

**Meeting Date:** \_\_\_\_\_

**APPLICANT INFORMATION:**

Name of applicant(s): Hudson River Rice LLC  
\_\_\_\_\_

Trade name (DBA): GLAZE TERIYAKI  
\_\_\_\_\_

Premises address: 350 Hudson Street, New York, NY 10014  
\_\_\_\_\_

Cross Streets and other addresses used for building/premise:

Between Charlton St & King St  
\_\_\_\_\_

**CONTACT INFORMATION:**

**Principal(s) Name(s):** Paul Krug  
\_\_\_\_\_

Office or Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone #: [REDACTED] email : [REDACTED]  
\_\_\_\_\_

**Landlord Name / Contact:** Neha Desai  
\_\_\_\_\_

Landlord's Telephone and Fax: [REDACTED]  
\_\_\_\_\_

**NAMES OF ALL PRINCIPAL(s):      NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD**

Paul Krug  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Fast casual restaurant. We want to include beer and wine as part of the business.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.)

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

Dig Inn - Chain Restaurant - Not licensed

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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: \_\_\_\_\_

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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:

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**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: 1 Year Built : 1930

Describe neighboring buildings: Commerical

Zoning Designation: M1-6, HSQ

Zoning Overlay or Special Designation (applicable) \_\_\_\_\_

Block and Lot Number: 580 / 39

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? 75

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? 75

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?  yes  no n/a

Do you plan to file for changes to the Certificate of Occupancy?  yes  no n/a  
(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: new signage with d/b/a name "Glaze"

## INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1,500

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?  
n/a

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 yes, explain: \_\_\_\_\_

## OVERALL SEATING INFORMATION:

Total number of tables? 8 Total table seats? 17

Total number of bars? 0 Total bar seats? 0

Total number of "other" seats? 4 please explain : food counter seating

Total OVERALL number of seats in Premises : 21

## 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 customer dining

### *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  Restaurant Club/ Cabaret Hotel Other: \_\_\_\_\_



What are the Hours of Operation?

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

12pm to 9pm 11:30am to 9pm    11:30am to 9pm    11:30am to 9pm      11:30am to 9pm    11:30am to 9pm      12pm to 9pm

Will the business employ a manager?     no     yes, name / experience if known : TBD

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: \_\_\_\_\_

Will you be permitting:     promoted events     scheduled performances     outside promoters

any events at which a cover fee is charged?     private parties      **NONE**

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: Paul Krug phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Application submitted on behalf of the applicant by:

[Signature]  
Signature

Print or Type Name Paul Krug

Title Managng Member

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.

[Signature]

[Signature]

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

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

## ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

**Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.**

### 1. Zoning

1a. State what the area is zoned for:  
(e.g., Residential, Business, Mixed etc.)

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits?

 Yes     No     Pending

### 2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address?

 Yes     No

If YES, please specify:

*If the address was changed due to a 911 update or other government action, please include documentation for the change.*

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

 Currently Licensed     Previously Licensed     Never Licensed     Do Not Know

Name of Licensee:

License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

 Yes     No     Do Not Know

**Any pending disciplinary action may delay a determination on this application or result in the disapproval.**

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed?

 Yes     No

Name of Licensee:

License Serial Number:



OFFICE USE ONLY			
<input type="radio"/> Original	<input type="radio"/> Amended	Date	_____

**3. Premises (interior):**

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:   
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?  
If yes, show the means of access on the interior diagram(s).  Yes  No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?  
(e.g., hallway, stairwells, common areas, etc.)  Yes  No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises:  3h. Number of tables?

3i. Number of seats at tables?  3j. Number of seats at bar or counter?   
+ 4 food counter seats

**4. Bars:**

4a. How many customer bars are located on the premises?   
*(a customer bar is where patrons may order, purchase or receive alcoholic beverages)*

4b. How many service bars? *(a service bar is for wait staff use exclusively)*

4c. Describe each bar in the fields below:

<p><b>Bar 1</b></p> <p>Bar Type: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Length: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Shape: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Location: <input style="width: 100%; height: 20px;" type="text"/></p>	<p><b>Bar 2</b></p> <p>Bar Type: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Length: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Shape: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Location: <input style="width: 100%; height: 20px;" type="text"/></p>	<p><b>Bar 3</b></p> <p>Bar Type: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Length: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Shape: <input style="width: 100%; height: 20px;" type="text"/></p> <p>Location: <input style="width: 100%; height: 20px;" type="text"/></p>
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**Attach additional sheets if there are more than 3 bars.**



OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

**5. Kitchen:**

5a. Does the premises have a full kitchen?  Yes  No

If NO, does the premises have a food preparation area?  Yes  No

**Show Kitchen or Food Prep Area on the Interior Diagram**

**NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU**

5b. Is a chef/cook employed at the premises?  Yes  No

If YES, please list hours of day chef/cook will devote to the premises:

All hours of operation

**6. Hotel or Bed & Breakfast:**

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises?  Yes  No

**7. Outdoor Areas:**

7a. Are there any outside areas used for the sale or consumption of alcohol?  Yes  No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:  
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

Sidewalk Cafe  Deck  Patio  Porch  Gazebo

Rooftop  Yard  Balcony  Pavilion  Tent

Other (describe):

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control?  Yes  No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

Fencing  Wall  Shrubbery  Roping  Stanchions

Other (describe):

7f. Is a permit required by the locality for outside area(s)?  Yes  No

If yes, submit a copy of the permit.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

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## PROPOSED METHOD OF OPERATION

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*This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.*

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises?  Yes  No  
*(If YES, please provide details on a separate sheet)*

1a. If the premises *is not* a catering establishment, will the premises periodically close to host private events?  Yes  No

If YES, how frequently?

2. Will the premises have music?  Yes  No

2a. If YES, check all that apply:  Recorded  DJ  Juke Box  Karaoke

Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):

2b. Will the premises use the services of an Event Promoter?  Yes  No

3. Will the premises permit dancing?  Yes  No

3a. If dancing is permitted, who will be permitted to dance?  Patrons  Employees for Entertainment  Both

3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing?  Yes  No

4. Will there be topless entertainment?  Yes  No

5. Will the business employ a manager?  Yes  No

5a. If NO, will principal(s) manage?  Yes  No

6. How many employees? (excluding principals and security personnel)

6a. If answer is "0" please provide an explanation:

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions).  
If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:

Disability Insurance Carrier Name and Policy Number:

**If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996**

8. Will security personnel be used at the premises?  Yes  No

9a. If YES, how many?

9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

*The Licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.*

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

Management will be on premises at all times to supervise and control the establishment and ensure ABC law compliance. All employees will receive training so as to know how to prevent service of alcohol to minors, intoxicated individuals and how to handle disorderly patrons.

10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

Yes  No

10a. If NO, please explain:

**ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY**

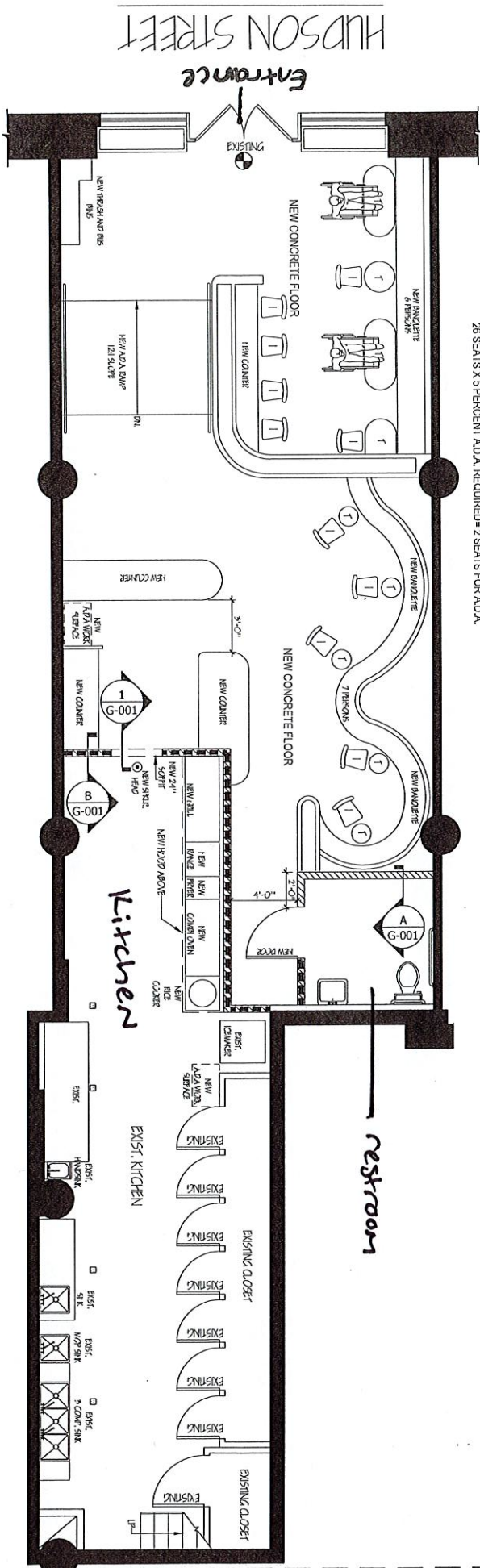
A list of county closing hours is available at the following link:  
<http://sla.ny.gov/provisions-for-county-closing-hours>



