| Meeting Date: MEXT AVAILABLE | | |
|--|---|--|
| APPLICANT INFORMATION: | | |
| Name of applicant(s): CE 27 LLC | | |
| Trade name (DBA): QUIQUE CRUDO | | |
| Premises address: 27 BEDFORD STREET | | |
| Cross Streets and other addresses used for building/premise: DOWNING STREET AND SIXTH AVENUE | | |
| CONTACT INFORMATION: | | |
| Principal(s) Name(s): WINSTON KULOK | | |
| Office or Home Address: C/O MSA 123 WEST THIRD STREET #R | | |
| City, State, Zip: NEW YORK NY 10012 | | |
| Telephone #: email : | | |
| Landlord Name / Contact: | | |
| Landlord's Telephone and Fax: | | |
| NAMES OF ALL PRINCIPAL(s): | NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD | |
| WINSTON KULOK | CAFE H. INC. #1260162 5-48 49TH AVENUE LIC NY 11101 | |
| | ONE KID CORP. #1196062 1010 50TH AVENUE LIC NY 11101 | |
| | | |
| Briefly describe the proposed operation | ion (i.e. "We are a family restaurant that will focus on"): | |
| We are a family-owned restaurant group that has over twenty-years of experience in the restaurant industry. We | | |
| operate a Michelin-starred restauarant (Casa Enrique) and French cafe (Cafe Henri) in Long Island City. Quique | | |
| Crudo will be a seafood and cocktail focused Mexican restaurant. | | |
| | | |

| WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY): | | | | | |
|--|--|--|-------------------------------------|--|--|
| a new liquor license (V 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 this is for a new application, please list previous use of location for the last 5 years: MARBLE BAR, dessert bar and cafe | | | | | |
| | | | | | |
| Is any license under the ABC Law currently active at this location? yes | | | | | |
| 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? | | | | | |
| If yes, please list DBA names and dates of operation: | | | | | |
| MARBLE BAR, 03/2019 - 05/2022 | | | | | |
| JUST GLAZE LLC, 01/2015 - 02/2017 | | | | | |

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: 4 Year Built : | | | |
| Describe neighboring buildings: MIXED RESIDENTIAL AND COMMERCIAL BUILDINGS | | | |
| Zoning Designation: R6 | | | |
| Zoning Overlay or Special Designation (applicable) | | | |
| Block and Lot Number:528/ _38 | | | |
| 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 : NO CHANGES HAVE BEEN MADE | | | |
| | | | 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?15 | | | |
| Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits? | | | |
| noyes | | | |
| If yes, what is the maximum occupancy for the premises?15 | | | |
| 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? yesno | | | |
| 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? 1100 If more than one floor, please specify square footage by floors: Store: 400, Cellar: 700 If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area? If more than one floor, what is the access between floors? Through door to cellar How many entrances are there? ___1 __ How many exits? __1 __ How many bathrooms ? __1 __ Is there access to other parts of the building? ___ no ___ yes, explain: ____ **OVERALL SEATING INFORMATION:** Total number of tables? _____ Total table seats? _____ Total number of bars? 1 Total bar seats? 12 Total number of "other" seats? please explain : Total OVERALL number of seats in Premises : 12 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? Any food counters? ___ no ____ yes, describe : The one bar in the premises will serve food and drink 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:

___ Bar ___Bar & Food ___Restaurant ___Club/ Cabaret ___Hotel ___Other: ______

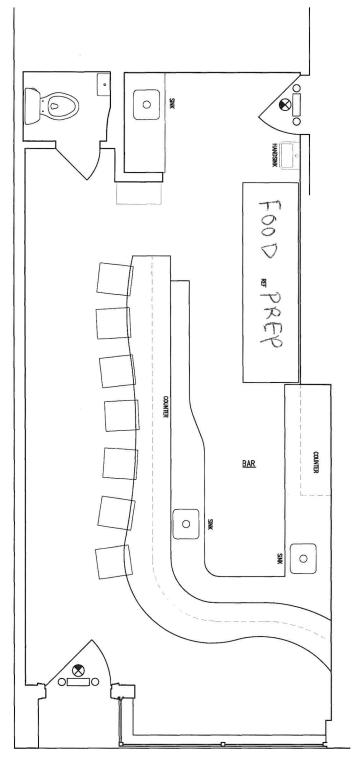
What type of establishment will this be? (check all that apply)

| What are the Hours of Operation? | | | | |
|--|--|--|--|--|
| Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday: | | | | |
| 10AM to 4 PM 4PM to 2AM 4PM to 2AM 4PM to 2AM 4PM to 2AM 5:30PM to 2AM 10 AM to 2AM | | | | |
| Will the business employ a manager? no/ yes, name / experience if known : | | | | |
| Will there be security personnel? ves(if yes, what nights and how many?) | | | | |
| If yes, please describe : | | | | |
| Will you have TV's ? yes (how many?) | | | | |
| Type of MUSIC / ENTERTAINMENT: Live MusicLive DJJuke Box lpod / CDsnone | | | | |
| Expected Volume level: | | | | |
| Do you have or plan to install soundproofing? <a 11").<="" href="mailto:you mailto:you mailto:you</td></tr><tr><td colspan=5>IF YES, will you be using a professional sound engineer?</td></tr><tr><td colspan=5>Please describe your sound system and sound proofing:</td></tr><tr><td></td></tr><tr><td>Will you be permitting: promoted events scheduled performances outside promoters</td></tr><tr><td> any events at which a cover fee is charged? private parties</td></tr><tr><td>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)</td></tr><tr><td>Will you be utilizing ropes movable barriersother outside equipment (describe)</td></tr><tr><td>Are your premises within 200 feet of any school, church or place of worship? ve no yes</td></tr><tr><td>If there is a school, church or place of worship within 200 feet of your premises or on the same bloc please submit a block plot diagram or area map showing its' location in proximity to your applicant premises (no larger than 8 <math>\frac{1}{2}</math> " td="" x=""> | | | | |
| 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 and will address it immediately. | / Community Board and confirm that if complaints are made |
| Contact Person: | Phone: |
| Address: | |
| | |
| Applica behalf o | tion submitted on f the applicant by: Signature |
| Print or Type Name | WINSTON KULOK |
| Title_ | PRESIDENT |
| | |

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

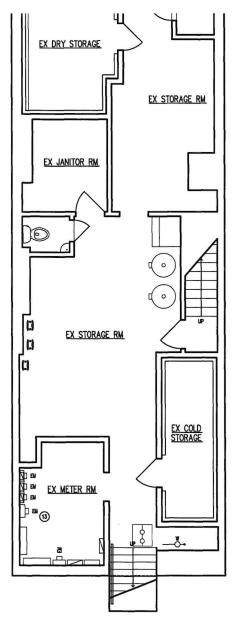


EATING AND DRINKING ESTABLISHMENT
USE GROUP 6A
424 SF SEATING AREA
15 OCCUPANT AS PER
C OF OCCUPANCY M30048
12 PATRONS AND
3 EMPLOYEES
TOTAL = 15 PERSONS

SEATING AREA
12 PATRONS
3 EMPLOYEES
TOTAL 15 PERSONS

BEDFORD STREET





ACCESSORY TO EATING AND DRINKING ESTABLISHMENT 1000 SF AREA 3 EMPLOYEES

EXISTING CELLAR PLAN