



THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003

Phone: (212) 533-5300 - Fax: (212) 533-3659

www.cb3manhattan.org - info@cb3manhattan.org

Jamie Rogers, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

Please bring the following items to the meeting:

NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.

- ☐ Photographs of the inside and outside of the premise.
- ☐ Schematics, floor plans or architectural drawings of the inside of the premise.
- ☐ A proposed food and or drink menu.
- ☐ Petition in support of proposed business or change in business with signatures from residential tenants at location and in buildings adjacent to, across the street from and behind proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar. (petition provided)
- ☐ Notice of proposed business to block or tenant association if one exists. You can find community groups and contact information on the CB 3 website:
http://www.nyc.gov/html/mancb3/html/communitygroups/community_group_listings.shtml
- ☐ Photographs of proof of conspicuous posting of meeting with newspaper showing date.
- ☐ If applicant has been or is licensed anywhere in City, letter from applicable community board indicating history of complaints and other comments.

Check which you are applying for:

- ☐ new liquor license ☐ alteration of an existing liquor license ☐ corporate change

Check if either of these apply:

- ☐ sale of assets ☒ upgrade (change of class) of an existing liquor license

Today's Date: July 21, 2016

If applying for sale of assets, you must bring letter from current owner confirming that you are buying business or have the seller come with you to the meeting.

Is location currently licensed? ☒ Yes ☐ No Type of license: Wine and Beer only

If alteration, describe nature of alteration: _____

Previous or current use of the location: Restaurant

Corporation and trade name of current license: Iberia Discover Georgia Inc.

APPLICANT:

Premise address: 154 Orchard Street, NY, NY, 10002

Cross streets: Rivington Street and Stanton Street

Name of applicant and all principals: Beka Peradze, David Giorgobiani, Omari Chubinidze

Trade name (DBA): Red Compass

PREMISE:

Type of building and number of floors: Residential building, 4 Floors.

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 for any
back or side yard use? ☒ Yes ☐ No What is maximum NUMBER of people permitted? 74

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

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

PROPOSED METHOD OF OPERATION:

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) Seven days a week. From 12:00pm to 12:00 AM.

Number of tables? 24 Total number of seats? 68

How many stand-up bars/ bar seats are located on the premise? 2 stand up bars. 5 bar seats.
(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): #1: 5ft bar at the entrance #2: 8ft bar in the back.

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

Georgian Traditional Entrees.

What are the hours kitchen will be open? 12:00pm - 12:00AM.

Will a manager or principal always be on site? ☒ Yes ☐ No If yes, which? Manager/Owner

How many employees will there be? 8 employees

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

Will there be TVs/monitors? ☒ Yes ☐ No (If Yes, how many?) 1

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 live piano

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

Please describe your sound system: Basic sound system

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

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans. (Please do not answer "we do not anticipate congestion.")

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 sound proofing installed? ☐ Yes ☒ No
If not, do you plan to install sound-proofing? ☐ Yes ☒ No

APPLICANT HISTORY:

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

If yes, please indicate name of establishment: Iberia discover Georgia, DBA: Red Compass

Address: 154 Orchard Street, NY, NY, 10002 Community Board # 3

Dates of operation: 12/18/2015 - 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? 4 licensed establishments

