

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME NessFood LLC		DOING BUSINESS AS (DBA) Poulette	
STREET ADDRESS 790 9th Avenue, New York, NY		CROSS STREETS 52nd & 53rd Street	ZIP CODE 10019
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: Adam Jama	ATTORNEY/ REPRESENTATIVE	NAME: Kimberly Summers
	PHONE: 212-875-0002		PHONE: 646-383-4607
	EMAIL: adam@poulettenyc.com		EMAIL: Kimberly@DS-LawOffices.com
MANAGER	NAME: Owner	LANDLORD	NAME: 790 Realty Corp.
	PHONE:		PHONE: 718-435-5360
	EMAIL:		EMAIL: TBD
APPLICATION TYPE (Check One)			
<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	What is/was the name and address of establishment?		Applicant has owned and operated this business for 4 years and has additional locations with the same name.
	What were the dates applicant was involved with this former premise?		
<input type="radio"/> Corp Change/Class Change/Removal	What is the license # and expiration date?		
	Is applicant making any alterations or operational changes?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	If alterations or operational changes are being made, please describe/list all changes.		
<input type="radio"/> Alteration	What is the current license # and expiration date?		
	Please list/describe the nature of all the changes and attach the plans:		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input type="radio"/> Liquor/Wine/Beer & Cider <input type="radio"/> Beer & Cider <input checked="" type="radio"/> Wine/Beer & Cider		
ESTABLISHMENT TYPE	<input checked="" type="radio"/> Restaurant <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input type="radio"/> Bar/Tavern <input type="radio"/> Catering Establishment <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Club (Fraternal Organization – Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	YES	<input checked="" type="checkbox"/> NO	To be submitted
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement.	YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/>
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/>
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	YES	<input checked="" type="checkbox"/> NO	

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)

HOURS* <i>(Indoor Only)</i>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	10:30am-11pm	10:30am-11pm	10:30am-11pm	10:30am-11pm	10:30am-11pm	10:30am-11pm	10:30am-11pm
	Kitchen	10:30am-11pm	10:30am-11pm	10:30am-11pm	10:30am-11pm	10:30am-11pm	10:30am-11pm	10:30am-11pm
	Music	10:30am-11pm	10:30am-11pm	10:30am-11pm	10:30am-11pm	10:30am-11pm	10:30am-11pm	10:30am-11pm
If you plan to have music, what type(s)? (Circle all that apply)		BACKGROUND <input checked="" type="checkbox"/>		LIVE MUSIC	DJ	JUKE BOX	KARAOKE	

OCCUPANCY

	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Stand-Up Bar
INSIDE	Pending	TBD	6	18	0	0	0
OUTSIDE <i>(Other than sidewalk café)</i>	N/A						
SIDEWALK CAFÉ	N/A						

How many floors are there? What is the capacity for each floor?	Ground floor & basement	
How frequently will the owner(s) be at the establishment?	Everyday.	
Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?	YES	NO <input checked="" type="checkbox"/>
Will applicant have bottle or table service for beverage alcohol?	YES	NO <input checked="" type="checkbox"/>
Will you be hosting private, promotional or corporate events?	YES	NO <input checked="" type="checkbox"/>
Will outside promoters be used on a regular basis? If yes please describe.	YES	NO <input checked="" type="checkbox"/>
Will you have a security plan? If, yes please attach.	YES	NO <input checked="" type="checkbox"/>
Will security plan be implemented?	YES	NO <input checked="" type="checkbox"/>
Will State certified security personnel be used?	YES	NO <input checked="" type="checkbox"/> N/A
Will New York Nightlife Association and NYPD Best Practices be followed?	YES	NO <input checked="" type="checkbox"/> N/A
Will applicant be using delivery bicycles? If yes, how many?	<input checked="" type="checkbox"/> YES	NO 2
Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law?	YES <input checked="" type="checkbox"/>	NO
Where will delivery bicycles be stored during the day when not in use?	Basement	

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES <input checked="" type="checkbox"/>	NO	Clinton
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	Pending
Is a Public Assembly permit required?	YES	NO <input checked="" type="checkbox"/>	
Are your plans filed with DOB?	YES	NO	N/A

Community Notification/Relations			
NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted	# 1	To be provided at Committee Meeting	
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.	To be provided at Committee Meeting		
Who was your contact person at each group you met with?	To be provided at Committee Meeting		
When did applicant post the notice that was provided?			
Where did applicant post the notice that was provided?			
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	YES <input checked="" type="checkbox"/>	NO	347-420-0714
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	YES <input checked="" type="checkbox"/>	NO	

