



THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003
Phone (212) 533-5300
www.cb3manhattan.org - mn03@cb.nyc.gov

Alysha Lewis-Coleman, 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
- Proof of conspicuous posting of notices at the site for 7 days prior to the meeting (please include newspaper with date in photo or a timestamped photo).

Check which you are applying for:

- new liquor license alteration of an existing liquor license corporate change
 BEER, CIDER + WINE ONLY

Check if either of these apply:

- sale of assets upgrade (change of class) of an existing liquor license N/A
 N/A

Today's Date: JUNE 10, 2021

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: _____

If alteration, describe nature of alteration: _____

Previous or current use of the location: _____

Corporation and trade name of current license: N/A

APPLICANT:

Premise address: 70 E. 1ST ST. NY, NY 10003

Cross streets: 1ST AVE.

Name of applicant and all principals: CHERRY VELVET INC.

SPACER PARKER SPACER

Trade name (DBA): PINKY'S SPACE

PREMISE:

Type of building and number of floors: MIXED // BUSINESS FL1 // RESIDENTIAL FL2-5

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: NYC OPEN RESTAURANTS ROADWAY DINING APPROVED PATIO

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? See attached documents

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): R7A

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: ART GALLERY AND

TABLESIDE STUDIO. WE SELL ART FROM LOCAL ARTISTS & SELL ~~PAINT~~ PAINT KITS TO PATRONS FOR TABLESIDE PAINTING SO THEY CAN BE THE ARTIST.

What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) CLOSED MONDAY & TUESDAY ^{OPEN} (EXCEPT FOR SPECIAL EVENTS)

W: 12 PM - 12 AM TH/F/SAT: 12 PM - 12 AM

Number of tables? 10 Total number of seats? 32

How many stand-up bars/ bar seats are located on the premise? 0

(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): SERVICE BAR 64" L ^{RECTANGLE} ROOM FLOOR 1

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 FRENCH SOUTHERN CUISINE: ROUSSEAU CHICKEN FILET MIGNON MAC & CHEESE, ETC.

ALL HOURS What are the hours kitchen will be open? ~~ALL HOURS~~

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

How many employees will there be? 10

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

Will there be TVs/monitors? Yes No (If Yes, how many?) WE HAVE ONE TV IN OUR FRONT WINDOW

Will premise have music? Yes No *→ ACOUSTIC*
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: SINGLE SPEAKER

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? WE ~~WILL~~

APPOX 2-3 weeks
PROVIDE A ~~SPACE~~ PLATFORM FOR COMEDIANS, ACOUSTIC MUSICIANS & LOCAL ARTISTS TO SHOWCASE THEIR TALENTS TO THE COMMUNITY
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) WE ALWAYS HAVE ONE STAFF MEMBER DEDICATED TO SECURITY KEEPING PINKY'S SPACE SECURE.

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

Do you have sound proofing installed? Yes No
If not, do you plan to install sound-proofing? Yes No
WE WILL IF NECESSARY AND IF POSSIBLE. OPEN TO INSTALLATION OF SOUND PROOFING

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously? Yes No
If yes, please indicate name of establishment: _____
Address: N/A Community Board # _____
Dates of operation: _____

→ Has any principal had work experience similar to the proposed business? Yes No If Yes, please attach explanation of experience or resume.
mm 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: BOILERMAKER (OP) - COZY CAFE (B/W)

How many licensed establishments are within 1 block? _____

How many On-Premise (OP) liquor licenses are within 500 feet? ONE & ONE / LA LINEA / LUCIEN

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

LITTLE FRANKIE

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. My license type is: beer & cider wine, beer & cider liquor, wine, beer & cider

2. I will operate a full-service restaurant, specifically a (type of restaurant)

FRENCH SOUTHERN restaurant, or

I will operate a _____

with a kitchen open and serving food during all hours of operation OR with less than a full-service kitchen but serving food during all hours of operation OR Other

3. My hours of operation will be:

Mon CLOSED; Tue CLOSED; Wed 12pm - 12am;

Thu 12pm - 2am; Fri 12pm - 2am; Sat 12pm - 2am;

Sun 10am - 6pm. (I understand opening is "no later than" specified opening hour,

and all patrons are to be cleared from business at specified closing hour.)

