APPLICANT INFORMATION:

Name of applicant(s):
CONNOISSEUR HOSPITALITY LLC

Trade name (DBA):
Pending

Premises address:
232 WEST 14TH STREET NEW YORK, NY 10011

Cross Streets and other addresses used for building/premise:

7th and 8th Avenue

CONTACT INFORMATION:

Principal(s) Name(s):

Office or Home Address: _____

City, State, Zip: _____

Telephone #: _____ email : [redacted] _____

Landlord Name / Contact:

Landlord's Telephone and Fax: _____

NAMES OF ALL PRINCIPAL(s):	**NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD**
_____	_____
_____	_____
_____	_____

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

We are an upscale cocktail bar that serves light raw bar bites & appetizers. Focusing on all the small details and execution of our cocktails and above and beyond service & hospitality from our team.

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.)

_____

_____

_____

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

EMPTY STOREFRONT SINCE 2022 AND THEN PRIOR TO THAT IT WAS A BAR CALLED CROOKED KNIFE

_____

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:

CROOKED KNIFE

_____

_____

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 : 1900

Describe neighboring buildings:
MIXED USE; COMMERCIAL ON GROUND FLOOR WITH RESEDENTIAL ABOVE

Zoning Designation: C6-2A

Zoning Overlay or Special Designation (applicable) N/A

Block and Lot Number: 618 / 17

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 : N/A

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 N/A

What is the proposed Occupancy? 64

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? 64

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

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: NEW SIGNAGE; UPDATE AWNING

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? APPROX 2,700 SQ FT

If more than one floor, please specify square footage by floors: 1,600 ON GROUND / 1,00 BASEMENT

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? STAIRWELL

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

Is there access to other parts of the building? ___ no ✓ yes, explain: 2 FLOORS - BASEMENT IS EMPLOYEES ONLY. USED FOR STORAGE.

OVERALL SEATING INFORMATION:

Total number of tables? 11 Total table seats? 32

Total number of bars? 1 Total bar seats? 11

Total number of "other" seats? N/A please explain : N/A

Total OVERALL number of seats in Premises : N/A

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 11

How many service bars are being applied for on the premises? 1

Any food counters? ✓ 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 ___Other:

What are the Hours of Operation?

Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
3PM to 12AM	3PM to 12AM	3PM to 12AM	3PM to 12AM	3PM to 12AM	4PM to 2AM	4PM to 2AM

Will the business employ a manager? ___ no ✔ yes, name / experience if known : PENDING; PRINCIPAL WILL ALS

Will there be security personnel? ___ no ✔ yes(if yes, what nights and how many?) 1; FRI & SAT
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?) 1

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? YES

Please describe your sound system and sound proofing: Speakers will be installed for the front room and the back room; we are currently looking at Sonos. Will collaborate with the sound proofing company to see which options are best to make sure we don't disturb our neighbors.

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

___ any events at which a cover fee is charged? ✔ private parties *(ON OCCASSION)*

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) ____

N/A

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: N/A

Address: _____ Distance: _____

Name of School / Church: N/A

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: _____ Phone: _____

Address: _____

Email : [redacted] _____

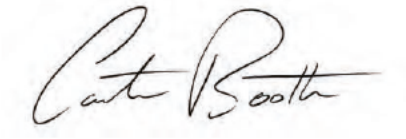
Application submitted on
behalf of the applicant by:

