

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
<u>Timothy Phillips</u>	<u>Center for Emerging Culture Inc and September Hospitality Management Inc as MGR - 45 Howard Street, Floors 2 & 3 - Serial No. 6091167</u>
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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

☒ 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 ☒ 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 ☒ 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 ☒ Lease ☐ Sub-lease ☐ Binding Contract to acquire real property ☐ other: _____

Type of Building: ☐ Residential ☒ 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? ☒ yes ☐ no
Floors 4 + 5

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 : _____

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) ☒ 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? See rider

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

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) *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 ☒ 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 ☒ 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: *See Rider* Thursday: _____ Friday: _____ Saturday: _____
_____ 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: ██████████

Address: ██

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

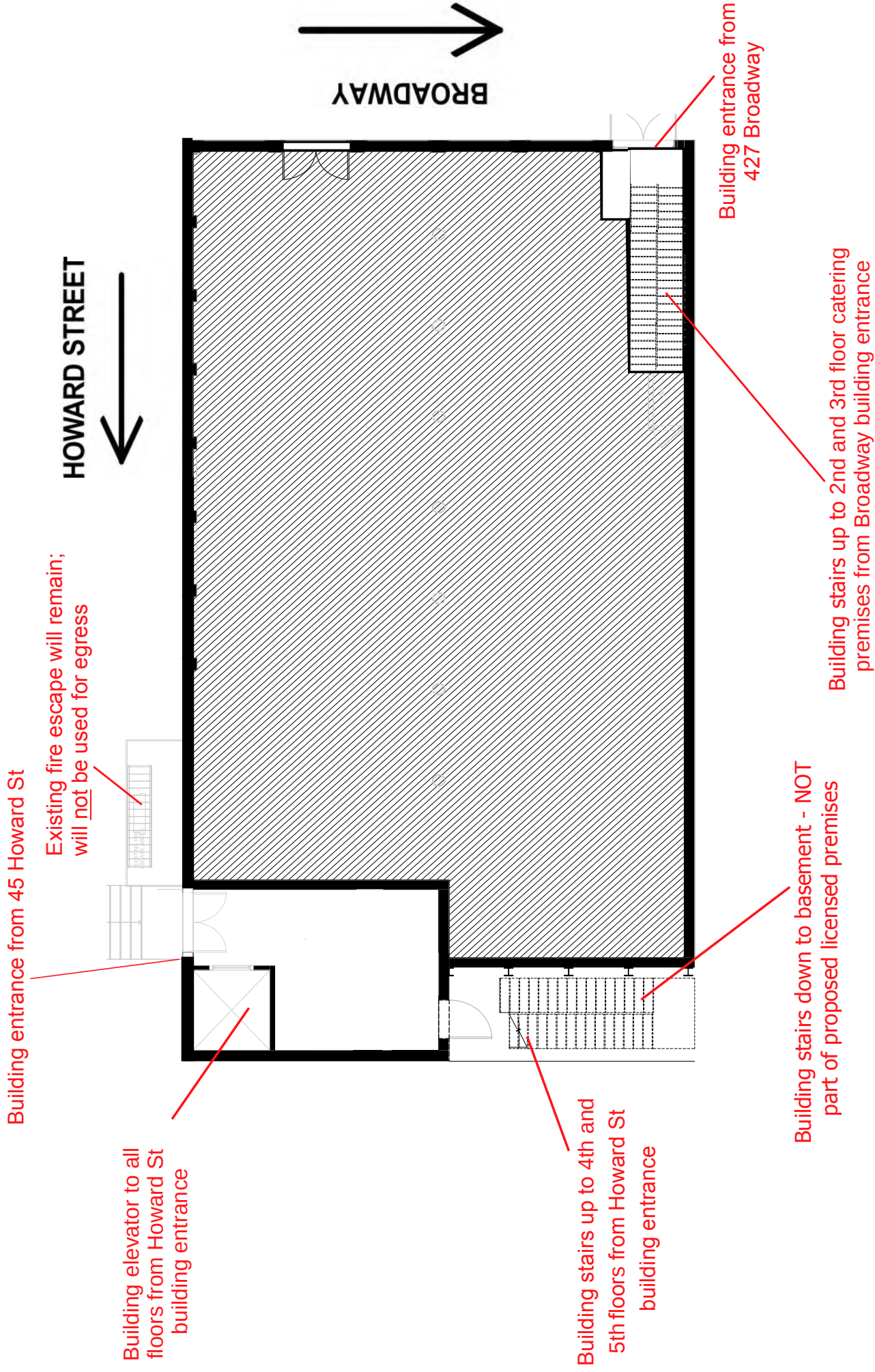
FLOORS 2 & 3

	Regular Operations	Special Events <i>*No more than 10 per year across entire building*</i>
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 <i>*No more than 10 per year across entire building*</i>
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)

