## Manhattan Community Board 4 (All Fields Must Be Completed)

NYS Liquor License/DOT Dining Out Stipulations Application

CORPORATION NA	ME		DOING BUSINESS AS (DBA)							
ZMZ Ninth Tav	vern LLC	:	TBD							
STREET ADDRESS			CROSS STREETS			ZIP COI	DE			
332 Ninth Ave	nue		West 29th St.	/West 30	th St.	10001				
Applicant	NAME:	Michael Zieleniewski		NAME:	Benjar	min Korngut, Esq.				
(Attach a list of all individuals that will be listed/associated	PHONE:	(973) 865-4093	ATTORNEY/ REPRESENTATIV	PHONE:	(212) (	566-5021				
with the license)	EMAIL:	mzieleniewski3@gmail.com		EMAIL:	bak@l	kplawyers	s.com			
	NAME:	*Michael Zieleniewski will manage		NAME:	Sydne	y Rubell (	Company LLC			
MANAGER	PHONE:		LANDLORD	PHONE:	(212)	243-2370				
	EMAIL:			EMAIL:	EMAIL: rubellco@aol.com					
APPLICATIO	ON TYP	E ( <u>V</u> New York State Liqu	or License	De	pt. of Tre	ansportat	ion Dining Out)			
	Has applic	ant owned or managed a similar business?		(Y	ES	NO				
New	What is/wa	s the name and address of establishment?		See	See attached					
	What were	the dates applicant was involved with this form	ner premise?							
O Corp	What is the	license # and expiration date?	= ==							
Change/Class	Is applican	t making any alterations or operational changes	s? YES			NO				
Change/Method of Operation Change/Removal	If alteration	is or operational changes are being made, pleas	e describe/list all chang	ges.			-			
0	What is the	current license # and expiration date?								
Alteration	Please list/	describe the nature of all the changes and attack	the plans:							
METHOD OF	OPER	ATION			i de la					
TYPE OF ALCOH	OL	Liquor/Wine/Beer & Cider	O Beer	& Cider		O Wine	s/Beer & Cider			
		Restaurant Cabaret C	Night Club O H	otel	Bar/Tavem	0	Catering Establishment			
ESTABLISHMENT TYPE	Γ	O Adult Entertainment O Wine B	ar O Dance Cl	ub 🔘 Sp	orts Bar	Club (Frate	mal Organization – Members Only)			
Has applicant filed applicant plan to fi	SLA? If yes, when? If no, when does	YES NO	Вуе	nd of Fel	oruary					
Is the 500 Foot Ru of the On-Premise	le applical	ole? If yes, please attach a diagram ense establishments within a 500 foo and the Public Interest Statement.	t YES N	D						
		ole? If yes, please attach a diagram worship within a 200 foot radius of	YES NO	D						
		MCB4 Policy Regarding of Alcoholic-Serving	YES NO	0						

1 of 11

		MONDAY	TUESDAY		WEDNESDAY	THUR	SDAY	SDAY FRIDAY		SATURDAY		SUNDAY	
HOURS	Indoors	oors 8am-4am 8am-4am 8am-4		8am-4am	8am-4am		8am-4am	8am-4am 10		10a	am-4am		
of	Outdoor	s N/A	N/A		N/A	N	I/A	N/A	N/A N/		N/A		
Operation	Kitchen	10am-10pr	10am-10p	om	10am-10pm	10am	-10pm	10am-10pr	n 10a	am-10pm	10ar	n-10pr	
	Music (indoors)	8am-4am			8am-4am	8am-		8am-4am		8am-4am		8am-4am	
If yes, what typ (Circle all that			BACKGROU	UND	LIVE MUSIC		DJ	JUKE BOX		KA	RAOKE		
					OCCUPANCY								
		Capacity Pursuant to Certificate of Occupancy	Maximum Occupancy (Including Employees)	Numb of Tab			mber of c-Only Bai	Numbers Stand-Up		Number of at Stand-U <sub>l</sub>			
INSIDE		100	74	7	14		0 1		20				
OUTSIDE (Rooftop/Rear Yard/Patio/Ter /Garden; withi the premises)	rrace	N/A	N/A	N//	A N/A	Ν	N/A	N/A		N/A	`		
DOT Dining Out: Sidewa Cafe				N/	A N/A								
DOT Dining Roadway	Out:			N//	A N/A								
How frequen	itly will the	owner(s) be at th	e establishment?	,		Michae	el Zieler	niewski will b	e at t	he premise	es eve	rv dav.	
Will there be						YES							
		e or table service	for alcohol beve	erages	other than	YES	(S)						
wine?		g private promoti				YES	NO						
				yes, please describe.		YES	) NO						
Will applicant have a security plan? If yes, please attach,				YES	NO	Security came							
Will security plan be implemented?				(YES)	NO								
Will State certified security personnel be used?				(VES)	NO								
Will New Yo	ork Nightlif	e Association and	l NYPD Best Pra	actices	be followed?	ŒS	NO						
Does applica operation?	ant agree to	notify MCB4 pri	or to making cha	inges to	o its method of	YES	NO						
Will applicat	nt be using o	lelivery bicycles	? If yes, how ma parked when pic	ny? Ple	ease	YES	NO						

Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly marked with the name as described by NYC Law?	YES	NO	N/A			
Where will applicants' own delivery bicycles be parked when not making deliveries?	ing N/A					
If applicant is using third party delivery service, where will third party delivery bicycles park?	N/A					
Where will applicant store its garbage containers when not in use?	Basement					
Where will applicant lay out garbage containers and at what time?	Side street, curbside after 9pm					

LOCATION & ZONING	Sing.		
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	
Does the building have a Certificate of Occupancy ("C of O") or a Letter of No Objection?	VES	NO	
Is a Public Assembly permit required?	YES	NO	
Are your plans filed with DOB?	YES	NO	N/A
What is the zoning designation for this location?	C6-2	2A	

Community Notification/Relat	Community Notification/Relations										
NOTIFICATION:	# 1	See attache	See attached								
List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified	# 2										
	# 3										
regarding its application. For each, please list both the organization and individual you contacted.	# 4										
	# 5										
When did applicant post the notice that	was prov	ided?	02/03/2025								
Where did applicant post the notice that	was pro	vided?	Window of premises and light poles on the block								
Please provide dates when applicant met with the groups listed above.				N/A; no one has reached out thus far.							
Who was your contact person at each group you met with?				N/A							
Will applicant provide a cell phone number to neighbors and respond to complaints that arise? If yes, please provide.				(YES)	NO	Michael Zieleniewski (973) 865-4093					
Will applicant inform the Community E and/or provide a hyperlink to applicant		J .	gs	(YES)	NO						

pace/Floor	Description/ Use of Space	Capacity	Hours	# of Tables	# of Seats	# of Service- Only Bars	# of Stand-Up Bars/Seats at Bar	Music
Ground	bar, dining, restroom	100	8am-4am (Mon-Sat) 10am-4am (Sunday)	7	14	0	One bar/ 20 stools	Yes
Basement	storage, boiler room	N/A	N/A	N/A	N/A	N/A	N/A	No

State the name and type of business previously located in the space.	Billy Mark's West, bar						
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	(YES)	NO	Billymark's West				
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	Landlord will paint and make repairs				
Has the applicant/owner(s) read MCB4 ADA Guidelines Memo?	<b>YES</b>	NO					
Is the entrance ADA Compliant?	VES	NO					
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO					
Will applicant have a vestibule within the establishment?	YES	NO					
Will applicant use a storm enclosure?	YES	NO					
Does applicant agree to keep the sidewalk clear of all items or obstructions, such as sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	(YES)	NO					
Will applicant comply with the NYC noise code?	(YES)	NO					
Will the establishment have any of the following: (circle all that apply)	FREN	CH DOOR	S GARAGE DOORS	WINDOWS THAT CAN BE OPENED			
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	YES	NO	N/A				
Will applicant close all windows, French doors, garage doors by 11 p.m. Friday and Saturday and 10 p.m. on all other days even if no music or amplified sound is played inside the establishment?	YES	NO	N/A				
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	NO					
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?	VES	NO	If needed				
Will the kitchen exhaust system extend to the roof?	(YES)	NO					
Will the establishment have an illuminated sign?	(YES)	NO					
Will the establishment have a pole-supporting canopy extending over the sidewalk?	YES	NO					
Where will the air conditioner be located? What type is it?	Central air, unit located on rooftop						
When was the air conditioner installed?	2013						

Has the applicant/owner(s) read MCB4 Rear Yard Rooftop Policy?	<b>YES</b>	NO		
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck, gazebo? If yes, which one(s)?	YES	<b>(NO)</b>		
Are the floorplans for the outdoor space(s) included?	YES	NO	N/A	
Will applicant close and vacate the outdoor space(s) by 11 p.m. on Friday & Saturday and 10 p.m. on all other days?	YES	NO		
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO		
Will applicant prohibit patrons from drinking in any outdoor space(s)?	YES	NO		
Will there be no amplified music, as per the law?	YES	NO		
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO		
Will applicant agree to post signs outside asking customers to respect the neighbors?	YES	NO		
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO		
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants; apartments)	YES	NO		
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	<b>+</b>	