BUILDING DESIGN			
State the name and type of business previously located in the space.		Applicant has operated this restaurant for 4 years.	
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO <input checked="" type="checkbox"/>	
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO <input checked="" type="checkbox"/>	
Will applicant have a vestibule within the establishment?	YES	NO <input checked="" type="checkbox"/>	
Will applicant use a storm enclosure?	YES <input checked="" type="checkbox"/>	NO	
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	YES <input checked="" type="checkbox"/>	NO	
Will applicant comply with the NYC noise code?	YES <input checked="" type="checkbox"/>	NO	
Will the establishment have any of the following: (circle all that apply)	FRENCH DOORS	GARAGE DOORS	WINDOWS THAT CAN BE OPENED
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	YES <input checked="" type="checkbox"/>	NO	
Will applicant close all windows, French doors, garage doors by 11 PM Friday and Saturday and 10 PM on all other days even if no music or amplified sound is played inside the establishment?	YES <input checked="" type="checkbox"/>	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	NO <input checked="" type="checkbox"/>	
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?	YES	NO <input checked="" type="checkbox"/>	Restaurant is sound proofed
Will the kitchen exhaust system extend to the roof?	YES <input checked="" type="checkbox"/>	NO	
Will the establishment have an illuminated sign?	YES	NO <input checked="" type="checkbox"/>	
Will the establishment have a canopy extending over the sidewalk?	YES	NO <input checked="" type="checkbox"/>	
Where will the air conditioner be located? What type is it?	Dining room, kitchen and basement with condensers in back of building		
When was the air conditioner installed?	April 2014		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO	N/A
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	NO	N/A
Are the floorplans for the outdoor space(s) included?	YES	NO	N/A
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	YES	NO	N/A
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	N/A
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	NO	N/A
Will there be no amplified music, as per the law?	YES	NO	N/A
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	N/A
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES	NO	N/A
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO	N/A
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO	N/A
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A

OUTDOOR ITEMS – SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	NO	N/A
Will applicant be applying for a sidewalk café now or in the future?	YES	NO	N/A
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	NO	N/A
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	YES	NO	N/A
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	YES	NO	N/A
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	NO	N/A
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk café?	YES	NO	N/A
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	N/A
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	N/A
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	N/A
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	N/A
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	N/A
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	YES	NO	N/A
Will applicant use umbrellas?	YES	NO	N/A
If construction or construction protection has reduced the sidewalk width, will applicant always maintain an 8 foot clear path of sidewalk between the perimeter of the café and the closes obstruction including construction barricades?	YES	NO	N/A

ADDITIONAL STIPULATIONS: (Office Use Only)

To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

ADDITIONAL STIPULATIONS: (Office Use Only), *Continued*

To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

Manhattan Community Board 4 (MCB4) recommends:
 (MCB4's recommendation is based on a vote taken at its 4/4/18 full board meeting, with 34 members voting in favor of the recommendation, 0 members opposed, 0 members abstaining and 0 present but not eligible)

Denial unless all stipulations agreed to by applicant/owner are part of the method of operation
 Denial Approval

CB4 REPRESENTATIVES

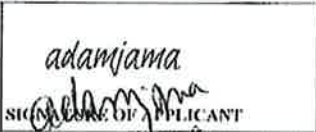

 Nelly Gonzalez
 CB4 Assistant District Manager


 Frank H. Gonzalez
 CB4 BLP Committee Co-Chair


 Tony Bokser
 CB4 BLP Committee Co-Chair

APPLICANT AGREEMENT WITH THE COMMUNITY

Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of operation of its liquor license. The stipulations in this application constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 and applicant. These stipulations supersede any oral statements or representations in connection with this application.

SIGN HERE →	Adam Jama		02/28/18
	PRINT NAME OF APPLICANT	SIGNATURE OF APPLICANT	DATE

03/17/18

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.

1. Zoning

1a. State what the area is zoned for:
(i.e., Residential, Business, Mixed)

1b. If applying for an on premises license does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits? Yes No Pending

2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address? Yes No

If "yes" please specify and give details:

If the address was changed due to a 911 update or other government action, please include documentation for the change.

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?
 Currently Licensed Previously Licensed Never Licensed Do Not Know

Name of Licensee: License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee, or prior licensee?
 Yes No Do not know

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the proposed premises has not been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed? Yes No

Name of Licensee: License Serial Number:

Addendum to Question 2c- Establishment Questionnaire

Premises Name	Address	License Class	License Type	Expiration Date	License Status	Serial Number
KOK9 LLC	790 9 TH AVENUE NEW YORK, NY 10019	341	RW	1/31/2019	License is Active	1299644
PITA GRILL OF HELLS KITCHEN INC	790 9 TH AVENUE E. 52 ND & 53 RD STREETS EASTERLY STORE NEW YORK, NY 10019	341	RW	12/31/2011	Expired	1206825

3. Premises (Interior):

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located(i.e. basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed? If yes, show the means of access on the interior diagram(s). Yes No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, etc., over which the applicant does not have exclusive possession and control? Example: hallways, stairwells, common areas, etc. Yes No

If YES, describe:

3f. How many public restrooms? If less than two(2) public restrooms you must request a waiver of the two(2) restroom rule in writing. Show restrooms on diagram.

3g. List the maximum occupancy of the premises:

3h. Number of tables? 3i. Number of seats at tables? 3j. Number of seats at bar or counter?

4. BARS:

4a. How many customer bars are located on the premises? (where patrons may order, purchase, or receive alcoholic beverages.)

4b. How many service bars*? (A service bar is for wait staff use exclusively.)

