

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

## Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice was Sent:       1a. Delivered by:

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

- New Application    Renewal    Alteration    Corporate Change    Removal    Class Change    Method of Operation Change

For New applicants, answer each question below using all information known to date

For Renewal applicants, answer all questions

For Alteration applicants, attach a complete written description and diagrams depicting the proposed alteration(s)

For Corporate Change applicants, attach a list of the current and proposed corporate principals

For Removal applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation

For Class Change applicants, attach a statement detailing your current license type and your proposed license type

For Method of Operation Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes

This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

3. Name of Municipality or Community Board:

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable):       Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village:  , NY      Zip Code:

9. Business Telephone Number of Applicant/Licensee:

10. Business E-mail of Applicant/Licensee:

11. Type(s) of alcohol sold or to be sold:       Beer & Cider    Wine, Beer & Cider    Liquor, Wine, Beer & Cider

12. Extent of Food Service:

- Full food menu; full kitchen run by a chef or cook    Menu meets legal minimum food availability requirements; food prep area at minimum

13. Type of Establishment:

14. Method of Operation: (check all that apply)

Seasonal Establishment    Juke Box    Disc Jockey    Recorded Music    Karaoke

Live Music (give details i.e., rock bands, acoustic, jazz, etc.):

Patron Dancing    Employee Dancing    Exotic Dancing    Topless Entertainment

Video/Arcade Games    Third Party Promoters    Security Personnel

Other (specify):

15. Licensed Outdoor Area: (check all that apply)

None    Patio or Deck    Rooftop    Garden/Grounds    Freestanding Covered Structure

Sidewalk Cafe    Other (specify):

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16. List the floor(s) of the building that the establishment is located on:

17. List the room number(s) the establishment is located in within the building, if appropriate:

18. Is the premises located within 500 feet of three or more on-premises liquor establishments?  Yes  No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation?  Yes  No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:

<input type="text" value="n/a"/>	<input type="text" value="n/a"/>
Name	Serial Number

21. Does the applicant or licensee own the building in which the establishment is located?  Yes (if YES, SKIP 23-26)  No

**Owner of the Building in Which the Licensed Establishment is Located**

22. Building Owner's Full Name:

23. Building Owner's Street Address:

24. City, Town or Village:  State:  Zip Code:

25. Business Telephone Number of Building Owner:

**Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice**

26. Representative/Attorney's Full Name:

27. Representative/Attorney's Street Address:

28. City, Town or Village:  State:  Zip Code:

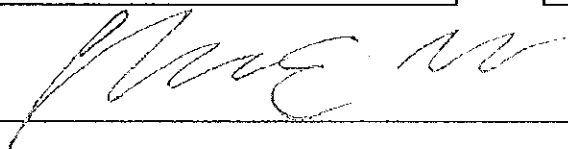
29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

