APPLICANT INFORMATION:

Name of applicant(s): Chillhouse 75 LLC

Trade name (DBA): Chillhouse

Premises address: 75 Varick Street New York, NY

Cross Streets and other addresses used for building/premise:

bt Canal and Watts

CONTACT INFORMATION:

Principal(s) Name(s): Adam Fulton, Cyndi Ramirez-Fulton

Office or Home Address:					
City, State, Zip:					
Telephone #:	email :				
Landlord Name / Contact:	andlord Name / Contact:				
Landlord's Telephone and Fax:					
NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD				
Adam Fulton	Chillhouse, 149 Essex Street				
Cyndi Ramirez-Fulton	Chillhouse, 149 Essex Street				

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

Wellness salon and cafe, offering coffees, colorful lattes, light bites and baked goods, plus facials, massages & manicures.

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
- X 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:

Chillhouse

Is any license under the ABC Law currently active at this location? yes	_X	_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 X_no

If yes, please list DBA 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 _X_ CommercialMixed (Res/Com) Other: Number of floor:16 Year Built :1930					
Describe neighboring buildings: Mixed Com/Res					
Zoning Designation: <u>M1-6</u>					
Zoning Overlay or Special Designation (applicable)					
Block and Lot Number: 226 / 1					
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor?yesYno					
Is the premise located in a historic district? yes _X_ 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) yes : explain					
					What is the proposed Occupancy? <u>74</u> Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?
no _X yes					
If yes, what is the maximum occupancy for the premises? 74					
If yes, what is the use group for the premises? 6					
If yes, is proposed occupancy permitted? X yes no, explain :					
If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? yesno N/A					
Do you plan to file for changes to the Certificate of Occupancy? X yes no (if yes, please provide copy of application to the NYC DOB) CO being amended to "RETAIL WITH ACCESSORY CAFE (EATING AND DRINKING/NON PA)"					
Will the façade or signage be changed from what currently exist at the premise? X no yes					
(if yes, please describe:					

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? <u>3200 sqft</u>				
If more than one floor, please specify square footage by floors:				
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 ? 2				
Is there access to other parts of the building? X no yes, explain:				
OVERALL SEATING INFORMATION:				
Total number of tables? <u>8</u> Total table seats? <u>16</u>				
Total number of bars? _0 Total bar seats? _0				
Total number of "other" seats? please explain :				
Total OVERALL number of seats in Premises :				
BARS:				
How many * stand-up bars / bar seats are being applied for on the premises? Bars <u>1</u> Seats <u>0</u>				
How many service bars are being applied for on the premises?0				
Any food counters? noX yes, describe : Service it at cafe counter/bar				
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 _X_Other: _Cafe

What are the Hours of Operation?

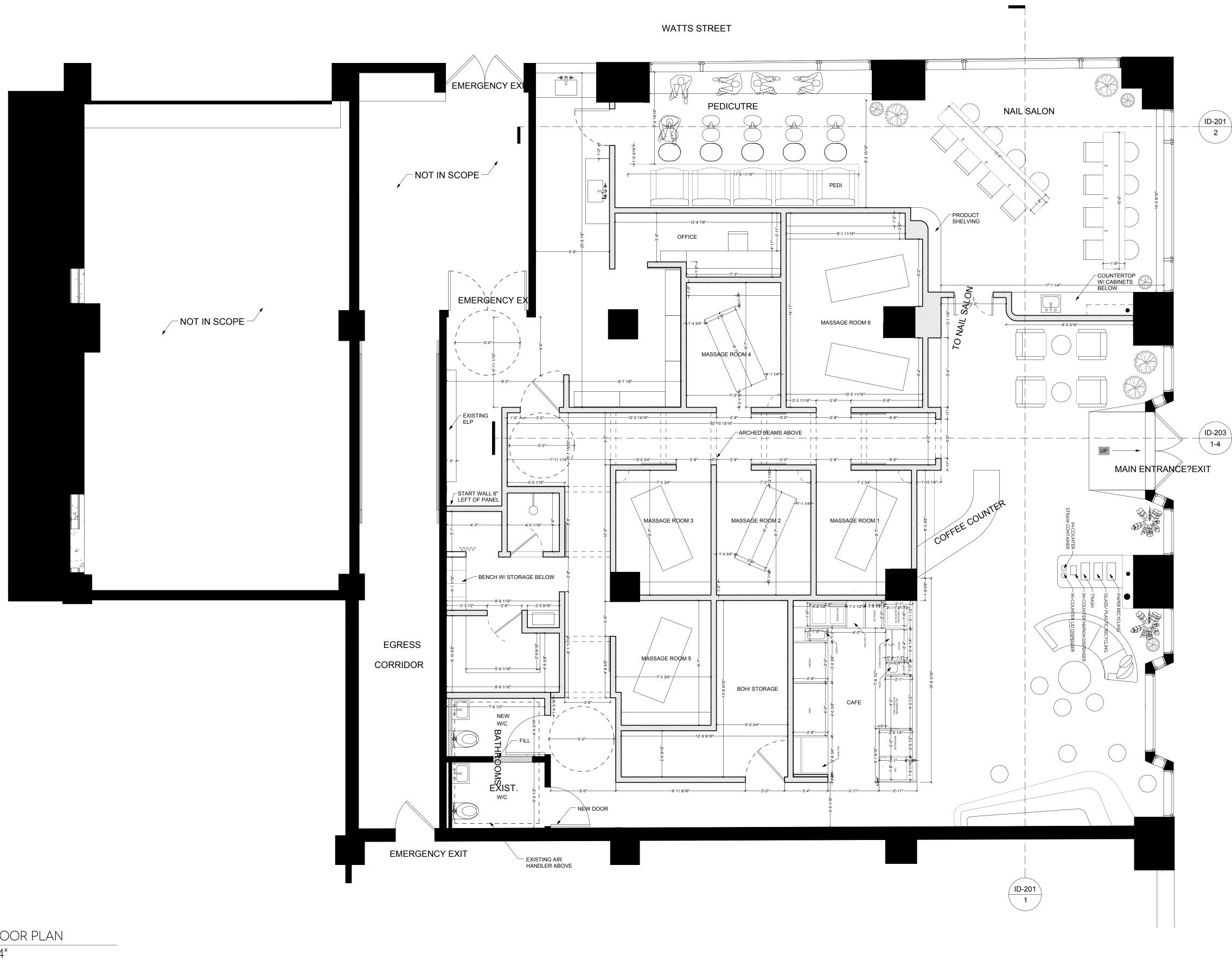
Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
8am_to_8pm	8am to 8pm	8am to 8pm	8am _{to} 8pm	8am to 8pm	8am_to_8pm	8am to 8pm
Will the bus	iness employ	a manager? _	noX_yes,	name / experie	nce if known :	
Will there b Do you hav	e security pers e or plan to ins	sonnel? <u>X</u> no stall French doo	o yes(if ye ors, accordion do	es, what nights a pors or windows	nd how many? that open?	?) yes
lf yes, pleas	se describe : _					
Will you hav	ve TV's ? X	no yes (how many?)			
Type of ML	JSIC / ENTER		Live Music	_Live DJ	luke Box X	Ipod / CDsnone
Expected V (check all th		X Backgrour	id (quiet) E	ntertainment lev	vel Amplit	fied Music
Do you hav	e or plan to ins	stall soundproo	fing?no	K_yes		
IF YES, will	you be using	a professional	sound engineer	? Yes		
Please des	cribe your sou	nd system and	sound proofing:			
Will you be	NO permitting:		ents schec	duled performan	ces outs	ide promoters
any ev	ents at which	a cover fee is c	charged? p	rivate parties		
Do you hav establishme	e plans to mar ent? X no	nage or addres yes (if ye	s vehicular traffic s, please attach	c and crowd con plans)	trol on the side	ewalk caused by your
Will you be	utilizing	ropes mo	ovable barriers	other outsic	le equipment (describe)
Are your pr	emises within 2	200 feet of any	school, church	or place of wors	nip? <u>X</u> no _	yes
please sub	mit a block p		area map show	•	•	r on the same block, y to your applicant
Indicate the	e distance in fe	et from the pro	posed premise:			
Name of So	chool / Church:					