4c. Describe each bar in the fields below:

Bar 1	Bar 2	Bar 3
Bar Type <input type="text"/>	Bar Type <input type="text"/>	Bar Type <input type="text"/>
Length <input type="text"/>	Length <input type="text"/>	Length <input type="text"/>
Shape <input type="text"/>	Shape <input type="text"/>	Shape <input type="text"/>
Bar 4	Bar 5	Bar 6
Bar Type <input type="text"/>	Bar Type <input type="text"/>	Bar Type <input type="text"/>
Length <input type="text"/>	Length <input type="text"/>	Length <input type="text"/>
Shape <input type="text"/>	Shape <input type="text"/>	Shape <input type="text"/>

Attach additional sheets if there are more than 6 bars.

continued on next page

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

5. KITCHEN

5a. Does premises have a full kitchen? Yes No

If NO, does premises have a food preparation area? Yes No

Show Kitchen or Food Preparation Area on the Interior Diagram.

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU

5b. Is a chef/cook employed at the premises? Yes No

If YES, list hours of day chef/cook will devote to the premises:

6. HOTEL or BED & BREAKFAST

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the Hotel Premises? Yes No

7. OUTDOOR AREAS

7a. Are there any outside areas used for the sale or consumption of alcoholic beverages? Yes No

7b. Check all types that apply:

(There must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram.)

- Sidewalk Cafe Deck Patio Porch Gazebo
- Rooftop Yard Balcony Pavilion Tent

Other (describe):

7c. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? If Yes, how is it divided?

Yes No

7d. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- Fencing Wall Shrubbery Roping Stanchions

Other (describe):

7e. Is a permit required by locality for outside area(s)? Yes No

If yes, submit a copy of the permit.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information provided in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1a. Select the type(s) of alcohol you intend to serve at the premises:

- Beer & Cider
 Wine, Beer & Cider
 Liquor, Wine, Beer & Cider

1b. Type of Establishment:

2. Will any other business be conducted at the premises? if "yes" provide details below or on a separate sheet: Yes No

2a. If the premises is *not* a catering establishment, will the premises periodically close to host private events? Yes No

2b. If "yes" how frequently?

3. Will premises have music? Yes No

3a. If "yes" check all that apply: RECORDED DJ JUKE BOX KARAOKE

LIVE MUSIC (Give details: i.e. rock bands, acoustic, jazz, etc.):

3b. Will the premises use the services of an Event Promoter?: Yes No

4. Will the premises permit dancing? Yes No

4a. If "yes", does your municipality require a "cabaret" or other permit granting permission for dancing? Yes* No

* If a permit is required, submit a copy of the permit. A copy must be submitted prior to issuance of the license.

4b. If dancing is permitted, who will be permitted to dance? Patrons Employees for entertainment Both

4c. If YES, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No

5. Will there be topless entertainment? Yes No

6. Will the business employ a manager? Yes No

6a. If "no" will principal(s) manage? Yes No

7. How many employees? (Excluding principals and security personnel.)

7a. If answer is zero employees ("0"), then provide an explanation below:

continued on next page

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

8. NYS Law requires businesses to carry workers' compensation and disability insurance.

If applied for and pending, please indicate.

8a. Workers' Compensation Carrier Name and Policy Number:

8b. Disability Insurance Carrier Name and Policy Number:

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996.

9. Will there be security personnel be used at the premises? Yes No 9a. If YES, how many?

9b. If "yes" provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired.

The Licensee is responsible for assuring that security personnel you hire is registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

10. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How you will monitor alcohol sales; prevent sales to minors and sales to intoxicated persons. How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

The Applicant is operating a fast casual rotisserie chicken restaurant and it is not anticipated that security issues will arise. Notwithstanding, a well trained manager (Adam Jama- the principal) will be on-premises during all hours of operations. All employees will be TIPS trained, and will ask for proper identification prior to serving alcohol to patrons. Visibly intoxicated patrons will be denied service of alcohol.

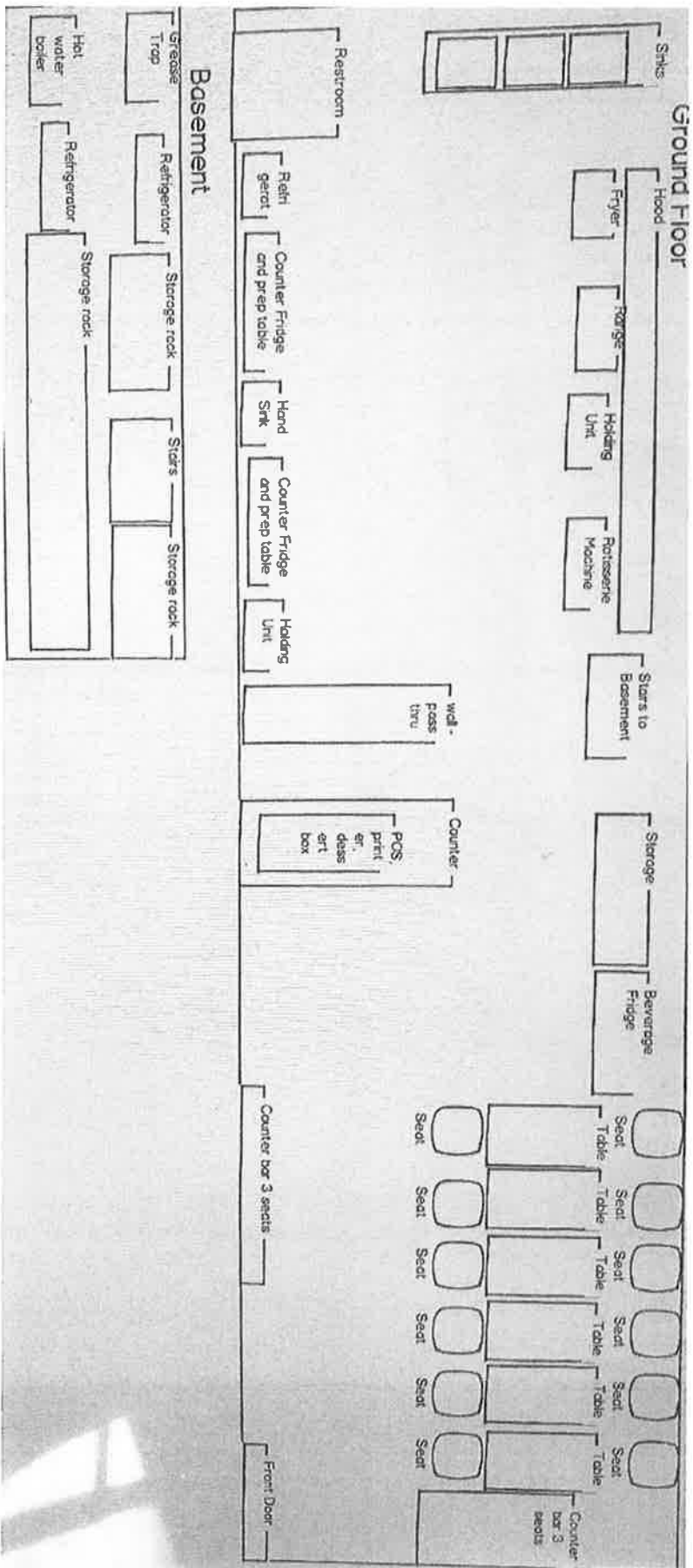
11. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advanced Notice ?

