APPLICANT INFORMATION:

Name of applicant(s):	M Gourmet LLC
Trade name (DBA):	urmet Garage
	Hudson Street, New York, NY 10014
	dresses used for building/premise: Bank Street and Bethune Street une St., 771-779 Greenwich St. & 585 - 591 Hudson St.
	TION:
Principal(s) Name(s): _{Fra}	nk Sauro
Office or Home Address	
City, State, Zip:	
Telephone #:	email :
Landlord Name / Contac	
Landlord's Telephone and	Fax:
NAMES OF ALL PRINCI Frank Sauro John Sumas	PAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
John Van Orden	
Luigi Perri Tom Santacocce	SEE ATTACHED
Briefly describe the propos	sed operation (i.e. "We are a family restaurant that will focus on"):

We will operate a gourmet supermarket and will serve restaurant quality food.

VSM GOURMET LLC D/B/A: Gourmet Garage 585 Hudson Street New York, NY 10014

Names Of All Principal(s):

Name / Locations Of Past / Current Licenses Held:

Frank Sauro

N/A

John Sumas

Village Super Market of NY LLC	1994 Bruckner Blvd, Bronx, NY 10473
VSM Gourmet LLC	155A W 66 th Street, New York, NY 10023
VSM Gourmet LLC	489 Broome Street, New York, NY 10013
VSM Gourmet LLC	366 Broadway, New York, NY 10013

John Van Orden

Village Super Market of NY LLC	1994 Bruckner Blvd, Bronx, NY 10473
VSM Gourmet LLC	155A W 66 th Street, New York, NY 10023
VSM Gourmet LLC	489 Broome Street, New York, NY 10013
VSM Gourmet LLC	366 Broadway, New York, NY 10013

Luigi Perri

N/A

Tom Santacocee

N/A

WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY):

- X a new liquor license (X 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.)

N/A

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

Mrs. Green's Supermarket

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

Onion Soup LLC is active, is located at 99 Bank Street, #1309052 and expires 04/30/2020

Have any other licenses under the ABC Law been in effect in the last 10 years at this location? X yes _____no

If yes, please list DBA names and dates of operation:

Mrs Green's of 585 Hudson Inc (Mrs Green's Natural Market) located at 585 Hudson Street between 01/28/2014 - 06/30/2018

Duane Reade Inc (Duane Reade #394) located at 585 Hudson Street between 11/09/2011 - 09/30/2013

\$AC Operating Corp (Sloans) located at 585 Hudson Street between 11/01/2006 - 10/31/2009

Supermarket Acquisition Corp located at 585 Hudson Street between 02/01/1995 - 01/31/1998

PREMISES:

By what right does the applicant have possession of the premises?
Own XLeaseSub-leaseBinding Contract to acquire real propertyother:
Type of Building: Residential Commercial _X_Mixed (Res/Com) Other:
Number of floor: Year Built :1968
Describe neighboring buildings: Mixed Use
Zoning Designation: <u>C1-6</u>
Zoning Overlay or Special Designation (applicable) <u>None</u>
Block and Lot Number:624/1
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? <u>Xyes</u> <u>no</u>
is the premise located in a historic district? <u>X</u> yesno
(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? yes \underline{X} no, please explain : \underline{None}
Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space) \underline{X} no yes : explain
What is the proposed Occupancy?167
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?
no <u>X</u> yes
If yes, what is the maximum occupancy for the premises? <u>167</u>
If yes, what is the use group for the premises?6
If yes, is proposed occupancy permitted? <u>X</u> yes no, explain :
If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit?yes X no
Do you plan to file for changes to the Certificate of Occupancy?yes X 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 $_X$ yes
(if yes, please describe: We will change the signage from Mrs G to Gourmet Garage



Certificate of Occupancy

CO Number: 121792863T014

This certifies that the premises described herein conforms substantially to the approved plans and specifications and to the requirements of all applicable laws, rules and regulations for the uses and occupancies specified. No change of use or occupancy shall be made unless a new Certificate of Occupancy is issued. *This document or a copy shall be available for inspection at the building at all reasonable times.*