How many On-Premise (OP) liquor licenses are within 500 feet? 4

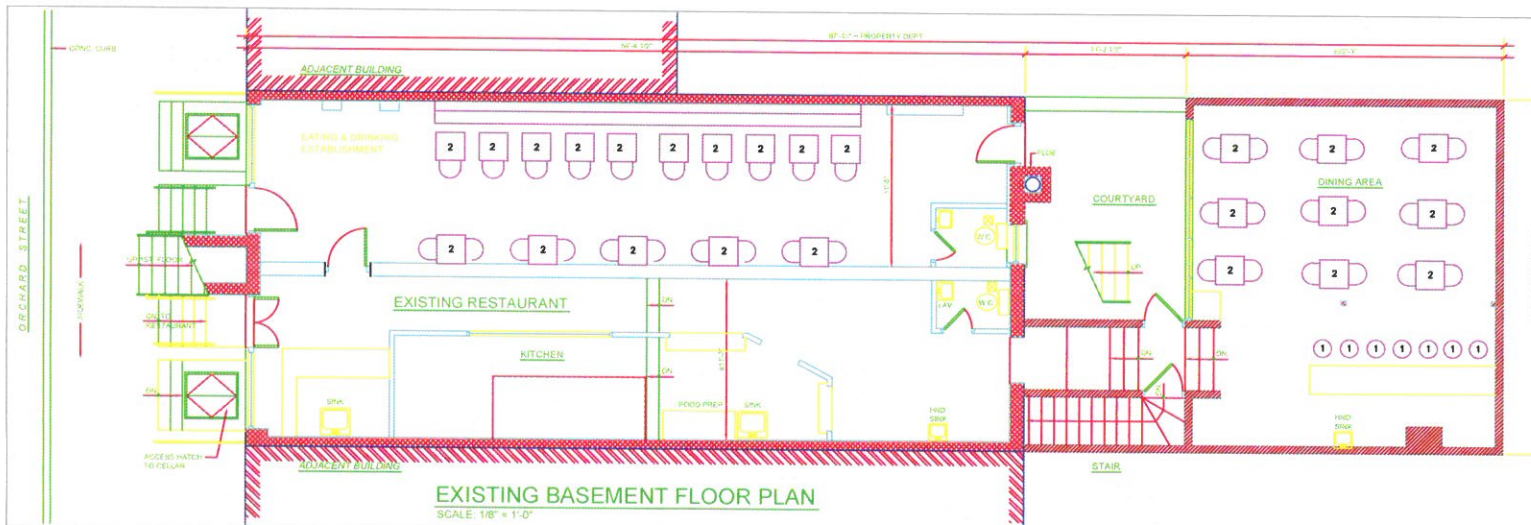
Is premise within 200 feet of any school or place of worship? ☐ Yes ☒ No

COMMUNITY OUTREACH:

Please see the Community Board website to find block associations or tenant associations in the immediate vicinity of your location for community outreach. Applicants are encouraged to reach out to community groups. Also 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).

We are including the following questions to be able to prepare stipulations and have the meeting be faster and more efficient. Please answer per your business plan; do not plan to negotiate at the meeting.

1. ☒ I agree to close any doors and windows at 10:00 P.M. every night?
2. ☒ I will not have ☒ DJs, ☐ live music, ☒ promoted events, ☒ any event at which a cover fee is charged, ☒ scheduled performances, ☒ more than ____ DJs/ promoted events per ____, ☒ more than ____ private parties per ____
3. ☒ I will play ambient recorded background music only.
4. ☒ I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.
5. ☐ I will not seek a change in class to a full on-premise liquor license. Or ☐ my business plan is to seek an upgrade at a later date.
6. ☒ I will not participate in pub crawls or have party buses come to my establishment.
7. ☐ I will not have a happy hour. Or ☒ Happy hour will end by 4:00 pm
8. ☒ I will not have wait lines outside. ☒ There will be a staff person outside to monitor sidewalk crowds and ensure no loitering.
9. ☒ Residents may contact the manager/owner at the following phone number. Any complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.



PLUMBING SYMBOLS LEGEND

- HW, CW, DIRECT DRAIN STUB UP
- ⊕ GAS CONNECTION STUB UP
- CONNECTION
- FLOOR SINK WITH HALF GRATE
- ⊖ FLOOR DRAIN
- ⊕ FUNNEL FLOOR SINK
- ELONGATED FUNNEL FLOOR SINK

GENERAL PLUMBING NOTES

1. ALL WORK DONE IN ACCORDANCE WITH ALL LOCAL CODES.
2. ALL WATER LINES TO HAVE SHUT-OFF VALVE.
3. PLUMBER TO PROVIDE DISHWASHER HOT WATER AT 140°F MINIMUM CONSTANT SUPPLY.
4. ALL INTERCONNECTING AND FINAL CONNECTIONS BY PLUMBER.
5. SEE PLUMBING ENGINEERING PLANS BY OTHERS FOR COMPLETE SCOPE OF WORK AND PLUMBING SPECIFICATIONS.
6. THE HOT WATER HEATER TO BE SIZED TO MAXIMUM USE DEMANDS OF ALL PLUMBING FIXTURES.
7. PLUMBER TO PIPE DRAINS FROM WALK-IN COOLER/FREEZER EVAPORATOR UNITS TO OPEN SITE DRAIN. USE COPPER PIPE ONLY.
8. PLUMBER TO SUPPLY AND INSTALL BACK-FLOW PREVENTERS ON ALL EQUIPMENT AS REQUIRED BY LOCAL CODES.
9. PLUMBER TO COMPLETELY INSTALL ALL HAND SINKS, FAUCETS, LEVER/TWIST DRAINS, AS PROVIDED BY K.E.C.
10. PLUMBER TO INSTALL VACUUM BREAKERS FOR ALL COFFEE AND ICE MAKERS.
11. PLUMBER TO SUPPLY AND INSTALL ANY REQUIRED GREASE TRAP OR RECEPTOR AS MAY BE REQUIRED BY LOCAL CODES. SEE PLUMBING ENGINEERING DRAWINGS BY OTHERS FOR DETAILS AND SPECIFICATIONS.
12. PLUMBER TO INSTALL SHUT-OFF VALVE IN MAIN GAS LINE FOR FIRE EXTINGUISHING SYSTEM. VALVE PROVIDED BY K.E.C.
13. PLUMBER TO INSTALL FLEXIBLE QUICK DISCONNECTS, IF SUPPLIED BY K.E.C. (WHEN REQUIRED).
14. PLUMBING DRAIN LINES FOR WALK-INS BY K.E.C. REMOTE LOWBOYS BY OTHERS.