Yes No

11a. If "no" explain.

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link: <http://www.sla.ny.gov/provisions-for-county-closing-hours>



We cook our food in small batches throughout the day to ensure maximum freshness
Our chickens are gluten free, all natural, free roaming, antibiotic and hormone free

Set Meals

¼ Chicken + 1 Side	\$10.95
½ Chicken + 2 Sides	\$18.75
Whole Chicken + 4 Sides	\$34.95
Sandwich + 1 Side	\$13.85
6 Wings + 1 Side	\$12.95

Lunch Specials

Everyday 11am-4pm

¼ Chicken + 2 sides	\$11.95
½ Chicken + 1 side	\$12.95
Sandwich + 1 side	\$12.95
6 wings + 1 side	\$11.95

À la carte

¼ Chicken	\$6.55
½ Chicken	\$11.85
Whole Chicken	\$17.95
Poulette Sandwich	\$10.95
Poulette Salad	\$11.95
Chicken Caesar Salad	\$11.95

Wings

Breaded and Fried in Canola Oil
6 for \$9
Salt & Pepper, Buffalo, BBQ

Sides

Small \$4.95 Large \$7.90
Ratatouille
Roasted Red Potatoes
Quinoa Kale
Rice w/Veggies & Chicken
Mashed Potatoes
Fries
String Beans w/Mushrooms
Mixed Greens
Brussels Sprouts
Chicken Soup

Poulette

Very



French.