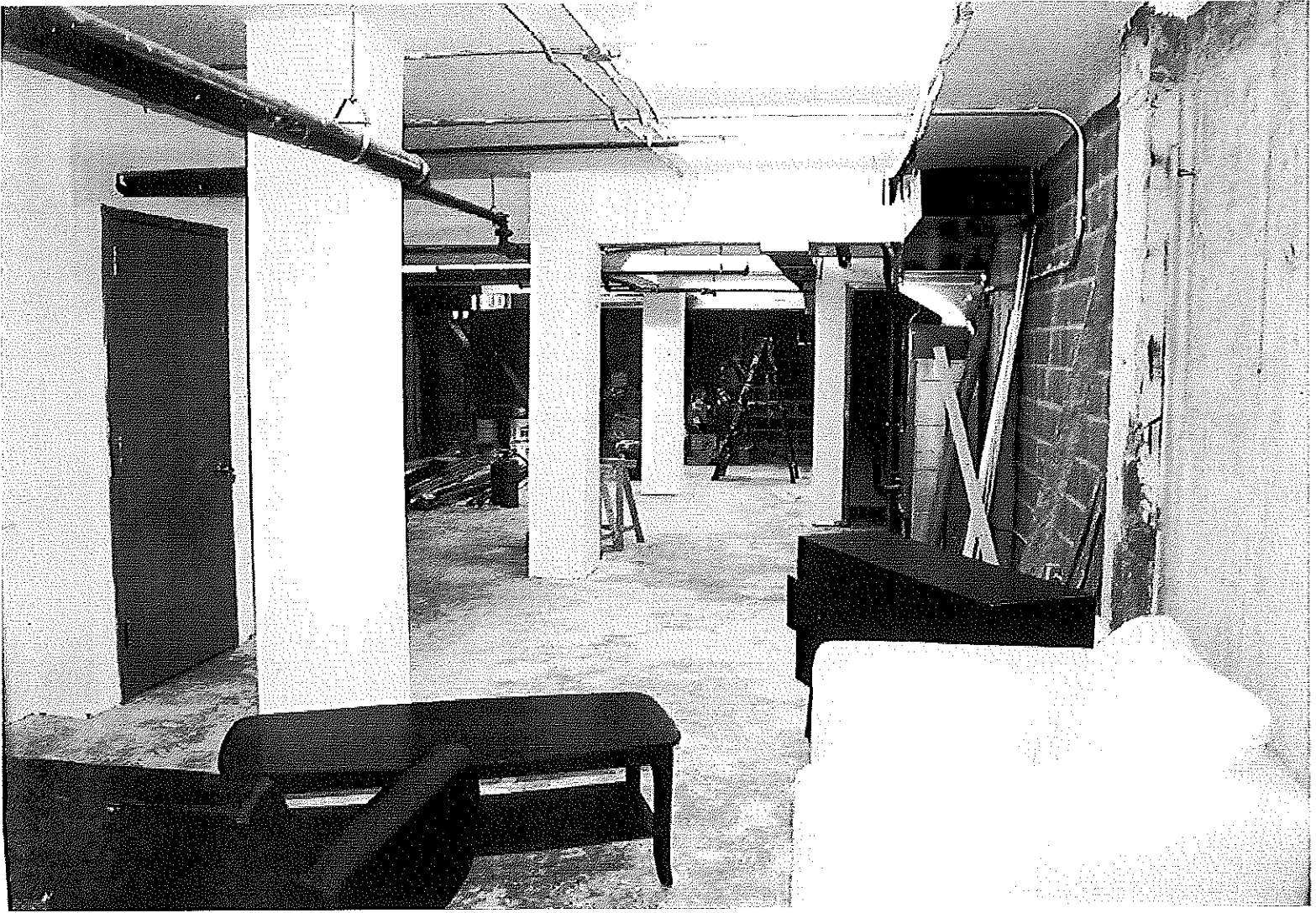
By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true.