Has the applicant read MCB4 Sidewalk Café Policy?	YES	NO
Will applicant be applying for sidewalk seating now or in the future?	YES	NO
If you answered no to the question above, jump to the next page		
Did applicant submit an application and dimension site plan at scale to NYC Dept. of Transportation? Please attach a copy of application and plans.	YES	NO
Will applicant close and vacate the sidewalk and roadway seating by 11 p.m. on Friday & Saturday and 10 p.m. on all other days?	YES	NO
Will applicant respect trees and tree pits and insure the health of the tree?	YES	NO
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO
Will applicant prohibit patrons from drinking in any outdoor space(s) or adjacent sidewalk?	YES	NO
Will applicant permit NO wait lines or smoking outside?	YES	NO
Will there be no amplified music, as per the law?	YES	NO
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO
Will there be a staff person responsible to ensure no loitering, noise or crowds outside?	YES	NO
Will applicant agree not to use propane heaters?	YES	NO
Will applicant agree to abide by all applicable fire codes, including not blocking fire escapes?	YES	NO
Will the outdoor dining deposit its garbage in a container on the parking lane?	YES	NO
Will the café have a 3 foot-wide serving aisle running the entire length of the sidewalk seating?	YES	NO
Will the sidewalk seating have a platform?	YES	NO
Does applicant agree to keep the sidewalk clear of all items or obstructions, such s sandwich boards, sidewalk signs, freestanding menus and plants, as per the aw?	YES	NO
Vill there be a lighting plan that allows safe usage of the outdoor space without isrupting neighbors?	YES	NO
Will the sidewalk seating block subway grate, utility hardware or Siamese water connection?	YES	NO
f construction or construction protection has reduced the sidewalk width, will pplicant always maintain an 8-foot clear path of sidewalk between the erimeter of the café and the closes obstruction including construction arricades?		

DEPARTMENT OF TRANSPORATION DINING OUT: RO	ADW	AY	
Did applicant submit an application and dimension site plan at scale to NYC Dept. of Transportation? Please attach a copy of application and plans.	YES	NO	
f you answered no to the question above, jump to the next page			
Will the roadway structure extend on top of the curb or pedestrian refuge? By ow much?	YES	NO	
Will the roadway structure have an ADA compliant ramp (not in the bike lane)?	YES	NO	
Will the roadway structure extend in the striped zone along the bike lane? By how much?	YES	NO	
Will the electric wires be brought over at the roof level?	YES	NO	
Will applicant dismantle and dispose of a shed that is no longer in use, along with its furniture?	YES	NO	
Will there be no music or amplifies sound in any outdoor seating, as per law?	YES	NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	
Will applicant close and vacate the sidewalk and roadway seating by 11 p.m. on Friday & Saturday and 10 p.m. on all other days?	YES	NO	
Will the Outdoor Dining Sidewalk & Roadway provide no standing space for drinking or smoking?	YES	NO	
Will the service and consumption of alcohol in the Outdoor Dining Sidewalk/Roadway only be via seated food service?	YES	NO	
Will applicant prohibit patrons from drinking in any outdoor space(s) or adjacent idewalk?	YES	NO	
f amplified sound is played inside the establishment, will windows and doors be			
closed?	YES	NO	
Will applicant permit NO wait lines or smoking outside?	YES	NO	
Does applicant agree to keep the sidewalk clear of all items or obstructions, such is sandwich boards, sidewalk signs, freestanding menus and plants, as per the aw?	YES	NO	
Will applicant respect trees and tree pits and insure the health of the tree?	YES	NO	
Will applicant permit NO wait lines or smoking outside?	YES	NO	
Will there be a staff person responsible to ensure no loitering, noise or crowds outside?	YES	NO	
Will applicant agree not to use propane heaters?	YES	NO	
Will the outdoor dining deposit its garbage in a container on the parking lane?	YES	NO	

ADDITIONAL STIPULATIONS: (Office Use Only)
- West 29th Street door will be equipped with a pushbar and used as an emergency exit only
- Applicant's security personnel will seek to prevent patrons from loitering on sidewalk
*
To the extent any additional disculation on some 0 and 40 of this smallest are 20 to 20
To the extent any additional stipulation on pages 9 and 10 of this application conflicts with any response on pages 1 – 11 of this application, the stipulations on pages 9 and 10 control.

ADDITIONAL STIPULATIONS: (Office Use Only), Continued
To the extent any additional stipulation on pages 9 and 10 of this application conflicts with any response on
pages 1 – 11 of this application, the stipulations on pages 9 and 10 control.

Manhattan Community Board 4 (MC (MCB4's recommendation is based on a March 5, 2025 full board meeting, with in favor of the recommendation, 0 members abstaining and 0 present but	vote taken at its h 43 members voting mbers opposed, 0	of the method of oper	l stipulations agreed to by applicant/owner are part ration
MCB4 REPRESENTATIVES			
Nelly Gonzalez MCB4 Assistant District Manager	Frank Holozubicc MCB4 BLP Committee Co-Chain	lyhi	Burt Lazarin MCB4 BLP Committee Co-Chair
APPLICANT AGREEMENT WIT	H THE COMMUNIT	Y	
			f this application and acknowledges that on regarding this application. Applicant

agrees to have these stipulations incorporated in the method of operation of its liquor license. The stipulations in this application constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 representatives and applicant. These stipulations supersede any oral statements, representations, or prior

SIGN HERE



iterations in connection with this application.

