COMMUNITY BOARD NO. 2, MANHATTAN
3 WASHINGTON SQUARE VILLAGE
NEW YORK, NY 10012-1899
www.manhattancb2.org
P: 212-979-2272 F: 212-254-5102 E: info@manhattancb2.org
Greenwich Village ❖ Little Italy ❖ SoHo ❖ NoHo ❖ Hudson Square ❖ Chinatown ❖ Gansevoort Market

COMMUNITY BOARD 2 APPLICATION FOR A LIQUOR LICENSE

Please fill out this questionnaire, including the date, and return to the Community Board 2 office by email to arrive **no later than the month's due date** which can be found on CB2 Manhattan's website (https://cbmanhattan.cityofnewyork.us/cb2/resources/sla-questionnaire/). When meetings return to in person, please also provide an additional 5 copies plus supporting material requested to the SLA committee meeting.

Failure to complete and return the questionnaire and supporting materials on time will result in your item being removed from the agenda.

Failure to provide a completed questionnaire or failure to present before CB2 will result in notifying the State Liquor Authority (SLA) of your noncompliance with the community review process.

If you need to reschedule, please notify the Community Board 2 office no later than the Friday prior to the scheduled meeting. Speak to Florence Arenas at the Board Office. **A maximum of 1 layover** request will be granted per application. **Failure to reappear without notification will result in a recommendation to deny this application.**

The following supporting materials are **required** for this application:

1. A list of all other licensed premises (including Beer and Wine) within 500 ft. of this location.
2. If the license being applied for is subject to the 500 ft. rule, please provide a copy of the public interest statement that will be submitted to the SLA.
3. Floor plans of the premise, clearly indicating the location of all entrances and exits, windows, bars, tables and chairs, patron and employee bathroom(s) and kitchen layout to be licensed. Please include seat and table counts on the plans for each area. If **outdoor seating of any kind** is included in the application please download and complete **CB2 SLA's Addendum for Outdoor Seating**. For any multi-floor, multi-room or hotel applications, please provide detailed plans for each floor and/or separate areas to be included in the licensed premises that are clearly labeled.
4. Proposed menu with general price ranges, if applicable.
5. Certificate of Occupancy or Letter of No Objection for the premises showing that the proposed use is permitted, including specific use of all outdoor areas within the property line.
6. If unable to show the proposed use is permitted, including for outdoor areas within the property line, please provide a detailed explanation for how the proposed use sought will be permitted and please provide any plans filed or to be filed with the Buildings Department.
7. Letter of Understanding or Letter of Intent from the Landlord.

8. Provide proof of community outreach to area block associations and immediately impacted residents in the building and surrounding area to notify them of your pending application and Community Board meeting information. Copies of any mailings to, and signatures or letters from Residential Tenants at location and from surrounding buildings may be submitted with home address and contact information. (i.e. a letter from the neighborhood block association or petition in support with home address and contact information.)
9. A copy of your NYS Liquor Authority application as it will be submitted to the SLA (excluding financial information).
10. If this is for a **Corporate Change**, please provide the **Current Approved Corporate Set-Up and the Proposed Corporate Set-Up** along with existing executed stipulations with CB2 if applicable.
11. If this is for any type of **Alteration Application**, please provide detailed information regarding the current situation and the proposed changes outlined as an addendum. If adding or subtracting space, please provide current and proposed diagrams.
12. If this application is for a **Change in Method of Operation**, please provide the current method of operation and the proposed changes in method of operation as an addendum.

Meeting Date: 9/8/26

APPLICANT INFORMATION:

Name of applicant(s):
Gammon Cafe LLC

Trade name (DBA):
7 Spring

Premises address:
7 Spring Street 10012

Cross Streets and other addresses used for building/premise:

btwn Bowery/Elizabeth

CONTACT INFORMATION:

Principal(s) Name(s):
Yazan Haddad

Office or Home Address: 7 Spring Street

City, State, Zip: _New York, NY 10012

Telephone #: [redacted] email : [redacted]

Landlord Name / Contact:
PLC Seven Springs LLC

Landlord's Telephone and Fax: [redacted]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Yazan Haddad	Gammon Cafe LLC

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

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)

X OTHER : __change in method of operation to change hours of operation to close at 3am Fri/Sat

If upgrade, alteration, or transfer, please describe specific nature of changes: (Please include physical or operational changes including hours, services, occupancy, ownership, etc.)