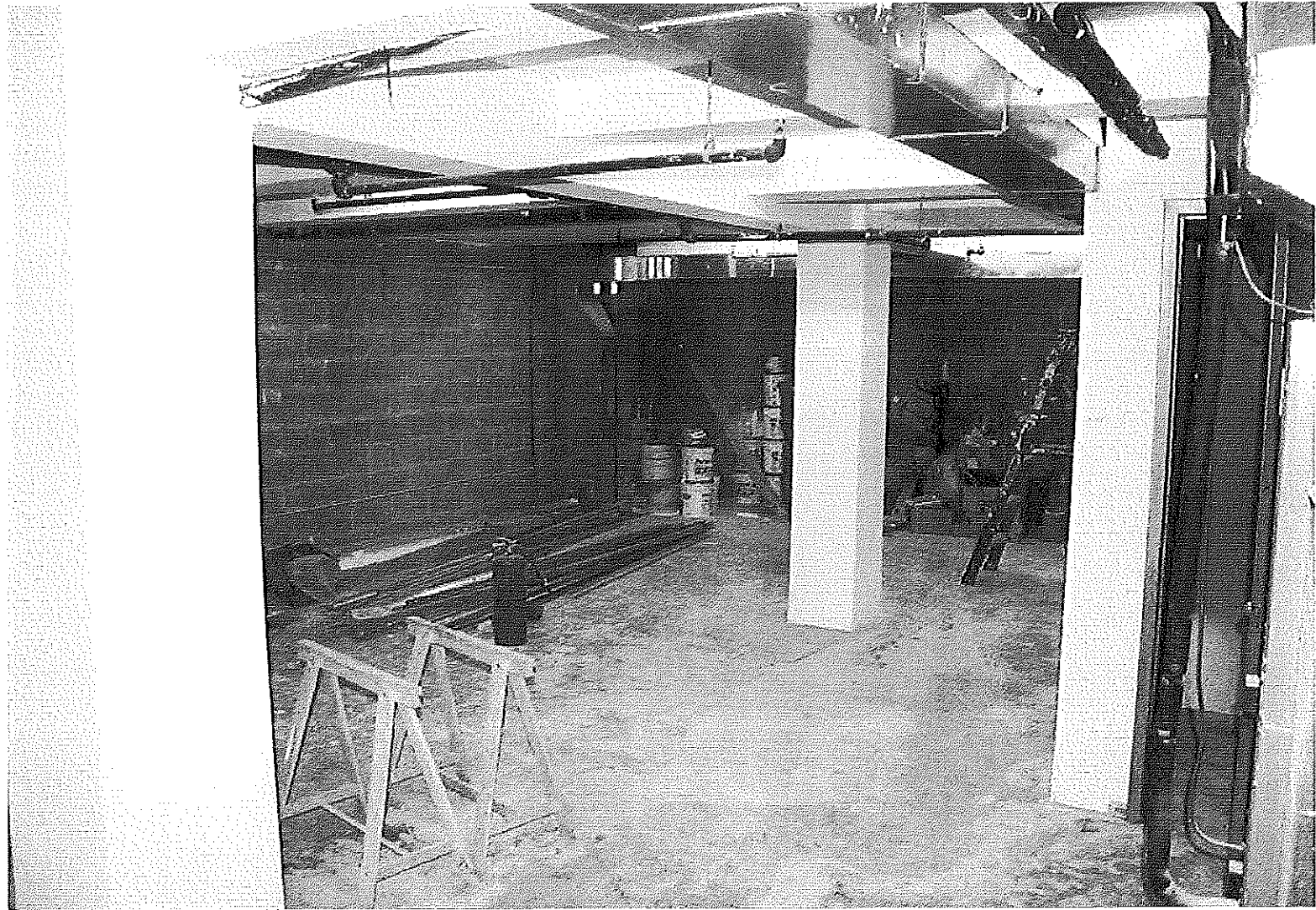
31. Printed Principal Name:  Title:

Principal Signature: 