• ROTISSERIE •

Dine In Take Out Catering Delivery
313-433-4400

790

Poulette

Very

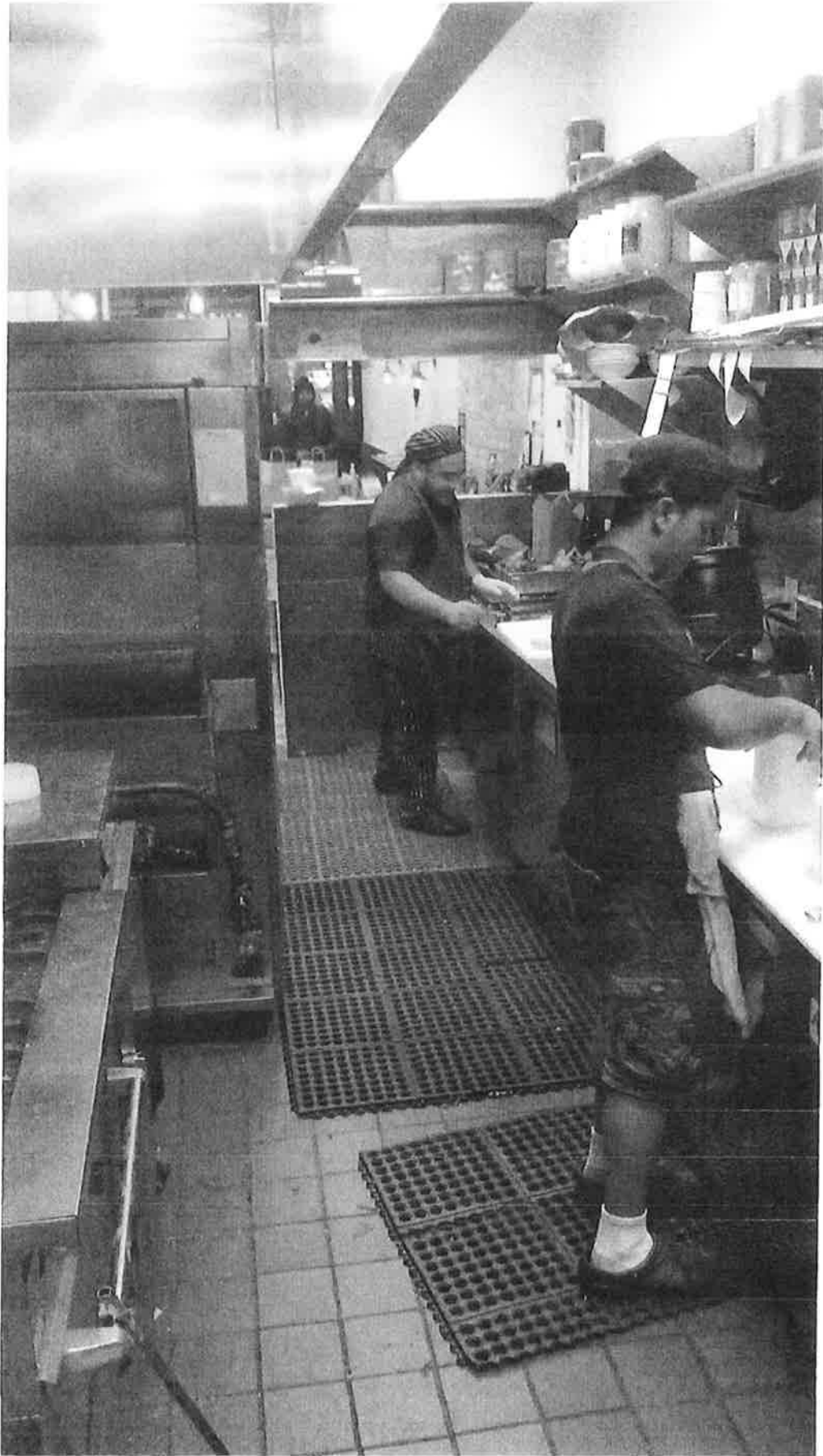


