Meeting Date:	
APPLICANT INFO	RMATION:
Name of applicant(s):	WEST10WEST LLC / RYAN REYNOLDS
Trade name (DBA):	WEST10WEST
Premises address:	242 WEST 10TH STREET, NEW YORK, NY 10014
Cross Streets and other	addresses used for building/premise:
WEST 10TH STREET A	ND HUDSON
CONTACT INFORM	MATION:
Principal(s) Name(s):	RYAN REYNOLDS
Office or Home Address	
City, State, Zip: NEW Yo	ORK, NY 10014
Telephone #:	email :
Landlord Name / Conta	act:
Landlord's Telephone ar	nd Fax: 212 288 1999
NAMES OF ALL PRING Ryan Reyn Mariguit I	
WEST10WEST, an intima	osed operation (i.e. "We are a family restaurant that will focus on"): ate 23-seat restaurant, curates exceptional experiences with evolving plates, natural wines,
	commit to delivering innovative flavors and historic charm, setting the culinary standard in
a weicoming atmosphere	. We aspire to be a dynamic community hub, celebrating seasons and diverse influences,
inviting every visitor to sa	vor, connect, and indulge in the artistry of dining.

WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY):
a new liquoi	ficense (x_RestaurantTavern / On premise liquorOther)
X an UPGRAE	DE of an existing Liquor License
an ALTERA	TION of an existing Liquor License
a TRANSFE	R of an existing Liquor License
a HOTEL Lic	quor License
a DCA CABA	ARET License
a CATERINO	G / CABARET Liquor License
a BEER and	WINE License
a RENEWAL	of an existing Liquor License
an OFF-PRE	MISE License (retail)
OTHER:	
and 7	la a sidewalk enfe area
If this is for a new	application, please list previous use of location for the last 5 years:
Is any license unde	er the ABC Law currently active at this location? yes no
If yes, what is the r	name of current / previous licensee, license # and expiration date:
Have any other lice	enses under the ABC Law been in effect in the last 10 years at this location?
lf yes, please list D	BA names and dates of operation:

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 Commercial _x_Mixed (Res/Com) Other:
Number of floor: 5 Year Built: UNKnown
Describe neighboring buildings: M1x <d td="" us<<=""></d>
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? $\underline{\hspace{0.2cm}}$ yes $\underline{\hspace{0.2cm}}$ no
Is the premise located in a historic district? X 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) nox yes : explainsidewalk 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?
_X_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 yesno
Do you plan to file for changes to the Certificate of Occupancy? yes _X_ 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? _X_ no yes
(if yes, please describe: N/

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 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? Bars1_ Seats8
How many service bars are being applied for on the premises?1
Any food counters? _x 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 RestaurantClub/ CabaretHotelOther:

What are th	ae Hours of O	peration?				
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 bus	siness employ	a manager? _	no _X_yes,	name / experie	nce if known :	Operations Manager at Hote
Will there be Do you have	e security per e or plan to in	sonnel? <u>X</u> n stall French do	o yes(if ye ors, accordion de	es, what nights a oors or windows	ind how many? that open?	no yes
	se describe : _	N/A				
Will you hav	ve TV's ? _x		(how many?)			
					luke Box X	pod / CDsnone
	olume level:		nd (quiet) E			
Do you have	or plan to ins	stall soundproc	fing? <u>X</u> no _	yes		
IF YES, will	you be using	a professional	sound engineer?	N/A		
			sound proofing:	NIA		
			, ,			
			ents <u>No</u> sched		ces <u>No</u> outs	ide promoters
<u>™o</u> any eve	ents at which a	a cover fee is c	harged? Yes p	rivate parties		
Do you have establishmen	plans to man	age or address yes (if ye	s vehicular traffic s, please attach	and crowd con plans)	trol on the side	walk caused by your
Will you be u	tilizing r	opes mo	ovable barriers	other outsic	le equipment (describe)
Are your pren	mises within 2	00 feet of any	school, church c	or place of worst	nip? <u>X</u> no	yes
piease supm	ut a block pl	ch or place of ot diagram or 18½ " x 11").	area map show	200 feet of you	ur premises o n in proximity	r on the same block ⁄ to your applicant
Indicate the d	istance in fee	t from the prop	osed premise:			
Name of Scho	ool / Church:					
Address:						
						The state of the s

Name of School / Ch	urch.	
Address:		Distance:
Name of School / Ch	urch:	
Address:		
Please provide conta you will address it im	ct information for Residents / mediately.	Community Board and confirm that if complaints are made
Contact Person:	Ryan Reynolds	Phone:
Address:		
Email :		
		on submitted on the applicant by:
	RGAN K	CGNOLDS Signature
	Print or Type Name RY	AN REYNOLDS
	Title CC	-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 Carter Booth, Co-Chair Robert Ely, Co-Chair Jeanine Kiely, Chair Susan Kent, First Vice Chair Valerie De La Rosa, Second Vice Chair Mark Diller, District Manager



