

APPLICANT INFORMATION:

Name of applicant(s): Honeybrains Lafayette LLC

Trade name (DBA): Honeybrains

Premises address: 372 Lafayette Street New York, NY 10012

Cross Streets and other addresses used for building/premise: Between Great Jones & Bond

CONTACT INFORMATION:

Principal(s) Name(s): Marisa Seifan

Office or Home Address: [Redacted]

City, State, Zip: New York, NY 10010

Telephone #: [Redacted]

Landlord Name / Contact: Kano Real Estate Investments

Landlord's Telephone and Fax: [Redacted]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Marisa Seifan	

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."): Fast, casual restaurant dedicated to brain health. The restaurant was started by a neurologist and everything created is 100% based on neuroscience and designed for the body's overall well-being.

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:

Fast, casual restaurant dedicated to brain health.

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:

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: 6 Year Built : 2016

Describe neighboring buildings:

Mixed residential and commercial neighboring buildings. Honeybrains is located next door to a luggage store and a restaurant.

Zoning Designation: M1-5B

Zoning Overlay or Special Designation (applicable) N/A

Block and Lot Number: 00530 / 13

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 There's an Open Restaurants outdoor seating roadway structure and sidewalk cafe.

What is the proposed Occupancy? 60

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? 60

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

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: _____

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 2,000 sq. ft.

If more than one floor, please specify square footage by floors: Ground floor: 1,100 sq. ft Basement: 900 sq. ft.

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?

Sidewalk Cafe ~150 sq. ft.

If more than one floor, what is the access between floors? Basement access

How many entrances are there? 1 How many exits? 1 How many bathrooms? 2 (1 for public on ground floor, 1 in basement for staff only)

Is there access to other parts of the building? no yes, explain: Fire exit in the basement has access leading to other parts of the building.

OVERALL SEATING INFORMATION:

Total number of tables? 10 Total table seats? 30

Total number of bars? 2 Total bar seats? 4

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

Total OVERALL number of seats in Premises : 34

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 2 Seats 4

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

Any food counters? no yes, describe : _____

For Alterations and Upgrades:

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

* 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: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:

8am to 9pm 8am to 9pm 8am to 9pm 8am to 9pm 8am to 9pm 8am to 9pm 8am to 9pm

Scherice Rosa- has worked at

Will the business employ a manager? no yes, name / experience if known : Honeybrains for 3 years.

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: Episode Commercial Pendant Speakers with no subwoofers are installed.

Foam panels are installed in the ceiling for soundproofing. There are a total of 5 speakers mounted high along the ceiling around the inside of the space.

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) N/A

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: _____

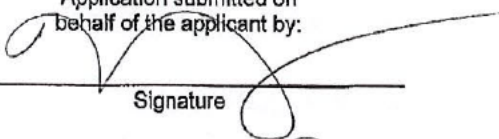
Address: _____ Distance: _____

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

Contact Person: Marisa Seifan Phone: 

Address: _____

Email: 

Application submitted on
behalf of the applicant by:


Signature

Print or Type Name Marisa Seifan
Title owner

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

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

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.

1. Zoning

1a. State what the area is zoned for:
(e.g., Residential, Business, Mixed etc.)

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits? Yes No Pending

2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address? Yes No

If YES, please specify:

If the address was changed due to a 911 update or other government action, please include documentation for the change.

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

Currently Licensed Previously Licensed Never Licensed Do Not Know

Name of Licensee:

License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

Yes No Do Not Know

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed? Yes No

Name of Licensee:

License Serial Number:

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

3. Premises (interior):

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?
If yes, show the means of access on the interior diagram(s). Yes No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?
(e.g., hallway, stairwells, common areas, etc.) Yes No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises: 3h. Number of tables?

3i. Number of seats at tables? 3j. Number of seats at bar or counter?

4. Bars:

4a. How many customer bars are located on the premises?
(a customer bar is where patrons may order, purchase or receive alcoholic beverages)

4b. How many service bars? *(a service bar is for wait staff use exclusively)*

4c. Describe each bar in the fields below:

Bar 1

Bar Type:

Length:

Shape:

Location:

Bar 2

Bar Type:

Length:

Shape:

Location:

Bar 3

Bar Type:

Length:

Shape:

Location:

Attach additional sheets if there are more than 3 bars.