Michael Zieleniewski

PRINT NAME OF APPLICANT

Me John

SIGNATURE OF APPLICANT

02 / 04 / 2025

DATE

#### **Principal Work History**

## 1. Barrow 15 Cafe, Ltd. d/b/a

15 Barrow Street New York, NY 10014 1998 – 2017

## 2. DJS W 44th Cafe Inc. d/b/a

354 West 44<sup>th</sup> Street New York, NY 10036 2005 – 2013

## 3. Village 122 Cafe Inc. d/b/a

122 MacDougal Street New York, NY 10012 2006 – 2017

## 4. ZMZ MacDougal Tavern LLC d/b/a MacDougal Street Ale House

122 MacDougal Street New York, NY 10012 2017 - present

## 5. ZMZ Barrow Tavern LLC d/b/a Barrow Street Ale House

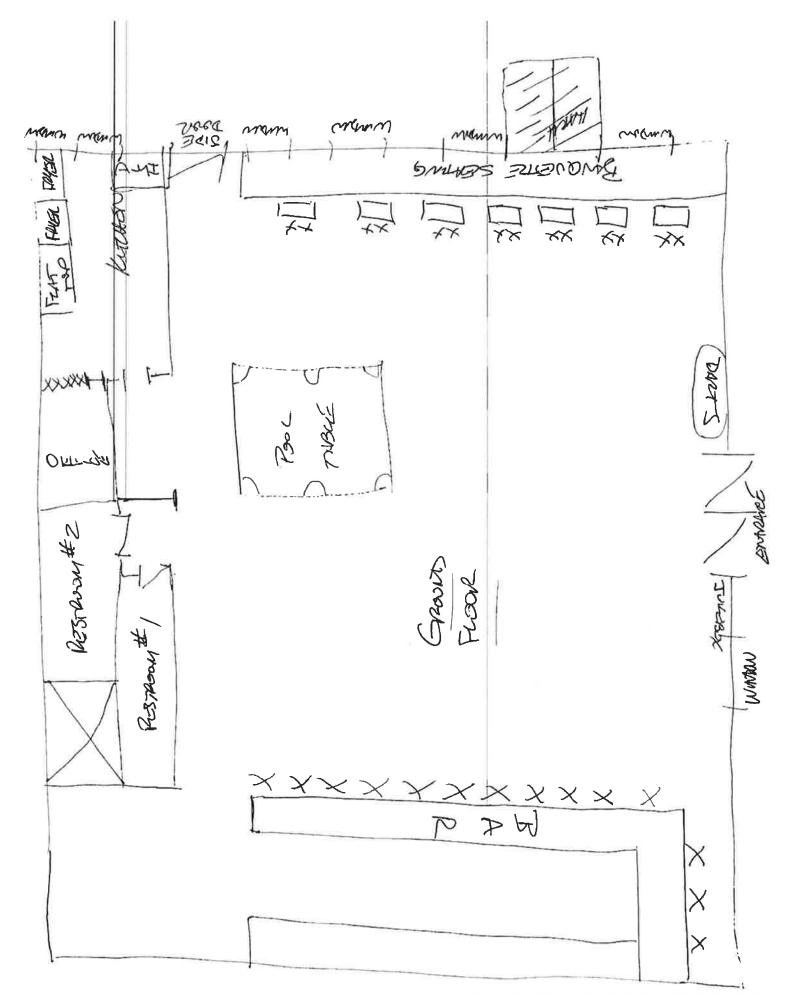
15 Barrow Street New York, NY 10014 2017 - present

## 6. ZMZ Reade Tavern Inc. d/b/a Tavern on Reade

59 Reade Street New York, NY 10007 2021 - present

## 7. ZMZ Spring Tavern Inc. d/b/a Soho Room

201 Spring Street New York, NY 10012 2021 - present



NowoW

Doc ID: 357666c76e79245daf0e445a36ae5fb9f700b339

## 332 Ninth Menu

## **Appetizers**

- \*Chicken Wings (Buffalo, Sweet Chili, BBQ or Nashville Hot) \$14.95 -Regular or boneless nuggz served with celery & blue cheese dressing.
- \*Mozzarella Sticks \$14.95
  -served with marinara for dipping
- \*Jalapeno Poppers \$14.95
  -cheddar stuffed peppers served with ranch dressing
- \*Quesadilla \$14.95
  -choice of cheese, beef or pulled chicken
- \*Basket of Fries, Tater Tots or Onion Rings \$8.95
- \*Nachos \$14.95 (Tatchos(over tater tots \$16.95) -choice of cheese, chili or pulled chicken

## **Handhelds**

 Burgers (Choice of Beef or Turkey) (all patties smashed to order)
 Single \$12.95
 Double \$16.95
 Triple \$ 20.95

- -served with choice of fries, tater tots or onion rings
- -<u>Cheese:</u> American, Blue, Cheddar (+\$1)