4. I will not use outdoor space for commercial use OR

My sidewalk café hours will be ALL OPEN HOURS WITH QUIET TIME

5. I will employ a doorman/security personnel: STAFF MEMBER

6. I will install soundproofing, _____

STARTING AFTER 10 PM

7. I will close any front or rear façade doors and windows at 10:00 P.M. every night or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances, or during unamplified live performances or televised sports.

I will have a closed fixed façade with no open doors or windows except my entrance door will close by 10:00 P.M. or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances, or during unamplified live performances or televised sports.

- 8. I will not have DJs, live music, promoted events, any event at which a cover fee is charged, scheduled performances, more than _____ DJs per _____, more than _____ private parties per _____, 1 number of TVs.
- 9. I will play ambient recorded background music only.
- 10. I will not apply for an alteration to the method of operation or for any physical alterations of any nature without first coming before CB 3.
- 11. I will not seek a change in class to a full on-premises liquor license without first obtaining approval from CB 3.
- 12. I will not participate in pub crawls or have party buses come to my establishment.
- 13. I will not have unlimited drink specials, including boozy brunches, with food.
- 14. I will not have a happy hour or drink specials with or without time restrictions OR I will have happy hour and it will end by _____.
- 15. I will not have wait lines outside. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
- 16. I will conspicuously post this stipulation form beside my liquor license inside of my business.
- 17. Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: MIMI BLITZ / ~~XXXXXXXXXX~~

Phone Number: 572-789-6128



CLICK HERE TO SIGN UP FOR BUILDINGS NEWS

NYC Department of Buildings

Property Profile Overview

70 EAST 1 STREET	MANHATTAN 10003	BIN# 1006099
EAST 1 STREET 70 - 70	Health Area : 6500 Census Tract : 36.02 Community Board : 103 Buildings on Lot : 1	Tax Block : 443 Tax Lot : 40 Condo : NO Vacant : NO

View DCP Addresses... Browse Block

View Zoning Documents View Challenge Results Pre - BIS PA View Certificates of Occupancy

Cross Street(s): 2 AVENUE, 1 AVENUE

DOB Special Place Name:

DOB Building Remarks:

Landmark Status:

Local Law: NO

SRO Restricted: NO

UB Restricted: NO

Environmental Restrictions: N/A

Legal Adult Use: NO

Additional BINs for Building: NONE

HPD Multiple Dwelling: Yes

Special Status: N/A

Loft Law: NO

TA Restricted: NO

Grandfathered Sign: NO

City Owned: NO

Special District: UNKNOWN

This property is not located in an area that may be affected by Tidal Wetlands, Freshwater Wetlands, Coastal Erosion Hazard Area, or Special Flood Hazard Area. Click here for more information

Department of Finance Building Classification: S9-RESIDENCE-MULTI-U

Please Note: The Department of Finance's building classification information shows a building's tax status, which may not be the same as the legal use of the structure. To determine the legal use of a structure, research the records of the Department of Buildings.

	Total	Open	Elevator Records
Complaints	4	0	Electrical Applications
Violations-DOB	35	24	Permits In-Process / Issued
Violations-OATH/ECB	0	0	Illuminated Signs Annual Permits
Jobs/Filings	4		Plumbing Inspections
ARA / LAA Jobs	1		Open Plumbing Jobs / Work Types
Total Jobs	5		Facades
Actions	17		Marquee Annual Permits

OR Enter Action Type:

OR Select from List:

AND

- Boiler Records
- DEP Boiler Information
- Crane Information
- After Hours Variance Permits

If you have any questions please review these Frequently Asked Questions, the Glossary, or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.