Name of School / Church:	
Address:	Distance:
Name of School / Church:	
Address:	Distance:
Please provide contact information for R you will address it immediately.	esidents / Community Board and confirm that if complaints are made
Contact Person:	Phone:
Address:	
Email :	
	Application submitted on behalf of the applicant by: Advanture
Print or Type	Name_Adam Fulton
	Title ^{Principal}

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.

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



GROUND FLOOR PLAN SCALE: 1'= 1/4"

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2. THE CONTRACTOR(S) SHALL CHECK AND VERIFY ALL CONDITIONS AND DIMENSIONS AND REPORT ANY DISCREPANCIES TO THE DESIGNER PRIOR TO START OF WORK.

NOTES

DRAWN BY: JW 20190110

REVISION 1: 20190227 REVISION 2: 20190401 REVISION 3: 20190507





242 GREENE AVE 1D BROOKLYN, NY 11238 CONTACT@THISISEAU.ORG

THISISEAU.ORG





DRAWING NUMBER

GROUND FLOOR

SHEET TITLE

PLAN

PROJECT

CHILLHOUSE 2

PROJECT ADDRESS

75 VARICK STREET

CLIENT/ OWNER INFORMATION























chillhouse

CAFE CLASSICS

Drip coffee \$3 Espresso \$3 Americano \$3.5 Cappucino \$4 Latte \$5 Matcha \$6 Iced Tea \$4 Nitro Cold Brew \$6 Assorted Teas \$3

CHILL LATTES

\$7 Give Me Life *Tastes like Mexican Hot Chocolate* Cordyceps, Rhodiola, Chaga++

Chill Me Out Tastes Like Lavender and Vanilla Ashwagandha, Reishi, Mucuna Pruriens++

Spin My Wheels Tastes Like Black Sesame and Honey Astragalus, Lion's Mane, Shilajit++

Clean Me Out *Tastes Like Cherries and Ginger* Beet Root, Spirulina, Triphala++

Make Me Glow *Tastes Like Ube and Ginger* Rehmannia, Acai, Mesquite ++

Get Me Golden *Tastes Like Golden Milk* Turmeric, Black Pepper, Ginger++

SPECIAL BEVS

Kombucha on Tap \$6 Pumpkin Spice Matcha \$7 Pumpkin Spice Cold Brew Latte \$7 Sunday Beer \$8 Keep it Chill Red Blend \$12 Outer Sounds Sauvignon Blanc \$11 Summer Water Rose \$12

BITES

Avocado Toast \$10 Fig Whip Toast \$10 Golden Milk Overnight Oats \$6 Chia Seed Pudding \$5 Chill Serve of the Day \$6 Egg White Bites \$5 Make it Naughty Grilled Cheese \$9 Make it Nice Grilled Cheese \$10