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

5. Kitchen:

5a. Does the premises have a full kitchen? Yes No

If NO, does the premises have a food preparation area? Yes No

Show Kitchen or Food Prep Area on the Interior Diagram

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU

5b. Is a chef/cook employed at the premises? Yes No

If YES, please list hours of day chef/cook will devote to the premises:

During all hours of operation.

6. Hotel or Bed & Breakfast:

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises? Yes No

7. Outdoor Areas:

7a. Are there any outside areas used for the sale or consumption of alcohol? Yes No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

- Sidewalk Cafe Deck Patio Porch Gazebo
- Rooftop Yard Balcony Pavilion Tent

Other (describe):

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? Yes No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- Fencing Wall Shrubbery Roping Stanchions

Other (describe):

7f. Is a permit required by the locality for outside area(s)? Yes No

If yes, submit a copy of the permit.

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

PROPOSED METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises? Yes No
(If YES, please provide details on a separate sheet)

1a. If the premises is *not* a catering establishment, will the premises periodically close to host private events? Yes No

If YES, how frequently?

2. Will the premises have music? Yes No

2a. If YES, check all that apply: Recorded DJ Juke Box Karaoke

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

2b. Will the premises use the services of an Event Promoter? Yes No

3. Will the premises permit dancing? Yes No

3a. If dancing is permitted, who will be permitted to dance? Patrons Employees for Entertainment Both

3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No

4. Will there be topless entertainment? Yes No

5. Will the business employ a manager? Yes No

5a. If NO, will principal(s) manage? Yes No

6. How many employees? (excluding principals and security personnel)

6a. If answer is "0" please provide an explanation:

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

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions).
If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number: Sentinel Insurance Company 76 WEG AL7DUO

Disability Insurance Carrier Name and Policy Number: Shelter Point Life Insurance Company DBL 549826

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996

8. Will security personnel be used at the premises? Yes No

9a. If YES, how many?

9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

The Licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

Management will be on premises at all times to supervise and control the establishment and ensure ABC law compliance. All employees will receive training so as to know how to prevent service of alcohol to minors, intoxicated individuals and how to handle disorderly patrons.

10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

Yes No

10a. If NO, please explain:

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link:
<http://sla.ny.gov/provisions-for-county-closing-hours>

HONEYBRAINS

37 JARVIS STREET
NEW YORK, NY 10013

OWNER: HONEYBRAINS
215 WEST 11TH STREET
NEW YORK, NY 10011

ARCHITECT:
VANBOC ARCHITECTS
215 WEST 11TH STREET
NEW YORK, NY 10011

CONTRACTOR:
CIVIL ENGINEERING & ARCHITECTURE
215 WEST 11TH STREET
NEW YORK, NY 10011

MECHANICAL ENGINEER:
MPC ENGINEERS
215 WEST 11TH STREET
NEW YORK, NY 10011

ELECTRICAL ENGINEER:
MPC ENGINEERS
215 WEST 11TH STREET
NEW YORK, NY 10011

PLUMBING ENGINEER:
MPC ENGINEERS
215 WEST 11TH STREET
NEW YORK, NY 10011

DATE: 08/15/11



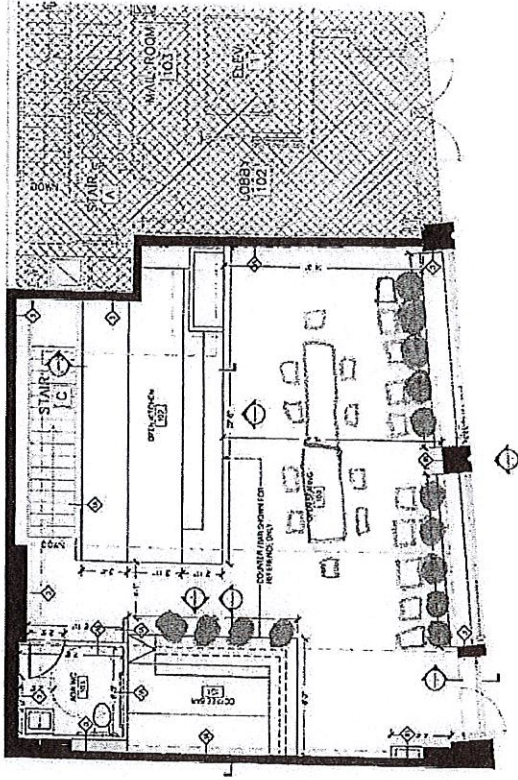
THIS PLAN IS TO BE USED IN CONNECTION WITH THE CONTRACT DOCUMENTS FOR THE PROJECT. IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO VERIFY THE ACCURACY OF THE INFORMATION PROVIDED HEREON. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE APPROPRIATE AGENCIES.