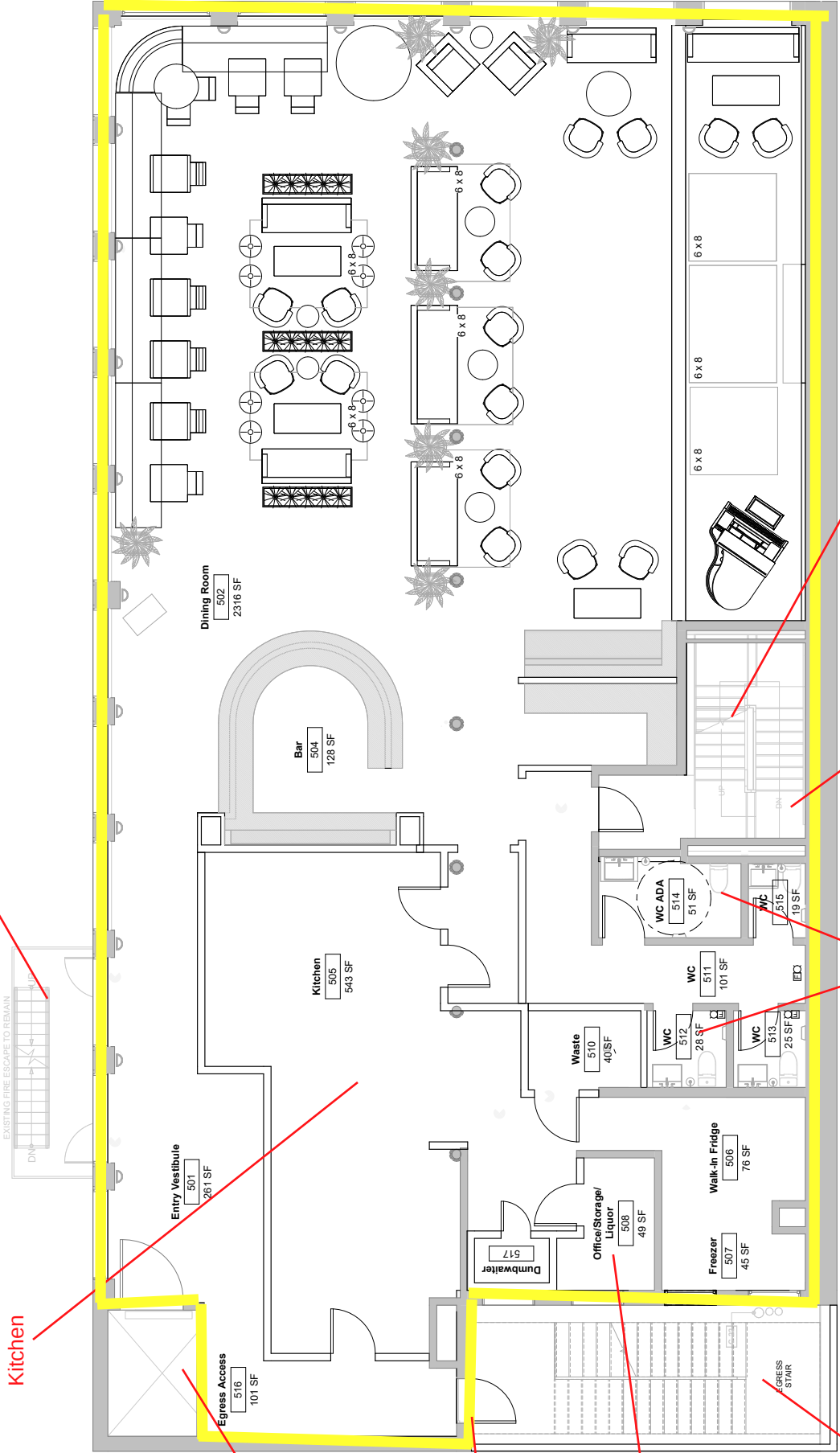


Center for Emerging Culture Inc

Ground Floor

Center for Emerging Culture Inc
Fifth Floor

Existing fire escape will remain; will not be used for egress



Center for Emerging Culture Inc