## Petition to Support Proposed Liquor License

The following undersigned residents of the area support the issuance of the following liquor license (indicate the policines such as full-liquor or beer-wine) Full-Liquor  to the following applicant/establishment (company and/or trade name) ZMZ Ninth Tavern LLC  Address of premises: 332 9th Avenue, New York, NY 10001  This business will be a: (circle) Bad Restaurant Other: TAVOLA  The hours of operation will be: Bam - 4arn (Sunday)  PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area.  Other information regarding the license:  Name Signature Address and Apt # (required)  Address and Apt # (required)  Outhery Russell	D: 3 02/03/2025	The cosupport Proposed Liquor License
Address of premises: 332 9th Avenue, New York, NY 10001  This business will be a: (circle) Bar Restaurant Other: TAVERN  The hours of operation will be:  8am - 4am (Monday - Saturday), 10am - 4am (Sunday)  PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area.  Other information regarding the license:  Name Signature Address and Apt # (required)  263 W30*51: 66  Courfney Russell Courtney Russell Street Russell Russe	or receise such as tun-liquor of	f the area support the issuance of the following liquor license (indicate beer-wine) _Full-Liquor
This business will be a: (circle)  Bar Restaurant Other: TAVERA  The hours of operation will be:  8am - 4am (Monday - Saturday), 10am - 4am (Sunday)  PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area.  Other information regarding the license:  Name  Signature  Address and Apt # (required)  The formation regarding the license:  Signature  Address and Apt # (required)  The formation regarding the license:  Signature  Address and Apt # (required)  The formation regarding the license:  Signature  Address and Apt # (required)  The formation regarding the license:  Signature  Address and Apt # (required)  The formation regarding the license:  Signature  Address and Apt # (required)  The formation regarding the license:  Signature  Address and Apt # (required)  The formation regarding the license:  Signature  Address and Apt # (required)  The formation regarding the license:  Signature  Address and Apt # (required)	to the following applicant/establishme	ent (company and/or trade name) ZMZ Ninth Tavern LLC
The hours of operation will be:  8am - 4am (Monday - Saturday), 10am - 4am (Sunday)  PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area.  Other information regarding the license:  Name  Signature  Address and Apt # (required)  363 W 30 51.65  Courtney Russell  Day 18 1 18 18 18 18 18 18 18 18 18 18 18 1		h Avenue, New York, NY 10001
PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area.  Other information regarding the license:  Name  Signature  Address and Apt # (required)  363 W 30 51. 65  Couriney Russell  Data W 2 1 1 2 1 2 1 3 1 3 1 3 1 3 1 3 1 3 1 3	The hours of operation will be:	
and Kaufman Address and Apt # (required)  363 W 3045+. 68  Courtney Russell Courtney Russell 358 W. 30th 34	PLEASE NOTE: Signatures should be fro Other information regarding the license	om <u>residents</u> of building, adjoining buildings, and within 2-block area.
· I	andy Kautmann	Marform 363 W3045+ 68 orther Pussell 358 W. 30th 34

First name	Last name	E-MAIL	PHONE
Kathleen	Treat	kathleentreat123@gmail.com	
Frank	Strock	mcgee79@aoi.com	
Joe	Restuccia	3 I	
Ryan	Marcano		
Bill	Kelley	bkelley@clintonhousing.org	
Bob	Benfatto	rjbenfatto@hyhkalliance.org	
Patty	Gouris	pgouns@hyhkaliance.org	
		(212) 216-0000	
Scott	Hupe	212-838-3700	
Donna	Langman	donna@donnalangman.com	
Christine	Berthet	excom@chekpeds.com	
Julia	Campanelli	HeltsKBA@gmail.com	Last Wednesday of the month, except August or November
Brian	Weber	brianscottweber@gmail.com	
Cressida	Connelly	cressidac@gmail.com	
	First name Kathleen Fank Joe Ryan Bul Bob Patty Scott Donna Chnistine Julia	First name Trea Ren Trea Strop Res Res Hugo Hugo In Hu	First name  Een Treat  Strock region info@cimoni  Restuccia info@cimoni  Marcano rearrano@c  Kelley kelley cheriato@hr  Gouris (212) 216-00  Hupe 212-838-370  Hupe 212-838-370  Hupe 220-88-370  Berflet excom@che



#### ZMZ Ninth Tavern LLC; Liquor License Application

From Alexandra Calderwood <aac@kplawyers.com>

Date Mon 2/3/2025 12:02 PM

- To Alexandra Calderwood <aac@kplawyers.com>
- Cc Benjamin Korngut <bak@kplawyers.com>; Laura Ryan <ler@kplawyers.com>; ZMZ Spring Tavern Inc. (Work) <mzieleniewski3@gmail.com>
- Bcc kathleentreat123@gmail.com <kathleentreat123@gmail.com>; mcgee79@aol.com <mcgee79@aol.com>; info@clintonhousing.org <info@clintonhousing.org>; jrestuccia2@clintonhousing.org
  <jrestuccia2@clintonhousing.org>; rmarcano@clintonhousing.org <rmarcano@clintonhousing.org>; bkelley@clintonhousing.org <br/>
  <rjbenfatto@hyhkalliance.org</p>
  <jbenfatto@hyhkalliance.org>; pgouris@hyhkalliance.org <pgouris@hyhkalliance.org>; info@highline537.com <info@highline537.com>; donna@donnalangman.com <donna@donnalangman.com>; excom@chekpeds.com <excom@chekpeds.com <excom@chekpeds.com>; HellsKBA@gmail.com <HellsKBA@gmail.com <cressidac@gmail.com>; brianscottweber@gmail.com>; cressidac@gmail.com <cressidac@gmail.com>

