

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): **Wegmans Food Markets, Inc.**

Trade name (DBA): **N/A**

Premises address: **770 Broadway, New York, NY 10003**

Cross Streets and other addresses used for building/premise:
Located between (a) Wanamaker Place and East 8th Street and (b) Broadway and Lafayette St.

CONTACT INFORMATION:

Principal(s) Name(s): **Erin W.S. Heintz**

Office or Home Address: _____

City, State, Zip _____

Telephone #: _____ email : **erin.heintz@wegmans.com**

Landlord Name / Contact: _____ **770 Broadway Owner LLC**

Landlord's Telephone and Fax: _____

NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Please see attached

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
_No change in operation. Premises is located in corner on ground floor of Wegmans Food Markets, Inc. Premises is a restaurant serving lunch and dinner. The menu is seafood-forward, also serves vegetable-forward, appetizers.

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.)

Within existing space, there will be a relocated customer entrance, additional restroom, and reconfigure seating. Also adding fabric awnings onto the existing five restaurant windows, and placard sign mounted beside the entrance door.

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? ☒ yes ☐ no

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

Wegmans Food Markets, inc., License ID No.: 0340-25-104403, Expiration Date: 02/28/2027

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: Kmart Corporation (Kmart) - Drugstore Beer &

Wine Products (serial # 1022710) - 7/21/2003-7/5/2019, Transform KM LLC (Kmart) - Drugstore Beer

& Wine Products (serial # 1318572) - 1/30/2020-8/6/2021

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: 15 Year Built : 1903 & 1907

Describe neighboring buildings: Nearby buildings are commercial, mixed-use and residential.

Zoning Designation: C6-2

Zoning Overlay or Special Designation (applicable) NoHo Historic District

Block and Lot Number: 554 / 1

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 : _____

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? 137

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? 137

If yes, what is the use group for the premises? A-2

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: Addition of fabric awnings on existing restaurant windows and placard sign mounted beside entrance door.

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 2,637 sq. ft. - no change

If more than one floor, please specify square footage by floors: N/A 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? N/A

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

Is there access to other parts of the building? no X yes, explain: Access to grocery area

(ground and basement floors)

OVERALL SEATING INFORMATION:

Total number of tables? 27 Total table seats? 77

Total number of bars? 1 Total bar seats? 10 (Oyster/Champagne Bar)

Total number of "other" seats? 11 please explain : 11 seats at Sushi Bar

Total OVERALL number of seats in Premises : 98

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 10

No change

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

Any food counters? no X yes, describe : Sushi Bar and Oyster Bar - no change

For Alterations and Upgrades:

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

* 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:

10am to 11pm 10am to 11pm 10am to 11pm 10am to 11pm 10am to 11pm 10am to 11pm 10am to 11pm
Will the business employ a manager? ___ no ___X yes, name / experience if known : **Jared Fedor**

(manager with 25 years retail/

grocery

experience)___ 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 : ___N/A_____

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

Type of MUSIC / ENTERTAINMENT: ___X_ 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? ___X_ no ___ yes

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

Please describe your sound system and sound proofing: ___Ceiling speakers for ambient level background ___
___music. Ceiling (1 layer of type 'x' gypsum wall board), furniture, & flooring to absorb sound. _____

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

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

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

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by
your establishment? **X** _____

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: ___N/A_____ Distance: ___N/A_____

Name of School / Church: N/A

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Address: N/A Distance: N/A

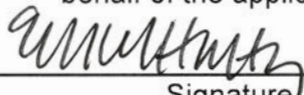
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: **Jared Fedor (store manager)** Phone: **_(646) 225-9300**

Address: **770 Broadway, New York NY 10003**

Email : **jared.fedor@wegmans.com**

Application submitted on
behalf of the applicant by:


Signature

Print or Type Name **Erin W.S. Heintz**

Title **Secretary**

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

Written Description to Accompany Standardized Notice Form for Providing 30-Day Advance Notice to a Local Municipality or Community Board:

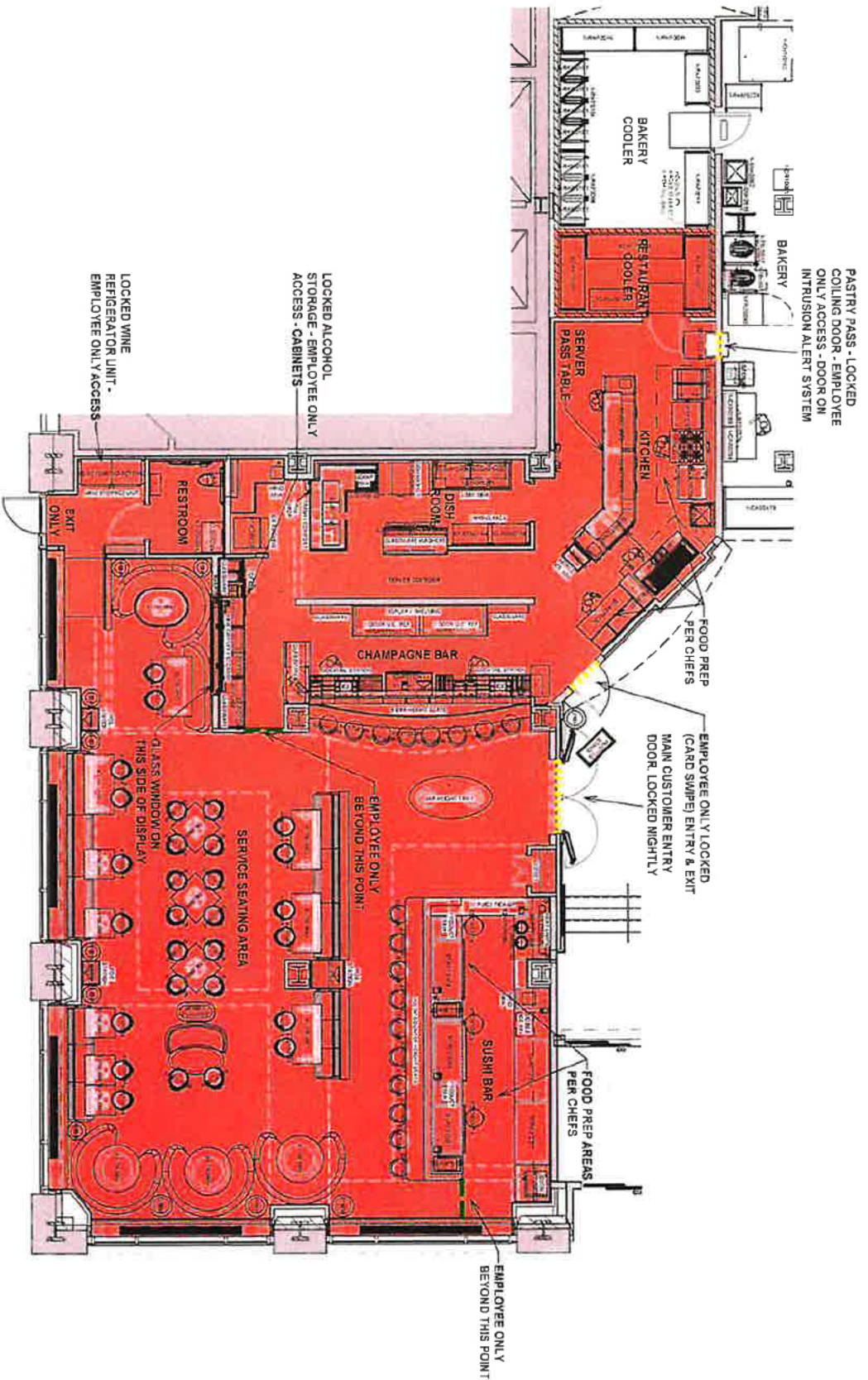
Alteration Applicant: Wegmans Food Markets, Inc.

Premises Address: 770 Broadway, New York, NY 10003

License ID Number: 0340-25-104403

Description of Alteration: Within the existing space, there will be a relocated customer entrance, additional restroom, and reconfigure seating. Also adding fabric awnings onto the existing five restaurant windows, and placard sign mounted beside the entrance door.