Rooftop

ADA Access

Existing fire escape will remain; will not be used for egress

Emergency
Egress
Only

EGRESS
STAIR

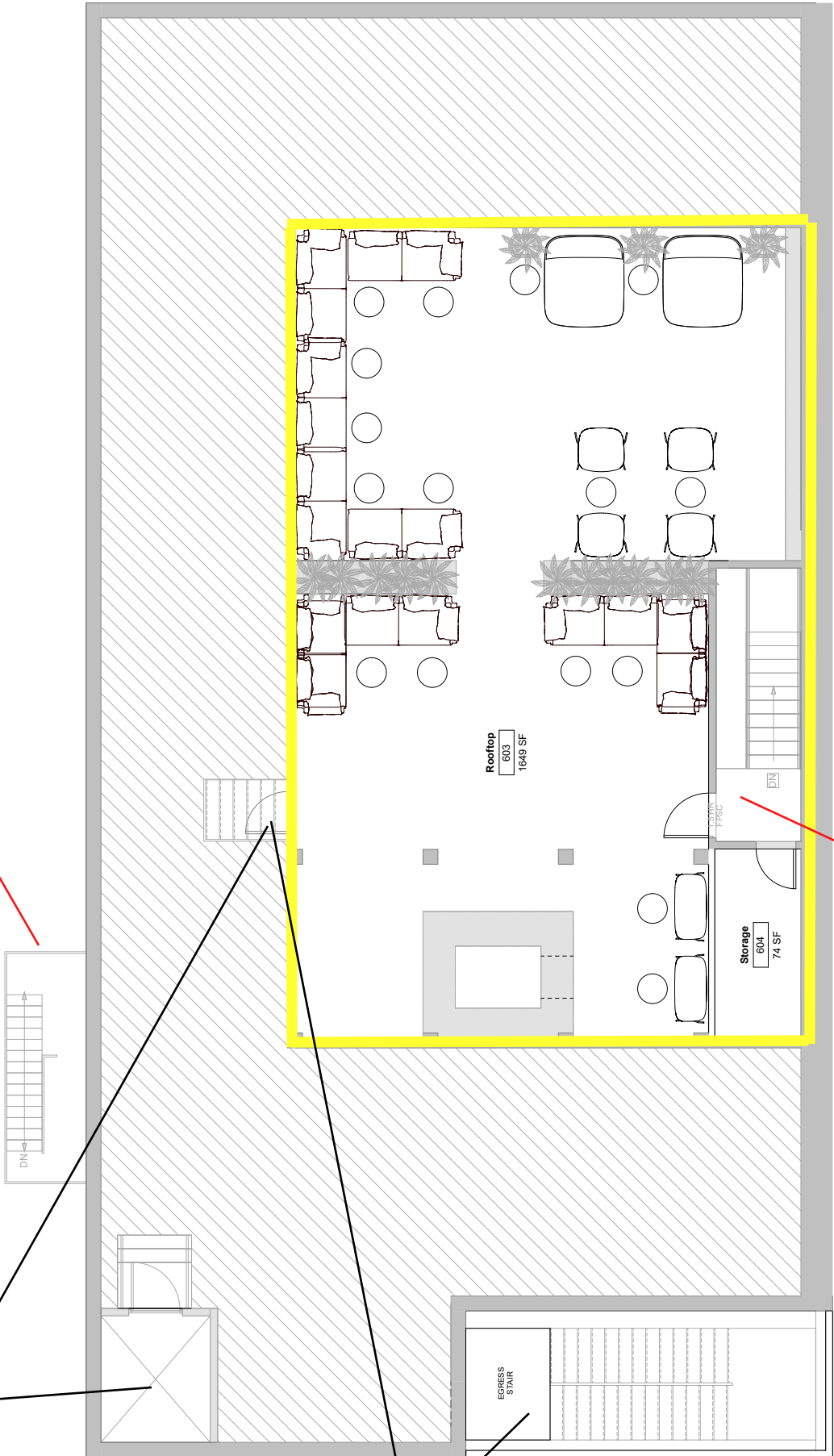
Rooftop
603
1649 SF

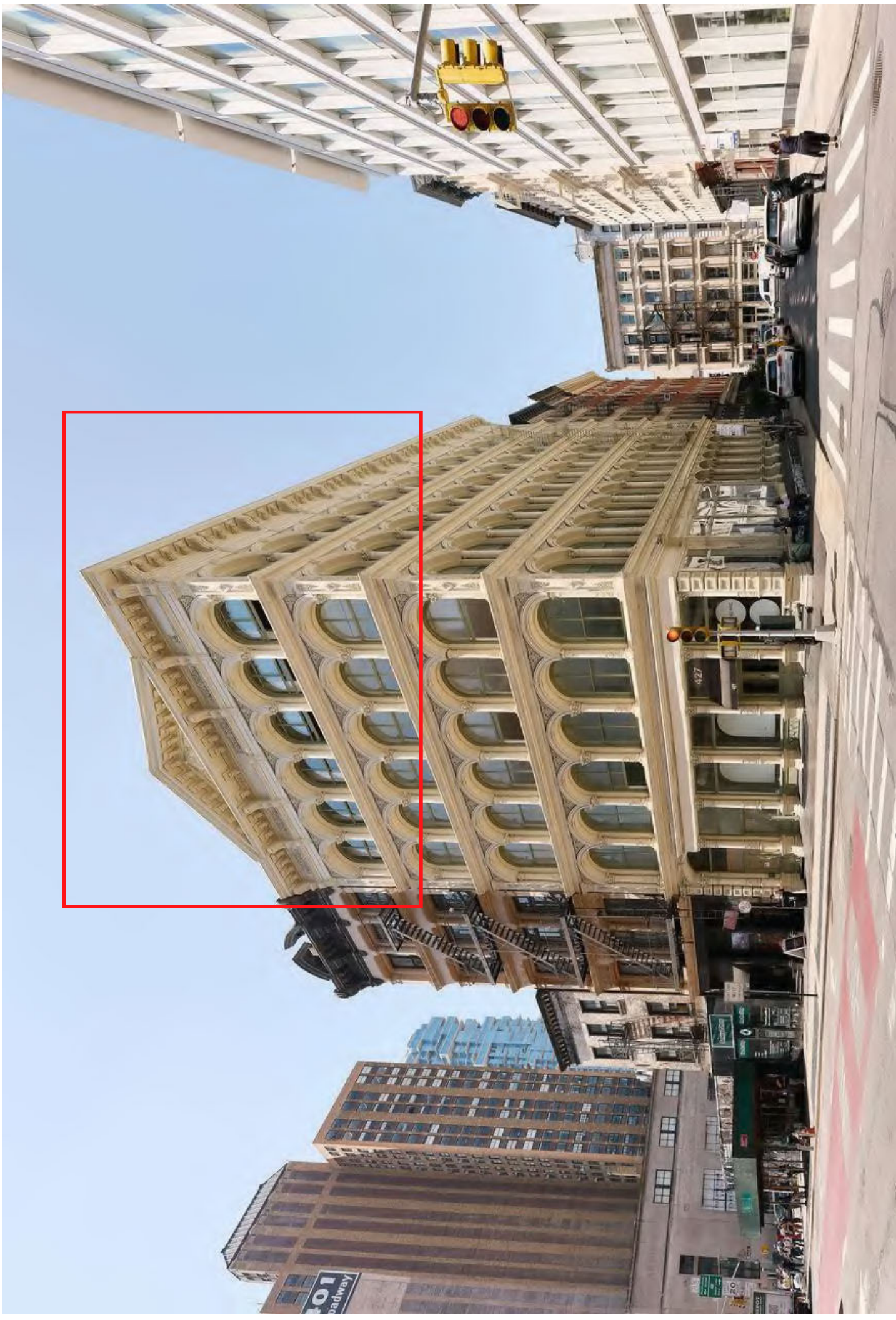
Storage
