Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): Frame4 Inc

Trade name (DBA): Frame Cafe

Premises address: 41 Kenmare St, New York, NY 10012

Cross Streets and other addresses used for building/premise:

Between Elizabeth St and Mott St

CONTACT INFORMATION:

Principal(s) Name(s): Manoon Janpotjianasoontorn, Kitanan Chewvej

Office or Home Address: 41 Kenmare St

City, State, Zip: New York, NY 10012

Telephone #: [redacted] email : FrameCafeSoho@gmail.com

Landlord Name / Contact: Tai Hop Lee Realty Corp, Marilyn Yee

Landlord's Telephone and Fax: [redacted]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Manoon Janpotjianasoontorn, Pres	N/A
Kitanan Chewvej, VP	Happyendingcoffee Corp, RW 1344633, 2021 - Present

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

At Frame Cafe, we serve a creative mix of flavorful dishes and specialty drinks. Whether you're craving breakfast, brunch, or coffee on the go, Frame Cafe offers something for every taste.

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.)

_____

_____

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

Cantiere NY LLC, TW 6026055, exp 5/31/2026

Charley St Inc, RW 1335712, exp 8/31/2023

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: _____

Previous: Cantiere NY LLC, License ID 0267-24-117721, exp 5/31/2026

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:

_____

_____

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 : 1902

Describe neighboring buildings:
Mixed Residential & Commercial Buildings

Zoning Designation: C6-1

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 479 / 5

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? Cafe

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? 74

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

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: Storefront signage will change

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? approx 1,000 SF

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? 11 Total table seats? 22

Total number of bars? 1 Total bar seats? 0

Total number of "other" seats? 0 please explain : _____

Total OVERALL number of seats in Premises : 22

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 0

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: Cafe

What are the Hours of Operation?

Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
7am to 11pm	7am to 10pm	7am to 10pm	7am to 10pm	7am to 10pm	7am to 11pm	7am to 11pm

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 : Existing French Doors

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: Bose speakers

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Will you be permitting: ☐ promoted events ☐ scheduled performances ___ outside promoters

___ any events at which a cover fee is charged? ☐ 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 ___ 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: Kitanan Chewvej, VP Phone: [redacted]

Address: 41 Kenmare St, New York, NY 10012

Email : FrameCafeSoho@gmail.com

Application submitted on
behalf of the applicant by:

/s/ Sam Park
Signature

Print or Type Name Sam Park

Title Representative

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

Menu

Truffle Eggs Benedict
Smoked Salmon* 22
Grilled Oyster Mushrooms 19
Poached Eggs*, Truffle Hollandaise,
Arugula, Over Toasted English Muffins ,
Top with Truffle Gouda Cheese

Prosciutto Scrambled 15.50
Croffle, Scrambled, Prosciutto* with Parmesan

Avocado Scrambled 15.50
Croffle, Scrambled, Avocado with Parmesan

Smoke Salmon* Toast 18
Cream Cheese, Caper, Dill, Olive Oil, Arugula,
Red Onion Pickles, Smoked Salmon*
Recommended add Poached Egg* 5

Avocado Toast 14.75
Smashed Avocado, Ricotta with Roasted Garlic,
Parmesan, Pumpkin Seeds, Cherry Tomato, Radish
Recommended add Poached Egg* 5

Mushroom Toast 14.75
Oyster and Baby Bella mushrooms, Honey
Whipped Butter Bean, Onion, Red cooking Wine
Recommended add Poached Egg* 5

Frame Bowl 12.50 (GF)
Mixed green salad, Avocado, Gooseberry, Radish,
Cherry Tomato, Pumpkin Seeds, Mints Dressing
Recommended add Boiled Egg* 4

Quinoa Scrambled Bowl 13.75 (GF)
Quinoa, Scrambled Eggs, Baby Arugula, Corns,
Radish, Cherry Tomato, Tahini Dressing
Recommended add Avocado 5

Yogurt Bowl 12
Greek Yogurt, Honey, Granola,
Pumpkin Seeds, Seasonal Fruit,
Seasonal Homemade jams