Antony Wong, Treasurer Amy Brenna, Secretary Ritu Chattree, Assistant Secretary

Community Board No. 2, Manhattan

3 Washington Square Village NEW YORK, NY 10012-1899 www.cb2manhattan.org

COMMUNITY BOARD 2 APPLICATION FOR A STATE LIQUOR AUTHORITY LICENSE ADDENDUM FOR OUTDOOR SEATING

For a Liquor License Application that includes any outdoor areas, please complete the following:

- Submit a diagram of outdoor seating indicating length and width of area(s) and location of all tables and chairs. Include all obstructions (trees, fire hydrants, proximity to bus stops, bike racks, signs, etc.).
- Submit photos of the premises where the sidewalk café and/or roadbed will be located. Required photos show one frontal, one left and one right side view of proposed sidewalk café and/or roadbed.
 - Photos must show complete sidewalk and/or roadway area where sidewalk café and/or roadbed will be including views to curb and neighboring properties.
 - For rear yard, show photos of yard and surrounding area, including upper view of adjacent buildings.

Name of Applicant: WEST10WEST LLC / RYAN REYNOLDS
Address of Premises: 242 WEST 10TH STREET, NEW YORK, NY 10014
Sidewalk café will have no more than (If premises is located on a corner please indicate for both streets):
Hours of sidewalk café: 4:30PM to 11:00PM.
Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc):
Roadbed will have no more than (If premises is located on a corner please indicate for both streets):
Rear yard / Rooftop (circle) will have no more than tables and seats Hours of rear yard / rooftop: to
Does seating extend beyond the business frontage?
Will outdoor dining structures on the sidewalk be enclosed on three (3) or more sides? Ves Vill outdoor dining structures on the roadbed be enclosed on three (3) or more sides? No Yes s there any outdoor music, speakers or TVs? No Yes, please describe:
Will heating elements be used?No ✓ Yes, please describe: FULLY INSULATED



COMMUNITY BOARD NO. 2, MANHATTAN

3 Washington Square Village

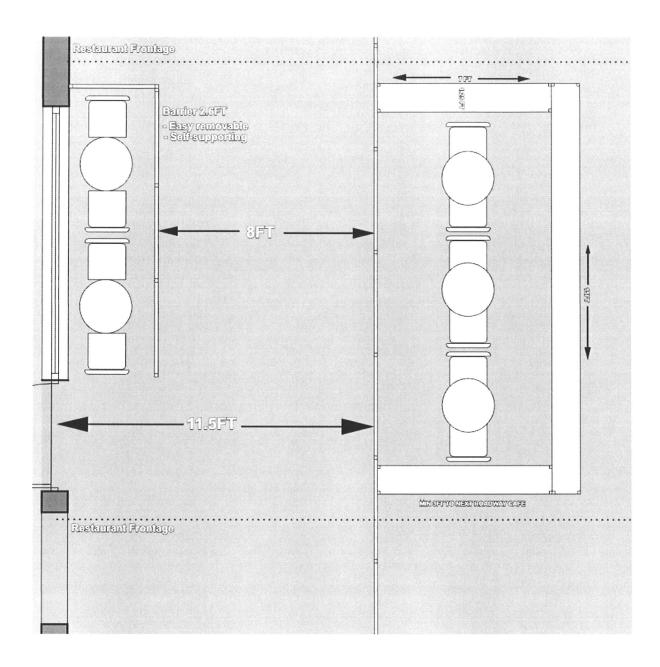
NEW YORK, NY 10012-1899
www.eb2manbattan.org
P: 212-979-2272 F: 212-254-5102 E: info@eb2manbattan.org
Greenwich Village + Little Italy + SoHo + NoHo + Hudson Square + Chinatown + Gansevoort Market

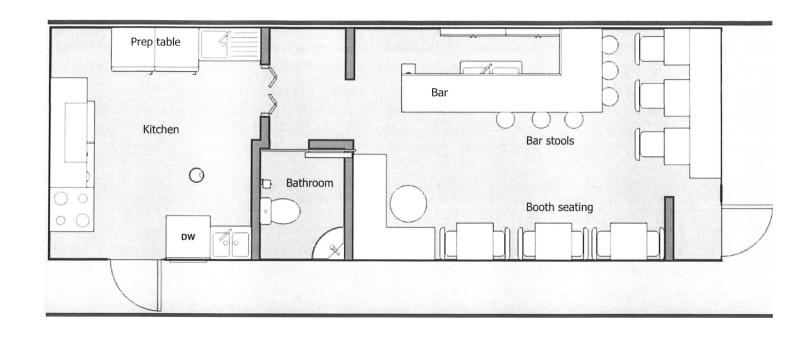
Community Board 2 Liquor License Stipulations

The original signed and notarized form must be returned to the CB2 office by Thursday, December 15, 2022.