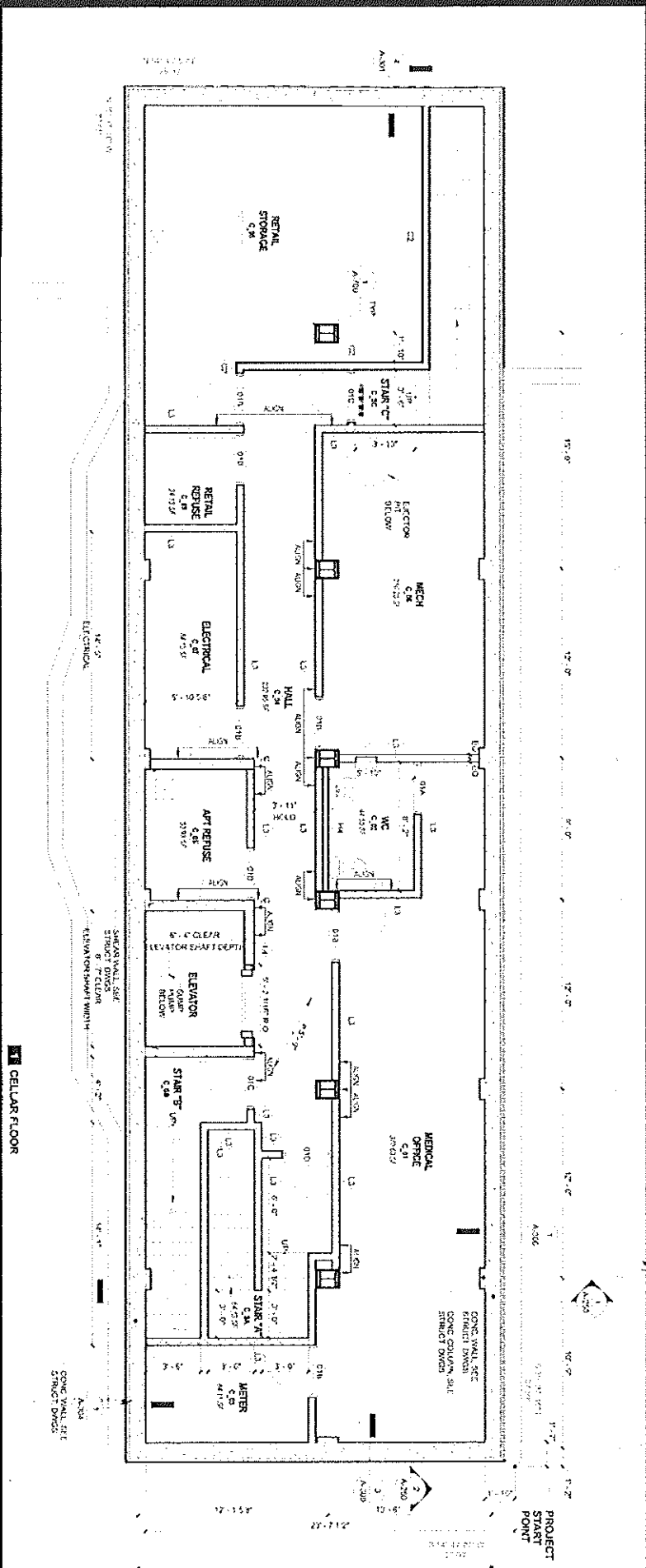


193 Henry Street, NYC









**CELLAR FLOOR**

PROJECT START POINT

CONC. WALL, SEE SHEET 0000

CONC. WALL, SEE SHEET 0000

ELECTRICAL

AP REFUSE

ELEVATOR

STAR 'B'

METERS

RETAIL REFUSE

ELECTRICAL

HALL

6'-0" CLEAR ELEVATOR SHAFT DEPT.

STAR 'A'

MECH OFFICE

CONC. WALL, SEE SHEET 0000

CONC. WALL, SEE SHEET 0000

RETAIL STORAGE

STAR 'C'

MECH

HALL

WC

ELEVATOR

STAR 'A'

MECH OFFICE

CONC. WALL, SEE SHEET 0000

CONC. WALL, SEE SHEET 0000

RETAIL STORAGE

STAR 'C'

MECH

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ELEVATOR

STAR 'A'

