APPLICANT INFORMATION	:			
Name of applicant(s): Ossea LLC				
Trade name (DBA): To be determ	nined			
Premises address: 39 Clarkson Street				
Cross Streets and other addresses u	used for building/premise:			
Hudson and	Hudson and Greenwich Streets			
CONTACT INFORMATION:				
Principal(s) Name(s): Ian Medwin - Contact and General M	Sanager / Owners: Olivier Limousin and Craig Dix			
Office or Home Address: 39 Clarkso	n Street			
City, State, Zip: New York, NY 10014	<u> </u>			
Telephone #: _:	email:			
Landlord Name / Contact				
Landlord's Telephone and Fax:				
NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD			
Olivier Limousin	N/A			
Craig Dix	N/A			

Meeting Date: August 2022

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

Ossea will be a modern brasserie that serves seafood delicacies highlighting the freshest and finest sustainable ingredients paired with an extension wine list and specialty cocktails with reasonable prices. The restaurant will be open for lunch and dinner. Brunch will be served on the weekends. The second floor will feature an intimate cocktail bar and lounge offering guests breakfast, lunch and dinner. The new establishment plans to blend in with the exquisite character of the South Village neighborhood and is looking forward to welcoming residents as our customers.

WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY):							
<u>X</u> a new liquor license (<u>X</u> Restaurant**_ Tavern / On premise liquor Other)							
**With a 2nd floor cocktail bar and lounge 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 :							
N/A							
If this is for a new application, please list previous use of location for the last 5 years: Koppers Chocolate Factory had operated at the space since 1937 and closed in 2015							
Is any license under the ABC Law currently active at this location? yesX no							
If yes, what is the name of current / previous licensee, license # and expiration date: N/A							
Have any other licenses under the ABC Law been in effect in the last 10 years at this location? yes _X_no							
If yes, please list DBA names and dates of operation:							
N/A							

PREMISES:

By what right does the applicant have possession of the premises?
Own _X Lease Sub-lease Binding Contract to acquire real property other:
Type of Building: Residential _X_ CommercialMixed (Res/Com) Other:
Number of floor: 6 plus cellar Year Built : Estimated 1920
Describe neighboring buildings: Mixed
Zoning Designation: M1-5
Zoning Overlay or Special Designation (applicable) N/A
Block and Lot Number: 601 / 72
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? \underline{X} yes $\underline{\hspace{0.5cm}}$ no
Is the premise located in a historic district? yesX_ 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 : <u>N/A</u>
Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space) noX yes : explain Exterior sidewalk seating
What is the proposed Occupancy? 245
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?
<u>X</u> no* yes *Applicant will apply for a Temporary Certificate of Occupancy and all appropriate permits
If yes, what is the maximum occupancy for the premises? 245 estimated
If yes, what is the use group for the premises?Use Group 6
If yes, is proposed occupancy permitted? X yes* no, explain :
The occupancy will be permitted when the Temporary Certificate of Occupancy issues.
If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? X yesno
Do you plan to file for changes to the Certificate of Occupancy? \underline{X} yes $\underline{\hspace{1cm}}$ 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 _X_ yes
(if yes, please describe: New signage

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 14,230 estimated square feet					
If more than one floor, please specify square footage by floors: Estimated Cellar= 4,624; 1st floor= 4,803 and 2nd floor= 4,803					
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?					
Estimated size for sidewalk seating= approximately 60 feet of frontage					
If more than one floor, what is the access between floors? <u>Interior staircases and elevators</u>					
How many entrances are there?2 How many exits?2 How many bathrooms ?5					
Is there access to other parts of the building? noX_ yes, explain: <u>Staircases and elevators to upper floors of buildings</u>					
OVERALL SEATING INFORMATION: *1st floor tables= 33 and seats= 92 includes chef's counter together with 10 bar stools/2nd floor tables= 21 and seats= 68 with 14 bar stools					
Total number of tables? <u>54*</u> Total table seats? <u>150*</u>					
Total number of bars? 2* Total bar seats? 24*					
Total number of "other" seats? 10* please explain : Ground floor chef's counter					
Total OVERALL number of seats in Premises : <u>184*</u>					
BARS:					
How many *stand-up bars / bar seats are being applied for on the premises? Bars 2 Seats 24					
How many service bars are being applied for on the premises? None					
Any food counters? noX yes, describe : Ground floor chef's counter					
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)					
BarBar & Food _X_RestaurantClub/ CabaretHotel _X_Other: 2nd floor cocktail bar and					