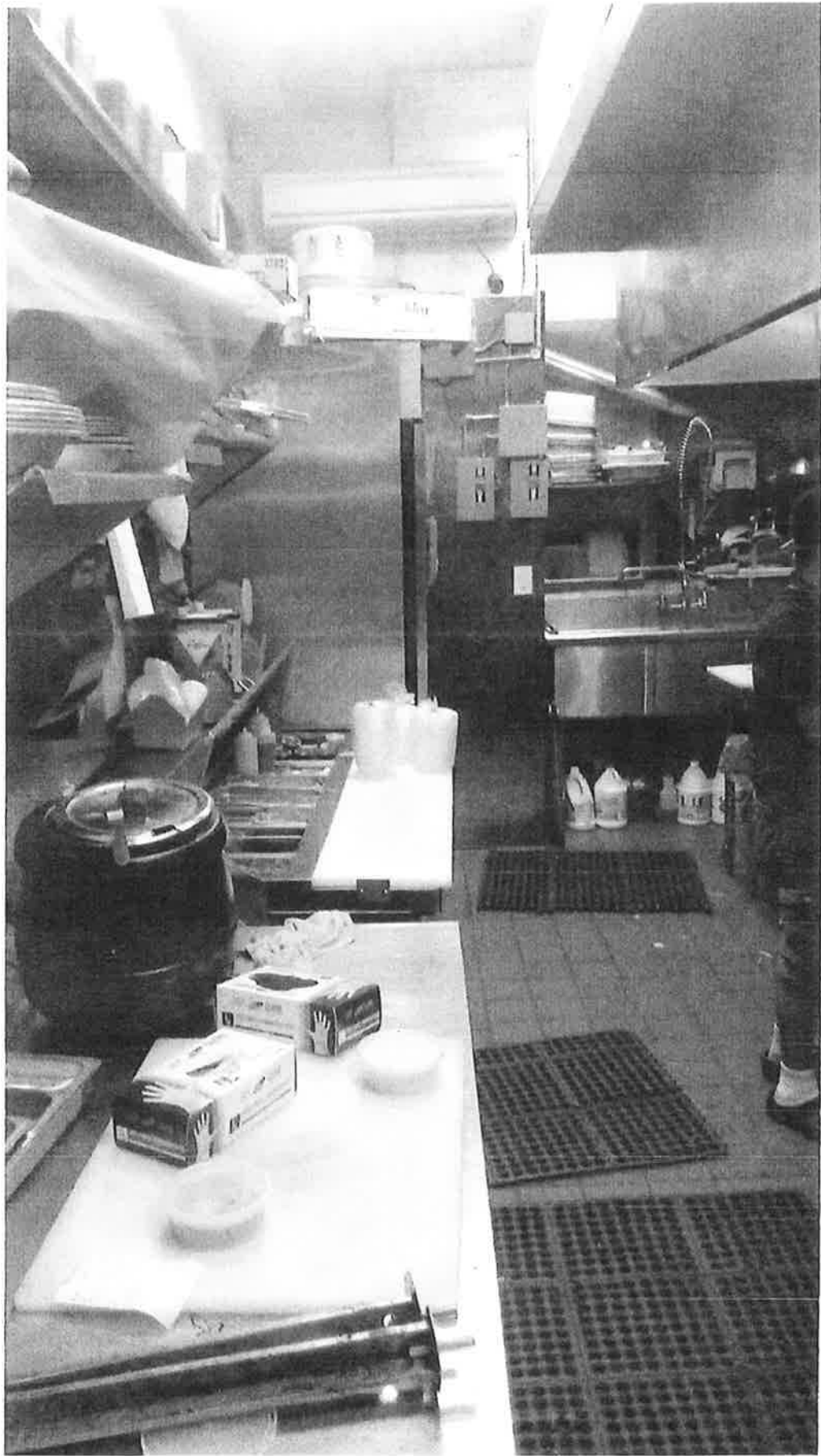
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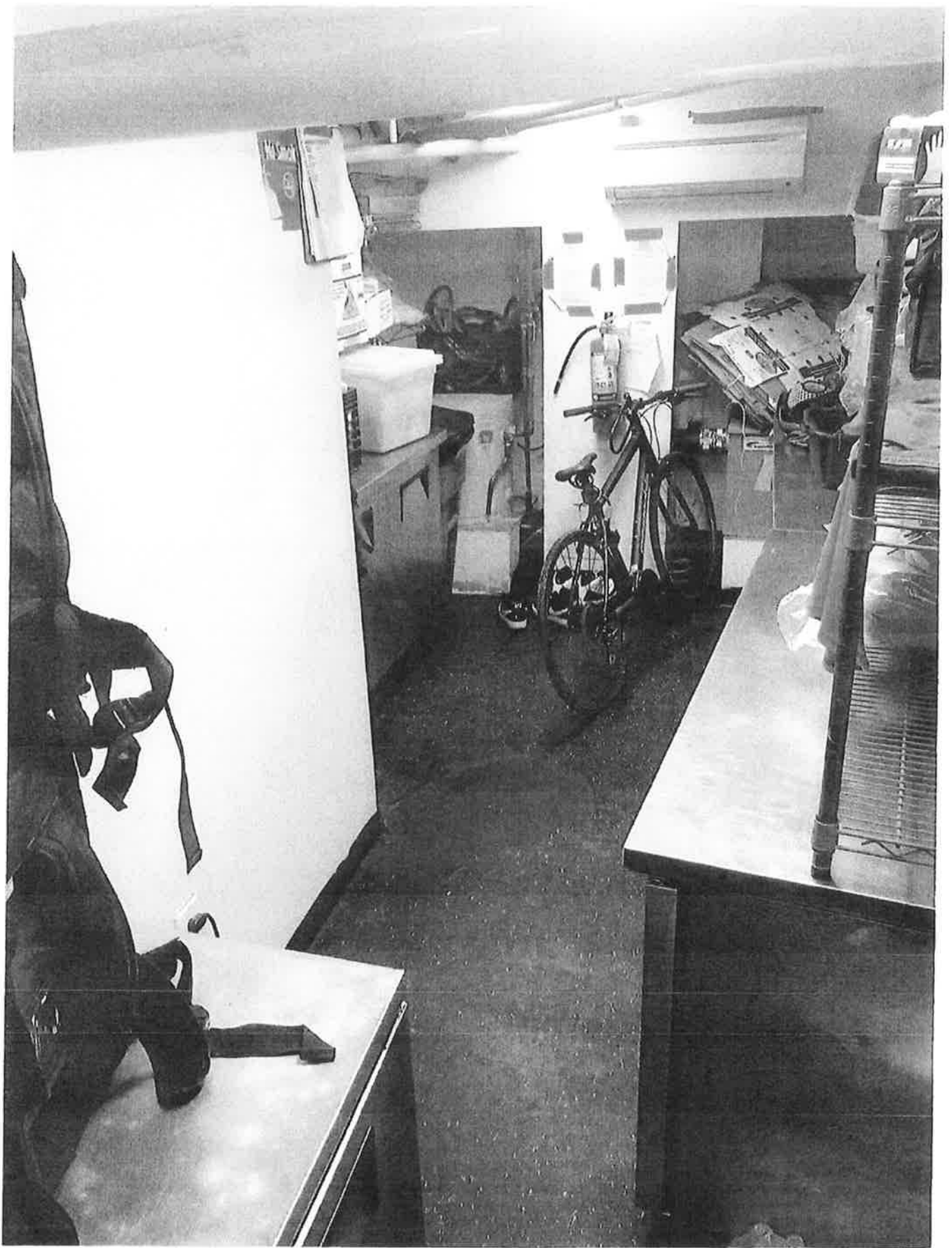


