

APPLICANT INFORMATION:

Name of applicant(s): Spring Cafe New York LLC

Trade name (DBA): TBD

Premises address: 14 West 4th Street New York, NY 10012

Cross Streets and other addresses used for building/premise:

Broadway & Mercer Street

CONTACT INFORMATION:

Principal(s) Name(s): Sabrina Rudin

Office or Home Address:

City, State, Zip: New York NY 10154

Telephone #:

email :

Landlord Name / Contact: Mercer Square, LLC c/o Royal Palm Center, LLC

Landlord's Telephone and Fax:

NAMES OF ALL PRINCIPAL(s):

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

Sabrina Rudin

Multiple Investors

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

Limited service take-out and dine in restaurant with an emphasis on health, wellness and peace of mind. Our mission is to share inventive and nurturing plant base cuisine with the NYC community using organic wholesome and naturally delicious ingredients.

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.)

N/A

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

Restaurant

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: _____

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:

Dojo West: 09/1992 to 10/2018

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: 12 Year Built : 1908

Describe neighboring buildings: Mixed residential and commercial

Zoning Designation: C6-2

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 535 / 7501

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 : application is TBD

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? 74

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? 74

If yes, what is the use group for the premises? Use Group 2,6

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 retail sign

What are the Hours of Operation? ***9am to 9:30pm - 7 days a week***

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
___ to ___ ___ to ___ ___ to ___ ___ to ___ ___ to ___ ___ to ___

Will the business employ a manager? ___ no X yes, name / experience if known : TBD

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 : _____

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

Type of MUSIC / ENTERTAINMENT: ___ 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: _____

Will you be permitting: No promoted events No scheduled performances No outside promoters

No any events at which a cover fee is charged? No private parties

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? X no ___ yes (if yes, please attach plans)

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

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 1/2 " x 11").

Indicate the distance in feet from the proposed premise:

Name of School / Church: _____

Address: _____ Distance: _____

Name of School / Church: _____

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 : _____

Application submitted on
behalf of the applicant by:

Signature

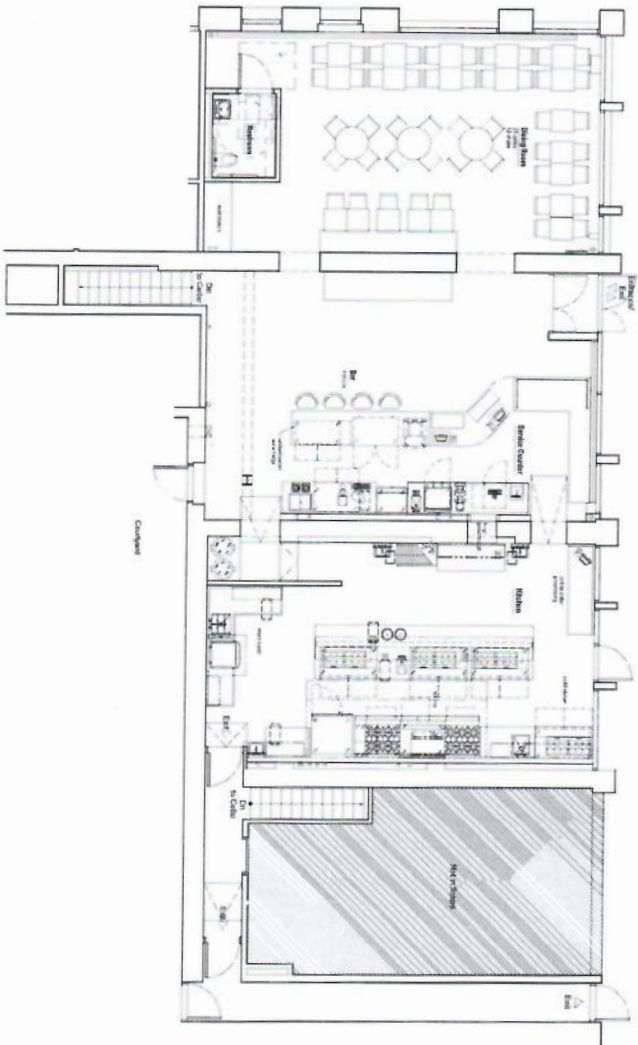
Print or Type Name Sabrina Rudin

Title Member

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 First Plan



<p>Spring Café 14 West 4th Street New York, New York 10012</p>	
<p>Architect: Architects 27 E 62nd St New York, NY 10022 Tel: 212 637 8313</p>	<p>Client: Spring Café 14 West 4th Street New York, NY 10012 Tel: 212 637 8313</p>
<p>Contract No.: A-101.00</p>	<p>Date: 10/10/00</p>
<p>Scale: 1/8" = 1'-0"</p>	<p>Sheet No.: 1 of 1</p>
<p>Project Name: Spring Café</p>	<p>Project No.: A-101.00</p>
<p>Architect's License No.: 000000000</p>	<p>Client's License No.: 000000000</p>