BUILDING DEPARTMENT SET NOTES

1. ALL DRAWINGS AND SPECIFICATIONS SHOWN ARE SCHEMATICS. CONTRACTOR SHALL FURNISH ALL NECESSARY MATERIALS AND LABOR TO EXECUTE ALL IMPLICIT AND EXPLICIT WORK AS INTENDED IN THE SCHEMATIC DOCUMENTS.
2. IT IS THE CONTRACTOR'S RESPONSIBILITIES TO DISCUSS THE FOLLOWING ITEMS LISTED BELOW WITH THE OWNER PRIOR TO CONTRACT. HOWEVER, THE ITEMS SHALL NOT LIMITED TO THE FOLLOWINGS:
 - A. METHODS OF CONSTRUCTION.
 - B. CONSTRUCTION DETAILS.
 - C. ALL ENCLOSED AND EXPOSED MATERIAL AND FINISHES.
3. ALL WORK SHALL BE EXECUTED ACCORDING TO ALL APPLICABLE GOVERNMENTAL REGULATIONS AND BUILDING INDUSTRY STANDARDS.
4. CONTRACTOR SHALL BE RESPONSIBLE TO COORDINATE ALL ASPECTS OF CONSTRUCTION WITH SUBCONTRACTORS AND TO COMPLETE ALL WORKS AS PER THE INTENT OF HIS SCHEMATIC DRAWINGS.

GENERAL NOTES

1. ALL ALTERATIONS ARE DESIGNED TO BE IN ACCORDANCE WITH NYC BUILDING CODE.
2. ALL MATERIALS, ASSEMBLY, AND CONSTRUCTION MUST CONFORM TO NYC BUILDING CODE.
3. CONTRACTOR SHALL PROVIDE GENERAL LIABILITY INSURANCE, BEFORE PERFORMING ANY WORK IN THIS BUILDING.
4. CONTRACTOR TO SECURE ALL PREMISES AND SIGN OFF.
5. DUE TO THE INACCESSIBILITY OF ALL PARTS OF THE PREMISES AND STRUCTURE, THE VARIOUS DIMENSIONS AND CONDITIONS SHOWN ARE PRESUMED TO BE REASONABLY CORRECT. THE CONTRACTOR HAS TO VERIFY AND BE RESPONSIBLE FOR ALL DIMENSIONS AND CONDITIONS THEREIN. AND HE SHALL REPORT IMMEDIATELY TO THE ARCHITECT OF ANY DISCREPANCIES.
6. DIMENSIONS ARE NOT TO BE DETERMINED BY SCALING.
7. THE CONTRACTOR SHALL PROVIDE ALL NECESSARY SUPPORT AND BRACING THROUGHOUT THE ENTIRE CONSTRUCTION.
8. NO CHANGE TO SIZE & BULK OF THE BUILDING, AND TO USE, OCCUPANCY & EGRESS.
9. THE ENGINEER OF DESIGN HAS NOT BEEN RETAINED AS SITE SUPERVISOR OR INSPECTOR.

J. Bowles

12 W132ND Street
New York, NY 10037
646 425 0614 phone
212 281 3299 fax

Project:
154 Orchard St,
NY NY

Drawn by:
JAMES BOWLES, P.E.
Robert Davis

No. Date Revision

Drawing Title:
1ST Floor Plans & Notes

Drawing No.:

A-002.01

Date:
03.20.16

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Seal

Modernization of Basement & 1st Floor,
 (no change in use)
 Filing Type: Alteration Type 2
 Work Type: OT(GC) & PL
 154 Orchard Street
 NY, NY
 Block: 00411, Lot: 005
 Map:12C, Zone: C 4-4A
 Occupancy Group : General Commercial District
 Net Area: 2000 SF

**NO CHANGE IN USE, EGRESS, OR OCCUPANCY
 UNDER THIS APPLICATION.**

Work Summary:

Installation of new stair from
 basement to 1st floor, new
 partitions, tiling, painting and
 replace plumbing fixtures.