NO.	DATE	DESCRIPTION
1	08/15/11	ISSUED FOR PERMITTING
2	08/15/11	ISSUED FOR PERMITTING
3	08/15/11	ISSUED FOR PERMITTING
4	08/15/11	ISSUED FOR PERMITTING
5	08/15/11	ISSUED FOR PERMITTING
6	08/15/11	ISSUED FOR PERMITTING
7	08/15/11	ISSUED FOR PERMITTING
8	08/15/11	ISSUED FOR PERMITTING
9	08/15/11	ISSUED FOR PERMITTING
10	08/15/11	ISSUED FOR PERMITTING

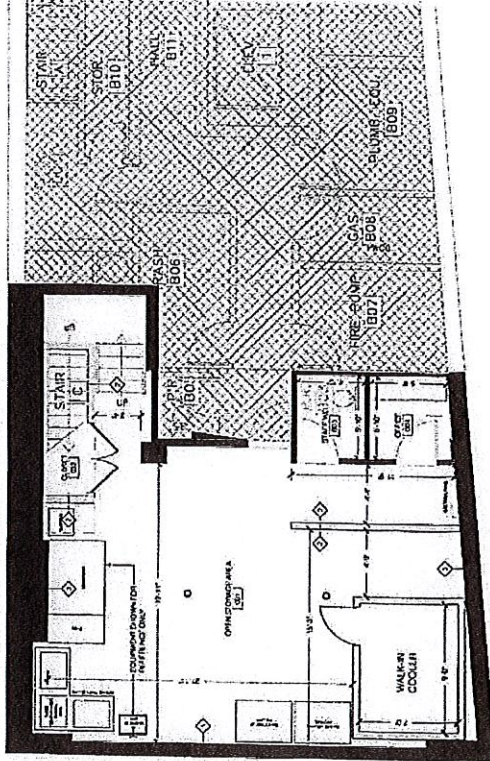
CONSTRUCTION PLANS

NO.	DATE	DESCRIPTION
1	08/15/11	ISSUED FOR PERMITTING
2	08/15/11	ISSUED FOR PERMITTING
3	08/15/11	ISSUED FOR PERMITTING
4	08/15/11	ISSUED FOR PERMITTING
5	08/15/11	ISSUED FOR PERMITTING
6	08/15/11	ISSUED FOR PERMITTING
7	08/15/11	ISSUED FOR PERMITTING
8	08/15/11	ISSUED FOR PERMITTING
9	08/15/11	ISSUED FOR PERMITTING
10	08/15/11	ISSUED FOR PERMITTING

A-101.00



GROUND FLOOR CONSTRUCTION PLAN SCALE: 1/4" = 1'-0" 2



CELLAR CONSTRUCTION PLAN SCALE: 1/4" = 1'-0" 1

THE HONEYBRAINS 5 FOOD GROUPS

Each of our menu items is made from sustainably farmed foods rich in essential nutrients for the brain, so that you can feel good and think clearly throughout life.

According to science, all of our vital body and brain nutrients can come from five delicious food groups: legumes, omega-3s, fruits, vegetables, and whole grains with healthy garnishings (herbs, spices, fermented foods and natural sweeteners). At Honeybrains, we make these five food groups flavorful and fun!