Α.	Borough: Manhattan	Block Number:	00624	Certificate Type:	Temporary
	Address: 585 HUDSON STREET	Lot Number(s):	1	Effective Date:	04/17/2020
	Building Identification Number (BIN): 1011368			Expiration Date:	07/16/2020
		Building Type: Altered			
	This building is subject to this Building Code: Prio	r to 1968 Code			
	For zoning lot metes & bounds, please see BISWeb).			
В.	Construction classification: 3	(Pric	or to 1968 Co	de designation)	
	Building Occupancy Group classification: R-2	(201	4/2008 Code	e)	
	Multiple Dwelling Law Classification: HAEA				
	No. of stories: 6 Height in	n feet: 80	Ν	lo. of dwelling unit	t s: 102
C.	Fire Protection Equipment: Sprinkler system				
D.	Type and number of open spaces: None associated with this filing.				
E.	This Certificate is issued with the following legal lin None	nitations:			
	Outstanding requirements for obtaining Final Certifi	icate of Occupancy:			
	There are 13 outstanding requirements. Please refer to E	BISWeb for further det	ail.		
	Borough Comments: None				

Borough Commissioner

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Commissioner

DOCUMENT CONTINUES ON NEXT PAGE



Certificate of Occupancy

CO Number:

121792863T014

			Permi	issible Us	e and Oc	cupancy
		Building C	ode occupan	cy group de	esignations	below are 2008 designations.
Floor From	Maximum persons To permitted	lbs per	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
CEL	33	OG	U A-2		6	PREP KITCHEN, PRIVATE DINING ROOM IN CONJUCTION WITH RESTAURANT AT MEZZANINE
CEL	102	OG	M U		6	RETAIL FOOD STORE, PREP KITCHEN, COOKING, STORE STORAGE, MEAT CUTTING AND WRAPPING WORKROOM, COOLERS
CEL	20	OG	U		2,, 6	RESTROOMS, HEATING AND AIR CONDITIONING UNITS AND EQUIPMENT, COMPRESSION ROOM, BOILER ROOM, TENANT STORAGE, TENANT LAUNDRY ROOM, METER ROOM, INCINERATOR ROOMS
MEZ	240	100	М		6	RETAIL FOOD STORE, PREP KITCHEN & COOKING
MEZ	110	100	A-2		6	EATING AND DRINKING ESTABLISHMENT
MEZ	240	100	R-2		2	RESIDENTAL LOBBY, REFUSE ROOM, MAIL ROOM
001		40	R-2	17	2	SEVENTEEN (17) APARTMENTS
002		40	R-2	18	2	EIGHTEEN (18) APARTMENTS
003		40	R-2	18	2	EIGHTEEN (18) APARTMENTS
004	004	40	R-2	17	2	SIXTEEN (16) APARTMENTS AND ONE LOWER LEVEL DUPLEX.
005	005	40	R-2	15	2	FOURTEEN (14) APARTMENTS, ONE UPPER LEVEL DUPLEX, ONE LOWER LEVEL DUPLEX, ONE LOWER LEVEL DUPLEX.
006	006	40	R-2	17	2	SIXTEEN (16) APARTMENTS, ONE UPPER LEVEL DUPLEX, ONE UPPER LEVEL DUPLEX.

Borough Commissioner

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Commissioner

DOCUMENT CONTINUES ON NEXT PAGE



Certificate of Occupancy

Page 3 of 3

CO Number:

121792863T014

			Perm	issible Us	e and Oc	cupancy
	All B	uilding C	ode occupar	ncy group de	esignations	s below are 2008 designations.
Floor From To	•	lbs per	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
ROF		40	U		2	ELEVATOR BULKHEAD
			BETWEEN CELI ETAIL STORE	AR & 1ST FLO	OR. SPRINKL	ER SYSTEM LOCATED AT FIRST FLOOR EATING
				END OF	SECTION	

Borough Commissioner

melers

Commissioner 121792863/014 4/17/2020 12:35:14 PM

END OF DOCUMENT

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? <u>14,200</u>
If more than one floor, please specify square footage by floors: <u>Cellar: 8,000 & 1st Floor: 6,200</u>
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? <u>Stairs and elevator</u>
How many entrances are there? How many exits? How many bathrooms ?
Is there access to other parts of the building? X no yes, explain:
OVERALL SEATING INFORMATION:
Total number of tables? <u>5</u> Total table seats? <u>30</u>
Total number of bars? <u>1</u> Total bar seats? <u>3</u>
Total number of "other" seats?0 please explain :N/A
Total OVERALL number of seats in Premises : <u>23</u>
BARS:
How many *stand-up bars / bar seats are being applied for on the premises? Bars <u>1</u> Seats <u>3</u>
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: 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 _X_Restaurant ___Club/ Cabaret ___Hotel ___Other: _Gourmet Market / Restaurant