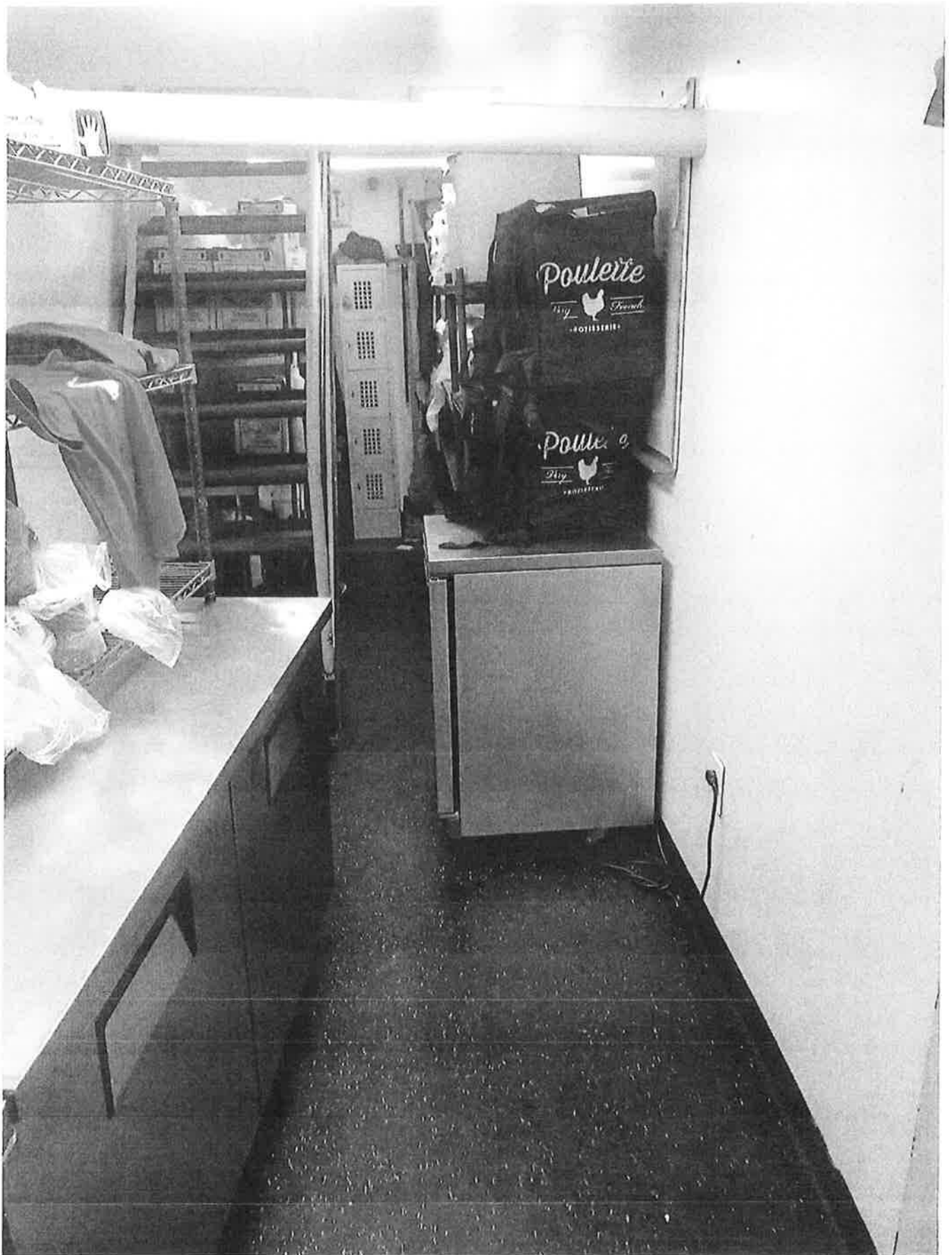












Poulterie

By  French

ROTISSERIE

Poulterie

By  French

ROTISSERIE

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Poulette

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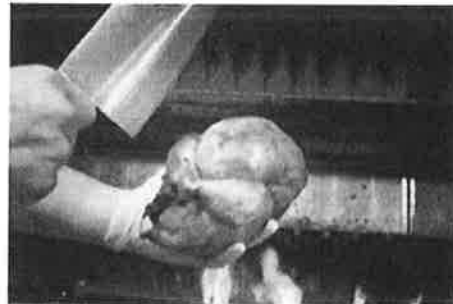
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ABOUT US

Poulette is a French-inspired rotisserie chicken experience in New York City offering dine-in, delivery, catering and takeout. Rotisserie's are widespread all across French cities and Poulette's goal is to bring that simple but delicious and healthy food to New Yorkers.



Our approach is straightforward: we source the highest quality ingredients and cook them to perfection. The process begins with all-natural chickens, raised on family farms, free roaming, air chilled, antibiotic & hormone free and with no artificial ingredients. They are then seasoned with herbs and cooked on our French-imported rotisserie machine.



Poulette

Any questions? Let's chat!

In addition we have created a range of seasonal sides from French Beans w/ Mushrooms to brussels sprouts, ratatouille and much more! Our dishes are made in small batches throughout the day to ensure maximum freshness.

Our food is steeped in French traditional recipes but given new life here in New York City. Located in Hell's Kitchen and Midtown East. Poulette is open from 10:30am to 10pm seven days a week. *added to cart*

See you soon!

[Order Online](#)

DISCOUNT EMAILS

Sign up to get the best chicken deals !!!

email@example.com

SUBSCRIBE

EMAIL

info@poulettenyc.com

© 2018, Poulette Rotisserie Chicken



Poulette
Any questions ? Let's chat!

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PRESS



HUFFINGTON POST

Although I've never understood why there aren't portable rotisseries at the Greenmarkets, finding a decent roast chicken in New York has never been difficult. Depending on your budget there are lots of options, from Costco to Fairway and beyond.

[Read More](#)

Postings

Any questions? Let's chat!



WALL STREET JOURNAL

Chickens rotating on spits at outdoor stands is a common sight in Paris, where Adam Jama grew up. And the restaurateur wanted to bring that juicy roasted meat of his childhood to New York City. Now, Mr. Jama has—making French-style rotisserie...

