

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s):
Ryan Reynolds

Trade name (DBA):
West 10 West

Premises address:
242 West 10th Street New York, NY 10014

Cross Streets and other addresses used for building/premise:
Between Bleecker & Hudson

CONTACT INFORMATION:

Principal(s) Name(s):
Ryan Reynolds

Office or Home Address: 242 West 10th Street

City, State, Zip: New York, NY 10014

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact:
GPG Management - David Parks

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):

Ryan Reynolds

Mariquit Ingalla

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

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

We are two local neighbors of CB2, one of which is also a small business owner in the West Village, who are opening a dining establishment focusing on serving our community, first and foremost. We hope to operate as a daytime cafe, offering take away coffee service as well as a menu for seated breakfast/lunch until 3pm. Dining service will reopen at 5pm for seated dinner, offering beer and wine with meals.

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.)

> N/A

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

N/A

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: N/A

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:

N/A

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: 5 Year Built : _____

Describe neighboring buildings:

Zoning Designation: _____

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 619 / 14

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? N/A 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 sidewalk and street cabin

What is the proposed Occupancy? 24 inside ; 8-10 outdoors

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? N/A

If yes, what is the use group for the premises? N/A

If yes, is proposed occupancy permitted? N/A yes no, explain : _____

If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? N/A 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: N/A

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 450

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?

Yes, Sidewalk Cafe and Street Dining Cabin

If more than one floor, what is the access between floors? N/A

How many entrances are there? 1 How many exits? 1 How many bathrooms? 1

Is there access to other parts of the building? No no no yes, explain: _____

OVERALL SEATING INFORMATION:

Total number of tables? 7 Total table seats? 16

Total number of bars? 1 Total bar seats? 8

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

Total OVERALL number of seats in Premises : 24

BARS:

How many ^{*}stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 8

How many service bars are being applied for on the premises? 1

Any food counters? X no 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)

no Bar no Bar & Food X Restaurant no Club/ Cabaret no Hotel no Other: _____

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:

8am to 10pm 8am to 10pm 8am to 10pm 8am to 10pm 8am to 12am 8am to 12am 8am to 12am

Will the business employ a manager? no yes, name / experience if known : Operations Manager at Hotel

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 : N/A

Will you have TV's ? no yes (how many?) N/A

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? N/A

Please describe your sound system and sound proofing: N/A

Will you be permitting: No promoted events No scheduled performances No outside promoters

No any events at which a cover fee is charged? Yes 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: Ryan Reynolds Phone: [REDACTED]

Address: [REDACTED]

Email : [REDACTED]

Application submitted on behalf of the applicant by:

RYAN REYNOLDS
Signature

Print or Type Name RYAN REYNOLDS

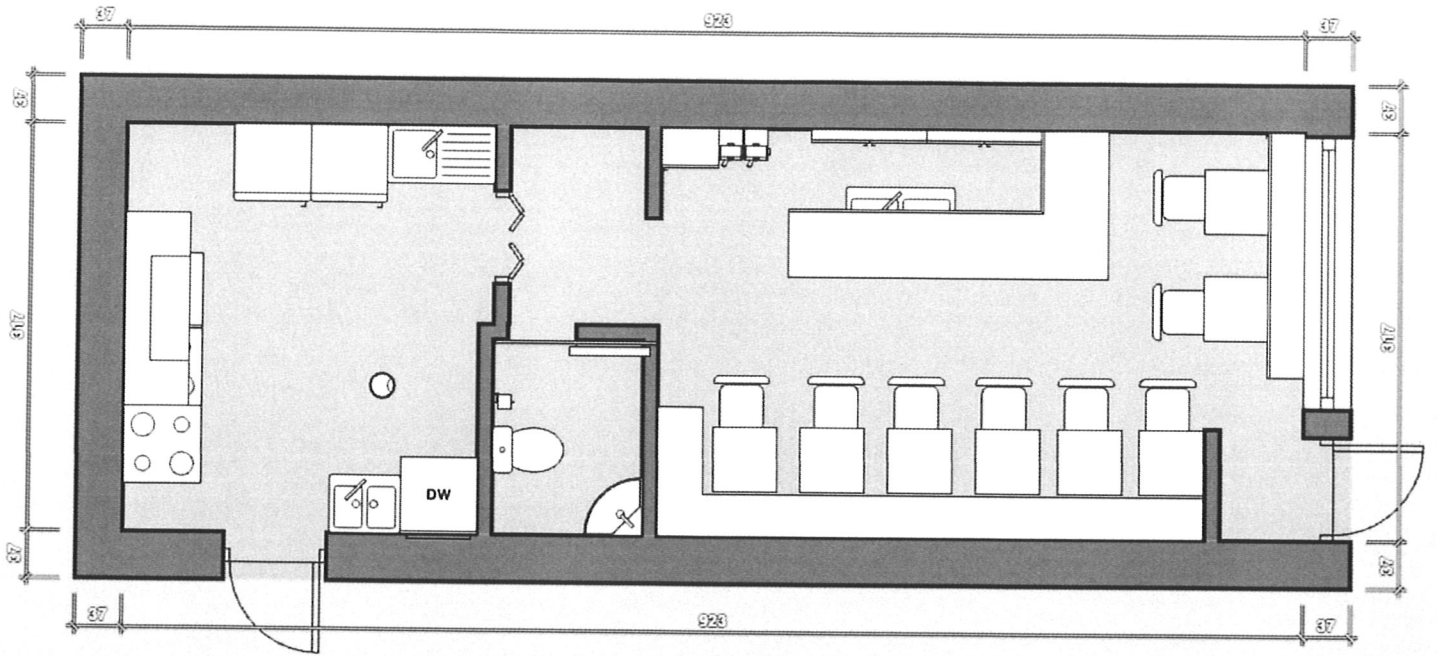
Title CO-OWNER

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.

Carter Booth

[Signature]

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





DINNER MENU

| | |
|--|----|
| Chocolate & hazelnut cookie | 4 |
| Savoury muffin | 5 |
| Yoghurt & lavender cake | 6 |
| Toast, jams and preserves | 8 |
| Mixed grain bircher muesli, date and pistachio | 10 |
| Toasted muesli, yoghurt and blueberries | 10 |
| Pain d'épice, rhubarb & pear | 12 |
| Lune croissant, smoked leg ham and gruyere | 11 |
| Baked eggs, greens, labneh and Turkish chilli | 17 |
| Mackerel on toast, green olive, tomato & rouille | 14 |
| Mortadella sandwich with gentleman's relish | 12 |
| Omelette with zucchini, tarragon and fresh ricotta | 17 |
| Heirloom tomatoes, stracciatella & basil on toast | 14 |
| Smoked bacon, Boudin noir and fried eggs | 18 |
| Lune croissant, cultured butter and hibiscus & rhubarb jam | 8 |
| Ricotta doughnuts and chocolate sauce | 10 |

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CAFÉ MENU

| | |
|---|-----|
| Coffee: | |
| Espresso, Short Macchiato, Long black, Flat White, Café Latte | 2.5 |
| Cappuccino, Long Macchiato, Piccolo | 3.5 |
| Chai Latte | 3.5 |
| Hot chocolate | 4.5 |
| Tea: | |
| English Breakfast, Earl Grey, Peppermint, Chamomile, Green, Liquorice, Chamellia Tea | 4.5 |
| Fresh Juice | 4.5 |
| SanBitter | 8 |
| Bloody Mary | 16 |
| Hawkers Pilsner on tap | 6 |

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