APPLICANT INFORMATION: Name of applicant(s): WHT Cafe Inc Trade name (DBA): What Cafe Premises address: 628 Hudson St. Cross Streets and other addresses used for building/premise: Horatio St Jane St. CONTACT INFORMATION: Principal(s) Name(s): Office or Home Address: City, State, Zip: NY NY (OUTY Telephone #: Landlord's Telephone and Fax: NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD Which Hymmin Fuc Cafe Mc III IST AUR (RW) (OR) ABSINTHM SUR CAFE INC ITS 9TM (RW) CONTACT WILD NY III 34N BOOFMA AUR (RW) 2017 - 2015 WILD NY III 34N BOOFMA AUR (RW) 2017 - 2015 WILD NY III 34N BOOFMA AUR (RW) 2017 - 2015 WILD NY III 34N BOOFMA AUR (RW) 7014 - 20 Briefly describe the proposed operation (i.e. We are a family restaurant that will focus on"): WE ARE A SANDWICK SHOP SIMILAR TO THE	Meeting Date:	
Premises address: 628 Hudson St. Cross Streets and other addresses used for building/premise: Horatio St Jane St. CONTACT INFORMATION: Principal(s) Name(s): Office or Home Address: City, State, Zip: Premises address: Wild Hamman NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD Helphone #: SUR CAFE INC ITS 912 AUR (RW) (OF) 2008 - 2012 - 2015 WILD NY LLL 347 BEDGMAN (RW) 2014 - 2014 - 2014 Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on"):	APPLICANT INFORMATI	ON:
Premises address: 628 Hudson St. Cross Streets and other addresses used for building/premise: Horatio St. — Jane St. CONTACT INFORMATION: Principal(s) Name(s): Office or Home Address: 628 Hudson St. City, State, Zip: NAMES of ALL PRINCIPAL(s): NAMES OF ALL PRINCIPAL(s): NAMES OF ALL PRINCIPAL(s): NAMES I LOCATIONS OF PAST / CURRENT LICENSES HELD FUE Cafe NC III (ST AUE (RW) (UP) TENTE OF RATE OF REPORT OF RATE OF R	Name of applicant(s):	W+J Cafe Inc
Premises address: 628 Hudson St. Cross Streets and other addresses used for building/premise: Horatio St. — Jame St. CONTACT INFORMATION: Principal(s) Name(s): Office or Home Address: City, State, Zip: Principal(s) Name(s): Office or Home Address: City, State, Zip: Principal(s) Name(s): NAMES OF ALL PRINCIPAL(s): NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD WILL HAMMAMI FUC Cafe INC III (ST AJE (RU) (OF) ABSINTHM SUR CAFE INC ITS 9 th AVE (RW) 2008 - 2 SUR CAFE INC ITS 9 th AVE (RW) 2008 - 2 SUR CAFE INC ITS 9 th AVE (RW) 2007 - 20 WILL NY ILL 34V BEDFAVA AVE (RW) 2017 - 20 Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on"):	Trade name (DBA):	Luna Cafe
CONTACT INFORMATION: Principal(s) Name(s): Ouald Hamman I Office or Home Address: City, State, Zip: Telephone #: Landlord Name / Contact: Landlord's Telephone and Fax: NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD WILD NY UL 340 BEDGMAN (NW) COP 2008 - 2 SUR CAFE INC 178 9th AND (NW) COP 2014 - 20 WILD NY UL 340 BEDGMAN (NW) 2014 - 20 Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on"):	Premises address:	
Principal(s) Name(s): Office or Home Address: City, State, Zip: Telephone #: Landlord Name / Contact: Landlord's Telephone and Fax: NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD WILD MY UC 340 BEDGMA AU (RW) (OF) 2008 - SUR CAFE INC ITS 9 ^{TR} AUE (RW) (OF) 2008 - SUR CAFE INC ITS 9 ^{TR} AUE (RW) 2017 - 2015 WILD NY UC 340 BEDGMA AU (RW) 2014 - 20 Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on"):	Cross Streets and other address	ses used for building/premise: io St Jane St.
City, State, Zip:	CONTACT INFORMATIO	N:
City, State, Zip:	Principal(s) Name(s):	Dualid Hammami
Telephone #:	Office or Home Address:	628 Hudson St.
Landlord's Telephone and Fax: NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD WILL Cafe INC III (ST AUE (RW) (UP) ABSINTHM SUR CAFE INC ITS 9 ^{TE} AUE (RW) (UP) 2008 - 2 SUR CAFE INC ITS 9 ^{TE} AUE (RW) Cafe RAFFEE WILL NY LLL 340 BEDGWA AU (RW) 2014 - 20 Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on"):	City, State, Zip:	NY NY 10014
NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD WILD HAMMAMI FUC Cafe NC III /ST AVE (RW) (UP) ABSINTHY SUR CAFE INC 178 9TAVE (RW) CAFE RAFAGE WILD NY UL 340 BEDGNADAY (RW) 2014 - 20 Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on"):	Telephone #:	email:
NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD WILD HAMM AM I FWC COLFE MC III (ST AUE (RW) (OP) ABSINTHM SUR CAFE INC 178 9th AUE (RW) COLFE RAFORE WILD NY LLC 340 BEDGIND AUE (RW) 2014 - 20 Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on"):	Landlord Name / Contact:	
SUR CAFE INC 178 9th AUR (RW) (OP) ABSINTHM SUR CAFE INC 178 9th AUR (RW) Cafe RAFARE WILD MY LLL 340 BEDGRAD AUR (RW) 2012 - 2015 WILD MY LLL 340 BEDGRAD AUR (RW) 2014 - 20 Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on"):	Landlord's Telephone and Fax:	
SUR CAFE INC 178 9th AUR (RW) (OP) ABSINTHM SUR CAFE INC 178 9th AUR (RW) Cafe RAFARE WILD MY LLC 340 BEDGRAD AUR (RW) 2012 - 2015 WILD MY LLC 340 BEDGRAD AUR (RW) 2014 - 20 Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on"):	NAMES OF ALL PRINCIPAL (c	NAMES (LOCATIONS OF PAST (SUPERIOR)
SUR CAFE INC 178 9th Ave (Rw) Cafe RAFACE WILD NY LLL 340 BEDGEN Ave (Rw) 2012 - 2015 WILD NY LLL 340 BEDGEN Ave (Rw) 2014 - 20 Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on"):	1. .	FUC COSE INC. III ICE AUB (RW) (OP) ABSINTHE
WILD NY LLL 340 BEDGNAD AV (NW) 2014 - 20 Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on"):	Value de salve de	SUR CAFE UIT ITS OTA A CON Cafe RAFORD
Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on"):		
Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on"): We are a sandwich shop similar to The Pasi 3 Geensees at The location		_ 00100 109 CIC 390 13001-1100 904 (100) 2014-2016
Presi 3 Geensees at The location.	Briefly describe the proposed ope	eration (i.e. "We are a family restaurant that will focus on"):
Pasi 3 Licensees at The location.	We are a	randwich shop similar to The
	Parsi 3 Lice	usees at the location.
	ASSOCIATE ASSAULTATION	