SALADS

- GF** **GREEN GODDESS** 12.5
Kale, Avocado, Corn, Pistachios, Red Chillies, Pickled Red Onions, Anchovy-Labneh Dressing
- V** **THE FARM** 12.5
Tri-Color Quinoa, Zaatar Spiced Chickpeas, Avocado, Fennel, Cucumber, Tomatoes, Sweet Peppers, Pickled Radish, Grapes, Almonds, Raisins, Mixed Greens
- GF** **FOREVER GREEN** 12.5
Kale, Spinach, Watermelon Radish, Hearts of Palm, Corn, Grapes, Spiced Edamame, Pumpkin Seeds, Fennel
- GF** **THE COBB** 13
Sliced Free-Range Chicken Breast, Plainville Farms Turkey Bacon, 8 Minute Omega 3 Egg, Avocado, Grape Tomatoes, HB Seasoned Walnuts, Zaatar Spiced Chickpeas, Bleu Cheese, Mixed Greens
- GF** **RAINBOW GARDEN** 13.5
Mixed Greens, Avocado, Turmeric Saffron Cauliflower, Grape Tomatoes, Fresh Mozzarella, Pickled Cabbage, Beets & Red Onions, Carrots, Flax Seeds

DRESSINGS:

- GF** • Basil and Honey
- GF** • Honey Balsamic Vinaigrette
- V** • Lemon and Flax
- V** • White Truffled Tahini
- V** • Red Curry Vinaigrette
- GF** • Honey Balsamic Vinaigrette
- V** • EVOlive Oil & Balsamic Vinegar

*All dressings are gluten free.

ADD PROTEIN TO SALAD (+4):

ADD HALF TOAST TO ANY BOWL OR SALAD (+5)

BRAIN BOWLS

- GF** **CHICKEN & RICE** 12
Pulled Free-Range HB Seasoned Chicken, Zaatar Spiced Chickpeas, Himalayan Ruby Rice, Raw Baby Spinach
* You can substitute Sweet Potatoes for Chickpeas or Ruby Rice & Kale for Spinach.
- GF** **CHICKEN TIKKA** 13
Yogurt Marinated Free-Range Chicken Breast, Ruby Rice with Peanuts, Broccoli & Roasted Tomatoes
- GF** **WAKE & STEAK** 14
Coffee & Herb Crusted Grass-Fed Sirloin Steak, Roasted Garlic, Basil & Hemp Seed Mashed Potatoes; Mixed Greens
- GF** **RANCHERO POWER** 12
Two 8 Minute Omega 3 Eggs, Tri-Color Quinoa, Himalayan Ruby Rice & Roasted Corn Medley; Micro Greens, Black Beans, Jicama Mango Salad, Seeded Corn Tortilla Crisp
- GF** **DAILY CATCH** 13.5
Atlantic Salmon garnished with Crushed Peanuts, Cilantro & Red Chillies, Kale, HB Seasoned Sweet Potatoes
* You can substitute Sweet Potatoes for Chickpeas or Ruby Rice & Kale for Spinach.
- GF** **CARNE ASADA** 14
Grass-Fed Sirloin Steak with HB Achiote Marinade, Pinto & Black Beans Mixed with Himalayan Ruby Rice, Mixed Greens, Watermelon, Watermelon Radishes, Red Onions, Red Chillies, Cilantro
- V** **VEGAN BURRITO BOWL** 12
Kale, Spinach, Avocado, Corn Salsa, Red Rice, Pico de Gallo, Tortilla Crisp

ADD PROTEIN TO BOWL (+4):

SANDWICHES

- V** **FARMA SHAWARMA** 11.5 **HBPB & J** 8
HB Raw Wildflower Honey, Homemade Blueberry Compote, Homemade Peanut Butter, 8 Grain Pullman Bread
- GF** **CHICKEN SCHNITZEL** 11.5 **THE ATLANTIC** 12
Crisp Free-Range Chicken, Tangy Mango-Amba Sauce, House Pickled Onions, Micro Greens, Kalamata Olives, 8 Grain Ciabatta
- GF** **"BLT" EGG** 9
Two Poached Omega 3 Eggs, Plainville Farms Turkey Bacon, Tomato, Avocado Spread, Mixed Greens, 8 Grain Ciabatta

SUBSTITUTE GLUTEN FREE BREAD (+1.5)