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THE INFATUATION

Poulette
Any questions? Let's chat!

That cute rotisserie chicken place in Hell's Kitchen" is a phr.
or writing. Despite being fully in love with pre-made poultry,
sad single dudes eating ...

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Bloomberg

NEWS

BLOOMBERG NEWS

Poulette in Hell's Kitchen (opened May 15). 15-seat French rotisserie chicken spot from 28-year-old
Adam Jama, who left Wall Street a year ago to open his own restaurant after stints at JFNA
Endowment fund and ETF startup BlueStar Global Investors...

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Poulette
Any questions ? Let's chat!



RAMENANDFRIENDS



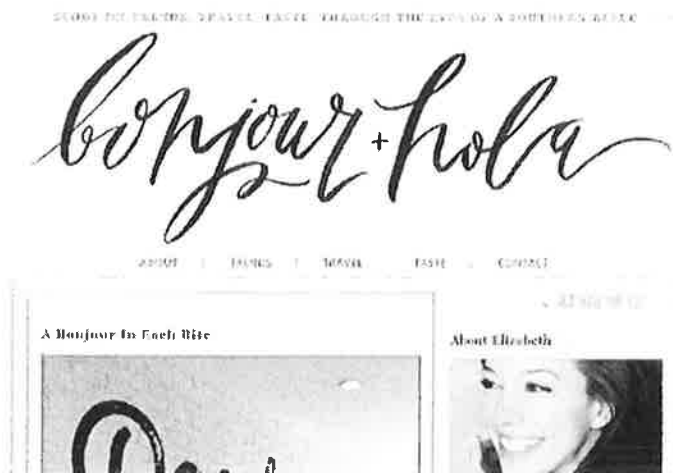
RAMEN AND FRIENDS
 Poulette Rotisserie Chicken
 Ramen and Friends is a new concept in Hell's Kitchen, NYC. It's a place where you can get a bowl of ramen with a Poulette Rotisserie Chicken. The chicken is roasted in a traditional French style, and it's served with a special sauce. The ramen is made with high quality ingredients like organic, free-range chicken from upstate New York. Poulette attracts...



RAMEN AND FRIENDS

Feelings: Poulette brings a bit of je ne sais quoi to ninth avenue in Hell's Kitchen with traditional French rotisserie chicken. With high quality ingredients like organic, free-range chicken from upstate New York, Poulette attracts...

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BONJOUR AND HOLA

Portfolio
 Any questions? Let's chat!

Inspired by all things French, I was pleasantly delighted while walking through the busy Hell’s Kitchen to find a politely placed new spot titled: Poulette. Hola! Little did I know that this place not only just opened, but they actually...

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Chelsea & Hell's Kitchen | NYC & Philadelphia | East River

4 New Restaurants to Try Now



By Serena Spadon on May 16, 2017 8:00am
@serenaspadon

THE EPOCH TIMES

Adam Jama remembers the rotisserie chickens his family used to get on weekends, a simple, tasty way to get lunch on the table quickly after outings. At his newly opened Poulette, in Hell's Kitchen, he recreates this "very French" chicken, crusted over ...

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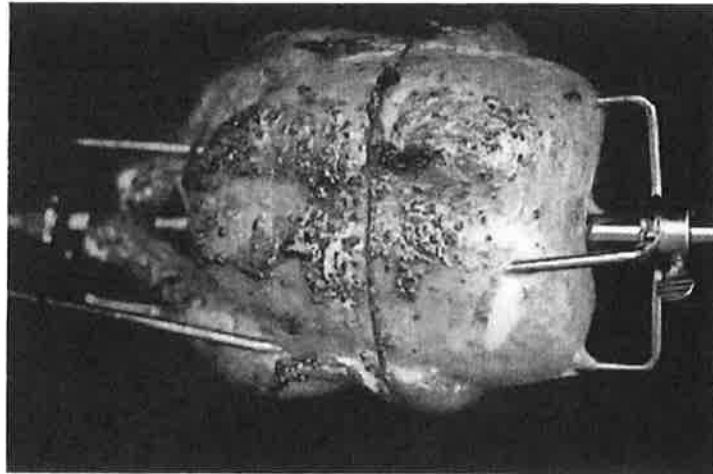
DNA INFO

A restaurant serving traditional French rotisserie chicken opened its doors on Wednesday at 790 Ninth Ave. Poulette, a 12-seat eatery, offers antibiotic- and hormone-free chickens, which are served alongside potatoes that are cooked in the bottom ...

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Poulette

Any questions? Let's chat!



MIDTOWN LUNCH

I would venture to guess that the average Midtownluncher hasn't lamented over the lack of French style rotisserie chicken in Midtown. On the other hand, before the uptowning of Xi'an Famous Foods, there were plenty of us that yearned ...

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HELL'S KITSCH

Taking over the forever vacant old Subway store on 9th Ave between 52nd & 53rd, Poulette- "the first French inspired rotisserie chicken experience in NYC"- has been revealed today, with their signange being put up. The place will be open 7 days a ...

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DNA INFO

Poulette
Any questions? Let's chat!

A new chicken joint hopes to bring a bit of Paris to Ninth Av
of April at 790 Ninth Ave., will serve the sort of traditional F
Gallic cities. The tiny 12-seat restaurant is ...

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