604
74 SF

DOWN
FFSC

DN

Stairs down to 5th and 4th Floors





Proposed Premises - 2nd and 3rd Floors



Building Entrance from 45 Howard Street

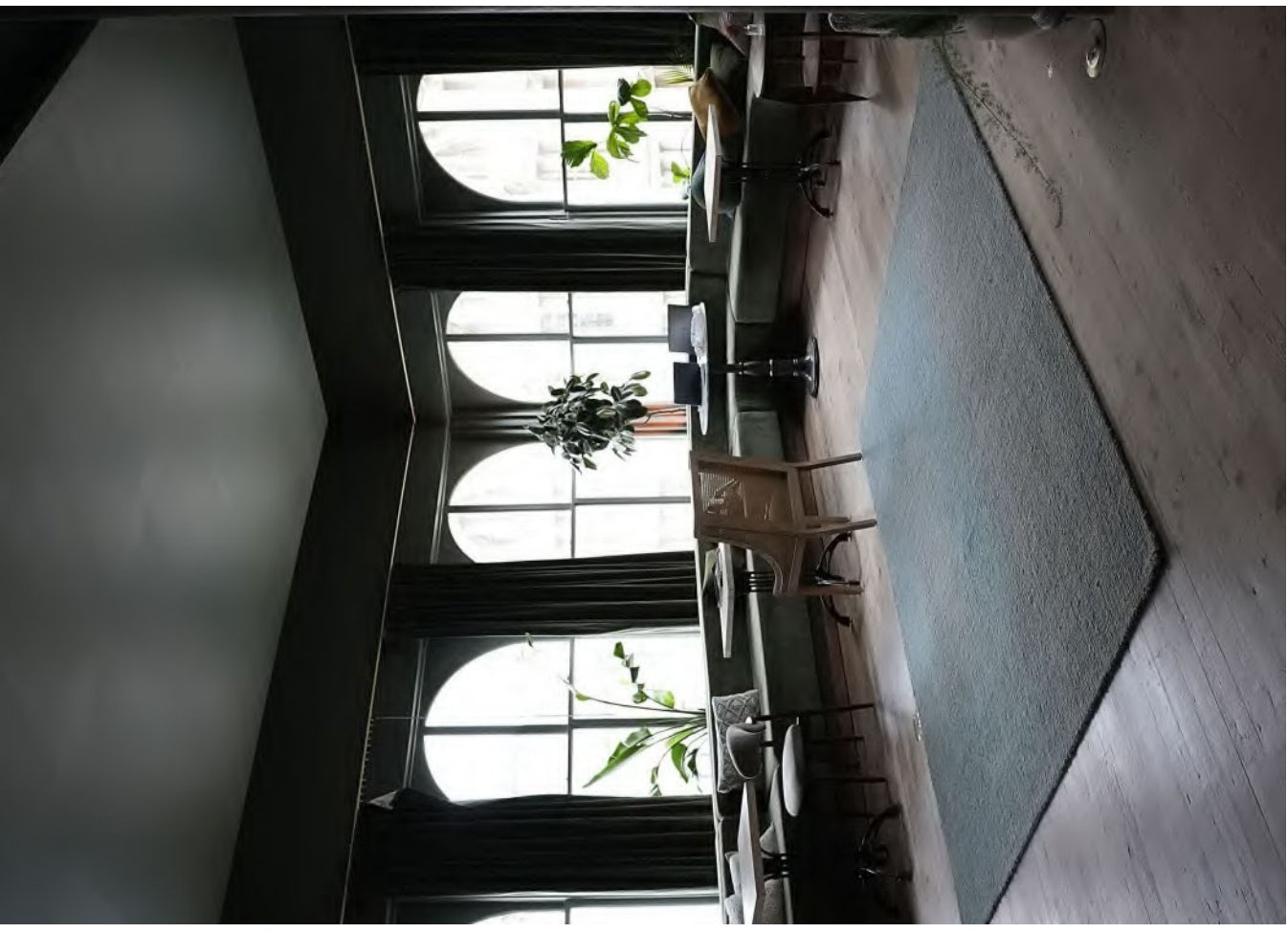
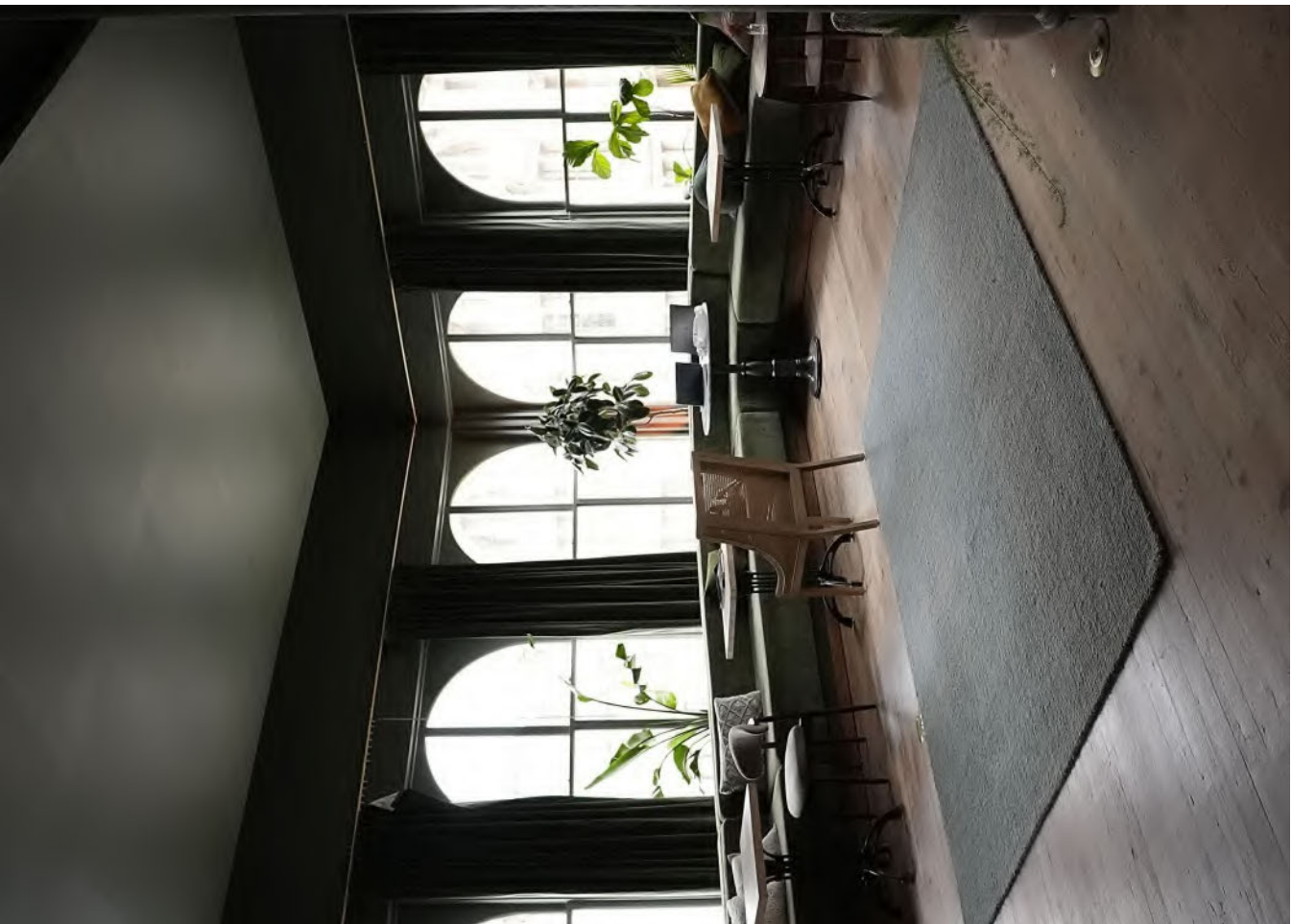