What are the Hours of Operation?	
Sunday: Monday: Tuesday: Wednesday: Thursday:	Friday: Saturday:
$\frac{7\text{am to }11\text{pm}}{10} \frac{7\text{am to }11\text{pm}}{10}$	m $\frac{7 \text{ am to } 11 \text{ pm}}{11 \text{ pm}}$ $\frac{7 \text{ am to } 11 \text{ pm}}{7 \text{ am to } 11 \text{ pm}}$
Will the business employ a manager? no \X yes, name / expe	rience if known : <u>TBD</u>
Will there be security personnel? \underline{X} no $$ yes(if yes, what night Do you have or plan to install French doors, accordion doors or windo	s and how many?) ws 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 \underline{X} Ipod / CDsnone
Expected Volume level: X Background (quiet) Entertainment (check all that apply)	level Amplified Music
Do you have or plan to install soundproofing? X_no yes	
IF YES, will you be using a professional sound engineer? $\underline{\ N/A}$	
Please describe your sound system and sound proofing: Ceiling spe	eakers, ceiling sound proofing
layers of sheet rock and batt installation.	<u></u>
Will you be permitting: promoted events scheduled perform	nances outside promoters
any events at which a cover fee is charged? private parties	3
Do you have plans to manage or address vehicular traffic and crowd establishment? \underline{X} no yes (if yes, please attach plans) See	
Will you be utilizing ropes movable barriersother ou	utside equipment (describe)
Are your premises within 200 feet of any school, church or place of w	rorship? <u>X</u> no <u>y</u> es
If there is a school, church or place of worship within 200 feet of please submit a block plot diagram or area map showing its' loc premises (no larger than 8 ½ " x 11").	^r your premises or on the same block, ation in proximity to your applicant
Indicate the distance in feet from the proposed premise:	
Name of School / Church:	
Address:	Distance:
Name of School / Church:	.

Proximity Report for Location:

585 Hudson St, New York, NY, 10014

* This report is for informational purposes only in aid of identifying establishments potentially subject to 500 and 200 foot rules. Distances are approximated using industry standard GIS techniques and do not reflect actual distances between points of entry. The NYS Liquor Authority makes no representation as to the accuracy of the information and disclaims any liability for errors.

Closest Liquor Stores

Name	Address	Approx. Distance
KOVY WINE & SPIRITS CORP	579 HUDSON STREET	185 ft
MANLEYS WINES & SPIRITS INC	35 8TH AVENUE	745 ft
SEA GRAPE INC	512 HUDSON STREET	1200 ft
HAYMARKET WINE LLC	19 LITTLE WEST 12TH ST	1250 ft
LITTLE WEST WINE AND SPIRITS INC	19 LITTLE W 12TH ST	1255 ft
MFR RETAILING LLC	249 W 13TH ST	1305 ft
J V WINES INC	145 7TH AVE S	1325 ft

Churches within 500 Feet

Schools within 500 Feet

Name Address Approx. Distance

On-Premise Licenses within 750 Feet

Name	Address	Approx. Distance
ONION SOUP LLC	99 BANK ST	140 ft
MOZ RESTAURANT INC	581 HUDSON STREET	140 ft
JUICERIE 3 LLC	581 HUDSON ST	140 ft
LA RIPAILLE CORP	605 HUDSON ST	195 ft
COCKTAIL BLUE LLC	6 8 DELANCEY STREET	210 ft
COBRA CATERERS INC	575 HUDSON STREET	230 ft
J P G LLC	569 HUDSON ST	300 ft
DOUBLE DIP LLC	611 HUDSON ST	335 ft
LINFRA LLC	615 1/2 HUDSON ST	390 ft
FRANCIS LOUIS LLC	570 HUDSON ST	390 ft
WHITE HORSE HOSPITALITY LLC	567 HUDSON ST	390 ft
FJF HOSPITALITY GROUP INC	615 HUDSON ST	395 ft
THE LOCAL LLC	314 W 11TH STREET	450 ft
HOT CORNER VENTURES CORP	558 HUDSON ST AKA 101 PERRY ST	480 ft
TURKS & FROGS LLC	325 W 11TH STREET	525 ft
551 HUDSON RESTAURANT LLC	551 HUDSON STREET CORNER STORE	550 ft
CERELI INC	57 JANE ST	560 ft
AUTOMATIC SLIMS INC	131 BANK STREET	565 ft