Weekend Special

Frame Ricotta Pancakes 14
Pancake Ricotta, Plain Butter
Blueberry Sauce and
Maple Syrups

Sandwiches

Egg and Cheese Croffle Sandwich 9.75
Scrambled Egg, Mayonnaise
American Cheese

Smoked Ham Sandwich 9.75
Baby Arugula, Smoked ham,
Swiss Cheese, Pesto and
Cream Cheese

Bagel Turkey Sausage 9.50
Bagel, Turkey sausage ,
American cheese,eggs and
Mayonnaise

Add On

Boil egg	4
Poached egg*	5
Avocado	5
Scrambled egg	6
Smoked Ham	6
Turkey Sausage	6
Sauteed Mushroom	8
Smoked Salmon*	8

Dessert

Frame Croffle 15
Croffle (croissants waffles),
Gjetost Cheese,
Vanilla Ice Cream

Affogato 7
With Vanilla ice cream

CROFFLE
(Croissant / Waffle)

Plain Croffle 4.5

Sesame Croffle 5

American Cheese Croffle 5

**Shrimp Chili Paste With
Sweet Dried Pork Croffle 6**

Frame Coffee
NEW YORK

frame_nyc

* CONSUMER ADVISORY

CONSUMING RAW OR UNDERCOOKED MEATS,
POULTRY, SEAFOOD, SHELLFISH, OR EGGS
MAY INCREASE RISK OF FOODBORNE ILLNESS
ESPECIALLY IF YOU HAVE
CERTAIN MEDICAL CONDITIONS.

Frame

Coffee

	Hot	Iced
Drip coffee	3.75	4.25
Espresso	3.75	4.25
Americano	4.25	4.75
Cortado	4.50	5
Cappuccino	4.75	5.75
Latte	5.25	5.75
Mocha	6.25	6.75
Cold Brew		5.25

Special Coffee

	Hot	Iced
Vanilla Latte	5.75	6.25
Butterscotch Latte	5.75	6.25
Maple Latte	5.75	6.25
Caramel Latte	5.75	6.25
Red Eye	5.75	6.25
Matcha Espresso	6.5	7

Brown Cinnamon Latte 7

Double Espresso,Caramel,Whipped Cream, Cinnamon Brown Sugar

Serving with ice only

Es-Yen (Thai Style Coffee) 6.5

Double Espresso with Condensed Milk

Tonic Espresso 7

Orange Juice Espresso 7

Coconut Water Espresso 7

Coconut Matcha 7

Strawberry Matcha Latte 7.5

Not Coffee

	Hot	Iced
Iced Black Tea		5.25
Matcha Latte	5.25	5.75
Chocolate	5.25	5.75
Chai Latte	5.25	5.75
Dirty Chai Latte	6.5	7
Choco Matcha Latte	6.25	6.75

Something Else

Water	4.25
Sparkling	4.25
Lemon Sparkling	5.25
Orange Juice	5.75
Coconut Water	6.25

Add On

Extra Double Shot	+ 1.75
Decaf coffee	+ 0.5
Steam Milk	+ 0.5
Fill Up Without Ice	+ 1.75
Vanilla / Maple / Caramel / Butterscotch Syrup (per pump)	+ 0.5
Oat / Almond Milk	+ 0.9
Half & Half	+ 0.5
Skim Milk	

Tea

Cha Cha Chai 5
Organic Indian Black Tea Blend, Organic Ginger, Organic Cloves, Organic Cardamomy, Organic Cinamon & Organic Black Papper

Koh Samet Sun (caffeine free) 5
Organic Lemonglass, Organic Ginger & Organic Orange Peel Tisane

Strawberry Tea (Caffeine Free) 5
Apple (Organic), Hibiscus (Organic), Rose Hips (Organic), Strawberry, Strawberry Flavor (Natural)

