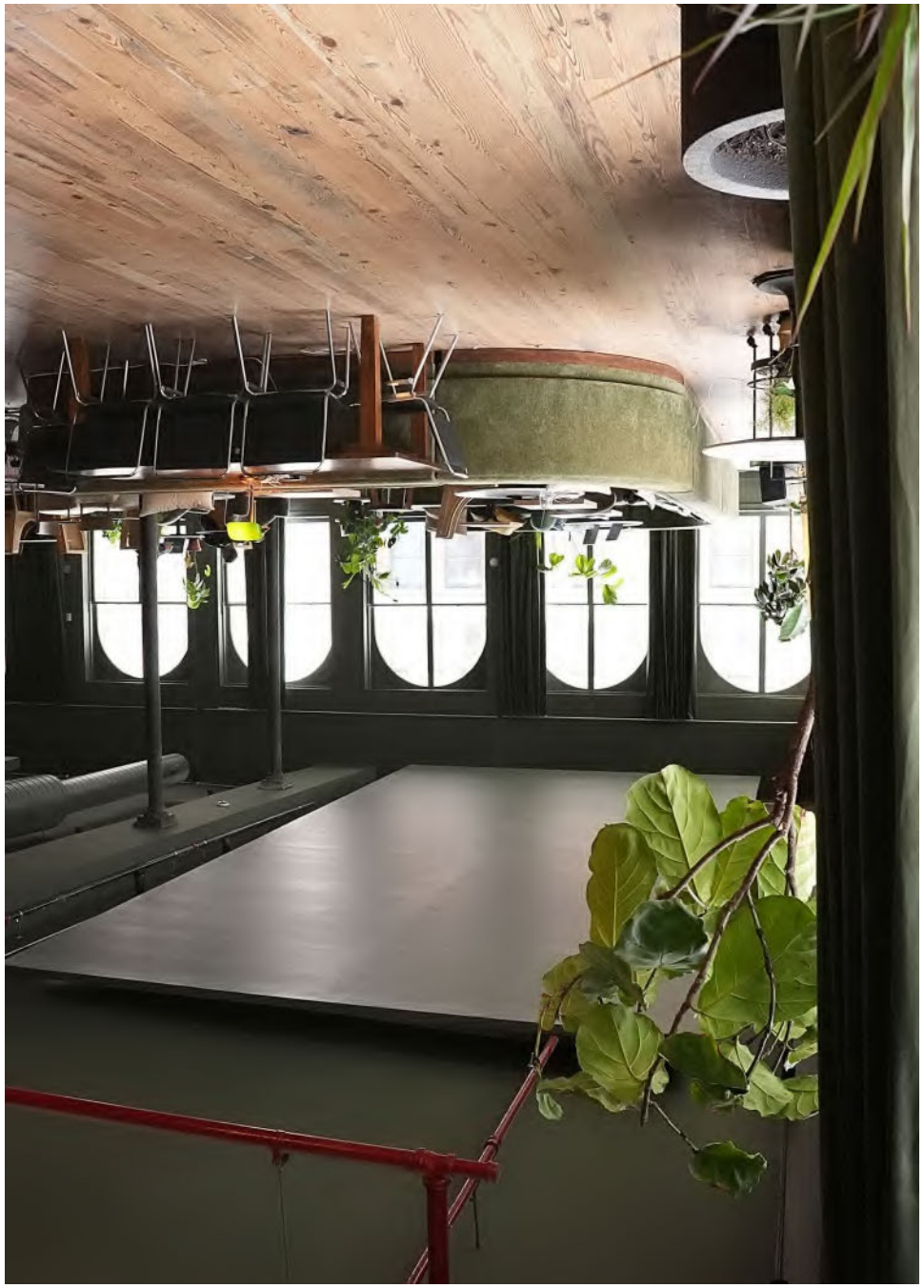


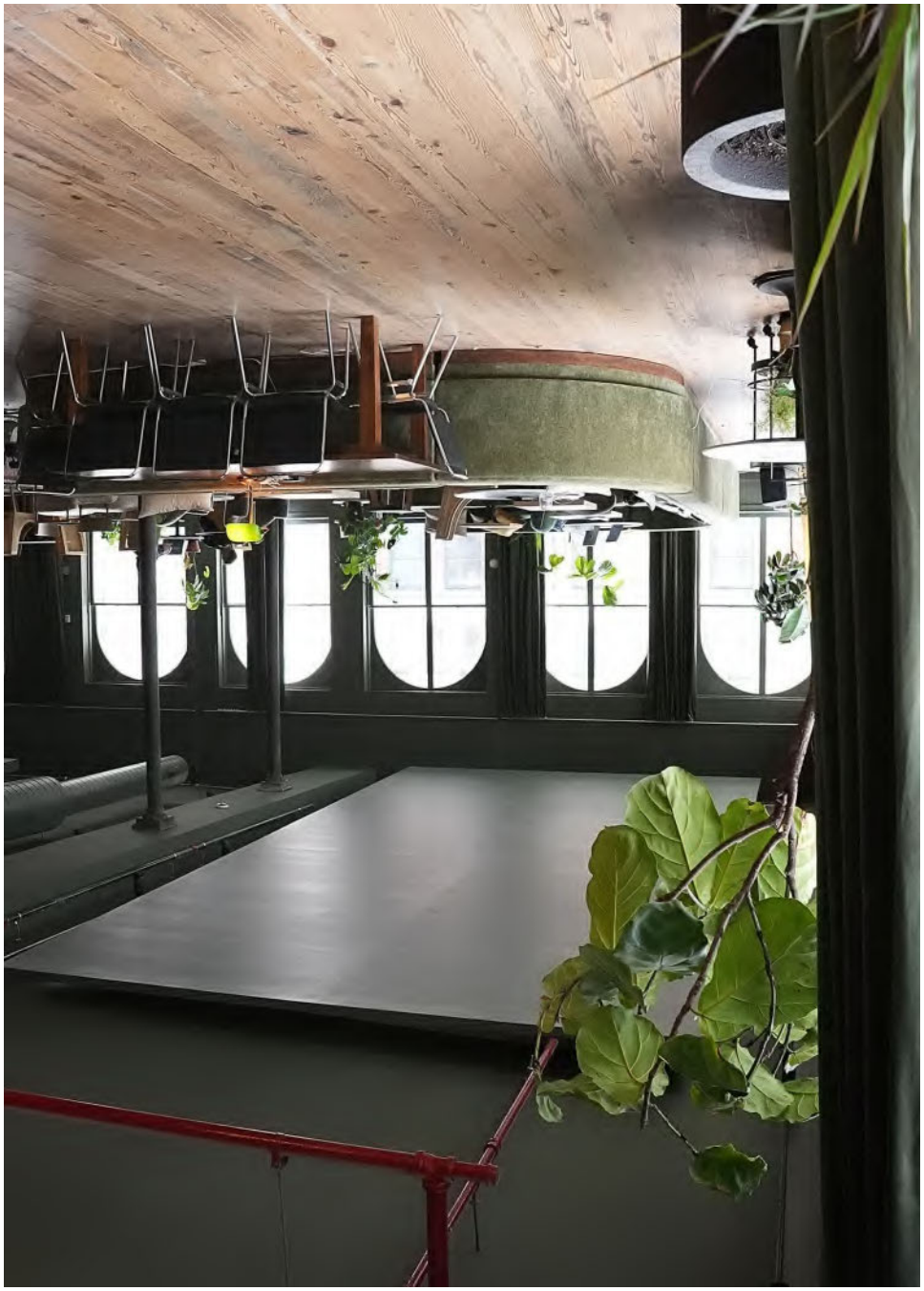



NO SMOKING









Lightning Society

FIFTH FLOOR

FOR THE TABLE

Charcuterie & Cheese
cured meats, aged cheeses, marcona almonds, honeycomb, grilled bread

Hummus & Warm Flatbread
olive oil, za'atar, charred lemon

Marinated Olives & Almonds
citrus, chili, rosemary

SMALL BITES

Chicken Souvlaki Skewers
oregano, lemon, tzatziki

Whipped Feta
hot honey, Aleppo pepper, warm pita

Shrimp Cocktail
Calabrian cocktail sauce, charred lemon

Oysters on the Half Shell
herb mignonette, lemon

MAIN COURSES

Whole Roasted Branzino
capers, herb oil, charred lemon

Wood-Grilled Strip Steak
rosemary butter, salsa verde, roasted potatoes

Charred Cauliflower Steak
tahini, pine nut, golden raisin

Bucatini
slow tomato, Calabrian chili, torn basil, pecorino

SHAREABLES

Grilled Octopus
white beans, salsa verde

Spiced Lamb Meatballs
tomato, mint, yogurt

Crispy Zucchini
whipped feta, honey

Wood-Grilled Wings
za'atar, garlic, lemon

SIDES

French Fries · *sea salt, garlic aioli*

Broccolini · *garlic, chili, lemon*

Asparagus · *lemon, olive oil*

House Salad · *little gem, lemon vinaigrette*

Sautéed Spinach · *garlic, olive oil*