TOASTS

- V** **AVOCADO CRUSH** 71 **SEASONAL VEGGIE** 9.5
Crushed Avocado, Chia Hemp Flax Seed Medley, Maldon Salt, Infused Extra Virgin Olive Oil, Seeded Sourdough
- V** **HONEY & BUTTER** 6.5
House Butter with Chia Hemp Flax Seed Medley, Black and White Sesame Seeds, HB Raw Wildflower Honey, Seeded Sourdough
ADD 8 MINUTE OMEGA 3 EGG (+1.5)
- V** **DR. SMOKED SALMON** 71.5 **HONEY TAHINI** 7
Atlantic Salmon, Labneh Spread, Cucumber, Fresh Dill, Extra Virgin Olive Oil, Lemon Zest, Sourdough
ADD 8 MINUTE OMEGA 3 EGG (+1.5)
- GF** **DR. SMOKED SALMON** 71.5
Atlantic Salmon, Labneh Spread, Cucumber, Fresh Dill, Extra Virgin Olive Oil, Lemon Zest, Sourdough
ADD 8 MINUTE OMEGA 3 EGG (+1.5)

legumes omega-3s fruits veggies grains vegan vegetarian gluten free

legumes omega-3s fruits veggies grains vegan vegetarian gluten free

legumes omega-3s fruits veggies grains vegan vegetarian gluten free

HEALTHFUL SNACKS

3) DARK CHOCOLATE GANACHE

Praline Toast Ω ω ω
 Toasted Pecan Pralines in Molasses, Banana,
 HB Raw Wildflower Honey, 80% Belgian Dark Chocolate, Cranberry Pecan
 Bread

8

POWER OATMEAL Ω ω ω
 Tri-Color Quinoa, Gluten-Free Oatmeal, Warm Spiced Coconut Milk,
 HB Raw Wildflower Honey

6.5

EGGHEAD Ω ω ω
 Two Over Easy Omega 3 Eggs, HB Honey "Siracha," Arugula, 8 Grain Ciabatta
 ADD TOPPING (+):
 Plainville Farms Turkey Bacon or Mashed Avocado

7.5

3) HONEY TAHINI TOAST

Tahini, Raw Wildflower Honey & Cinnamon Date Spread, Black and White Sesame
 Seeds, Seeded Sourdough
 ADD BEE POLLEN (+)

7

3) MARKET BERRY BOWL

Mixed Organic Berries, HB Raw Wildflower Honey, Mint

6.5

3) POWER BREAKFAST

Two Sunny Side Omega 3 Eggs, Arugula, Red Potatoes, Chickpeas, Hearts of
 Palm, Lentils, Edamame, Pumpkin Seeds, Red Chillies, Red Onions, Cilantro

11

3) CHIA CHARGE

Gluten-Free Overnight Oats Blended with Old Chatham Sheep's Milk Yogurt, HB
 Raw Wildflower Honey, Banana & Almond Milk Chia Seeds, Homemade Blueberry
 Compote, HB Granola with Walnuts

8

3) SAUCY EGGS

Two Poached Omega 3 Eggs, San Marzano Tomato Sauce, Piave Cheese, Basil,
 Arugula, Toasted Seeded Sourdough

4

3) EDAMAME

Edamame, HB Seasoned or Chia & Maldon Salt

5

3) HB PEANUT BUTTER & BANANA

Homemade Peanut Butter, Banana, Raw Wildflower Honey

4

THE HONEYBRAINS STORY

Honeybrains was sparked by a conversation between three siblings. One of them, a
 neurologist, has spent years studying how nutrition and lifestyle affect brain function.
 According to science, all of our vital body and brain nutrients can come from five delicious
 food groups (the "5 HB Food Groups") that are rich in nutrients for the brain with healthful
 garnishings (herbs, spices, fermented foods and natural sweeteners). As a result, the siblings
 prioritized ingredients highest in those nutrients and collaborated with talented chefs to
 create each of our menu items.

Honeybrains is committed to providing only the best quality ingredients that we would serve
 to our own friends and family. We use sustainably produced foods because better farming
 practices give us more nutritious soils, which means more nutritious ingredients for you!
 Each delicious bite is good for your body and your brain. Enjoy!

ω legumes Ω omega-3s ω fruits ω veggies ω grains ω vegetarian ω vegan ω gluten free

ω legumes Ω omega-3s ω fruits ω veggies ω grains ω vegetarian ω vegan ω gluten free

BREAKFAST (WEEKDAYS UNTIL 11AM WEEKENDS UNTIL 4 PM)



A happy place to
 nourish your brain.

