P&B Pesetsky & Bookman

Jori LLC

Community Board SLA License Questionnaire

Pesetsky & Bookman
Applicant's Alcoholic Beverage Counsel
325 Broadway, Suite 501
New York, NY 10007
www.pb.law | (212) 513-1988 | hello@pb.law

Meeting Date: September 8, 2026

APPLICANT INFORMATION:

Name of applicant(s): Jori LLC

Trade name (DBA): Chiqui

Premises address: 170 Thompson Street

Cross Streets and other addresses used for building/premise:
W Houston and Bleecker Streets

CONTACT INFORMATION:

Principal(s) Name(s): Jonathan Adler

Office or Home Address: [redacted]

City, State, Zip: New York, NY 10009

Telephone #: [redacted] email : [redacted]

Landlord Name / Contact: Nader Ohebshalom

Landlord's Telephone and Fax: [redacted]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Jonathan Alder	N/A
Riasat Azmee	N/A

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on…"):
We are a neighborhood restaurant open for lunch and dinner focused on the food of Hidalgo, Mexico where my wife Paolo is from. The dishes will be a mixture of her grandmother's recipes as well as food traditionally served in restaurants. Both the food and beverage program will be served in a casual setting that is both family friendly and welcoming to people from all walks of life.

WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY):

__X__ a new liquor license (X 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.)

N/A

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

Italian Restaurant

Is any license under the ABC Law currently active at this location? __X__ yes _____ no

If yes, what is the name of current / previous licensee, license # and expiration date: _____

Red Clam LLC, License ID: 0340-23-131648

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:

N/A

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: ___6___ Year Built : ___1899___

Describe neighboring buildings:
_____Mixed_____

Zoning Designation: ___R7-2 C1-5___

Zoning Overlay or Special Designation (applicable) ___N/A_____

Block and Lot Number: ___525___ / ___35___

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? __ yes ___x___ 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? _____ yes ___x___ no, please explain : ___Awaiting approval of signage

Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space) ___x___ no ____ yes : explain _____

What is the proposed Occupancy? ___74___

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? ___Use Group 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? ___ yes ____x____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? ____ no ___x___ yes

(if yes, please describe: ___Remove and replace current signage with new restaurant name_____

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1,746 Sq. FT.

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 ? 2

Is there access to other parts of the building? ___ no x yes, explain: emergency exit door leading to common hallway to exit the building

OVERALL SEATING INFORMATION:

Total number of tables? 20 Total table seats? 50

Total number of bars? 1 Total bar seats? 14

Total number of "other" seats? 0 please explain : N/A

Total OVERALL number of seats in Premises : 64

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 14

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:

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 x Restaurant ___Club/ Cabaret ___Hotel ___Other: _____

What are the Hours of Operation?

Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
11am to 12am	11am to 12am	11am to 1am	11am to 1am	11am to 2am	11am to 2am	11am to 2am

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

Will there be security personnel? __x__ no ___ yes(if yes, what nights and how many?) _____
Do you have or plan to install French doors, accordion doors or windows that open? __x__ no ___ yes

If yes, please describe : _____

Will you have TV's ? __x__ no ___ yes (how many?) _____

Type of MUSIC / ENTERTAINMENT: ___ Live Music ___Live DJ ___Juke Box __x__ Ipod / CDs ___none

Expected Volume level: __x__ Background (quiet) ___ Entertainment level ___ Amplified Music
(check all that apply)

Do you have or plan to install soundproofing? ___no __x__ yes

IF YES, will you be using a professional sound engineer? __yes____

Please describe your sound system and sound proofing: Local speakers for quiet background music.
Soundproofing comprised of sound panel on the ceiling, STC rated rockwool insulation in partitions and soft furnishing.

Will you be permitting: No promoted events No scheduled performances No outside promoters

No any events at which a cover fee is charged? No private parties

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? No 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? __x__ 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: Jonathan Adler Phone: [redacted]

Address: [redacted]

Email : [redacted]

Application submitted on
behalf of the applicant by:

