

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.)

The licensee currently holds a Catering Establishment Wine License and is seeking to upgrade to a
Catering Establishment Liquor License

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: _____

Host on Howard LLC/License #6046119:

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: 6 Year Built : 1900

Describe neighboring buildings:
Commercial/Mixed

Zoning Designation: M1-5/R9x

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 209 / 28

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 : No changes will be made.

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? 60

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?

no yes LNO

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
(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? 2300 SQ FT

If more than one floor, please specify square footage by floors: Cellar: 700 sq ft; ground floor: 1600 sq ft

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? Stairs

How many entrances are there? 1 How many exits? 2 How many bathrooms? 1

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

OVERALL SEATING INFORMATION:

Total number of tables? 5 Total table seats? 30

Total number of bars? 1 Total bar seats? 7

Total number of "other" seats? N/A please explain : N/A

Total OVERALL number of seats in Premises : _____

BARs:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 7

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: _____

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)

Bar Bar & Food Restaurant Club/ Cabaret Hotel Other: Showroom/Catering Event Space

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
12pm to 12am 12pm to 12am 12pm to 12am 12pm to 12am 12pm to 12am 12pm to 12am 12pm to 12am

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

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?) _____

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? Yes

Please describe your sound system and sound proofing: Sound System consists of wall-mounted speakers that guest can connect with thier iPhone. Sound proofing is a 2" thick, surface mounted, and insulated across the entire ceiling.

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 No ropes No movable barriers No other outside equipment (describe) No

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:

Adam Farmerie

Signature

Print or Type Name Adam Farmerie

Title Principal

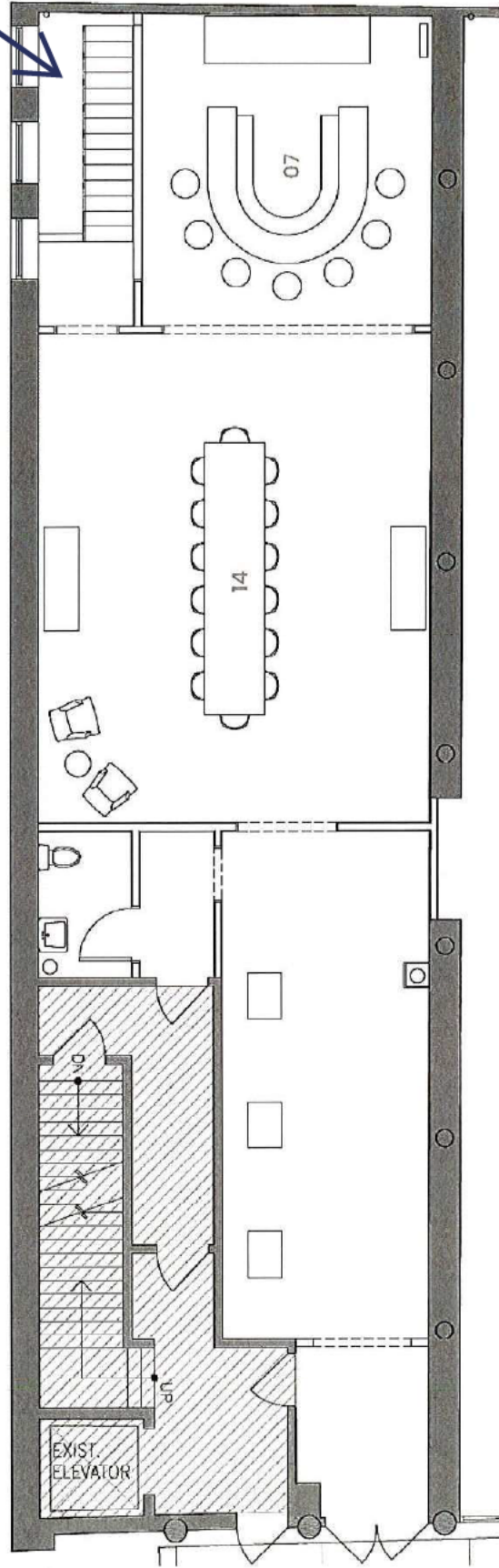
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.



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

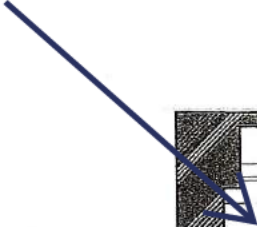
Stairs down to cellar

Host of Howard LLC
21 Howard Street
New York, NY 10013
Sample Ground Floor Layout for an event

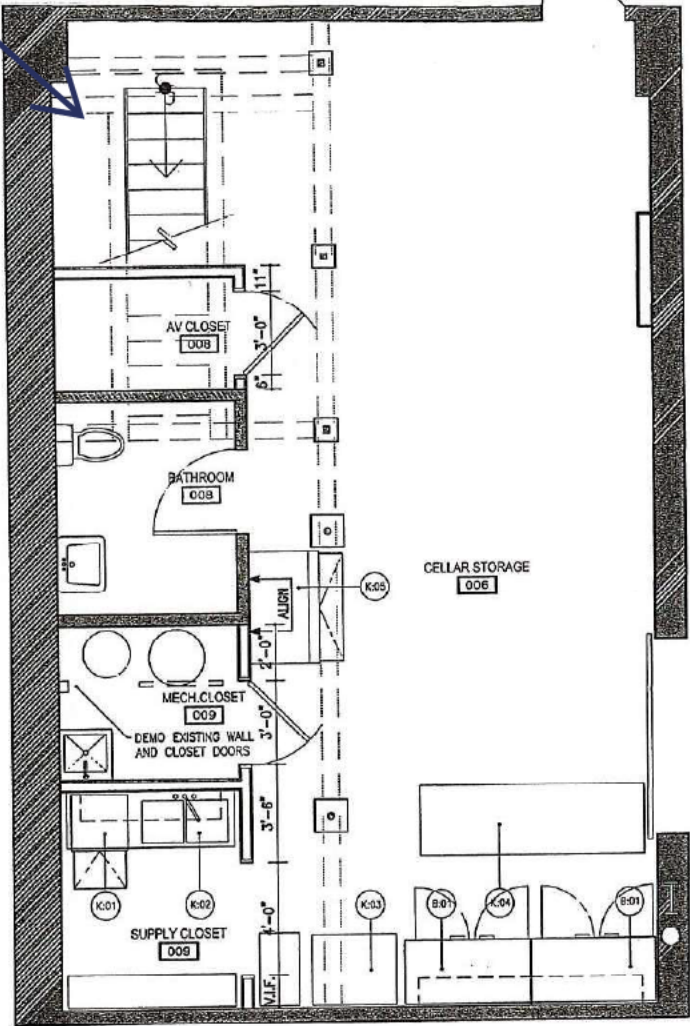


Entrance/Exit
Door

Stairs up to ground floor



Host on Howard LLC
21 Howard Street
New York, NY 10013
Cellar Diagram



HOST on Howard

Food Menu

CROSTINIS

Filet mignon, jalapeno relish, cilantro, lime juice

SOHO STREET SKEWERS

Blackened shrimp, grilled veggies, harissa chicken, beef

BITE SIZE

Lobster tart, chicken tart, veggie mouse tart

CROSBY CLASSICS

Smoked salmon on cucumber, chicken salad on endive, crudite cups

MINI SLIDERS

Beef, falafel, grilled chicken