Name	Address	Approx. Distance
GHRF LLC	310 W 4TH ST	570 ft
BUTCHER'S BLOCK HOSPITALITY LLC	285 W 12TH ST	610 ft
34 8TH AVENUE LLC	34 8TH AVENUE	615 ft
PUAR LLC	765 WASHINGTON ST	635 ft
WAGAWONGAWITZ LLC	284 W 12TH STREET	640 ft
NEWSTEAD RESTAURANT LLC	117 PERRY ST	640 ft
632 BELOW LLC	632 HUDSON ST	645 ft
SMORGAS CHEF WEST VILLAGE LLC	283 W 12TH ST	655 ft
UPRIGHT HOLDINGS 547 LLC	547 HUDSON ST	670 ft
ITALIAN WINE COMPANY LLC	38 8TH AVE	675 ft
LEWEK CORP	281 W 12TH STREET	680 ft
RAJMAR HOLDINGS INC	636 HUDSON STREET	690 ft
BARBUTO LLC	771 775 WASHINGTON STREET	695 ft

Pending Licenses within 750 Feet

Name	Address	Approx. Distance
ON THE CORNER NY LLC	99 BANK ST	125 ft
D'AGOSTINO'S MARKETS LLC	790 GREENWICH ST	245 ft
LINFRA LLC	615 1/2 HUDSON ST	390 ft
HUI & YURI INC	615 1/2 HUDSON ST	415 ft
PERRY & HUDSON LLC	551 HUDSON ST	550 ft
ST TROPEZ WINE BAR LLC	302 304 W 4TH ST	590 ft
JJW LAVAUX LLC	630 HUDSON STREET	615 ft
J S T RESTAURANT CORP	31 8TH AVENUE	715 ft
KANEKEI INC	535 HUDSON ST	745 ft

Unmapped licenses within zipcode of report location

Name	Address

Currently Licensed

• This establishment is currently a market and will not overburden the neighborhood with traffic.

Vehicular Traffic and Crowds

- We expect most patrons coming to this area to use public transportation. There are metered street parking for those who wants to endure NYC traffic.
- The location is easily accessible via mass transit that are all within ½ miles of the restaurant (Trains and buses: A, C, E, L, 1, 2, 3 and Path Trains and M8, M11, M12, M14A-SBS and M14D-SBS Busses)
- We do not have outdoor seating which will not congest the sidewalk. However, we will train our FOH staff to mitigate the situation respectfully should there be congestion due to overflow from neighboring bars and restaurants.

Noise Management

- There will be background ambient music only from an iPod or a laptop. We will be playing ambient and slower temple music. There is soundproofing and there's layers of sheet rock and batt installation.
- It is a friendly a market and we will provide gourmet food for our customers.

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. Frank Sauro, VP and Tom Santacroce, Executive Director of Gourmet Garage

Contact Person: ______ Phone: (973) 467-2200

Address: Village Supermarket Inc. 733 Mountain Ave, Springfield Township, NJ 07081

Email: Frank: fsauro@saurodevelopment.com and Tom:thomas.santacroce@wakefern.com

Application submitted on behalf of the applicant by: Samp Signature Print or Type Name Frank Sauvo Title Frank Sauro

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.

Cat Booth

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

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.

1.	Zoning							
	1a. State what the area is zoned for: (e.g., Residential, Business, Mixed etc.)							
	1b. Does the premises have a VALID CERTIFICATE OF OCCUPANCY and ALL appropriate permits?							
2.	Premises							
	2a. Describe the type of building in which the premises will be located. Multi Unit							
	2b. Is or has the building/proposed premises been known by any other address? X Yes No							
	If YES, please specify: 89-99 Bank St., 1-9 Bethune St., 771-779 Greenwich St. & 585 - 591 Hudson St.							
	If the address was changed due to a 911 update or other government action, please include documentation for the change.							
	 2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location? Currently Licensed Previously Licensed Never Licensed Do Not Know 							
	Name of Licensee: Mrs Green's of 585 Hudson Inc License Serial Number: 1276239							
	2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?							
	Yes X No Do Not Know							
	Any pending disciplinary action may delay a determination on this application or result in the disapproval.							
	2e. If the proposed premises has never been licensed, what was the prior use?							
	N/A							
	2f. Is any other floor or area of the building currently licensed? X Yes No							
	Name of Licensee: Onion Soup LLC License Serial Number: 1309052							