_____
Signature

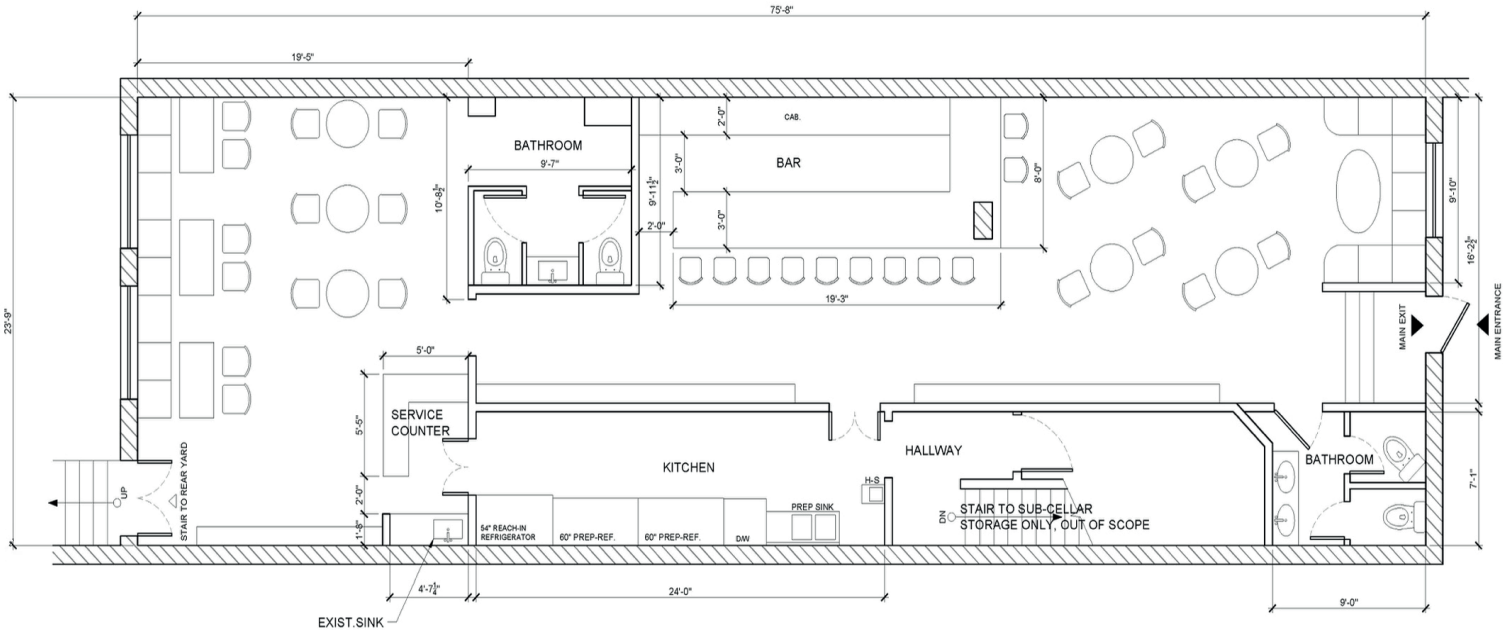
Print or Type Name HEATHER KIRK; HELBRAUN&LEVEY LLP

Title DIRECTOR OF LICENSING

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.

