

# Manhattan Community Board 4

## Liquor License/Sidewalk Cafe Stipulations Application

(All Fields Must Be Completed)

<b>CORPORATION NAME</b>		<b>DOING BUSINESS AS (DBA)</b>	
23 Pier Inc.			
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>	<b>ZIP CODE</b>
265 8th Avenue		W. 23rd Street & W. 24th Street	10011
<b>OWNER</b> <small>(Attach a list of all the people that will be associated/listed with the license)</small>	<b>NAME:</b> Xiaozhou Qian	<b>ATTORNEY/ REPRESENTATIVE</b>	<b>NAME:</b> James Wang
	<b>PHONE:</b> (646)283-1888		<b>PHONE:</b> (212)219-3070
	<b>EMAIL:</b> qianxiaozhou123@gmail.com		<b>EMAIL:</b> j.y.wang.ny@gmail.com
<b>MANAGER</b>	<b>NAME:</b> Xiaozhou Qian	<b>LANDLORD</b>	<b>NAME:</b> Mutual Redevelopment Houses Inc.
	<b>PHONE:</b> (646)283-1888		<b>PHONE:</b>
	<b>EMAIL:</b> qianxiaozhou123@gmail.com		<b>EMAIL:</b>
<b>APPLICATION TYPE</b> ( <input type="checkbox"/> <i>Liquor License</i> <input type="checkbox"/> <i>Unenclosed Sidewalk Cafe</i> )			
<input checked="" type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
	What is/was the name and address of establishment?	The Pho 2 Inc., 273 8th Ave., New York, NY 10011 Sushi Blossom Inc. 334 8th Ave., New York, NY 10011	
	What were the dates applicant was involved with this former premise?	07/31/2017	
<input type="radio"/> <b>Corp</b> <b>Change/Class</b> <b>Change/Removal</b>	What is the license # and expiration date?		
	Is applicant making any alterations or operational changes?	<input type="radio"/> YES	<input type="radio"/> NO
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input type="radio"/> <b>Alteration</b>	What is the current license # and expiration date?		
	<i>Please list/describe the nature of all the changes and attach the plans:</i>		
<b>METHOD OF OPERATION</b>			
<b>TYPE OF ALCOHOL</b>	<input type="radio"/> Liquor/Wine/Beer & Cider <input type="radio"/> Beer & Cider <input checked="" type="radio"/> Wine/Beer & Cider		
<b>ESTABLISHMENT TYPE</b>	<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?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	after community board meeting
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.	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="radio"/> YES	<input type="radio"/> 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
	<b>Operation</b>	11A-12A	11A-12A	11A-12A	11A-12A	11A-12A	11A-12A	11A-12A
	<b>Kitchen</b>	11A-12A	11A-12A	11A-12A	11A-12A	11A-12A	11A-12A	11A-12A
	<b>Music</b>	11A-10P	11A-10P	11A-10P	11A-10P	11A-10P	11A-10P	11A-10P
If you plan to have music, what type(s)? (Circle all that apply)			<input checked="" type="checkbox"/> BACKGROUND	<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> DJ	<input type="checkbox"/> JUKE BOX	<input type="checkbox"/> KARAOKE	

**OCCUPANCY**

	Capacity (Certificate of Occupancy)	Maximum # of Persons 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	
<b>INSIDE</b>	74	68	23	52	0	1	10	
<b>OUTSIDE</b> <i>(Other than sidewalk café)</i>	N/A							
<b>DCA APPROVED UNENCLOSED SIDEWALK CAFÉ</b>	N/A							

