

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): Kured
Inc. _____

Trade name (DBA):
Kured _____

Premises address:
218 Thompson St, New York, NY 10012 _____

Cross Streets and other addresses used for building/premise:
West 3rd and Thompson _____

CONTACT INFORMATION:

Principal(s) Name(s):
Gillian Rozynek _____

Office or Home Address: [REDACTED] _____

City, State, Zip: Brooklyn, NY 11249 _____

Telephone #: [REDACTED] email : [REDACTED] _____

Landlord Name / Contact: 218-220 Thompson Holdings LLC c/o Sonny
Tan _____

Landlord's Telephone and Fax: [REDACTED] _____

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
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Gillian Rozynek _____	_____
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Richard Kim _____	_____
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_____	_____
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Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):

We are a quick-service charcuterie board eatery. We focus on providing
customers on-demand charcuterie boards to eat on site or take away.

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:

Coffee shop, bubble tea shop

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 If yes, please list DBA names and dates of operation:

☒ NO _____

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 : _____

Describe neighboring buildings:

Smoke-shop and Japanese restaurant

Zoning Designation: _____ Use Group 6 _____

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 537 / _____ Tax Lot 6 _____

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? Less than 74

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? Less than 74

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? ☐ 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? 750 SF

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?

If

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

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

Is there access to other parts of the building? 1 no _____ yes, explain: _____

OVERALL SEATING INFORMATION:

Total number of tables? 7 Total table seats? 19

Total number of bars? _____ Total bar seats? _____

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

Total OVERALL number of seats in Premises : 19

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 0 Seats 0

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: _____

* 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 ^x Restaurant Club/ Cabaret Hotel Other: _____

What are the Hours of Operation?

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

12 to 7 12 to 7 12 to 7 12 to 7 12 to 9 12 to 9 12 to 9

Will the business employ a manager? ☐ no ☒ yes, name / experience if known : Gillian Rozynek, 5+ years managerial experience in food/bev

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: _____

_____ We have sonos speakers installed in our store that we play as background music.

Will you be permitting: ☐ promoted events ☐ scheduled performances ☐ outside promoters

☐ any events at which a cover fee is charged? ☒ private parties (maybe once or twice a year)

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 ½ " 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: _____ Phone: _____

Address: _____

Email : _____

Application submitted on
behalf of the applicant by:

Signature

Print or Type Name _____ Gillian Rozynek

Title _____ Owner

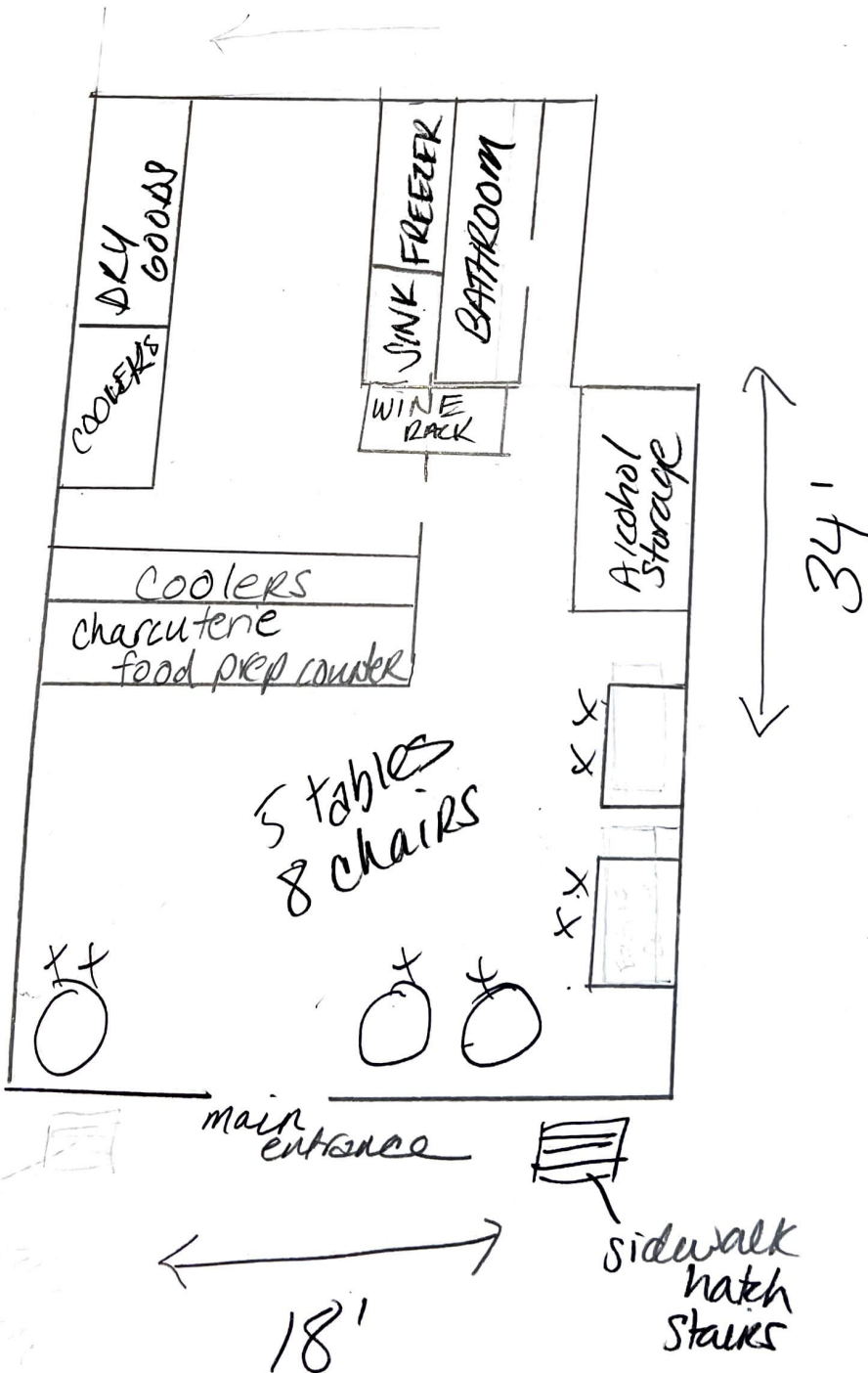
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.