DEPARTMENT OF BUILDINGS CERTIFICATE OF OCCUPANCY

BOROUGH MANHATTAN

DATE: 1/10/65

NO. 20551

This certificate supersedes C.O. No.

ZONING DISTRICT 2-5 in R 7

THIS CERTIFIES that the ~~new~~ new - altered ~~existing~~ existing - building - premises located at
75 WEST 1ST STREET

Block 443 Lot 40

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 HEREIN

PERMISSIBLE USE AND OCCUPANCY

STORY	LIVE LOAD LBS PER SQ FT	MAXIMUM NO. OF PERSONS ALLOWED	ZONING DUELLING IN RESIDENTIAL UNITS	BUILDING CODE HABITABLE ROOMS	ZONING USE GROUP	BUILDING CODE OCCUPANCY GROUP	DESCRIPTION OF USE
Bellar	6.5	-	-	-	-	-	Bellar, Storage
1st Floor	100	15	-	-	6	-	Store and Doctor's Office
2nd Floor	40	-	1	2	2	-	1 Class "A" Apartment
3rd Floor	40	-	1	2	2	-	1 Class "A" Apartment
4th Floor	40	-	1	2	2	-	1 Class "A" Apartment
5th Floor	40	-	1	2	2	-	1 Class "A" Apartment
Residential-Old Law Tenement							

OPEN SPACE USES _____

SPECIFY - PARKING SPACES, LOADING BERTHS, OTHER USES, NONE

**NO CHANGES OF USE OR OCCUPANCY SHALL BE MADE UNLESS
A NEW AMENDED CERTIFICATE OF OCCUPANCY IS OBTAINED**

THIS CERTIFICATE OF OCCUPANCY IS ISSUED SUBJECT TO FURTHER LIMITATIONS, CONDITIONS AND SPECIFICATIONS NOTED ON THE REVERSE SIDE.

BOROUGH SUPERINTENDENT

COMMISSIONER

ORIGINAL OFFICE COPY - DEPARTMENT OF BUILDINGS COPY

THAT THE ZONING LOT ON WHICH THE PREMISES IS LOCATED IS BOUNDED AS FOLLOWS:

BEGINNING at a point on the distant North 66'-6 1/2" side of Last 1st Street feet from the corner formed by the intersection of East 1st St. and First Avenue
 running thence west 33'-5 1/2" feet; thence North 25' feet;
 thence east 33'-5 1/2" feet; thence South 25' feet;
 thence _____ feet; thence _____ feet;
 thence _____ feet; thence _____ feet;
 to the point or place of beginning.

N.B. or ALT. No. 59/83 DATE OF COMPLETION 11/30/84 CONSTRUCTION CLASSIFICATION Class 3-N.P.P.
 BUILDING OCCUPANCY GROUP CLASSIFICATION _____ HEIGHT 5 STORIES, 63' FEET
Residential-Old Law Tenement

THE FOLLOWING FIRE DETECTION AND EXTINGUISHING SYSTEMS ARE REQUIRED AND WERE INSTALLED IN COMPLIANCE WITH APPLICABLE LAWS.

	YES	NO		YES	NO
STANDPIPE SYSTEM			AUTOMATIC SPRINKLER SYSTEM		
YARD HYDRANT SYSTEM					
STANDPIPE FIRE TELEPHONE AND SIGNALLING SYSTEM					
SMOKE DETECTOR					
FIRE ALARM AND SIGNAL SYSTEM					

STORM DRAINAGE DISCHARGES INTO:

- A) STORM SEWER B) COMBINED SEWER C) PRIVATE SEWAGE DISPOSAL SYSTEM

SANITARY DRAINAGE DISCHARGES INTO:

- A) SANITARY SEWER B) COMBINED SEWER C) PRIVATE SEWAGE DISPOSAL SYSTEM

LIMITATIONS OR RESTRICTIONS:

BOARD OF STANDARDS AND APPEALS CAL. NO. _____
 CITY PLANNING COMMISSION CAL. NO. _____
 OTHERS: _____