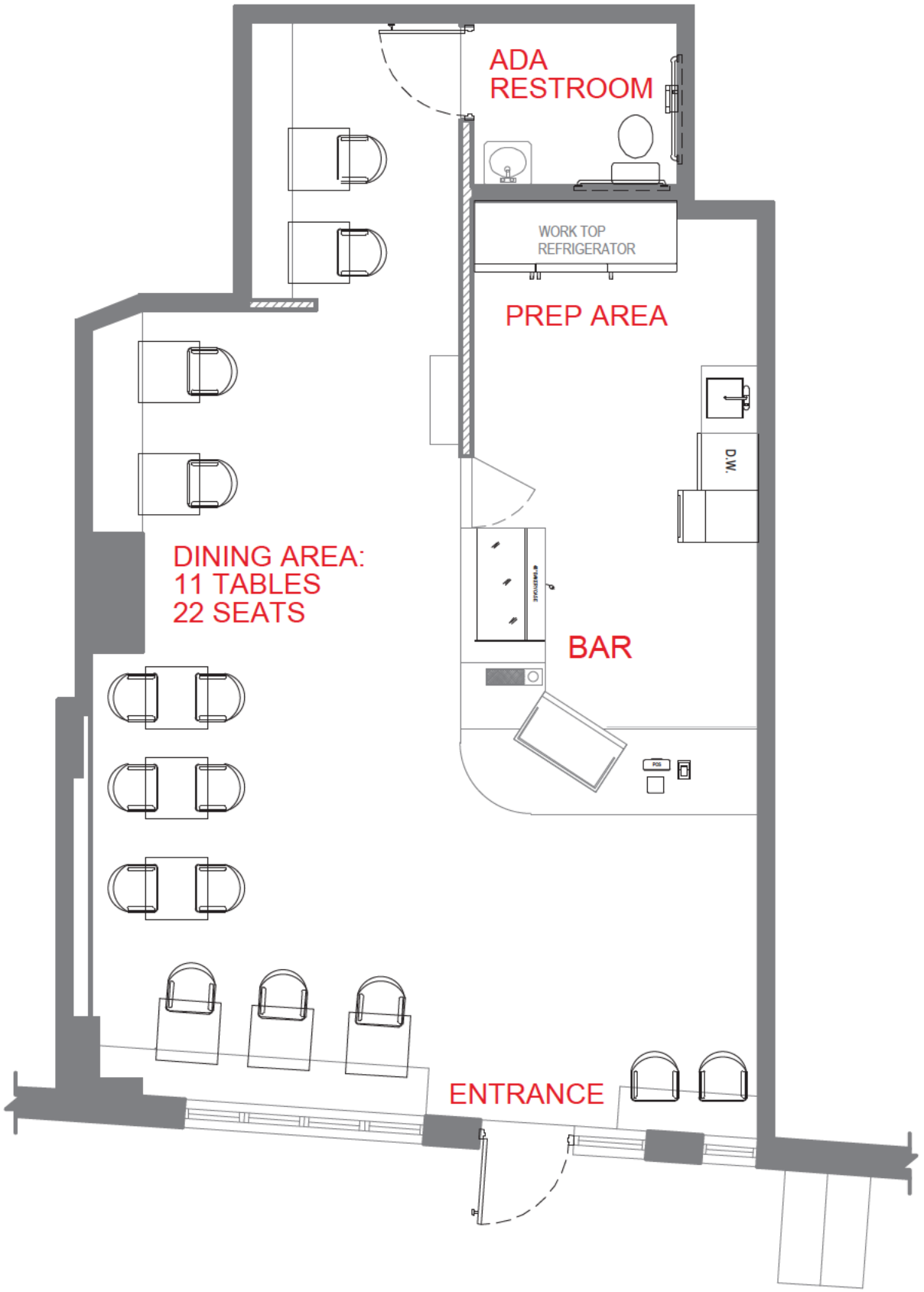
Rwandan Green 5
Rukeri Estate
Rwanda Organic Green Tea

Organic Breakfast Blend 5
Indian Black Tea

Organic Earl Grey 5
Organic Indian Black Tea, Natural Bergamot Flavoring

Organic Peppermint 5
(caffeine free)

Organic Chamomile 5
(caffeine free)



2 PROPOSED PLAN

SCALE: 3/8"=1'-0"