Meeting Date: EITHER AUGUST 5TH OR 7TH APPLICANT INFORMATION: Name of applicant(s): 37 HOSPITALITY GROUP INC Trade name (DBA): RED PAPER CLIP Premises address: 120 CHRISTOPHER ST Cross Streets and other addresses used for building/premise: B/T BLEECKER AND BEDFORD STREETS CONTACT INFORMATION: Principal(s) Name(s): MARAM REDDY Office or Home Address City, State, Zip email Telephone #: Landlord Name / Contact: M & E CHRISTOPHER LLC// STEVEN CROMAN Landlord's Telephone and Fax: NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD NAMES OF ALL PRINCIPAL(s): RISHANK LLC-122 CHRISTOPHER ST MARAM REDDY -100% OWNERSHIP MMR FOODS INC-1136 1ST AVE 37 SUNSHINE VENTURES INC-34-11 30TH AVE, ASTORIA Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."): The applicant seeks to restore a celebrated, chef-driven restaurant to a long-standing licensed location in the West Village. The proposed operation will revive the spirit of Red Pepper Clip, a Michelin-starred establishment known for modern American cuisine with Taiwanese influence. This refined, community-oriented dining destination will maintain a focus on hospitality, sound mitigation, and responsible operations, aligning with the area's historic

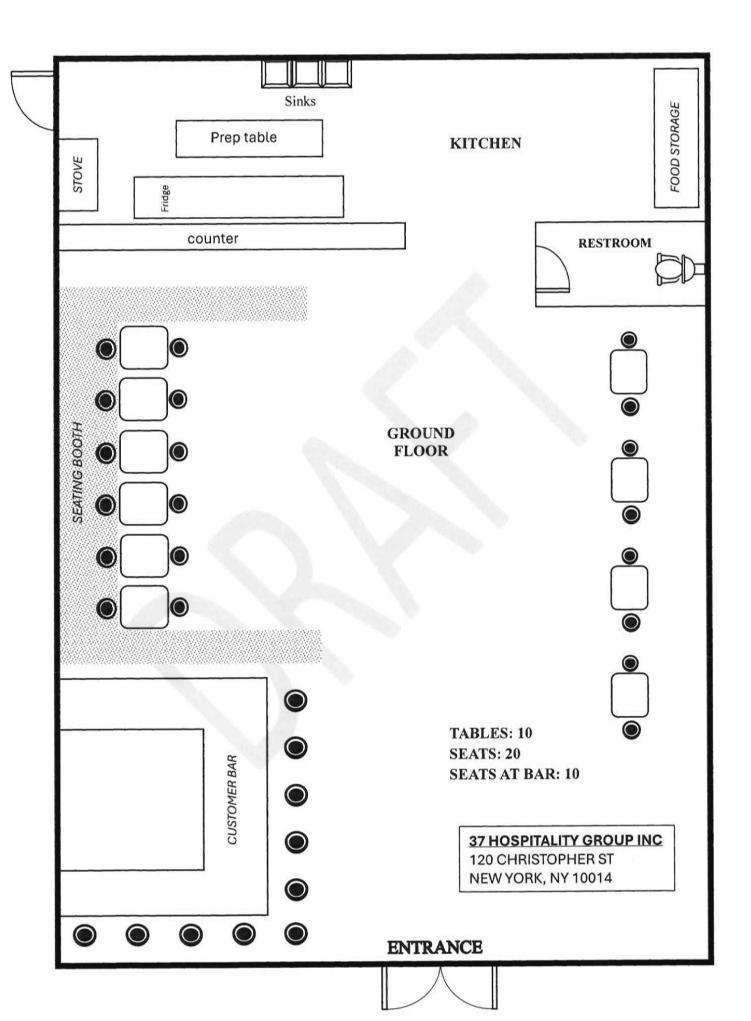
character and expectations.

PREMISES:

By what right does the applicant have possession of the premises?						
Own X LeaseSub-leaseBinding Contract to acquire real propertyother:						
Type of Building: Residential Commercial XMixed (Res/Com) Other:						
Number of floor: 5 Year Built : 1883						
Describe neighboring buildings: MIXED USE BUILDINGS						
Zoning Designation: R6/ 12A						
Zoning Overlay or Special Designation (applicable) N/A						
Block and Lot Number:/ 45						
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? $_$ yes $ extstyle ext$						
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? 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?STORE/RESTAURANT						
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?						
noX yes						
If yes, what is the maximum occupancy for the premises?						
If yes, what is the use group for the premises?						
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? yesX_no						
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:						