MECH OFFICE

CONC. WALL, SEE SHEET 0000

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RETAIL STORAGE

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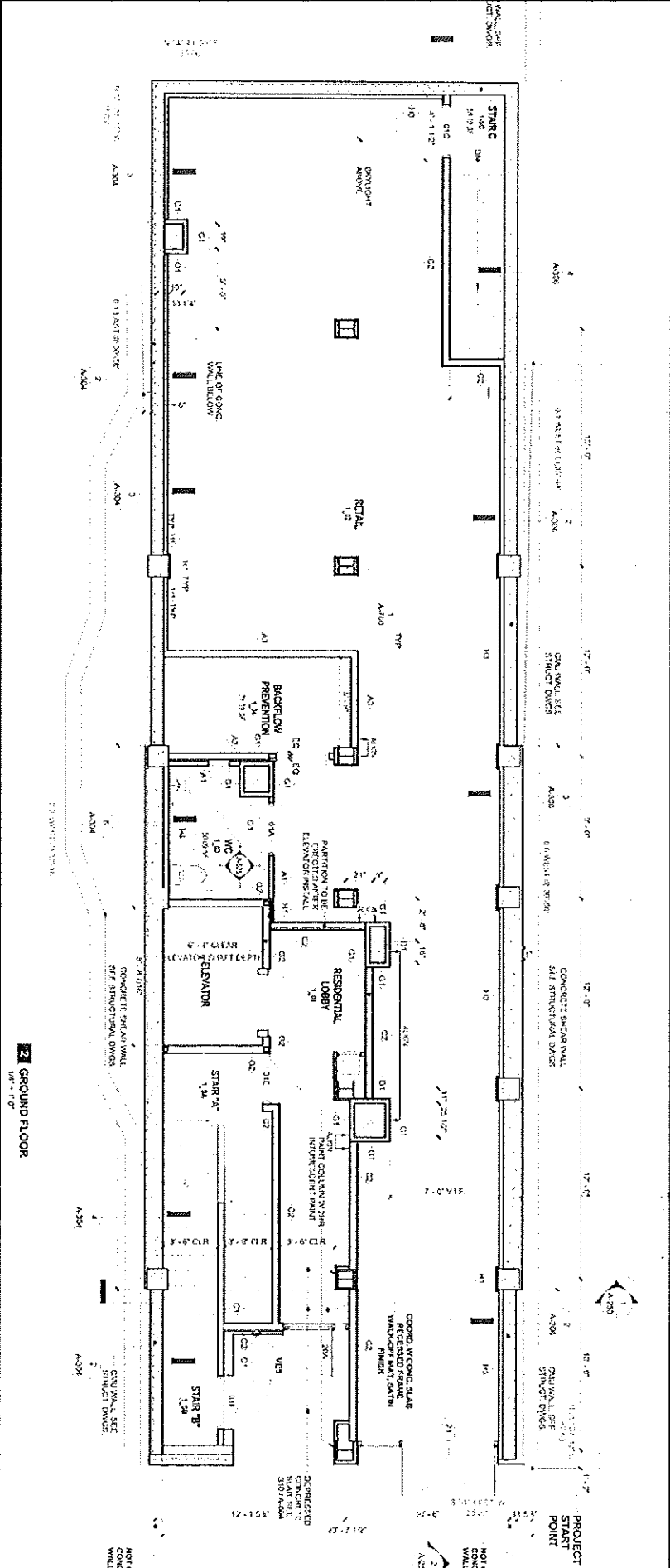
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**GROUND FLOOR**  
W.P. 1-10

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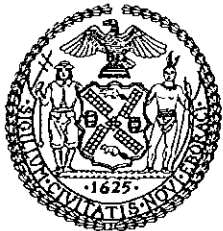
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THE CITY OF NEW YORK  
 MANHATTAN COMMUNITY BOARD 3  
 59 East 4th Street - New York, NY 10003  
 Phone (212) 533-5300  
 www.cb3manhattan.org - mn03@cb.nyc.gov

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](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

Check if either of these apply:

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

Today's Date: July 16, 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: N/A

If alteration, describe nature of alteration: N/A

Previous or current use of the location: N/A

Corporation and trade name of current license: N/A

APPLICANT:

Premise address: 193 Henry Street 1<sup>st</sup> Floor NY, NY 10002

Cross streets: \_\_\_\_\_

Name of applicant and all principals: Henry Street Pretzels, LLC

Trade name (DBA): N/A

**PREMISE:**

Type of building and number of floors: 7 story residential

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? \_\_\_\_\_

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: N/A

What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) \_\_\_\_\_

Number of tables? 9 Total number of seats? 58

How many stand-up bars/ bar seats are located on the premise? 1  
(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): \_\_\_\_\_

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

What are the hours kitchen will be open? All Hours of Operation

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

How many employees will there be? 5

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

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

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: Basement ↑ \_\_\_\_\_

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.") Manager will be educated & responsible for any crowd control

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: N/A

Address: \_\_\_\_\_ 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. Has worked in the Food industry

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? 2

How many On-Premise (OP) liquor licenses are within 500 feet? 2

Is premise within 200 feet of any school or place of worship?  Yes  No On the other side of the block

**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) Tavern restaurant, or  
 I will operate a Tavern  
 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 \_\_\_\_\_; Tue \_\_\_\_\_; Wed \_\_\_\_\_;  
Thu \_\_\_\_\_; Fri \_\_\_\_\_; Sat \_\_\_\_\_;  
Sun \_\_\_\_\_. (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 \_\_\_\_\_
5.  I will employ a doorman/security personnel: \_\_\_\_\_
6.  I will install soundproofing, \_\_\_\_\_
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 \_\_\_\_\_, \_\_\_\_\_ 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: Shannon Z. Wise  
 Phone Number: 646-220-4044

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.