NOHO 372 Lafayette St. | 646-678-4092

FLATIRON 34 West 22nd St. | 917-472-7682

SAKS 611 Fifth Avenue, 5th Floor | 646-226-6238

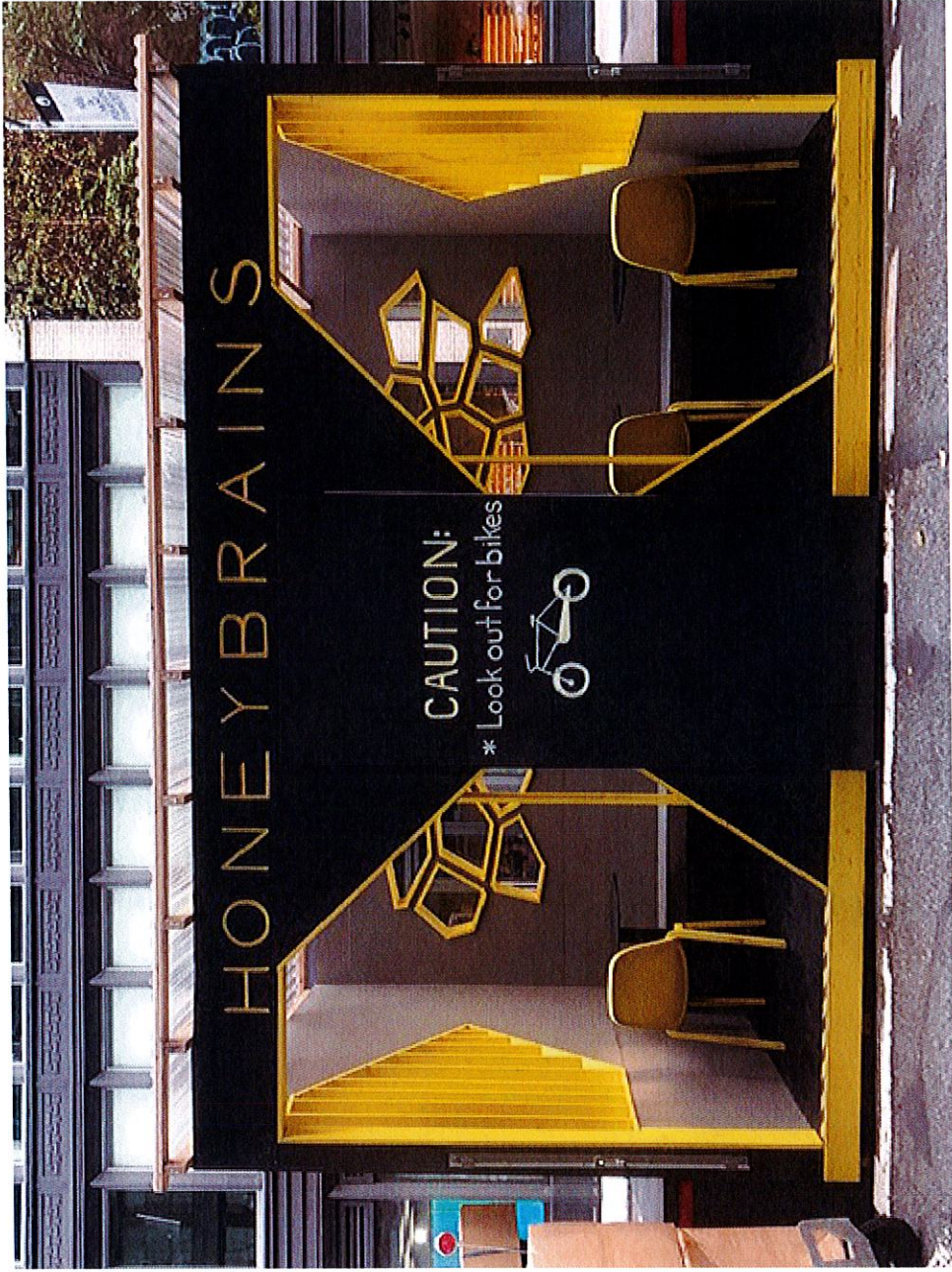
MIDTOWN WEST 916 8th Ave. | 917-423-8060