1 attachment (4 MB)

01.27.25 - 30 Day Notice (submitted).pdf;

#### To Whom It May Concern:

Our law firm represents ZMZ Ninth Tavern LLC, an entity formed by Michael Zieleniewski and Lesli Dodson. Our client has submitted the attached 30 Day Notice to Manhattan Community Board No. 4 (CB4) because it intends to file an application to the New York State Liquor Authority seeking an onpremises liquor license at 332 9<sup>th</sup> Avenue, where Billymark's West had operated for 68 years. Billymark's West held an on-premises liquor license since its inception and ZMZ Ninth Tavern LLC seeks bring back this neighborhood institution and operate with the same hours and method of operation as the previous licensee.

Michael Zieleniewski and Lesli Dodson are experienced operators who own and operate MacDougal Street Ale House at 125 MacDougal Street, Barrow Street Ale House at 15 Barrow Street, Tavern on Reade at 59 Reade Street and Soho Room at 201 Spring Street, within the Manhattan Community Board 1 and 2 districts. All are successful neighborhood bars and are well liked by the community and the relevant community boards. Mr. Zieleniewski intends to operate this location with the same care and skill as his other locations.

Our client is scheduled to meet with CB4 on February 11 at 6:30 pm by Zoom Webinar. Please do not hesitate to write or call if your organization has any questions about this application in advance of its meeting with CB4.

Thank you.

Alexandra Calderwood Licensing Specialist 212,835,6768 aac@kplawyers.com www.kplawyers.com



New York I New Jersey I Pennsylvania



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#### **Alexandra Calderwood**

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To: Alexandra Calderwood

**Subject:** Your shipment was delivered 771692997511



## Your shipment was delivered.

## **Delivery Date**

Tue, 01/28/2025 11:57am

#### **Delivered to**

424 W 33RD STRM 580, NEW YORK, NY 10001

Received by

N.Gonzalez

Report missing package



MICHAEL J. PALEUDIS, MEMBER + \* \* Δ
BENJAMIN A. KORNGUT, MEMBER +
LAURA E. RYAN, ASSOCIATE Δ
ELKE A. HOFMANN, OF COUNSEL + \* Φ
LEONARD M. FOGELMAN, OF COUNSEL + Ω
DAVID M. DAHAN, OF COUNSEL + Δ
PAUL C. TAYLOR, OF COUNSEL Δ+

ADMITTED TO PRACTICE +NY, ♦CT, ★PA, ΔNJ, ΩMA, ΦCA

January 27, 2025

Via FedEx Overnight Delivery

Manhattan Community Board 4 424 W 33rd Street, #580 New York, NY 10001

Re:

ZMZ Ninth Tavern LLC

Premises:

332 Ninth Avenue, New York, NY 10001

To Whom It May Concern:

Please accept the enclosed Standardized 30-Day Notice for filing. Thank you in advance for your anticipated attention to the enclosed notice. Should you have any questions or require any additional documentation please do not hesitate to contact me at (212) 566-5021.

Yours truly,

Benjamin Korngut, Esq.

**Enclosure** 

cc: Michael Zieleniewski, via email

rev1	231	2021



	OFFICE	USE ONLY	
Original	Amended	Date	

49

# Standardized <u>NOTICE FORM</u> for Providing <u>30-Day Advance</u> <u>Notice</u> to a <u>Local Municipality or Community Board</u>