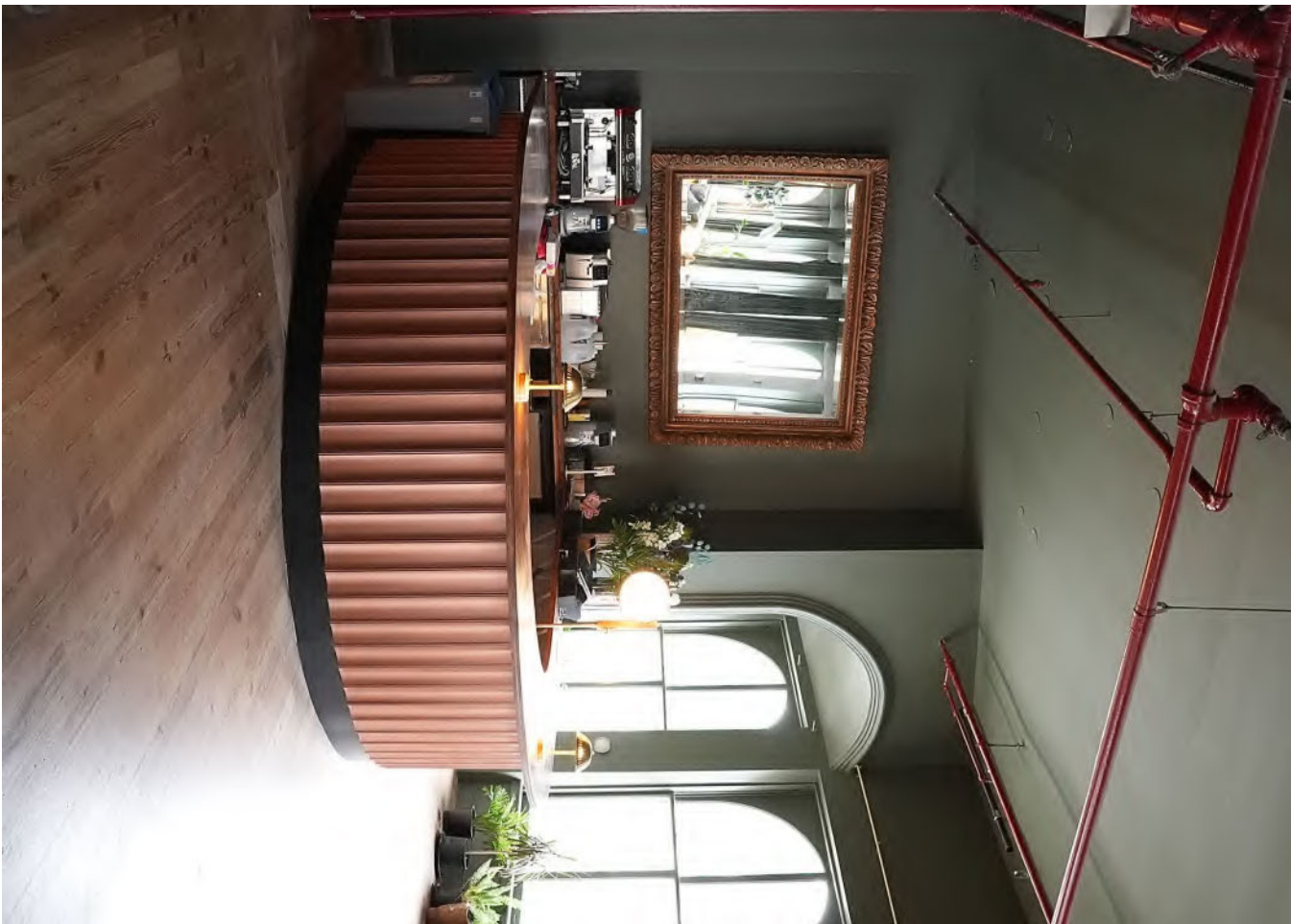
Building Entrance from 427 Broadway