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1200					
If more than one floor, please specify square footage by floors: 1200 GROUND FLOOR 500-BASEMENT					
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? N/A					
How many entrances are there? How many exits? How many bathrooms ?					
Is there access to other parts of the building? X no yes, explain:					
OVERALL SEATING INFORMATION:					
Total number of tables? 10 Total table seats? 20					
Total number of bars? 1 Total bar seats? 10					
Total number of "other" seats? please explain :					
Total OVERALL number of seats in Premises : <u>30 SEATS</u>					
BARS:					
How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 10					
How many service bars are being applied for on the premises? 0					
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 Restaurant Club/ Cabaret Hotel Other:					



What are th	ne Hours of O	peration?					
				Thursday:			
				5:30 PM to 10:00PM			
Will the bus	siness employ	a manager? _	$old X$ no $\buildrel _$ yes	, name / experie	ence if known:		
Will there b Do you hav	e security per e or plan to in	rsonnel? X n nstall French do	o yes(if yoors, accordion o	es, what nights a doors or windows	and how many? s that open?	?)yes	
If yes, pleas	se describe :						
Will you ha	ve TV's ? 🔀	no yes	(how many?) _				
Type of MUSIC / ENTERTAINMENT: Live Music Live DJ Juke Box Ipod / CDsnone Expected Volume level: Background (quiet) Entertainment level Amplified Music (check all that apply)							
IF YES, wil	l you be using	g a professional	sound engineer	r?			
Please des	cribe your so	und system and	d sound proofing	:			
Will you be	permitting: _	promoted e	vents sche	eduled performar	nces outs	side promoters	
any ev	vents at which	a cover fee is	charged?	private parties			
Do you hav	ve plans to ma	anage or addres	ss vehicular traff es, please attac	fic and crowd co h plans)	ntrol on the side	ewalk caused by your	
Will you be	utilizing	ropesm	novable barriers	other outs	ide equipment ((describe)	
Are your pr	emises withir	a 200 feet of an	y school, church	or place of wors	ship? X no	yes	
If there is a	a school, chi bmit a block	urch or place o	of worship with or area map sho	in 200 feet of ye	our premises o	or on the same block y to your applicant	
Indicate the	e distance in f	eet from the pr	oposed premise	:			
Name of S	chool / Churc	h: N/A					
Address N					Distance:	N/A	

Name of School / Church: N/A	
Address: N/A	Distance: N/A
Name of School / Church: N/A	
Address: N/A	Distance: N/A
Please provide contact information for Residents / Commi you will address it immediately. Contact Person: MARAM REDDY	unity Board and confirm that if complaints are mad
Address:	
Application sub behalf of the app Signatu	plicant by:
Print or Type Name MARAM F	REDDY
Title PRESIDE	NT

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, Chair

RED PAPER CLIP

TASTING MENU

\$135

ADD BEVERAGE PAIRING +\$45

OYSTER

BLUE POINT, TIAN JING, MIGNONETTE

POTATO

ALLIUM CREME, MAGIC MOLLY, YUKON GOLD, BLACK TRUFFLE

HAMACHI CRUDO

CANARIUM PIMELA, YUZU TOGARASHI

SUMMER ZUCCHINI

GOLDBAR, CHÈVRE, GOCHUJANG

EVERYTHING BRIOCHE

MISO CUSTARD, IKURA, STEELHEAD TROUT

AGNOLOTTI XLB

PORK, GINGER, BLACK VINEGAR

BRISKET

BRASSICAS, POTATO ESPUMA, FIVE SPICE

BLUEBERRIES

CRÈME FRAÎCHE SORBET, BLUEBERRY COMPOTE, POPPY CRUMBLE, LEMON PEELS, SHISO

MIGNARDISES

MISO CARAMEL, HAZELNUT, CHOCOLATE MOUSSE

A LA CARTE

CARPACCIO. 22

TERES MAJOR, CHILI OIL, CHICHARRON

CAULIFLOWER. 18

AGRIDULCE, CANDIED HAZELNUT, BLACK GARLIC

CELTUCE. 18

PARSNIP, CUCUMBER BROTH, CHIVE OIL

PESTO TAGLIATELLI 24

PISTACHIO, BASIL, PECORINO

HAINANESE CHICKEN 30

DAIKON, SCALLION, ANISE, RICE

LU ROU FAN 30

PORK BELLY, SHITAKI, SHAO XING

BLUBERRIES 12

CREME FRAICHE SORBET, BLUEBERRY COMPOTE, POPPY CRUMBLE

ZERO PROOF BEVERAGE MENU

GREEN SUMMER 14

JUICED CUCUMBER, ELDERFLOWER, LIME

YUZUNADE 15

PINEBERRY, SHISO, YUZU, BUBBLES

ZERO EMBER 15

LEMONGRASS, GINGER, BAYLEAF, CINNAMON

FORMOSA 16

DRAGONFRUIT, APPLE, PEAR, STRAWBERRY

PINEAPPLE EXPRESS 16

PINEAPPLE, PASSIONFRUIT, COCONUT, BANANA

GOLDEN ALE BEER N/A 10