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) VOTHER: COPORATE Change				
If upgrade, alteration, or transfer, please describe specific nature of changes: (Please include physical or operational changes including hours, services, occupancy, ownership, etc.) One partner is leaving and The other is taking full On weship				
If this is for a new application, please list previous use of location for the last 5 years:				
Is any license under the ABC Law currently active at this location?				
Have any other licenses under the ABC Law been in effect in the last 10 years at this location?				
Hudson Cafe 2017-2019 Hudson 628 Cafe 2013-2017 60LNEN GOVAMENT Del: 2004-2013				
60LSEN 60Nmet Del: 2004-2013				

PREMISES:

By what right does the applicant have possession of the premises?				
OwnLeaseSub-leaseBinding Contract to acquire real propertyother:				
Type of Building: Residential Commercial Mixed (Res/Com) Other:				
Number of floor: Year Built : 1846				
Describe neighboring buildings: MIX-ed VS-C				
Zoning Designation: C1-6				
Zoning Overlay or Special Designation (applicable) Greenwich Vilutee HISTORICAL DISTRICT				
Block and Lot Number: 626 1 23				
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				
What is the proposed Occupancy? 74				
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits? no/ yes LNO				
If yes, what is the maximum occupancy for the premises?				
If yes, what is the use group for the premises?				
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?yesno/A				
Do you plan to file for changes to the Certificate of Occupancy? yesno (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:				