1. Date Notice Sent:	01/27/2025	1a. Delivered by:	Overnight Mail, Tracking Number and Pro
	pplication that will be filed with the Author the City of New York:	ority for an On-Premises A	lcoholic Beverage License:
O New Application	Removal Class Change		
For premises in the	City of New York:		
New Application	New Application and Temporary Re	etail Permit O Tempora	ry Retail Permit O Removal
	Method of Operation O Corporate		O Alteration
For Renewal applica For Alteration applic For Corporate Chang For Removal applica For Class Change app	rary Retail Permit applicants, answer ea nts, answer all questions ants, attach a complete written descrip ge applicants, attach a list of the current nts, attach a statement of your current plicants, attach a statement detailing yo ation Change applicants, although not r	tion and diagrams depicti and proposed corporate and proposed addresses ur current license type an	ng the proposed alteration(s) principals with the reason(s) for the relocation
Please include all	documents as noted above. Failure	e to do so may result in	disapproval of the application.
This 30-Day Advar	nce Notice is Being Provided to the	Clerk of the Following	Local Municipality or Community Board:
3. Name of Municipalit	y or Community Board: Manhattan (	Community Board 4	
Applicant/Licensee	Information:		
4. Licensee Serial Numl	per (if applicable): N/A	Ex	piration Date (if applicable): N/A
5. Applicant or License	e Name: ZMZ Ninth Tavern LLC		
6. Trade Name (if any)	TBD		
7. Street Address of Est	tablishment: 332 9th Avenue		
8. City, Town or Village	New York		, <b>NY</b> Zip Code: 10001
9. Business Telephone	Number of applicant/ Licensee:	(973) 865-4093	
10. Business E-mail of A	pplicant/Licensee: mzieleniews	ki3@gmail.com	
11. Type(s) of alcohol sc	old or to be sold: O Beer & cider	O Wine, Beer & Ci	der
12. Extent of Food Servi	ice: O Full Food menu; full kitchen run	by a chef/cook 🧿 Menu	meets legal minimum food requirements; food prep area require
13. Type of Establishme	nt: Bar/Tavern		
	Seasonal Establishment	Juke Box Disc Jock	ey Recorded Music
14. Method of Operatio (check all that apply	I I I wo Music (divo dotails Lo Post	k bands, acoustic, jazz, etc	.):
(oncon an inacappi)	Patron Dancing Employe	ee Dancing 🔲 Exotic D	ancing Topless Entertainment
	☐ Video/Arcade Games ☐ Th	nird Party Promoters [	Security Personnel
	Other (specify):		
15. Licensed Outdoor A		☐ Rooftop ☐ G	Garden/Grounds

opla-rev12312021	OFFICE USE	ONLY	
	Original Amended	Date	
			4:
16. List the floor(s) of the building that	the establishment is located on: Ground	d floor and basement	
17. List the room number(s) the establ	ishment is located in within the building, if	appropriate: N/A	
18. Is the premises located within 500	feet of three or more on-premises liquor e	stablishments? O Yes · © No	
19. Will the license holder or a manage	er be physically present within the establish	nment during all hours of operation?	• Yes • No
20. If this is a transfer application (an e	existing licensed business is being purchase	d) provide the name and serial number of	of the licensee:
	Name	Serial Nu	mber
21, Does the applicant or licensee own	the building in which the establishment is	located? — Yes (if YES, SKIP 23-26)	<b>⊙</b> No
	Owner of the Building in Which the L	icensed Establishment is Located	
22. Building Owner's Full Name: Sid	Iney Rubell Company LLC		
23. Building Owner's Street Address:	348 West 23rd Street		
24. City, Town or Village: New York		State: NY	Zip Code: 10011
25. Business Telephone Number of Bui	ilding Owner: (212) 243-2370		
Pani		AL - Annicent in Connection with th	
Applicatio	resentative or Attorney Representing on for a License to Traffic in Alcohol at	the Applicant in Connection with the the Establishment Identified in this	ne Notice
26. Representative/Attorney's Full Nar	ne: Benjamin Korngut, Esq.		
27. Representative/Attorney's Street A	Address: 100 Canal Pointe Boulevard,	Suite 125	

26. Representative/Attorney's Full Name: Benjamin Korngut, Esq.

27. Representative/Attorney's Street Address: 100 Canal Pointe Boulevard, Suite 125

28. City, Town or Village: Princeton State: NJ Zip Code: 08540

29. Business Telephone Number of Representative/Attorney: (212) 566-5021

30. Business E-mail Address of Representative/Attorney: bak@kplawyers.com

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true.

31. Printed Principal Name:	Michael Zieleniewski	Title:	Managing Member
	2 27		

**Principal Signature:** 



Title

ZMZ Ninth Tavern LLC; 30 Day Notice

File name

01.24.25%20-%2030...o%20client%29.pdf

**Document ID** 

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Status

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## **Document History**

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01 / 24 / 2025

Sent for signature to ZMZ Ninth Tavern LLC

SENT

20:57:16 UTC

(mzieleniewski3@gmail.com) from aac@kplawyers.com

IP: 96.248.92.228



01 / 25 / 2025

Viewed by ZMZ Ninth Tavern LLC (mzieleniewski3@gmail.com)

VIEWED

01:55:05 UTC

IP: 108.5.108.11

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01 / 25 / 2025

Signed by ZMZ Ninth Tavern LLC (mzieleniewski3@gmail.com)