Current Diagram

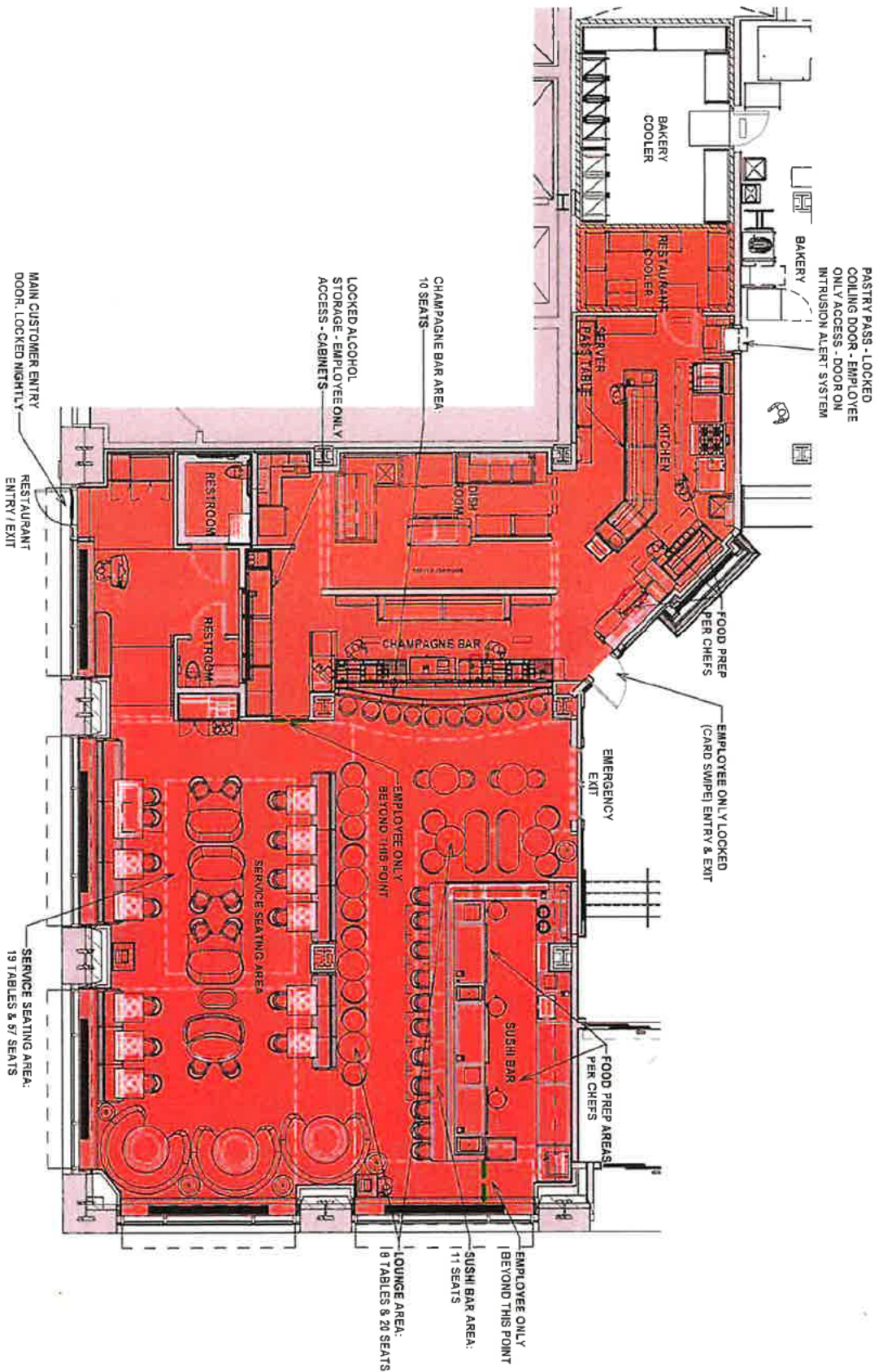


Wegmans

ASTOR PLACE PROPOSED ON-PREMISE LICENSED PREMISE ENLARGED RESTAURANT PLAN

3/21/2024

Proposed Diagram



Wegmans

ASTOR PLACE PROPOSED ON-PREMISE LICENSED PREMISE ENLARGED RESTAURANT PLAN

7/22/2026