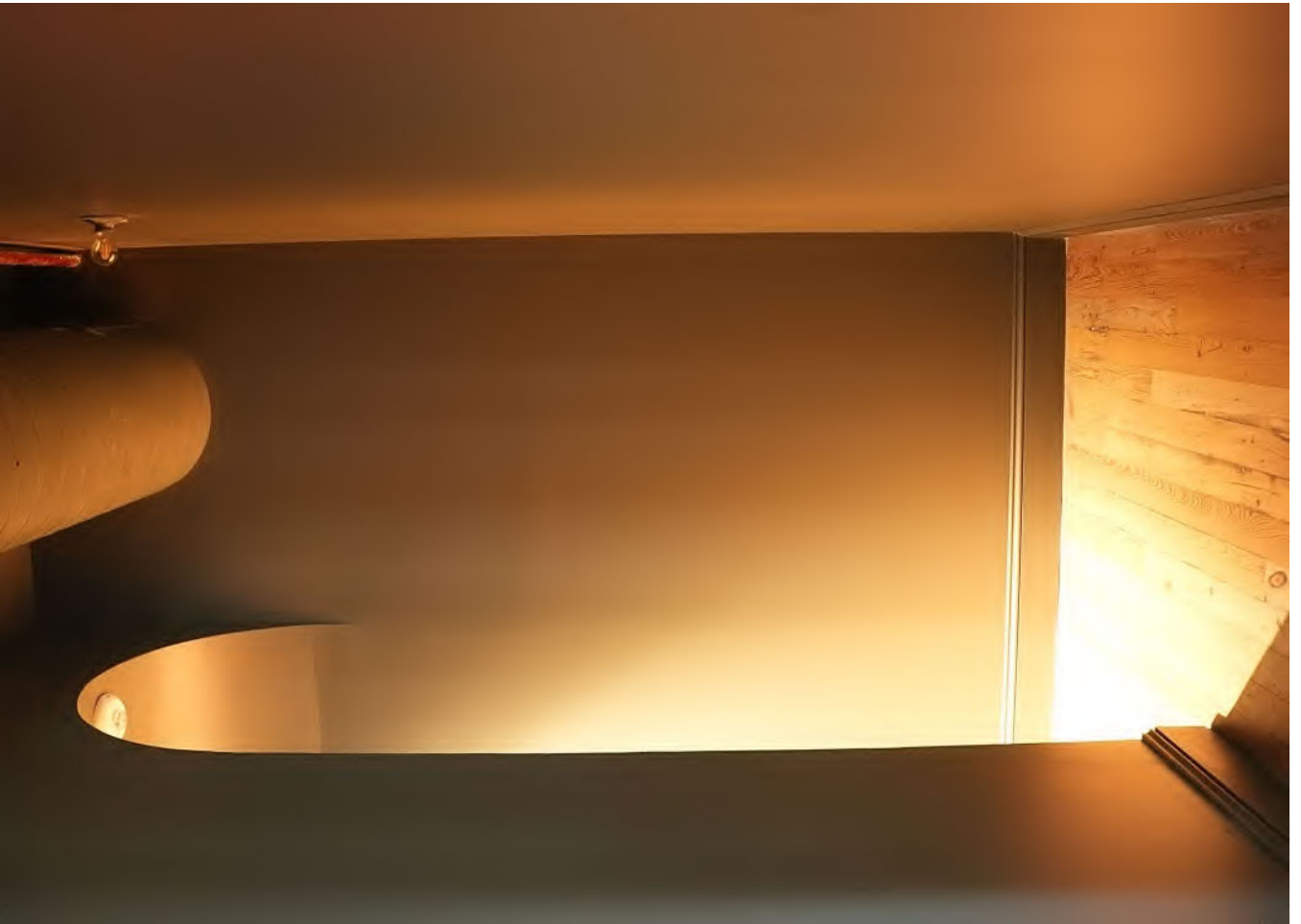


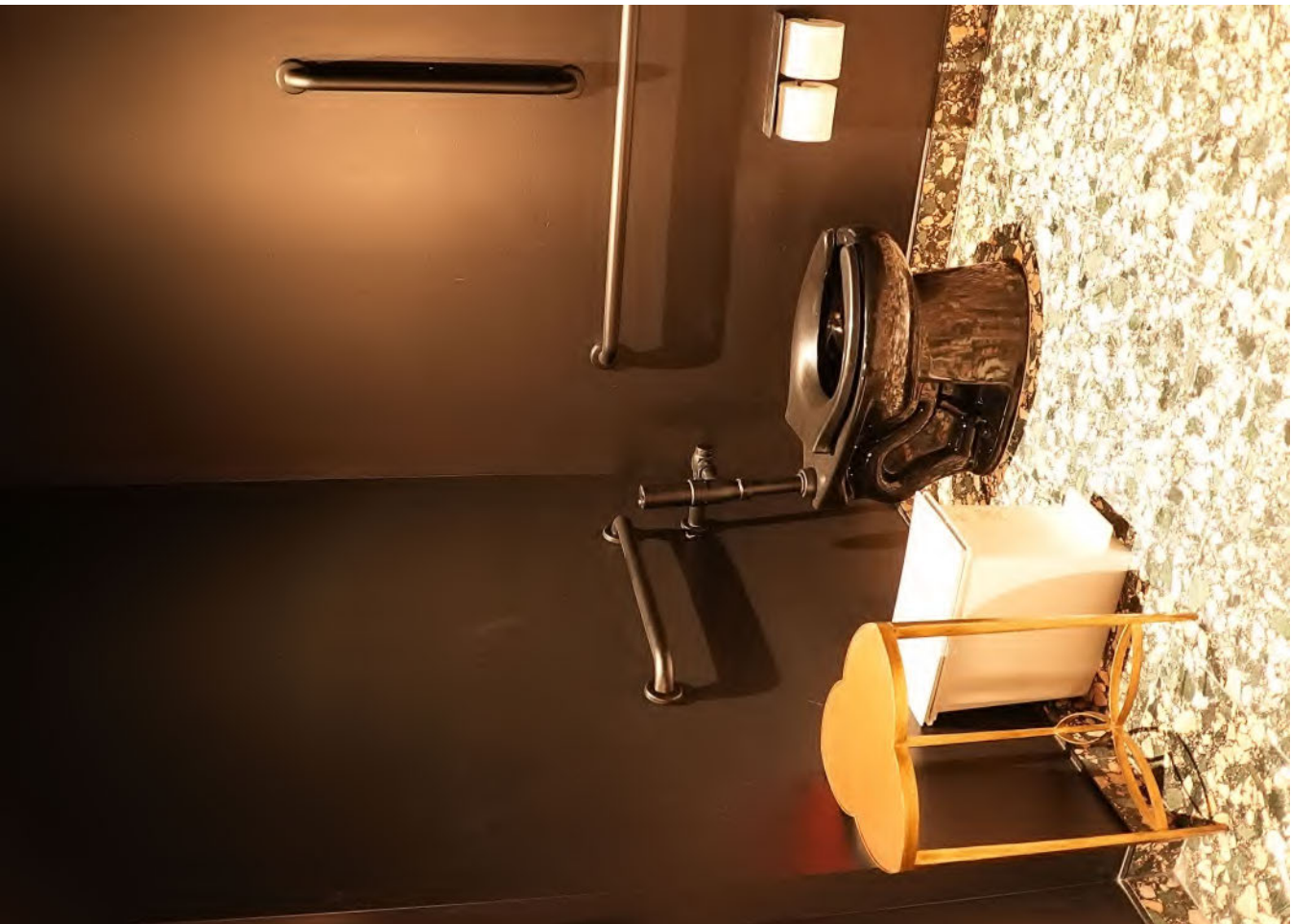


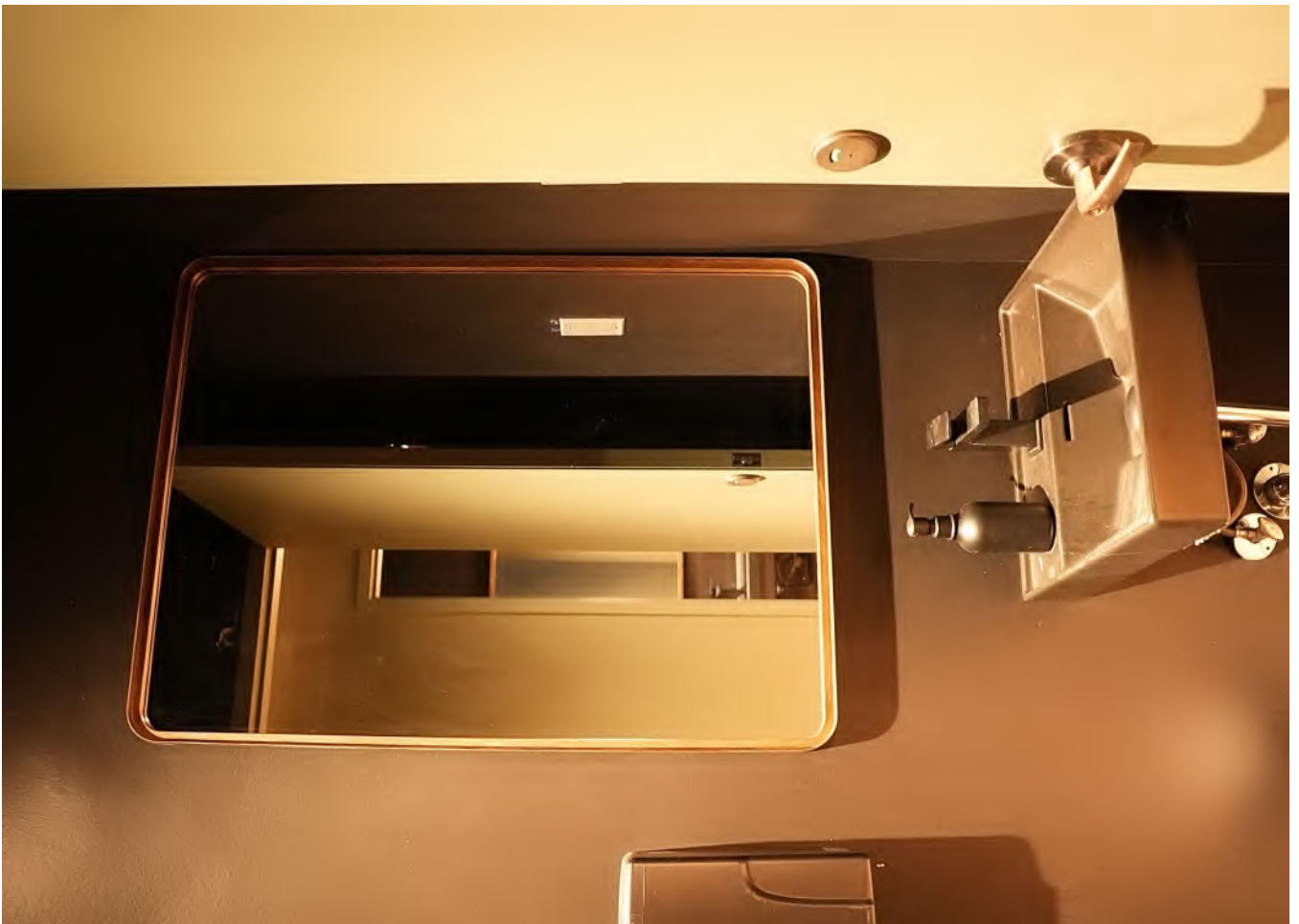




