

DATE: _____

APPLICANT INFORMATION:

Name of applicant(s): Foragers 350 LLC

Trade name (DBA): Foragers

Premises address: 350 Hudson St N.Y. 10014

Cross Streets and other addresses used for building/premise:
King St + Charlton St (79-81 Charlton St 346-364 Hudson St
+ 88-98 King St)

CONTACT INFORMATION:

Principal(s) Name(s): Anna Castellani

Office or Home Address: 350 Hudson St

City, State, Zip: N.Y. 10014

Telephone #: [REDACTED] email: [REDACTED]

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: _____

NAMES OF ALL PRINCIPAL(s):

Anna Castellani

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

Jumieka 601 Lexington Ave OP 12/20 - Present
DeKalb Stage 445 Gold St Bklyn OP 3/19 - Present
Foragers City 233 8th Ave 2011 - Present OP
Foragers Wine Shop 231 8th Ave 2011 Present ^{Liquor} Store
Foragers Market 56 Adams St Bklyn 2011 - Present ^{Grocery} Beer
Ava Bar + Eatery 20 Hudson Yards OP - Pending

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

We are a mediterranean restaurant which will be serving
the immediate business & residential community.

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.)

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

Jacques Torres Chocolates

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 Prior licensee's listed below

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

Hudson Grill 1987-1999

3 meigas LLC 1999-2003

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: _____
Office Building

Number of floor: 9 Year Built: 1930

Describe neighboring buildings: Office Buildings

Zoning Designation: M1-6 HSQ

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 580, 39

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: _____

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 Open Restaurant Seating

What is the proposed Occupancy? _____

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? 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 N/A

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: We'll put up our signage

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 3352'

If more than one floor, please specify square footage by floors: N/A

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? _____

How many entrances are there? 1 How many exits? 1 How many bathrooms? 2
Door from Kitchen into

Is there access to other parts of the building? no yes, explain: Building Lobby

OVERALL SEATING INFORMATION:

Total number of tables? 16 Total table seats? 52

Total number of bars? 1 Total bar seats? 12

Total number of "other" seats? 0 please explain: _____

Total OVERALL number of seats in Premises : 64

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 12

How many service bars are being applied for on the premises? 0

Any food counters? no yes, describe : Pick up counter for food + coffee (no alcohol)

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: _____

* 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 Restaurant Club/ Cabaret Hotel Other: _____

What are the Hours of Operation?

Sunday: 8am to 12am Monday: 8am to 12am Tuesday: 8am to 12am Wednesday: 8am to 12am Thursday: 8am to 12am Friday: 8am to 12am Saturday: 8am to 12am

Will the business employ a manager? no yes, name / experience if known: Unknown Not Hired yet

Will there be security personnel? no yes (if yes, what nights and how many?) _____

Do you have or plan to install French doors, accordion doors or windows that open? no yes

If yes, please describe: _____

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

Type of MUSIC / ENTERTAINMENT: Live Music Live DJ Juke Box Ipod / CDs none

Expected Volume level: Background (quiet) Entertainment level Amplified Music
(check all that apply)

Do you have or plan to install soundproofing? no yes

IF YES, will you be using a professional sound engineer? _____

Please describe your sound system and sound proofing: _____

Will you be permitting: promoted events scheduled performances outside promoters

any events at which a cover fee is charged? private parties

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? 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? 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: _____

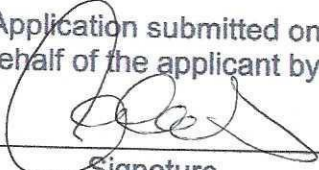
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: _____ Phone: _____

Address: _____

Email : _____

Application submitted on behalf of the applicant by:



Signature

Print or Type Name Michael Kelly

Title Representative

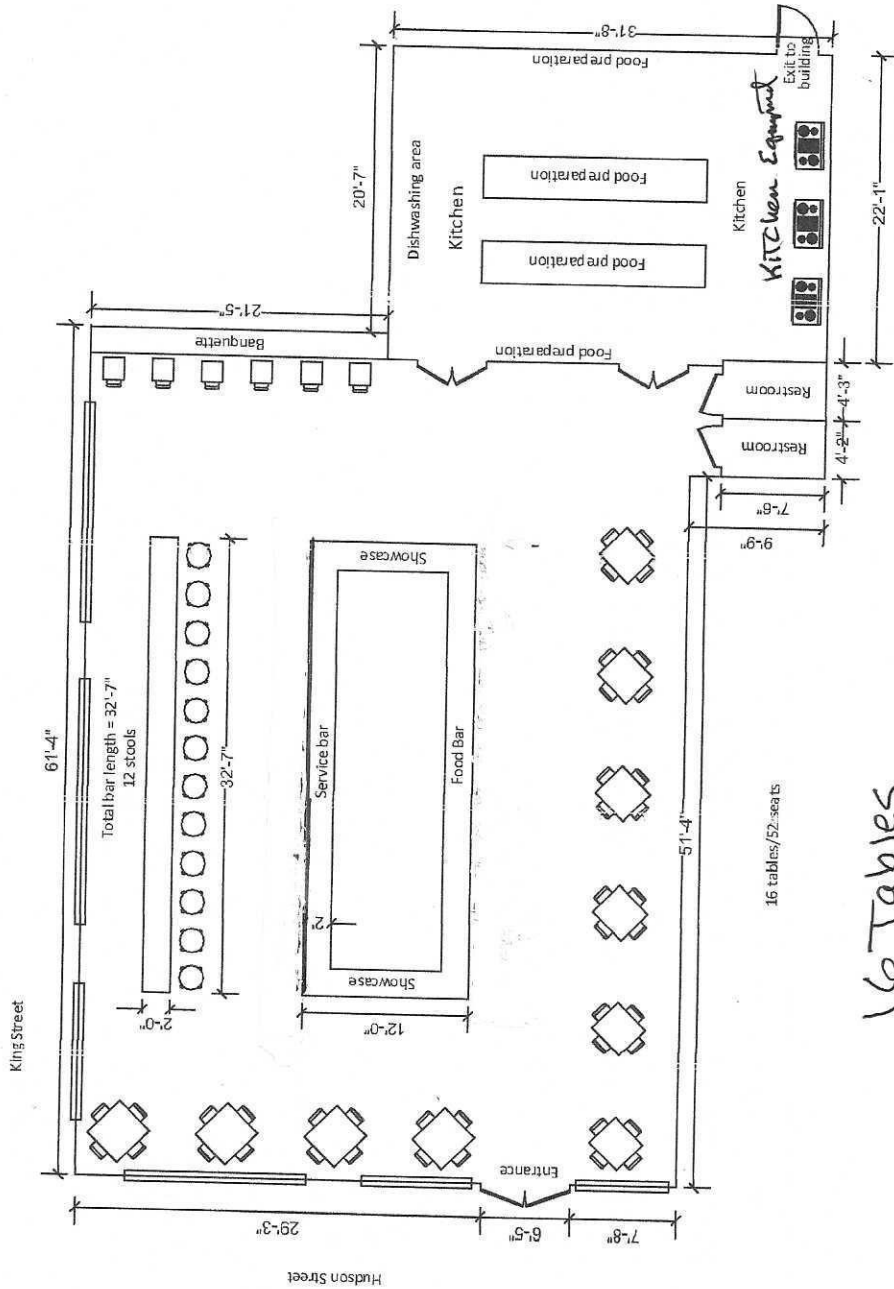
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.





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

INTERIOR DIAGRAM - 1st Floor
 350 Hudson Street
 New York, NY
 September 2, 2021
 NOT TO SCALE



16 Tables
 52 seats
 12 Bar stools

1ST Floor