Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): PEGGYJOANCUBBYHOLE LLC

Trade name (DBA): CUBBYHOLE

Premises address: 281 W 12TH STREET, NEW YORK, NY 10012

Cross Streets and other addresses used for building/premise:
CORNER OF WEST 4TH STREET & 12TH ST

CONTACT INFORMATION:

Principal(s) Name(s): MICHAEL DIAMOND & DANIEL REICHE

x Office or Home Address: [redacted]

City, State, Zip: [redacted]

Telephone #: [redacted] email : [redacted]

x **Landlord Name / Contact**:
281 WEST 12 STREET LLC

Landlord's Telephone and Fax: [redacted]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
MICHAEL DIAMOND	
DANIEL REICHE	

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

Cubbyhole has been a cherished West Village institution for decades, providing a welcoming and inclusive gathering place for deeply marginalized individuals, within the LGBTQ+ community, particularly lesbians and transgender people. Our goal is to preserve its unique character, continue its longstanding traditions, and operate as responsible neighborhood business owners.

WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY):

X a new liquor license (__ Restaurant X 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.)

N/A

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

LEWEK CORP - SERIAL #1025598 - ON-PREMISES LIQUOR

Is any license under the ABC Law currently active at this location? X yes _____ no

If yes, what is the name of current / previous licensee, license # and expiration date: _____

LEWEK CORP - SERIAL #1025598 - TO EXPIRE 07/31/2027

x 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?

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

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

Number of floor: __5__ Year Built : __1910__

Describe neighboring buildings:
MIXED USE

Zoning Designation: C2-4

Zoning Overlay or Special Designation (applicable) R6

Block and Lot Number: 623 / 38

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? __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 : _____

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 _____

x What is the proposed Occupancy? 74

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

___no __x__ yes

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

If yes, what is the use group for the premises? Use Group 6

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

_____

x If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? ___ yes __x__no

Do you plan to file for changes to the Certificate of Occupancy? _____ yes __x__ 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? __x__ no ____ yes

(if yes, please describe: _____

INTERIOR OF PREMISES:

x What is the total licensed square footage of the premises? 653 sqft

If more than one floor, please specify square footage by floors: Ground Floor: 376 sqft & Basement: 277 sqft

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

N/A

x If more than one floor, what is the access between floors? Stairs

How many entrances are there? 1 How many exits? 1 How many bathrooms ? 2

Is there access to other parts of the building? X no ____ yes, explain: N/A

x OVERALL SEATING INFORMATION:

Total number of tables? 2 Total table seats? 4

Total number of bars? 1 Total bar seats? 9

Total number of "other" seats? _____ please explain : 12 - stools on perimeter of the space

Total OVERALL number of seats in Premises : 25

x BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 9

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 X Bar & Food ___Restaurant ___Club/ Cabaret ___Hotel ___Other: _____

x What are the Hours of Operation?

Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
2 PM to 4 AM	4 PM to 4 AM	4 PM to 4 AM	4 PM to 4 AM	4 PM to 4 AM	4 PM to 4 AM	2 PM to 4 AM

Will the business employ a manager? ___ no _x_ yes, name / experience if known : Victroria Smith - current manager

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

If yes, please describe : _____

x Will you have TV's ? ___ no _x_ yes (how many?) 3

Type of MUSIC / ENTERTAINMENT: ___ Live Music ___Live DJ _x_ Juke Box _X_ Ipod / CDs ___none

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

x Do you have or plan to install soundproofing? ___no _x_ yes

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

Please describe your sound system and sound proofing: surround speakers, no subwoofer. Sound absobent foam on ceiling. Doors and windows closed.

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

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

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

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

The only time the bar is busy as described is during PRIDE, and those barriers are provided by the city.