_____
Signature

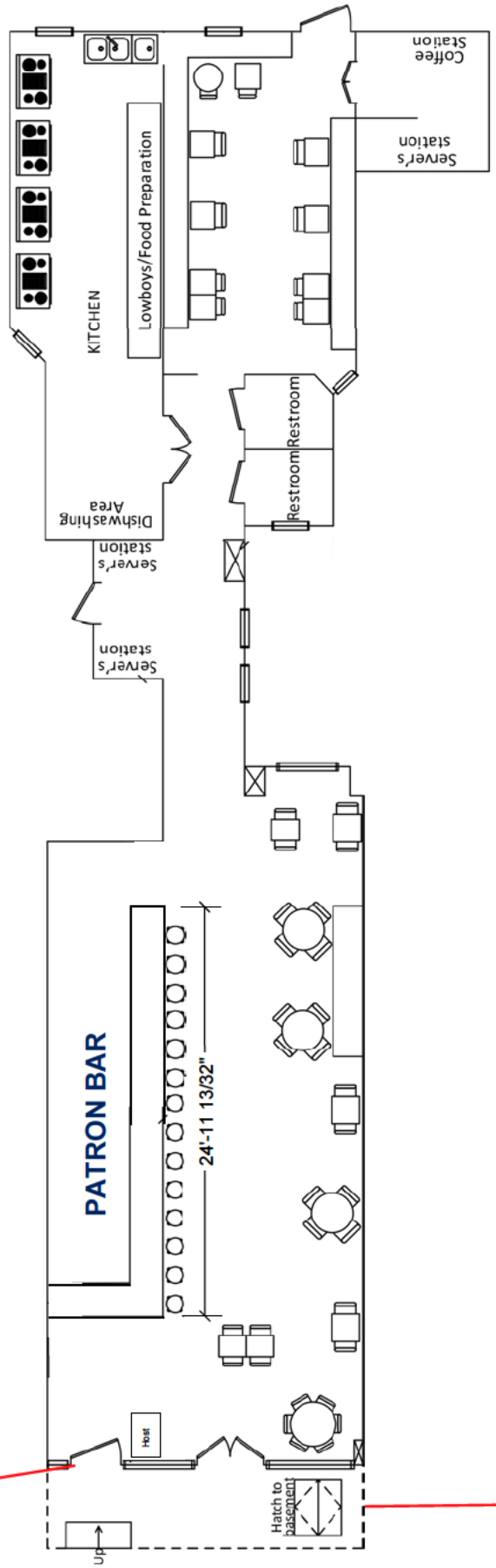
Print or Type Name Jonathan Adler

Title CEO

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

Jori LLC
d/b/a Chiqui
170 Thompson Street
New York, NY 10012
Ground Floor Diagram



Entrance/Exit Door

Sidewalk Hatch

FOOD MENU

APPETIZERS

ENCHILADA

PARTIALLY CRISPY TORTILLA TOPPED WITH SALSA VERDE, CHICKEN, RAW ONION AND COTIJA CHEESE

QUESADILLA DE PAPA

COOKED POTATO INSIDE CRISPY TORTILLAS TOPPED WITH SALSA VERDE, RAW ONION AND COTIJA CHEESE

QUESADILLAS DE TINGA

SHREDDED CHICKEN AND ONION SLICES COOKED IN A SALSA MADE OF TOMATO, CHIPOTLE, GARLIC AND ONION INSIDE CRISPY TORTILLAS

ENSALADA FRESCA

CUCUMBER, CARROT, JICAMA, APPLE AND ORANGE DRESSED WITH LIME AND SALSA MACHA

ENTREES

CHIQUI BURGER

SMASH BURGER ON A POTATO ROLL WITH BACON, QUESO OAXACA, A THIN SLICE OF PINEAPPLE AND CHARRED SERRANO CHILI

GUAJOLOTE

A SANDWICH ON TORTA BREAD WITH REFRIED BEANS, 2 ENCHILADAS AND EGG

PESCADO EMPAPELADO

STEAMED FISH FILET WITH EPAZOTE, CHILE SERRANO AND RICE

CAMARRONES A LA DIABLA

SHRIMP COOKED IN A SPICY SAUCE WITH A SIDE OF RICE

PUERCO CON SALSA VERDE Y NOPALES

SLOW COOKED PORK SERVED WITH CACTUS AND A SIDE OF TORTILLAS

BISTEC A LA MEXICANA

SHORTRIB COOKED WITH ONION, TOMATO AND SERRANO CHILI SERVED WITH A SIDE OF TORTILLAS

SIDES

REFRIED BEANS

RICE

TORTILLAS

DESSERT

ARROZ CON LECHE

DESSERT OF RICE COOKED IN MILK, SWEETENED CONDENSED MILK AND CINNAMON SERVED HOT IN THE WINTER AND COLD IN THE SUMMER