Ownership and menu will remain the same, applicant is seeking to extend hours of operation to 3am Fri and Sat only

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_____

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? ___x__ yes _____ no

If yes, what is the name of current / previous licensee, license # and expiration date: Gammon Cafe LLC 0370-25-131651 EXP 11/30/2027

_____

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:

Uncle Boons

_____

2013-2020_____

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? ___2800 sq feet_____
If more than one floor, please specify square footage by floors: _1400 per floor _____

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? _stairs_____

How many entrances are there? __1__ How many exits? __2__ How many bathrooms ? __1__

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

OVERALL SEATING INFORMATION:

Total number of tables? _16____ Total table seats? 44___

Total number of bars? 1__ Total bar seats? ___6__

Total number of “other” seats? 0____ please explain : _____

Total OVERALL number of seats in Premises : __50_____

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1__ Seats _6_

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: _____

_____no changes to existing bar_____

* 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 _x_Restaurant ___Club/ Cabaret ___Hotel ___Other: _____

What are the Hours of Operation?

Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
8am to 12am	8am_to 12am	8am to 12am	8am to 12am	8am to 12am	8am to 12am	8am to 12am

Will the business employ a manager? ___ no _X__ yes, name / experience if known : Yazan Haddad

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

If yes, please describe : _____

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

Type of MUSIC / ENTERTAINMENT: ___ Live Music ___Live DJ ___Juke Box __x_ Ipod / CDs ___none

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

Do you have or plan to install soundproofing? ___no _X_ yes Already installed existing
IF YES, will you be using a professional sound engineer? Yes we did

Please describe your sound system and sound proofing: _small speakers_____

Will you be permitting: no promoted events no scheduled performances no outside promoters

__no_ any events at which a cover fee is charged? ___no private parties

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 no_ ropes _no movable barriers no other outside equipment (describe) ____

_____

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: _____

What are the Hours of Operation?

Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
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Address: _____ Distance: _____

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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: Yazan Haddad Phone: [redacted]

Address: _____

Email : [redacted]

Application submitted on
behalf of the applicant by:

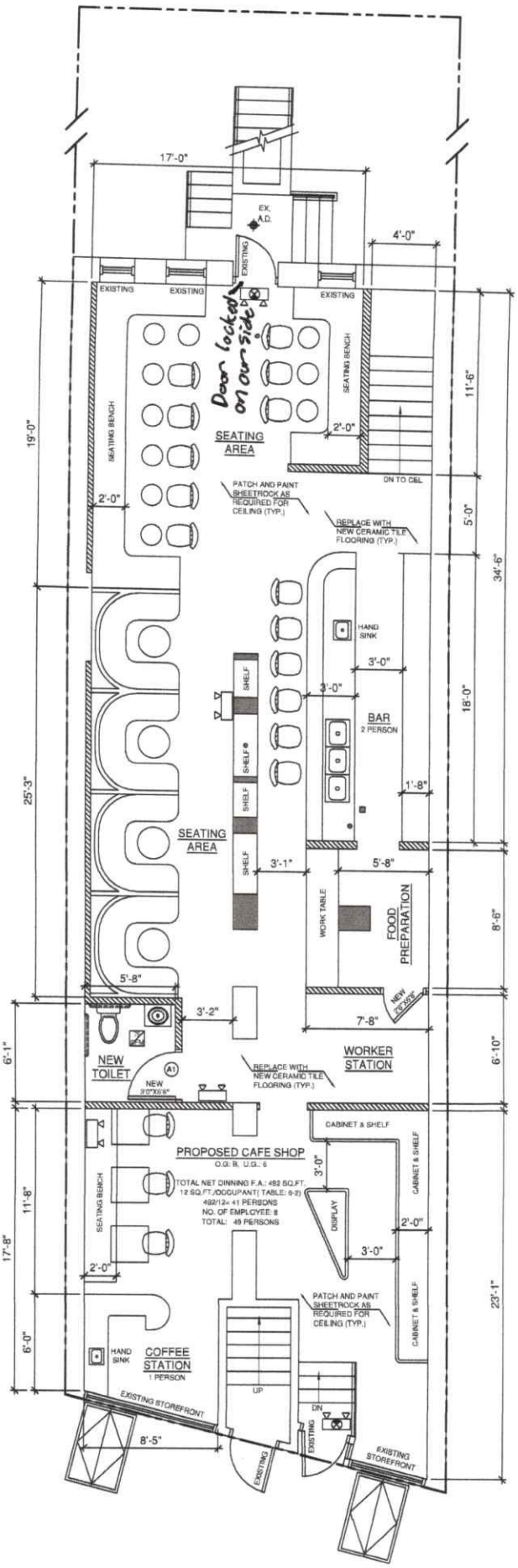
_____ Signature

Print or Type Name_Blair Papagni/Hari Nathan Kalyan__

Title_Attorney_____

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



BASEMENT PLAN

16 Tables
44 Seats
6 Bar Stools