**Proximity Report For:**

<b>Location</b>	<b>193 Henry St, New York, 10002</b>
<b>Geocode</b>	<b>Latitude: 40.71367 Longitude: -73.98785</b>
<b>Report Generated On</b>	<b>6/12/2021</b>

**8 Closest Liquor Stores**

<b>Name</b>	<b>Address</b>	<b>Distance</b>
MADISON LIQUOR INC Ser #: 1253651	195 MADISON ST NEW YORK, NY 10002	749 ft
VINFAMILY INC Ser #: 1305222	393 GRAND ST NEW YORK, NY 10002	880 ft
YEE FUNG CORP Ser #: 1257056	135 DIVISION ST STORE B NEW YORK, NY 10002	958 ft
DELANCEY WINE INC Ser #: 1301401	35 ESSEX ST NEW YORK, NY 10002	1,008 ft
SEWARD PARK LIQUORS INC Ser #: 1306851	53 LUDLOW ST NEW YORK, NY 10002	1,264 ft
CAFE MERENDA LLC Ser #: 1314328	83 HENRY ST STORE #2 NEW YORK, NY 10002	1,567 ft
LOON CHUN INCORPORATED Ser #: 1023505	45 PITT STREET NEW YORK, NY 10002	1,573 ft
PET NAT LLC Ser #: 1306926	115 DELANCEY ST NEW YORK, NY 10002	1,678 ft

**Schools within 500 feet**

<b>Name</b>	<b>Address</b>	<b>Distance</b>
MANHATTAN CHARTER SCHOOL II	220 HENRY ST NEW YORK, NY 10002	413 ft
ORCHARD COLLEGIATE ACADEMY	220 HENRY ST NEW YORK, NY 10002	420 ft
UNIVERSITY NEIGHBORHOOD MIDDLE SCHOOL	220 HENRY ST NEW YORK, NY 10002	429 ft

**Churches within 500 feet**

<b>Name</b>	<b>Distance</b>
Primitive Christian Church	131 ft
Zun Gao Xin	281 ft
Ling Liang Worldwide Evangelistic Mission	433 ft
Congregation Austria Hungry Ansche Sford	473 ft

Name	Address	Distance
EL CASTILLO DE MANHATTAN REST CORP Ser #: 1330893	207 MADISON ST NEW YORK, NY 10002	553 ft
259 E BROADWAY LLC Ser #: 1334433	259 E BROADWAY NEW YORK, NY 10002	709 ft

Active On Premises Liquor Licenses within 750 feet

Name	Address	Distance
OFFICE HO JONOT LLC Ser #: 1284054	16 20 JEFFERSON ST (AKA173 177 HENRY ST) STORE2 NEW YORK, NY 10002	246 ft
STARLAP INC Ser #: 1301519	202 CLINTON ST NEW YORK, NY 10002	253 ft
CAFE 169 INC Ser #: 1173033	169 E BROADWAY ESSEX & EAST BROADWAY NEW YORK, NY 10002	576 ft
RAISE HOSPITALITY LLC Ser #: 1295240	162 E BROADWAY NEW YORK, NY 10002	729 ft

Petition to Support Proposed Liquor License

Date: July 24, 2021

The following undersigned residents of the area support the issuance of the following liquor license (indicate the type of license such as full-liquor or beer-wine) Full Liquor

to the following applicant/establishment (company and/or trade name)

Henry Street Pretzels LLC

Address of premises: 193 Henry Street, 1<sup>st</sup> Floor NY, NY 10009

This business will be a: (circle) Bar  Restaurant Other: \_\_\_\_\_

The hours of operation will be: 8<sup>am</sup> - 10 pm

PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area.

Other information regarding the license:

Name	Signature	Address and Apt # (required)
KK KIT LEE		191 Henry Street NY NY 10002
OSORIAN		191 Henry St. 5
Roxana Reid		410 Grand St 11
Ty Cotton		410 Grand St 11
Henry Tule		179 Henry St
Ulysses ROSADO		197 Broadway
Daisy Paez		410 Grand St #3F