SIGNED

01:58:52 UTC

IP: 108.5.108.11

COMPLETED

01 / 25 / 2025

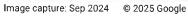
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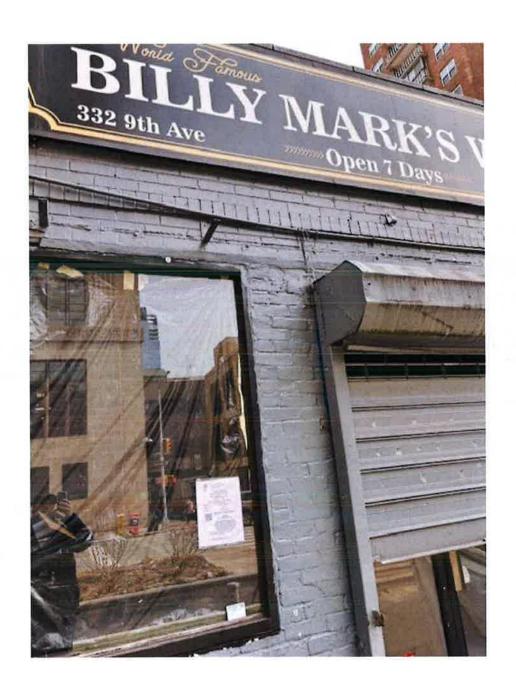


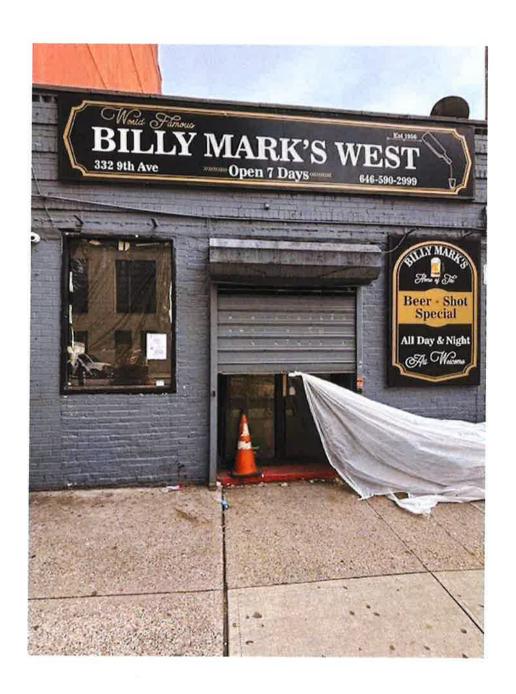
### 333 9th Ave

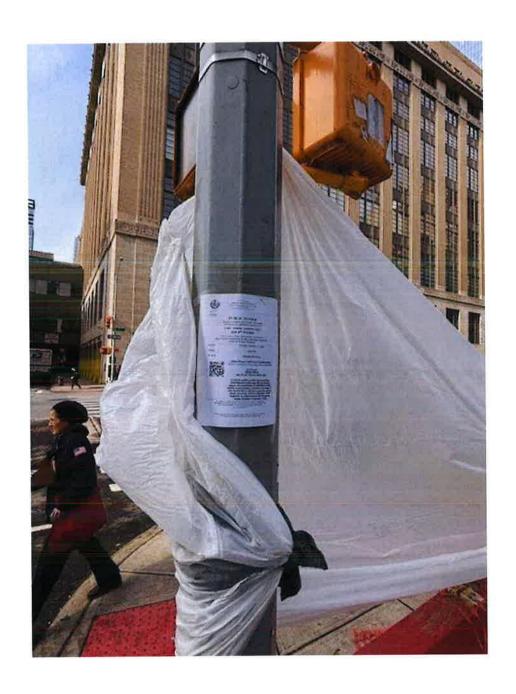




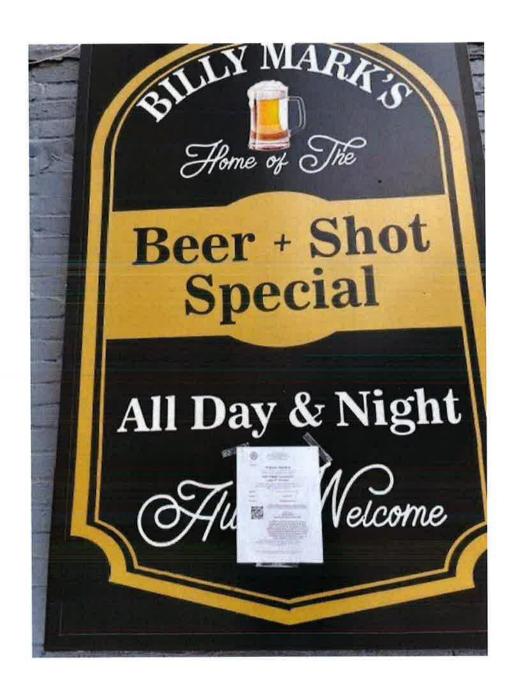


















Title 02.04.25 - CBQ (to client)\_opt.pdf

File name 02.04.25%20-%20CB...client%29\_opt.pdf

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#### **Document History**

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SENT 14:49:02 UTC (mzieleniewski3@gmail.com) from aac@kplawyers.com

IP: 96.248.92.228

<b>(a)</b>	02 / 04 / 2025	Viewed by ZMZ Ninth Tavern LLC (mzieleniewski3@gmail.com)
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14:53:14 UTC