New York	nolds, as a qualified : 10014 agree to the	l representa following :	itive of Ry stipulation	/an Reynolds d/t /s:	⁄a WEST10WES1	, located a	it 242 W	. 10th St. New York,
□ Premis	on Type: ☐ OP Rese will be advertised of operation:	staurant/Tar and operat	vern ⊠ F ed as a ne	.W □ TW □ A ighborbood café	lteration ☐ Other and dining establis	r: shment.		
	Sunday:	8 AM	to	10 PM	Thursday:	8 AM	to	11 PM
	Monday:	8 AM	to	10 PM	Friday:	8 AM	to	12 AM
	Tuesday:	8 AM	to	10 PM	Saturday:	8 AM	to	12 AM
	Wednesday:	8 AM	to	10 PM				
	(Premises will of	pen no late	r than stat	ed opening time	and <u>NO</u> patrons w	ill remain a	after stat	ed closing time.)
⊠ Will op	erate as a café and r	estaurant, v	with full-s	ervice kitchen or	en and full menu	tems availa	able unti	il closing every night.
Will no	t operate as a Loung	ge, Tavern	or Sports	Bar or allow anv	portion of premise	es to be one	erated in	that manner
⊠ Will no	t have televisions.		•	,	process of process	o to or op.	eracoa m	The transfer of
⊠ Will no	t operate a backvard	garden or a	ny outdo	or area for comm	ercial nurnoves inc	luding any	eidowal	k café and/or roadbed
seating	operating under the	Open Rest	aurants pi	ogram.	ereiai purposes me	ruding any	Sidewai	k care and/or roadbed
	y quiet ambient rec				wie will be audibl	s in any ad	incent re	reidanase enutima
X Will cle	ose all doors & wind	love of all	timas alle	usic only, 140 m	the second	e in any au	jacem re	esidences anytime.
⊠ Will po	t install or have Fre	nah daam	ananahla.	wing only for pa	aron ingress and e	gress.		
⊠ WIII IIO	t make changes to the	ne existing	taçade ex	cept to change si	gnage or awning.			
⊠ WIII CO	mply with NYC De	partment o	Building	s Regulations &	keep current at all	times requ	rired Per	rmits & Certificates.
⊠ Will no	t have unlimited dri	nk or unlin	nited food	& drink specials	s. Will not have "b	oozy brunc	ches". N	o pitchers of beer.
ĭ There w	☑ There will be no "bottle service" or the sale of bottles of alcohol except for the sale of bottles of wine products.							
Will ap i will ap i will ap will ap	pear before CB2, M	anhattan pi	rior to sub	mitting any char	iges to any stipula	ion agreed	to herei	in.
	ve:⊠ Dancing ⊠ ⊠ Scheduled Po pear before CB2, M	erformance	s × Vel	et ropes or meta	l barricades 🗵 S	ecurity Per	sonnel/I	is charged Doorman. Ik or roadbed seating.
	nay contact the Mar		er at the fo	ollowing phone r	number Any comp	laints will	be addre	essed immediately
Na	ıme: Ryan Reynold	S			_ Phone Number:	+1916230)2248	
	YAN REG	lNOL	DS	Ryan Reynol	ds	12	2/12/2022	2
Signed 6	0			Print Name	О	Da Da	ted	
Sworn to th	is HH day	of Dec	embo	2022_	12	Fly	Je	
CP1 and 4 -	plinopt/Figure			11.1			y Lublic	
съг апа Ар	pucant/Licensee r	equest tha	t the SLA	add these stip	ilations to the me	thod of op	peration	/conditions of licens
						_		

Torrance h. Flynn. Jr.
Notary H. L. San J. W York
H. L. L. San J. San York
Commission express bec. 02, 20 24





EVENING



SMALL

La Cabra bread, cultured butter	9
Gigante beans, za'atar vinaigrette, lemon zest	12
Boquerones, anchovies, olive oil	14
Charred purple broccolette, chilli, breadcrumbs	16
Marinated gordal olives, boquerones, peppers, bread	16
Roasted king trumpet mushroom, mint tamari dressing, baby wasabi leaves	19
Shaved brussel sprouts, pecorino, ruby flesh apple, hazelnuts	21
Roasted delicata squash, brown butter labneh, pepitas, herb oil	21
LARGE	
Tucumano, seranno ham, manchego, truffe chips	21
Serrano ham, shaved korean pear; add manchego +8	24
Bucatini al limone, fennel, egg yolk, bottarga	24
Cheeses; mahón, manchego, tetilla, membrillo, marcona almonds, baked crackers	26
Pomodoro rigatoni, stracciatella, hawaiian basil; add chistorra +6	27
Seared octopus, romesco, extra virgin olive oil	28
Fresh red snapper ceviche, saltine crackers	29
DESSERT	
Affogato	12
Coppa al limone	14
Tripla coppa al cioccolato	14