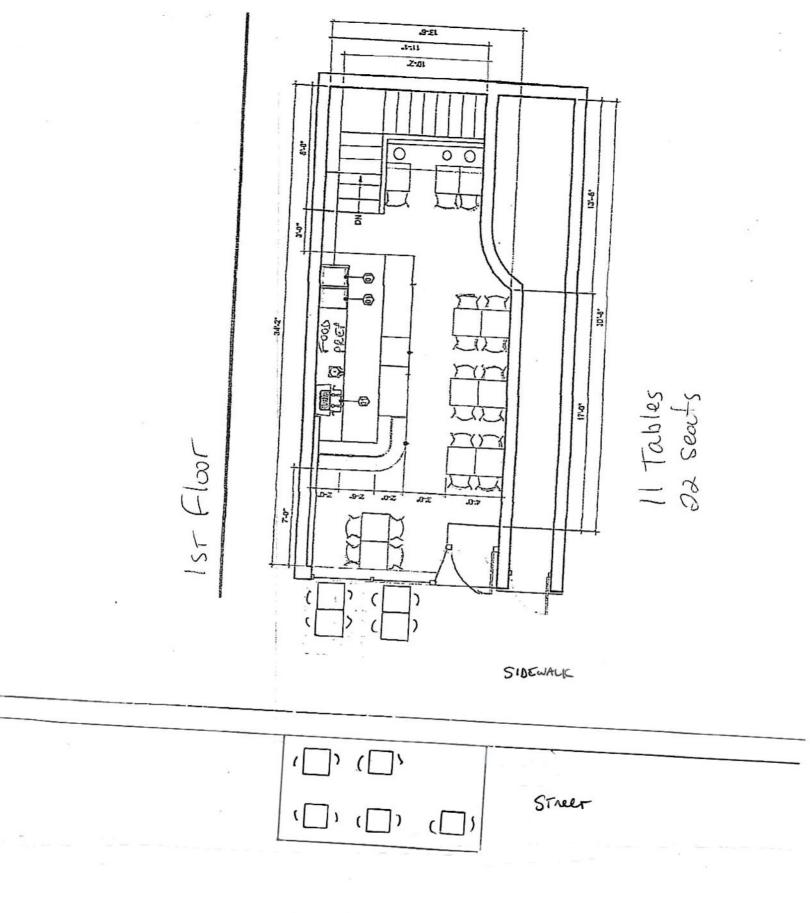
INTERIOR OF PREMISES:				
What is the total licensed square footage of the premises? APROX 1260 SQ Feet				
If more than one floor, please specify square footage by floors: BEWT -750 IST FLR 510				
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?				
NO				
If more than one floor, what is the access between floors?				
How many entrances are there? How many exits? How many bathrooms ?				
Is there access to other parts of the building? yes, explain:				
OVERALL SEATING INFORMATION:				
Total number of tables? Total table seats?				
Total number of bars? Total bar seats?				
Total number of "other" seats? please explain : OPEN RESTAVIANTS PRUGNAM 9746CES 1856473				
Total OVERALL number of seats in Premises:				
BARS:				
DARG.				
How many *stand-up bars / bar seats are being applied for on the premises? Bars O Seats				
How many service bars are being applied for on the premises?				
Any food counters? no yes, describe :				
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)				
BarBar & FoodRestaurantClub/ CabaretHotelOther:				

Address: Distance:
Name of School / Church:
Indicate the distance in feet from the proposed premise:
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 ½ " x 11").
Are your premises within 200 feet of any school, church or place of worship? no yes
Will you be utilizing 10 ropes 10 movable barriers 10 other outside equipment (describe)
Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by you establishment? no yes (if yes, please attach plans)
any events at which a cover fee is charged? private parties
Will you be permitting: promoted events scheduled performances outside promoters
speakers
Please describe your sound system and sound proofing:
IF YES, will you be using a professional sound engineer? $\underline{\hspace{1cm}}$
Do you have or plan to install soundproofing? ✓no _yes ENST7~G
Expected Volume level: Background (quiet) Entertainment level Amplified Music (check all that apply)
Type of MUSIC / ENTERTAINMENT: Live MusicLive DJJuke Box lpod / CDs no
Will you have TV's ? no yes (how many?) Type of MUSIC / ENTERTAINMENT: Live Music Live DJ Juke Box lpod / CDs nor
If yes, places describe.
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
Will the business employ a manager? no yes, name / experience if known :
Sunday: Monday: Tuesday: Wednesday: Thursday: ρ_{th} Friday: Saturday: ρ_{th} ρ
What are the Hours of Operation?

Name of School / Church:	
Address:	Distance:
Name of School / Church:	
Address:	
Please provide contact information for Residents / Commyou will address it immediately.	
Contact Person: Ovalid HAMMAMI	Phone:
Address: 628 Wolson St.	
Email:	
Application subbehalf of the ap	plicant by:
Print or Type Name	chael Kelly
Title RE	PRESENTATIVE

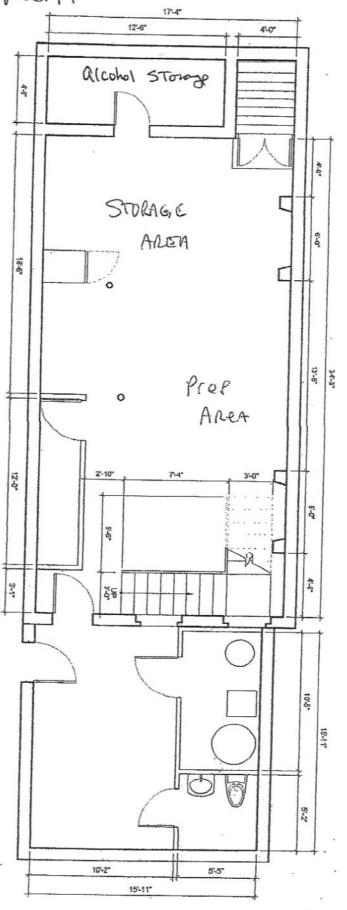
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.

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



Hudson ST.

Basement



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Residential Entrance 070 Restournt Entrance