# Hudson River Rice LLC

## Ground Floor

NEW EATING OR DRINKING ESTABLISHMENT  
 UG: 6 OCC:A-2  
 26 PATRONS + 4 EMPLOYEES = 30 PERSONS TOTAL  
 26 SEATS X 5 PERCENT A.D.A. REQUIRED = 2 SEATS FOR A.D.A.



HUDSON STREET  
 Entrance

restroom

Kitchen

EXIST. KITCHEN

EXISTING CLOSET

EXISTING CLOSET

EXIST. SINK

EXIST. SINK

EXIST. SINK

EXIST. SINK

EXIST. SINK

EXIST. SINK

EXIST. SINK

EXIST. SINK



[Locations](#) [Menu](#) [Catering](#)

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# Hudson River Rice LLC - Menu

## Our Menu

### Pick a Protein



Chicken Thigh



Grass Fed Steak



Veggie



Ôra King Salmon



Charred Pork Ribs



Combo



Organic Tofu



Chicken Breast



Hidden Fjord Salmon

Pick a Base

All our bases are vegan



White Rice

With side of Mixed Greens



Brown Rice

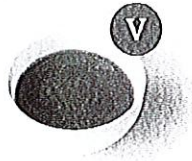
With side of Mixed Greens



Salad

Mixed Greens with Edamame, Cherry Tomatoes, Carrot, Cucumber & Cabbage

Dressing Options



Sesame

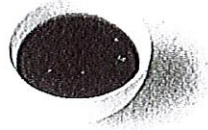


Carrot - Ginger



Honey Lemon

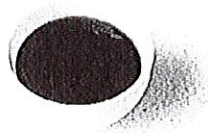
Pick a Sauce



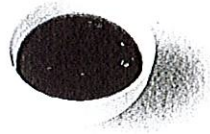
Regular Teriyaki



Gluten Free Teriyaki



Spicy Teriyaki



Extra Spicy Teriyaki



The Hottest Teriyaki

## Sides



Crispy Gyoza Dumplings

Vegetable (VG), Chicken or Pork



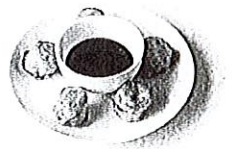
Menu — Glaze Teriyaki  
Cucumber Salad



Steamed Edamame



Shishito Peppers



Shrimp Shumai



Cold Soba Noodle Salad



Spicy-Yaki Chicken Wings



Charred Pork Ribs

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Made with Love in New York



This report is for informational purposes only in aid of identifying establishments potentially subject to 500 and 200 foot rules. Distances are approximated using industry standard GIS techniques and do not reflect actual distances between points of entry. The NYS Liquor Authority makes no representation as to the accuracy of the information and disclaims any liability for errors.

Proximity Report For:	
Location	<b>350 Hudson St, New York, New York, 10014</b>
Geocode	<b>Latitude: 40.72768 Longitude: -74.00708</b>
Report Generated On	<b>11/16/2023</b>

8 Closest Liquor Stores		
Name	Address	Distance
WINE HUT CORP, THE Ser #: 1337378	197 6TH AVE CORNER RETAIL STORE NEW YORK, NY 10014	985 ft
JEAN LUC'S WINES LLC Ser #: 1164486	600 WASHINGTON STREET MORTON & LEROY NEW YORK, NY 10014	1,160 ft
SPIRITS OF CARMINE INC Ser #: 1023606	52 CARMINE ST NEW YORK, NY 10014	1,248 ft
GOLDEN RULE WINE & LIQUOR STORE INC Ser #: 1023599	457 HUDSON STREET NEW YORK, NY 10014	1,316 ft
HUDSON SQUARE LIQUORS INC Ser #: 1270829	80 92 VARICK ST STORE #3 NEW YORK, NY 10013	1,405 ft
SOHO WINE GALLERY INC Ser #: 1023584	187 SPRING STREET NEW YORK, NY 10012	1,522 ft
SOHO WINE & SPIRITS LTD Ser #: 1023583	459 W BROADWAY NEW YORK, NY 10012	1,917 ft
JUST ADVENTURE INC Ser #: 1259996	315 6TH AVENUE NEW YORK, NY 10014	1,943 ft