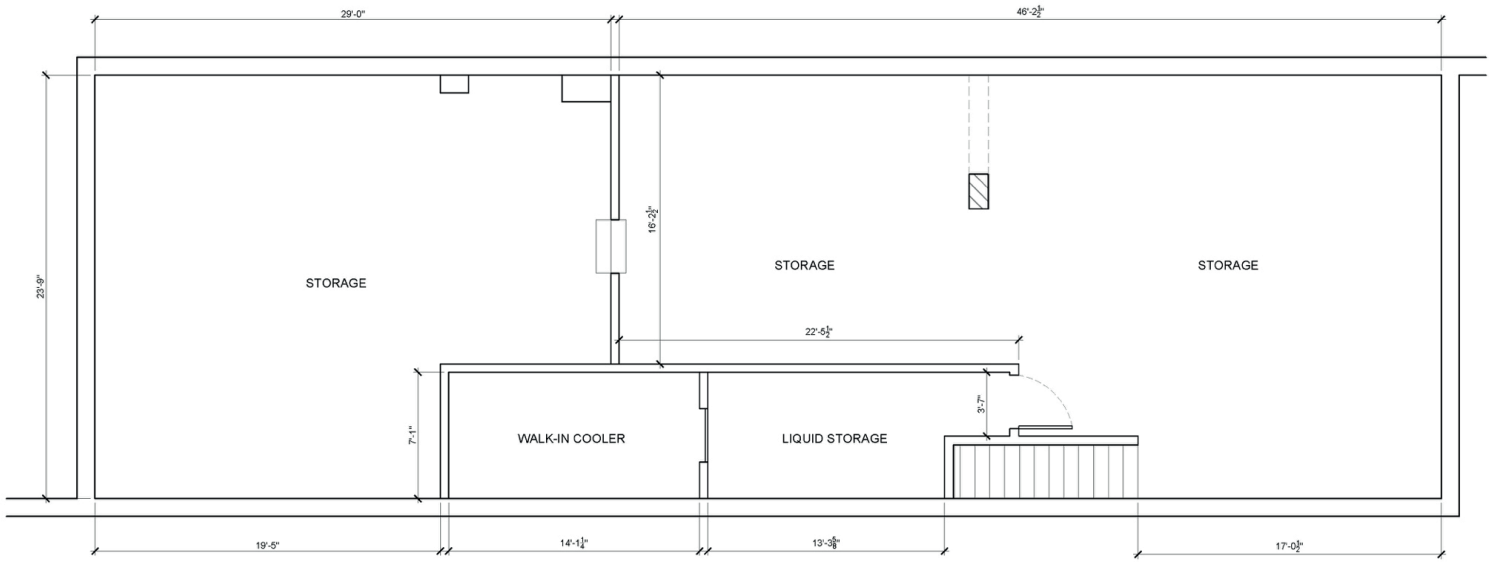


Community Board 2, Manhattan
SLA Licensing Committee
Carter Booth, Co-Chair
Robert Ely, Co-Chair



1 PROPOSED PLAN

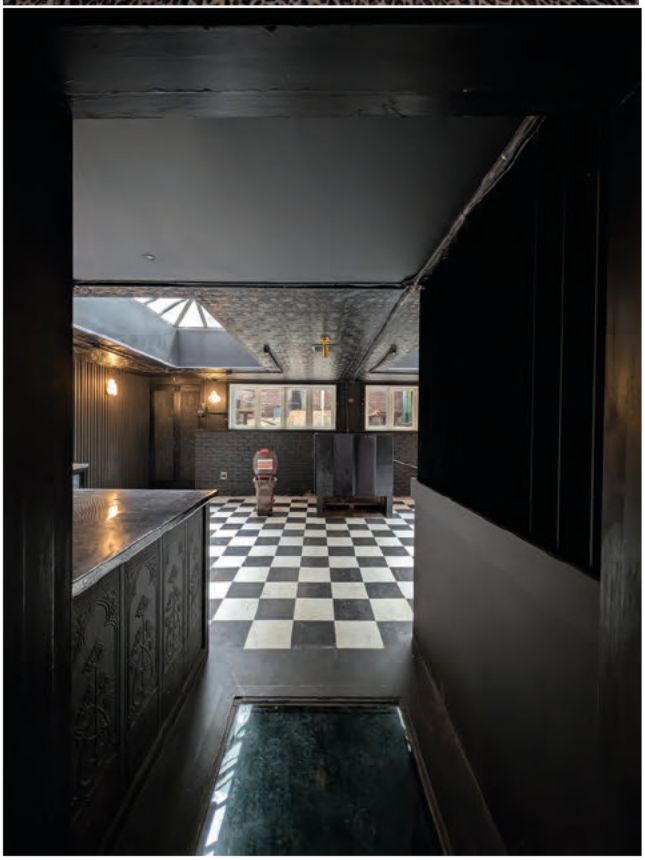
SCALE 1/4" = 1'-0"



1 EXISTING SUB-CELLAR PLAN

SCALE 1/4" = 1'-0"


EXIT



FOOD MENU

West Coast Oysters

Kumamoto Oysters with a side of mignonette, with option of keluga caviar add on (+$40) (6pc) — $ 22

Shrimp Cocktail

U10 jump shrimp with side of cocktail sauce, lemon, horse radish on the side (3pc) — $ 22

Hamachi Crudo

4 slices of Japanese amberjack topped with a passionfruit ceviche — $ 22

Salmon Carpaccio

Wild caught Alaskan Salmon carpaccio with extra virgin olive oil, capers, shallots — $ 21

Toro Tartare

Bluefin Japanese Tuna belly topped with keluga caviar and drizzle of truffle yuzu ponzu — $ 29

Salmon Roe Crostini

Toasted crostini with crème fraîche, smoked salmon roe, dill topped with a drizzle of extra virgin olive oil (2pc) — $ 22

Caviar Toast

Toasted Japanese milk bread topped with crème fraîche, kaluga caviar & chives (2pc) — $ 24

Burrata Salad

Classic burrata arugula salad topped with balsamic vinaigrette & truffle honey — $ 21

CAVIAR & ROE SERVICE

1oz tin of Kaluga Caviar & Smoked Salmon Roe — $130 / OZ

acompanied with chives, crème fraîche, diced egg whites, dced egg yolk, crispy potato chips, milk toast

Connoisseur Bar
@connoisseurbarnyc