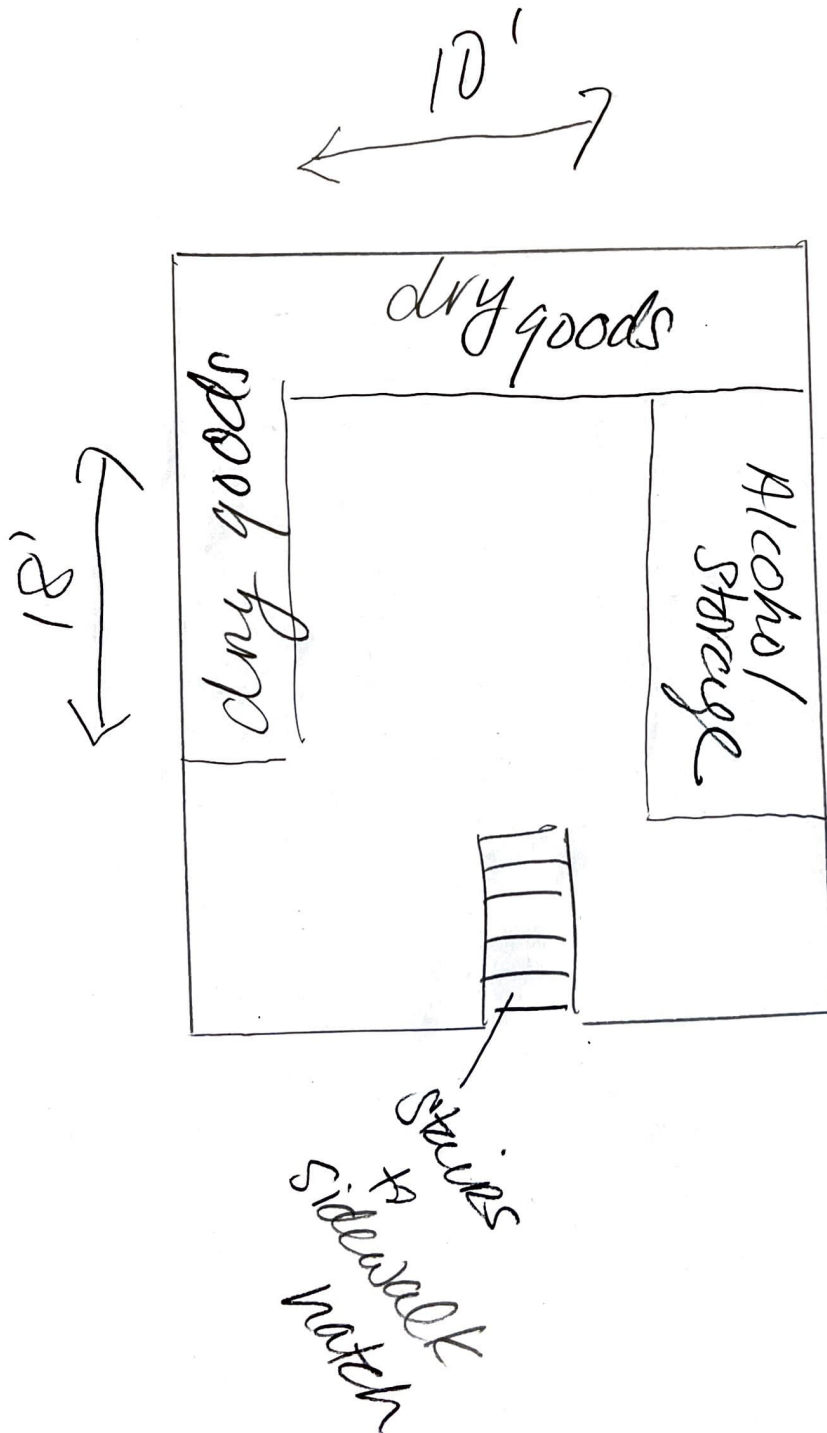
Community Board 2,
Manhattan SLA Licensing Committee
Donna Raftery, Co-Chair
Robert Ely, Co-Chair

Kured



Basement Diagram

Kured Co.











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ANOTHER POSSIBLE

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KURE

218

café

KURE

café