honeybrains.com
 @honeybrainslife



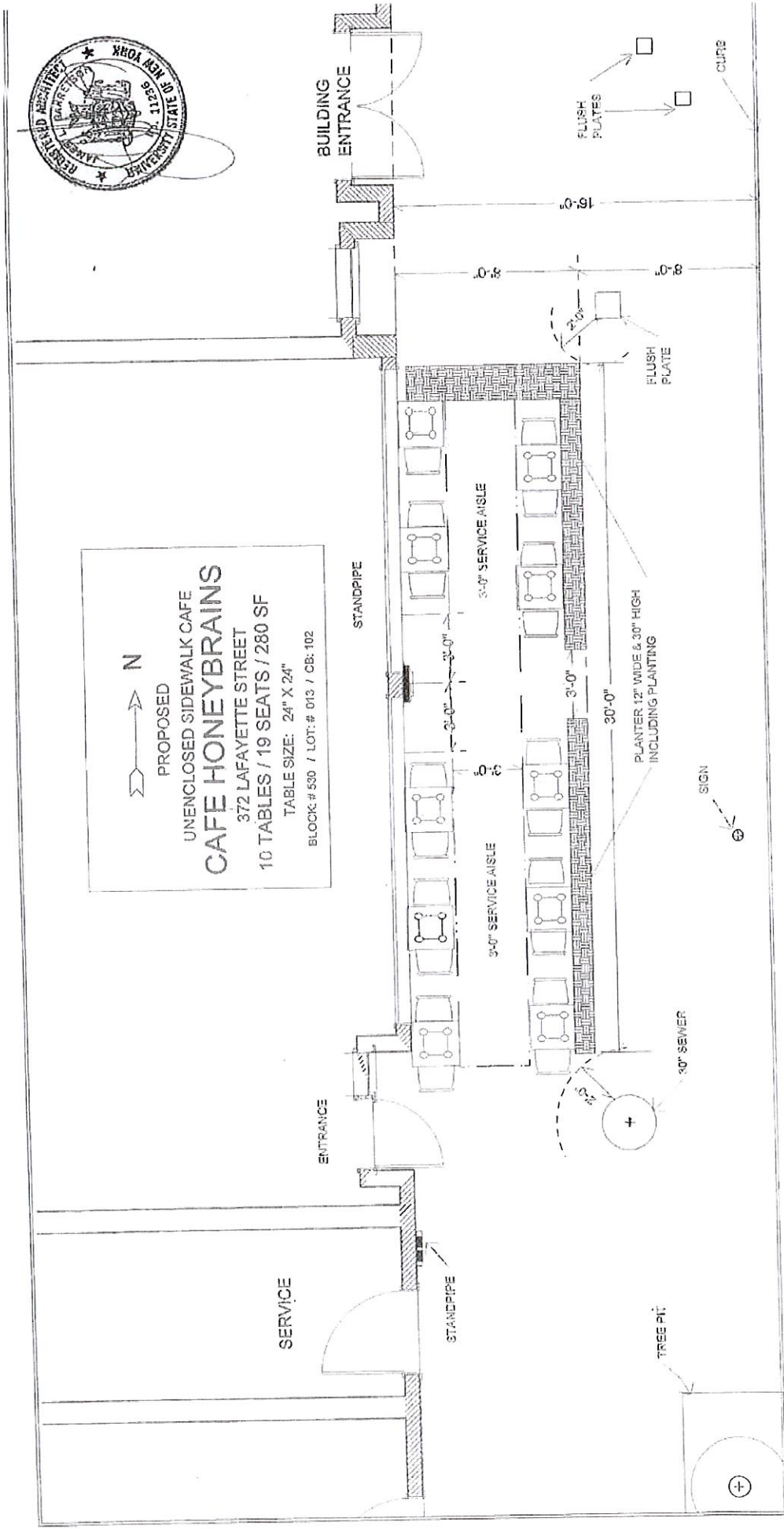








N
 PROPOSED
 UNENCLOSED SIDEWALK CAFE
CAFE HONEYBRAINS
 372 LAFAYETTE STREET
 10 TABLES / 19 SEATS / 280 SF
 TABLE SIZE: 24" X 24"
 BLOCK: # 530 / LOT: # 013 / CB: 102



LAFAYETTE STREET

1
 SITE PLAN
 SCALE: 1/4" = 1'-0"
 DATE: 02/06/17

PROPOSED
 UNENCLOSED CAFE

HONEYBRAINS LAFAYETTE
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