56

Page 11 of 24

OFFICE USE ONLY
Original Amended Date

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3.	Premises (interior):						
	3a. List the total number of floors of the b	usiness establishment to	be licensed, includin	g the basement:	2		
	3b. List the floor(s) where the proposed pr (e.g., basement, ground floor, 2nd & 3		Ground Floor	and Basemen	ıt		
	3c. Where is the alcohol stored? [1st floor and basement locked storage some of which will be refrigerated.]						
	3d. Is there interior access to any other flo If yes, show the means of access on th		not be part of the pre	emises to be licer	nsed?		
	3e. Are the premises to be licensed divided in any way, by a public or private passageway, overwhich the applicant does not have exclusive possession and control? (e.g., hallway, stairwells, common areas, etc.)						
	If YES, describe: N/A						
	3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram. 2						
	3g. List the maximum occupancy of the premises: 167 3h. Number of tables? 5						
	3i. Number of seats at tables? 20 3j. Number of seats at bar or counter? 3						
4.	Bars:						
	4a. How many customer bars are located on the premises? (a customer bar is where patrons may order, purchase or receive alcoholic beverages)						
	4b. How many service bars? (a service bar is for wait staff use exclusively)						
	4c. Describe each bar in the fields below:						
	Bar 1	Bar 2		Bar 3			
	Bar Type: Customer Bar	Bar Type:		Bar Type:			
	Length: 10'	Length:		Length:			
	Shape: Rectangle	Shape:		Shape:			
	Location: Ground Floor	Location:		Location:			

Attach additional sheets if there are more than 3 bars.

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5. Kitchen:	
5a. Does the premis	es have a full kitchen? XYes No
lf NO, does	the premises have a food preparation area?
	Show Kitchen or Food Prep Area on the Interior Diagram
NOTE: FOOD MUST	BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU
5b. Is a chef/cook er	mployed at the premises? X Yes No
	se list hours of day chef/cook to the premises: All operating hours
6. Hotel or Bed & I	Breakfast:
6a. How many floors	5? N/A
6b. How many guest	t rooms? N/A
6c. For Hotels Only:	Is there a public restaurant on the hotel premises? Yes No
7. Outdoor Areas:	
7a. Are there any ou	itside areas used for the sale or consumption of alcohol?
7b. If YES, what is th	e outside occupancy?
7c. Check all types th (there must be d outdoor area(s)	hat apply: irect access from the interior of the premises to any that you wish to license. Show access on diagram)
Sidewalk	Cafe Deck Patio Porch Gazebo
Rooftop	Yard Balcony Pavilion Tent
Other (de	escribe):
	rea(s) divided by any public or private passageway error Yes I No
If YES, how	r is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

Fencing	Wall	Shrubbery	Roping	Stanchions
Other (describe):				
7f. Is a permit required by th If yes, submit a cop		irea(s)?	• No	

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PROPOSED METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.
The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.
1. Will any other business of any kind be conducted in said premises? 🔀 Yes 🔲 No Supermarket (If YES, please provide details on a separate sheet)
1a. If the premises <i>is not</i> a catering establishment, will the premises periodically close to host private events?
If YES, how frequently? N/A
2. Will the premises have music? 🔀 Yes 🔲 No
2a. If YES, check all that apply: 🔀 Recorded 🛛 DJ 🔄 Juke Box 📄 Karaoke
Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):
2b. Will the premises use the services of an Event Promoter?
3. Will the premises permit dancing?
3a. If dancing is permitted, who will be permitted to dance? 🚺 Patrons 🚺 Employees for Entertainment 🚺 Both
3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No
4. Will there be topless entertainment? Yes X No
5. Will the business employ a manager? X Yes No
5a. If NO, will principal(s) manage? Yes No
6. How many employees? (excluding principals and security personnel) 60
6a. If answer is "0" please provide an explanation:
N/A

44

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions). If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:	Pending
Disability Insurance Carrier Name and Policy Number:	Pending

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved <u>Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage</u> from the NYS Workers' Compensation Board. The application is available on their website: http://www.wcb.ny.gov or you may contact them by phone at: (877) 632-4996

8. Will security personnel be used at the premises?	Yes	X No
---	-----	------

9a. If YES, how many?

Original

9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

The Licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

Management will be on premises at all times to supervise and control the establishment and ensure ABC law compliance. All employees will receive training so as to know how to prevent service of alcohol to minors, intoxicated individuals and how to handle disorderly patrons.

10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

XYes	No
------	----

10a. If NO, please explain:

N/A

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link: http://sla.ny.gov/provisions-for-county-closing-hours 44

West Village Proposed Conceptual

Menu

- Hot sandwiches
- Cold sandwiches packaged
- Cold sandwiches made to order
- Grill sandwiches i.e. burgers, rubens, breakfast sandwiches
 - Hot breakfast bar
- Hot foods in a self-service bar: including: Chinese food, American food, Italian food, fired foods
 - Rotisserie & fried chicken
 - Hot soups by the cup self service
 - Hot coffee and tea by the cup
 - Sushi packaged to go
 - Packaged green salads
 - Packaged meals, sides and entrees refrigerated to be heated at

home

• Self-service salad bar