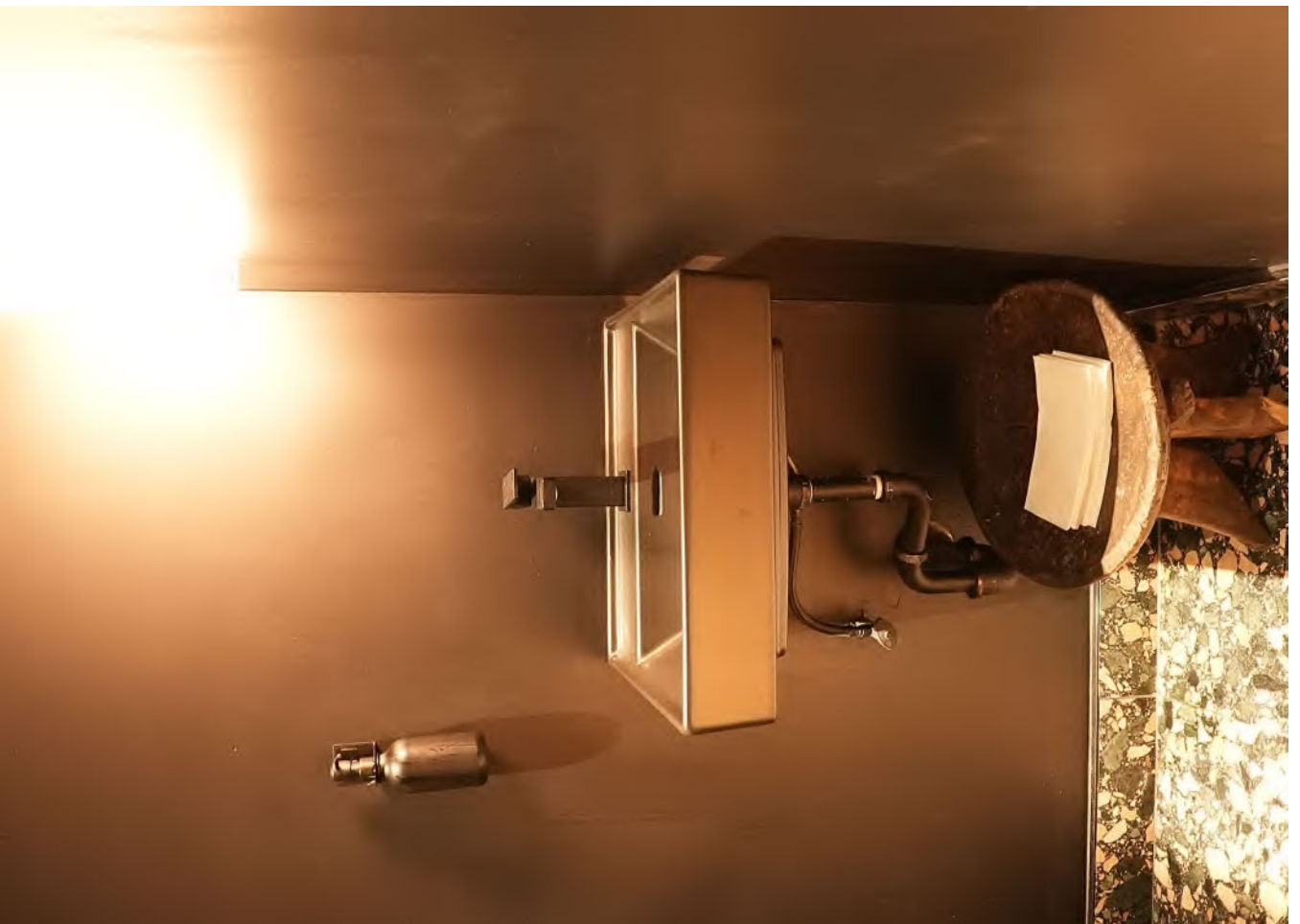
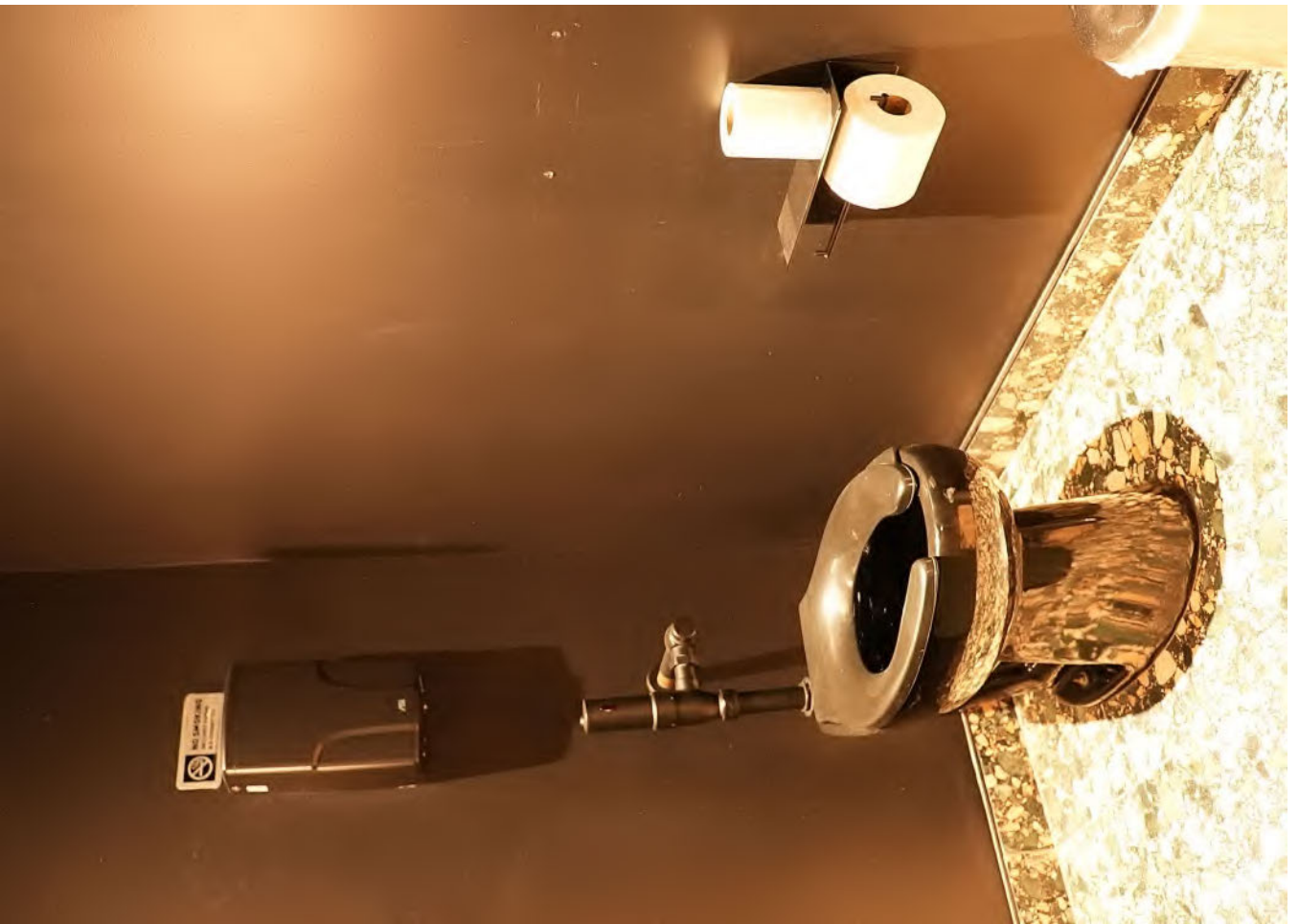