what are th	e Hours of Op	eration? See	enciosea nours o	or operation		
Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
to	to	to	to	to	to	to
See enclosed Will there be	<mark>d resume</mark> e security pers	sonnel? X n		es, what nights a	nd how many	<u>Ian Medwin</u> ?) X_ no yes
If yes, pleas	se describe : _	N/A				
Will you hav	ve TV's ?	no X yes	(how many?) <u>2</u>	on the 2nd floor	with no soun	d.
Type of MU	JSIC / ENTER	TAINMENT: <u>></u>	Live Music	Live DJJ	luke Box <u>X</u>	Ipod / CDsnone
(check all th	nat apply) *Liv spe	ve music will b aking to each o		ne level so guests		ified Music to raise their voices when
IF YES, will	you be using	a professional	sound engineer	? Yes - see encle	osed acoustica	l survey
Sound syste	em: Music syste	em with eight s	sound proofing: speakers on each ustical survey.	floor played dai	ly and suitabl	e for fine dining.
Will you be	permitting:	_ promoted ev	vents sched	duled performan	ces out	side promoters
any ev	ents at which	a cover fee is	charged? X p	rivate parties		
establishme	ent? no	X yes (if ye		plans) We will be	taking reservation	ewalk caused by your ons to avoid any lines outside t crowds outside.**
Will you be	utilizing	ropes m	ovable barriers	other outsic	le equipment	(describe)
**The team/	staff will assu	re there are no	crowds or lines	outside.		
Are your pre	emises within 2	200 feet of any	school, church	or place of worsl	nip? <u>X</u> no	yes
please sub	mit a block p	<u>-</u>	r area map shov	•	-	or on the same block, ty to your applicant
Indicate the	distance in fe	et from the pro	posed premise:			
Name of Sc	chool / Church:	·				
Address:					Distance:	

Name of School / Church:	
Address:	Distance:
Name of School / Church:	
Address:	Distance:
Please provide contact information for Residents / Community you will address it immediately.	y Board and confirm that if complaints are made
Contact Person: <u>Ian Medwin</u>	Phone:
Address:	
Email : ian@amberhospitalityllc.com	
Application submitt behalf of the application	
Donald M. Be	rnstein
Signature	
Print or Type Name <u>Donald M. B</u> e	ernstein, Esq.
Title Counsel for	applicant

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 The proposed hours of operation for the first floor are:

o 10:00am to 12:00am Monday to Sunday

The proposed hours of operation for the second floor are

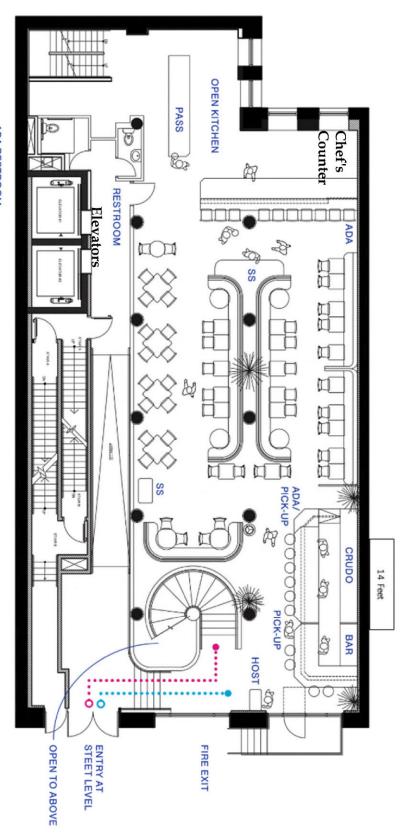
- o 8:00am to 12:00am Monday to Wednesday
- o 8:00am to 2:00am Thursday and Friday
- 10:00am to 2:00am Saturday
- o 10:00am to 12:00am Sunday

The proposed hours of operation for the exterior roadway seating are:

- o Lunch 1130 am to 3 pm Monday thru Sunday
- o Dinner 530 pm to 11pm Monday thru Sunday

Ossea LLC 39 Clarkson Street New York, NY 10014

bar stools for a total of 102 seats 1st floor tables= 33 and seats= 92 which includes the chef's counter together with a 14' customer bar with 10 Restaurant



ADA RESTROOM

Ossea LLC 39 Clarkson Street New York, NY 10014

Lounge 2nd floor tables= 21 and seats= 68 which includes the private dining together with a 26' customer bar with 14 bar stools for a total of 82 seats