List of Drawings:

A-001.00 Plot Plan, Work Summary, Dwg. List,
 A-002.00 Basement Plan & Notes
 A-003.00 Floor Plan & Notes



PLOT PLAN

To the best of my knowledge, belief and professional
 judgement, these plans and specifications are
 exempt from the Energy Construction Code of New
 York State because, as per Chapter 1, as it is an ALT
 type 2 filing, not a SUBSTANTIAL ALTERATION (This
 alteration type 2 is for interior modifications only)

Special Inspections:

-Directive 14

BC 109.5

Contractor will be responsible for notifying James Bowles prior to
 commencing work items which pertain to the following NYC DOB
 special inspections. A special inspection schedule will be created prior
 to commencement of work, specifically addressing which portions of
 scope are subject to NYC DOB controlled inspection:

J.Bowles

12 W132ND Street
 New York, NY 10037
 646 425 0614 phone
 212 281 3299 fax

Project:
 154 Orchard St,
 NY NY

Drawn by:
 JAMES BOWLES, P.E.
 ROBERT DAVIS

No.	Date	Revision

Drawing Title:
 PLOT PLAN, WORK
 SUMMARY, DWG. LIST,
 SPECIAL INSPECTIONS

Drawing No.:

A-001.00

Date:
 06.20.15

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Seal

ATTENTION RESIDENTS & NEIGHBORS

Red Compass

Company/DBA Name and Contact Number for Questions

Plans to open a

Restaurant

(Please choose) Bar/Restaurant/Club and indicate if there will be a Sidewalk Café or Backyard Garden

at the following location

154 Orchard Street, NY, NY, 10002

Building Number and Street Name (Address)

This establishment is seeking a license to serve

Wine & Liquor

Beer & Wine or Beer/Wine & Liquor

There will be an opportunity for public comment on

Monday, August 22, 2016 at 6:30pm

Community Board 3 Office

59 East 4th Street (btwn 2nd Ave & Bowery)

Date/Time/Location

Beka Peradze (917) 373-8687

Applicant Contact Information

At COMMUNITY BOARD 3

SLA & DCA Licensing Committee Meeting

info@cb3manhattan.org - www.cb3manhattan.org

NEIGHBORING RESIDENTS VECINOS DE LA COMUNIDAD

Red Compass
Company Name/ Contact Info

(917) 373-8687
Nombre de la Compañía/el teléfono de contacto

Plans to open a:

Planifique abrir un/una:

Restaurant
(Please choose) Bar/Restaurant
sidewalk café/backyard use

(Favor de escoger) una Barra/un Restaurante
un café de acera o un patio de atrás

154 Orchard Street, NY, NY, 10002
address

dirección

Seeking a license to serve

**En búsqueda de una
licencia para servir:**

Wine & Liquor
Beer & Wine or Beer/Wine & Liquor

Cerveza y vino o cerveza/vino y bebidas alcohólicas

**Public meeting
for comments**

**Reunión público
para comentarios**

**Monday, August 22, 2016 at 6:30pm
Community Board 3 Office
59 East 4th Street (btwn 2nd Ave & Bowery)**

**At COMMUNITY BOARD 3
SLA & DCA Licensing
Committee Meeting**

**En la JUNTA COMUNITARIA 3
La reunión del Comité
de Licencias del SLA y del DCA**

info@cb3manhattan.org - www.cb3manhattan.org

ATTENTION RESIDENTS & NEIGHBORS

第 3 社區居民 請注意

Red Compass

(917) 373-8687

公司名字(Company) and/和 聯繫人的資料 (Contact Info)

Plans to open a (以上的店主想要在第 3 社區申請生意相關牌照擴展生意)

Restaurant

(請選擇/please choose)

酒吧(Bar)/餐館 (Restaurant)

戶外咖啡 (Sidewalk Café) or 或者

後院花園咖啡(Backyard Use)

154 Orchard Street, NY, NY, 10002

Address/生意地址

seeking a license to serve(以上的店主想要請以下相關酒牌照)

Wine & Liquor

(請選擇/please choose)

啤酒和酒牌照(Beer & Wine) or/或者

啤酒牌照 (Beer) or/或者

酒和烈酒牌照 (Wine & Liquor)

Public meeting for comments

第 3 社區的居民有權利提出自己的意見和建議。

(CB3 SLA & DCA Committee Meeting)

曼哈頓第 3 社區委員會

酒牌和紐約市消費局有關小商業牌照委員會

Monday, August 22, 2016 at 6:30pm

Community Board 3 Office

59 East 4th Street (btwn 2nd Ave & Bowery)

時間 (Time) 和地點 (Location)

info@cb3manhattan.org - www.cb3manhattan.org