

PREMISE:

Type of building and number of floors: Mixed Use Retail / Residential (6)

Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages?
(includes roof & yard) Yes No If Yes, describe and show on diagram: _____

Does premise have a valid Certificate of Occupancy and all appropriate permits, including certificate
of occupancy for back or side yard intended for commercial use? Yes No

Indoor Certificate of Occupancy 102 Outdoor Certificate of Occupancy Ø
(fill in maximum NUMBER of people permitted) CO 39340

Do you plan to apply for Public Assembly permit? Yes No

Zoning designation (check zoning using map: <http://gis.nyc.gov/doitt/nycitymap/> - please give
specific zoning designation, such as R8 or C2): _____

Is this premise wheel chair accessible? Yes No

PROPOSED METHOD OF OPERATION:

What type of establishment will this be (i.e.: restaurant, bar, performance space, club, hotel)?
Restaurant

Will any other business besides food or alcohol service be conducted at premise? Yes No
If yes, please describe what type: _____

What are the proposed days/hours of operation? (Specify days and hours each day and hours of
outdoor space) 11AM to 4AM

Number of tables? 22 Number of seats at tables? 84

How many stand-up bars/ bar seats are located on the premise? 1 / 8

(A **stand up bar** is any bar or counter (whether with seating or not) over which a patron can order,
pay for and receive an alcoholic beverage)

Describe all bars (length, shape and location): (10FT) SHORT L SHAPED Bar Before CASHIER

Any food counters? Yes No If Yes, describe: 6 FT CASH counter w/ 12 FT Food service Area

Does premise have a full kitchen Yes No?

Does it have a food preparation area? Yes No (If any, show on diagram)

Is food available for sale? Yes No If yes, describe type of food and submit a menu

see Attached

What are the hours kitchen will be open? 11-4AM

Will a manager or principal always be on site? Yes No If yes, which? _____

How many employees will there be? 20 (12 @ any given time)

Do you have or plan to install French doors accordion doors or windows?

Will you agree to close any doors and windows at 10:00 P.M. every night? Yes No

Will there be TVs/monitors? Yes No (If Yes, how many?) 4

Will premise have music? Yes No

If Yes, what type of music? Live musician DJ Juke box Tapes/CDs/iPod

If other type, please describe _____

What will be the music volume? Background (quiet) Entertainment level

Please describe your sound system: simple speakers w/satellite NOZAC.

Will you host promoted events, scheduled performances or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed? NO

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans.

Will there be security personnel? Yes No (If Yes, how many and when) _____

How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans.

Do you have or plan to install sound-proofing?

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously? Yes No

If yes, please indicate name of establishment: PLAZA Food Hall, Plaza Hotel

Address: 1 west 58th Street, NYC Community Board # 5

Dates of operation: 6/2010 - Present

If you answered "Yes" to the above question, please provide a letter from the community board indicating history of complaints or other comments.

Has any principal had work experience similar to the proposed business? Yes No If Yes, please attach explanation of experience or resume.

Does any principal have other businesses in this area? Yes No If Yes, please give trade name and describe type of business _____

Has any principal had SLA reports or action within the past 3 years? Yes No If Yes, attach list of violations and dates of violations and outcomes, if any.

Attach a separate diagram that indicates the location (**name and address**) and total number of establishments selling/serving beer, wine (B/W) or liquor (OP) for 2 blocks in each direction. Please indicate whether establishments have On-Premise (OP) licenses. Please label streets and avenues and identify your location. Use letters to indicate **Bar, Restaurant**, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.

LOCATION:

How many licensed establishments are within 1 block? +10

How many licensed establishments are within 500 feet? +10

Is premise within a 500 foot radius of 3 or more establishments with OP licenses? Yes No

How many On-Premise (OP) liquor licenses are within 500 feet? +10

Is premise within 200 feet of any school or place of worship? Yes No

If there is a school or place of worship within 200 feet of your premise on the same block, submit a block plot diagram or area map showing its location in proximity to your premise and indicate the distance and name and address of the school or house of worship.

COMMUNITY OUTREACH:

If there are block associations or tenant associations in the immediate vicinity of your location, you must contact them. **Please attach proof (copies of letters and poster) that you have advised these groups of your application with sufficient time for them to respond to your notice.** You may contact the Community Board at info@cb3manhattan.org for any contact information.

Please use provided petitions, which clearly state the name, address, license for which you are applying, and the hours and method of operation of your establishment at the top of each page. (Attach additional sheets of paper as necessary).

ATTENTION RESIDENTS & NEIGHBORS

100 EMFCH LUDLOW LLC / 100 Montachitos / BRIAN @ 646 515 3599

Company/DBA Name and Contact Number for Questions

Plans to open a

Restaurant

(Please choose)

Bar/Restaurant/Club/Grocery/Liquor Store/Wholesaler,
Please indicate if there will be a Sidewalk Café or Backyard Garden

at the following location

177 LUDLOW STREET, NYC

Street Number and Street Name

This establishment is seeking a license to serve

Beer/WINE & Liquor

Beer & Wine or Beer/Wine & Liquor

There will be an opportunity for public comment on

[date and time field]

[location and address field]

BRIAN CRAWFORD, 646-515-3599

Applicant Contact Information

EMAIL

Briancrawfordinc@

Aol.com

At COMMUNITY BOARD 3

SLA & DCA Licensing Committee Meeting

info@cb3manhattan.org - www.cb3manhattan.org