Schools within 500 feet		
Name	Address	Distance
No Schools within 500 feet		

Churches within 500 feet	
Name	Distance
Orthodox American Church	351 ft

Pending On Premises Liquor Licenses within 750 feet		
Name	Address	Distance
CESARS RESTAURANT LLC Ser #: 1369609	333 HUDSON ST NEW YORK, NY 10013	237 ft
GREED ISLAND LLC Ser #: 1355756	61 VANDAM ST NEW YORK, NY 10013	432 ft
RESTAURANT ASSOCIATES INC Ser #: 1363929	550 WASHINGTON ST FL 6 NEW YORK, NY 10014	723 ft
RESTAURANT ASSOCIATES INC Ser #: 1363913	550 WASHINGTON ST FL 12 NEW YORK, NY 10014	723 ft

Active On Premises Liquor Licenses within 750 feet		
Name	Address	Distance
FORAGERS 350 LLC Ser #: 1342904	350 HUDSON ST A1 NEW YORK, NY 10014	0 ft
RESTAURANT ASSOCIATES LLC Ser #: 1325140	345 HUDSON ST 15TH FL NEW YORK, NY 10014	101 ft
RESTAURANT ASSOCIATES LLC Ser #: 1325139	345 HUDSON ST 5TH FL NEW YORK, NY 10014	101 ft
JAYS NICKELS AND DIMES INC Ser #: 1342729	333 HUDSON ST, NORTH STORE NEW YORK, NY 10013	237 ft
SOHO VILLAGE HOTEL LLC & SAN MARINO AT SOHO INC Ser #: 1203960	66 CHARLTON ST HUDSON ST AND VARICK ST NEW YORK, NY 10013	260 ft
MAMAN HUDSON SQUARE LLC Ser #: 1340678	375 HUDSON ST STE 103 NEW YORK, NY 10014	325 ft
RESTAURANT ASSOCIATES LLC Ser #: 1325037	315 HUDSON ST 6TH FL NEW YORK, NY 10013	494 ft
RESTAURANT ASSOCIATES LLC Ser #: 1325138	315 HUDSON ST 9TH, 10TH FL NEW YORK, NY 10013	501 ft
HENSAM ENTERPRISES INC Ser #: 1025554	204 VARICK STREET NEW YORK, NY 10014	608 ft
FORTUNA REALTY HOTEL SOHO LLC & 523 GREENWICH REST Ser #: 1276079	523 GREENWICH ST NEW YORK, NY 10013	709 ft
SWAY LOUNGE LLC Ser #: 1125551	305 SPRING STREET NEW YORK, NY 10013	716 ft
RED CAT BAR LLC Ser #: 1322088	286 SPRING ST NEW YORK, NY 10013	721 ft
PINE AND POLK LLC Ser #: 1340918	300 SPRING ST NEW YORK, NY 10013	735 ft
MERRIN HOSPITALITY NY1 LLC Ser #: 1348628	222 224 W HOUSTON ST NEW YORK, NY 10014	747 ft
SARPAR LLC Ser #: 1319633	64 DOWNING ST NEW YORK, NY 10014	747 ft



# Certificate of Occupancy

CO Number:1009750-0000007

This certifies that the premises described herein conforms substantially to the approved plans and specifications and to the requirements of all applicable laws, rules and regulations for the uses and occupancies specified.No change of use or occupancy shall be made unless a new Certificate of Occupancy is issued. *This document or a copy shall be available for inspection at the building at all reasonable times.*

A.	<b>Borough:</b> MANHATTAN	<b>Block Number:</b> 580	<b>Full Building Certificate Type:</b> Temporary <b>Date Issued:</b> 08/10/2023
	<b>Address:</b> 350 HUDSON STREET	<b>Lot Number(s):</b> 39	
	<b>Building Identification Number(BIN):</b> 1009750	<b>Additional Lot Number(s):</b>	
		<b>Application Type:</b> A1 - ALTERATION TYPE 1	
<b>This building is subject to this Building Code:</b> 1968			
<b>This Certificate of Occupancy is associated with job#</b> 121686185-01			
B.	<b>Construction Classification:</b> 1: FIREPROOF STRUCTURES		
	<b>Building Occupancy Group classification:</b> B - BUSINESS		
	<b>Multiple Dwelling Law Classification:</b> Not Available		
	<b>No.of stories:</b> 9	<b>Height in feet:</b> 121	<b>No.of dwelling units:</b> Not Available
C	<b>Fire Protection Equipment:</b> Fire Alarm System, Sprinkler System, Standpipe System		
D	<b>Parking Spaces and Loading Berths:</b>		
	Open Parking Spaces: 0		
	Enclosed Parking Spaces: 0		
	Total Loading Berths: Not available		
E.	<b>This Certificate is issued with the following legal limitations:</b>		
	Restrictive Declaration: None	Zoning Exhibit: None	
	BSA Calendar Number(s): None	CPC Calendar Number(s): None	
<b>Borough Comments:</b>			