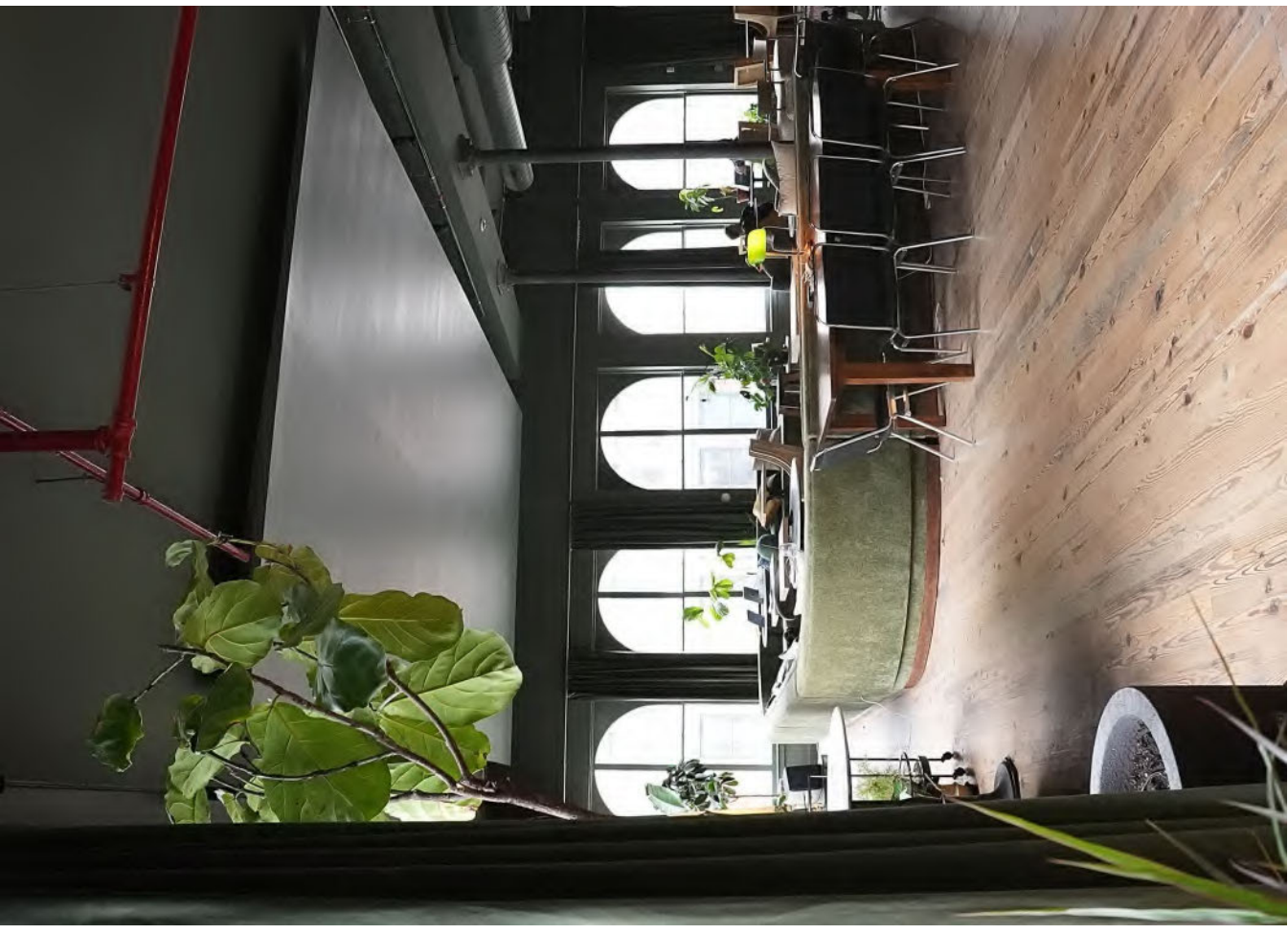
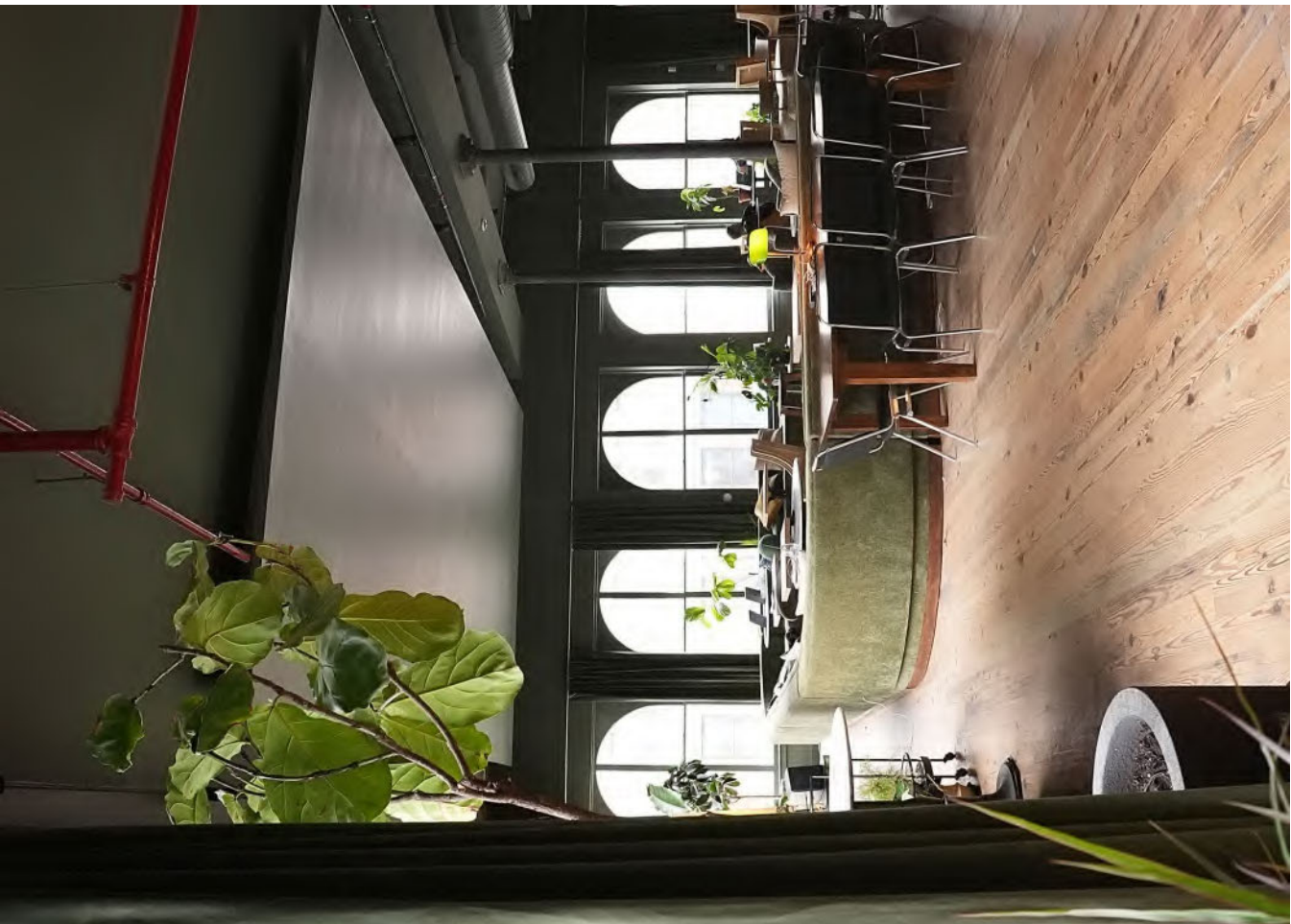


















FOR THE TABLE

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