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: N/A

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: **MICHAEL DIAMOND** Phone: [redacted]

x Address: [redacted]

Email : [redacted]

Application submitted on
behalf of the applicant by:

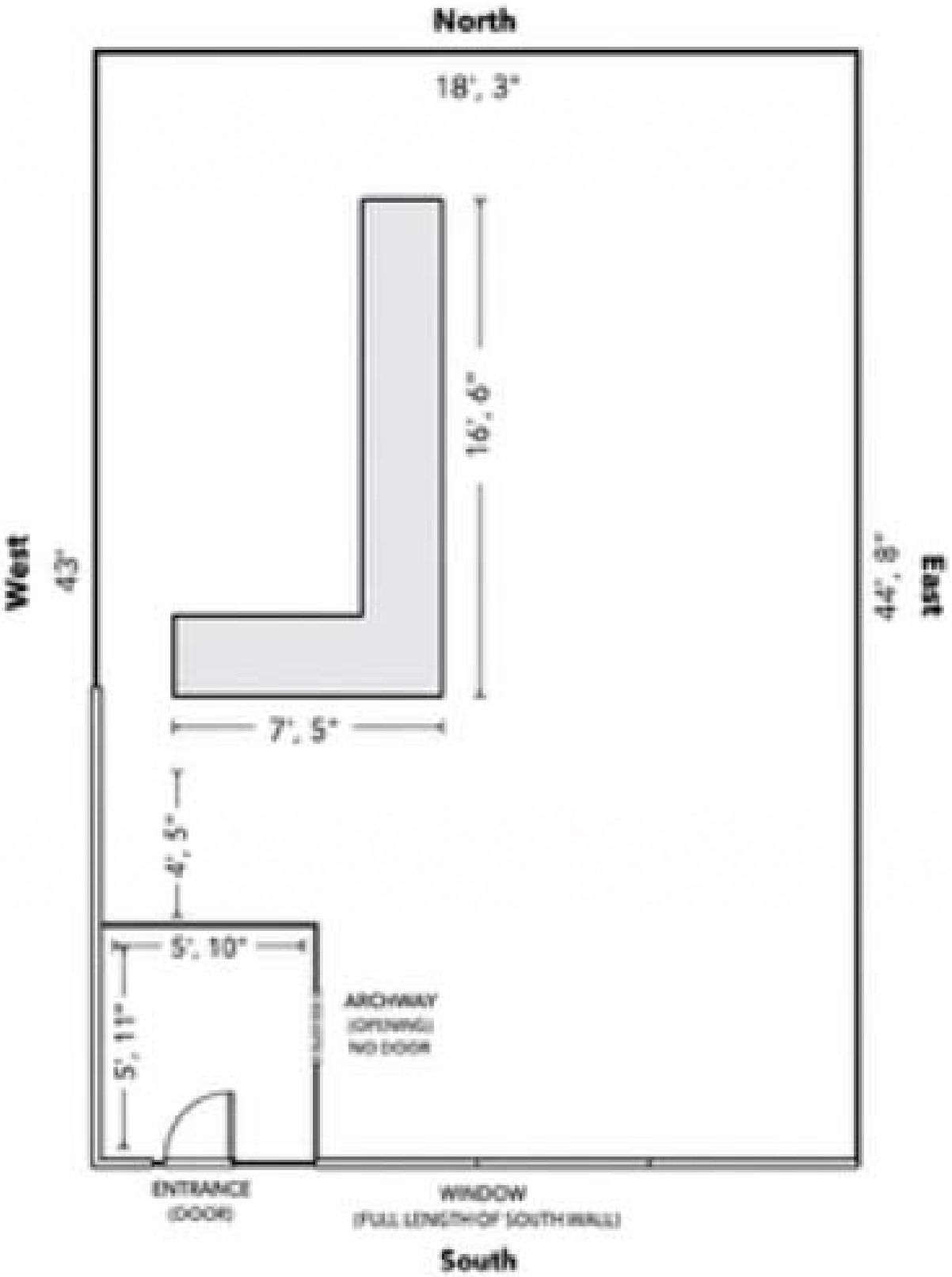
x _____
Signature

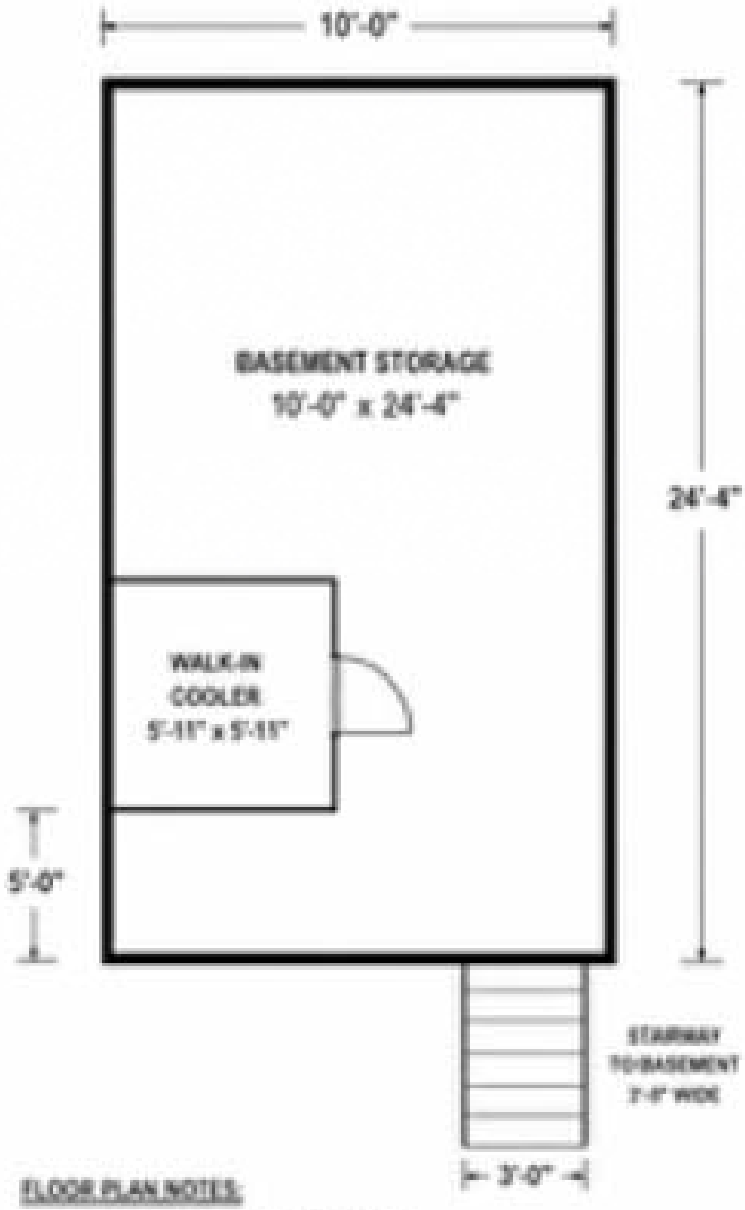
Print or Type Name **MICHAEL DIAMOND**

Title **LLC MANAGING MEMBER**

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


North
18', 3"
West
43'
East
44', 8"
16', 6"
7', 5"
4', 5"
5', 10"
5', 11"
ARCHWAY
(OPENING)
NO DOOR
ENTRANCE
(DOOR)
WINDOW
(FULL LENGTH OF SOUTH WALL)
South



FLOOR PLAN NOTES:

- Room dimensions: 10'-0" W x 24'-4" L
- Walk-in cooler: 5'-11" x 5'-11" (attached to west wall, begins approx. 5'-0" from south wall)
- Stairway to basement: 3'-0" wide, located on south wall, abutting east wall.


CUBBY HOLE
MENU
HOT POCKETS $9
CHEESE OR HAM & CHEDDAR
2 FOR $17
SMUCKERS UNCRUSTABLES $9
PEANUT BUTTER & JELLY
POCKET SANDWICHES
BAGEL PIZZA BITES $8
PLAIN OR PEPPERONI
NISSIN CUP NOODLES $8
CHICKEN OR VEGGIE
GOOEY BITES CINNABONS $6
3 FOR $6
SNACK BAGS, CHIPS, PRETZELS, POPCORN $5
KRAFT MAC & CHEESE CUP $6
NYC's Neighborhood Fusion Bar since 1994