Borough Commissioner

Commissioner





### Permissible Use and Occupancy

FLOOR	Occ Group	Max. Persons Permitted	Live Loads (lbs per sq ft)	Zoning Use Group	Dwelling or Rooming Units	Job Reference	Certificate of Occupancy Type	CO Expiration Date
Cellar	S-1	1	OG	6		121686185	Temporary	11/08/2021
Description of Use: Storage of Flammable or Combustible Materials Oil tank rooms.						Exceptions:		
Cellar	F-2	30	OG	6		121686185	Temporary	11/08/2021
Description of Use: Mechanical and/or electrical equipment rooms BOILER ROOM, PUMP ROOM, SWITCH GEARBOARD ROOMS AND PREP KITCHEN ACCESSORY TO BUILDING & TENANTS						Exceptions:		
Cellar	S-2	4	OG	6		121761600	Final	
Description of Use: Storage of non combustibles materials Storage						Exceptions:		
Cellar	B	15	OG	6		121686185	Temporary	11/08/2021
Description of Use: Offices Offices						Exceptions:		
Floor 1	M	150	250	6		121686185	Temporary	
Description of Use: Retail Sales Retail stores.						Exceptions:		
Floor 1	F-2	149		6, 17		121686185	Temporary	09/13/2021
Description of Use: Low-Hazard: Processing Food products, retail (additional occupancy M)						Exceptions:		





## Permissible Use and Occupancy

FLOOR	Occ Group	Max. Persons Permitted	Live Loads (lbs per sq ft)	Zoning Use Group	Dwelling or Rooming Units	Job Reference	Certificate of Occupancy Type	CO Expiration Date
Floor 1	B	149	250	6		121686185	Temporary	
Description of Use:						Business and Service Eating & drinking establishments (less than 75 people each), and lobby.		
Description of Use:						Exceptions:		
Floor 1	S-2		250	16		121761600	Final	
Description of Use:						Parking Garage Truck Dock and Parking		
Description of Use:						Exceptions:		
Mezzanine - 1	M	3	100	6		121686185	Temporary	
Description of Use:						Retail Sales Storage and mechanical accessory to retail.		
Description of Use:						Exceptions:		
Mezzanine - 1	B	16	100	6		121686185	Temporary	
Description of Use:						Other Employee lounge and storage accessory to business.		
Description of Use:						Exceptions:		
Floor 2	B	220	250	6		121686185	Temporary	11/08/2023
Description of Use:						Offices		
Description of Use:						Exceptions:		
Floor 3	B	300	160	6		121761600	Final	
Description of Use:						Offices		
Description of Use:						Offices		
Description of Use:						Exceptions:		



## Permissible Use and Occupancy

FLOOR	Occ Group	Max. Persons Permitted	Live Loads (lbs per sq ft)	Zoning Use Group	Dwelling or Rooming Units	Job Reference	Certificate of Occupancy Type	CO Expiration Date
Floor 4	B	300	160	6		121761600	Final	
Description of Use: Offices Offices						Exceptions:		
Floor 5	B	300	160	6		121761600	Final	
Description of Use: Offices Offices						Exceptions:		
Floor 6	B	300	160	6		121761600	Final	
Description of Use: Offices Offices						Exceptions:		
Floor 7	B	300	160	6		121761600	Final	
Description of Use: Offices Offices						Exceptions:		
Floor 8	B	300	160	6		121761600	Final	
Description of Use: Offices Offices						Exceptions:		
Floor 9	B	68	50	6		121761600	Final	
Description of Use: Offices Offices with Accessory Private Outdoor Terrace (NON-PA)						Exceptions:		



### Permissible Use and Occupancy

FLOOR	Occ Group	Max. Persons Permitted	Live Loads (lbs per sq ft)	Zoning Use Group	Dwelling or Rooming Units	Job Reference	Certificate of Occupancy Type	CO Expiration Date
Floor 9	A-2	132	50	6		121761600	Final	
Description of Use: Cafeteria Cafeteria Place of Assembly at Private Outdoor Terrace Accessory to Offices						Exceptions:		

CofO Comments:

Borough Commissioner

Commissioner



Now Open

Teriyaki with a Twist

GLAZE