How many floors are there? What is the capacity for each floor?	1 floor, 74	
How frequently will the owner(s) be at the establishment?	full time	
Will there be dancing?	YES	<input checked="" type="radio"/> NO
Will applicant have bottle or table service for beverage alcohol?	<input checked="" type="radio"/> YES	NO
Will applicant be hosting private; promotional or corporate events?	YES	<input checked="" type="radio"/> NO
Will outside promoters be used on a regular basis? If yes please describe.	YES	<input checked="" type="radio"/> NO
Will applicant have a security plan? If, yes please attach.	<input checked="" type="radio"/> YES	NO security camera
Will security plan be implemented?	<input checked="" type="radio"/> YES	NO
Will State certified security personnel be used?	YES	<input checked="" type="radio"/> NO
Will New York Nightlife Association and NYPD Best Practices be followed?	<input checked="" type="radio"/> YES	NO
Does applicant agree to notify MCB4 prior to making changes to its method of operation?	<input checked="" type="radio"/> YES	NO
Will applicant be using delivery bicycles? If yes, how many?	YES	<input checked="" type="radio"/> NO Third party
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?	<input checked="" type="radio"/> YES	NO
Where will delivery bicycles be stored during the day when not in use?	Third party	

**MULTIPLE SPACES/FLOORS CAPACITY BREAKDOWN**

Space/Floor	Description/Use of Space	Capacity	Hours	# of Tables	# of Seats	# of Service Only Bars	# of Stand-Up Bars/Seats at Bar	Music

## LOCATION & ZONING

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

## Community Notification/Relations

<b>NOTIFICATION:</b> 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	sent email by the listing provide from MCB4		
	# 2			
	# 3			
	# 4			
	# 5			
Please provide dates when applicant met with the groups listed above.		wait the answer from them		
Who was your contact person at each group you met with?				
When did applicant post the notice that was provided?				
Where did applicant post the notice that was provided?		Front of the store		
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.		<input checked="" type="radio"/> YES	NO	
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		<input checked="" type="radio"/> YES	NO	

<b>BUILDING DESIGN</b>			
State the name and type of business previously located in the space.	Chelsea Apothecary		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	<input checked="" type="radio"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="radio"/> NO	
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	<input checked="" type="radio"/> YES	NO	
Is the entrance ADA Compliant?	<input checked="" type="radio"/> YES	NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="radio"/> NO	
Will applicant have a vestibule within the establishment?	<input checked="" type="radio"/> YES	NO	
Will applicant use a storm enclosure?	<input checked="" type="radio"/> YES	NO	
Does applicant agree to keep the sidewalk clear of all items or obstructions, such as sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	<input checked="" type="radio"/> YES	NO	
Will applicant comply with the NYC noise code?	<input checked="" type="radio"/> YES	NO	
Will the establishment have any of the following: (circle all that apply)	<b>FRENCH DOORS</b>		<b>GARAGE DOORS</b> <b>WINDOWS THAT CAN BE OPENED</b>
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	<input checked="" type="radio"/> YES	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?	<input checked="" type="radio"/> YES	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	<input checked="" type="radio"/> YES	NO	
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?	<input checked="" type="radio"/> YES	NO	
Will the kitchen exhaust system extend to the roof?	<input checked="" type="radio"/> YES	NO	
Will the establishment have an illuminated sign?	<input checked="" type="radio"/> YES	NO	
Will the establishment have a canopy extending over the sidewalk?	YES	<input checked="" type="radio"/> NO	
Where will the air conditioner be located? What type is it?	Roof		
When was the air conditioner installed?	not sure		

**OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ**

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

## DCA APPROVED UNENCLOSED SIDEWALK CAFÉ

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

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

- There will be no use of an storm enclosure
- There will be no use of any outdoor space

***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.***



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Manhattan Community Board 4 (MCB4) recommends:  
 (MCB4's recommendation is based on a vote taken at its  
 \_\_\_\_\_ full board meeting, with \_\_\_\_\_ members voting in favor  
 of the recommendation, \_\_\_\_\_ members opposed, \_\_\_\_\_ members  
 abstaining and \_\_\_\_\_ 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 Holozubiec**  
*CB4 BLP Committee Co-Chair*

**Burt Lazarin**  
*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**



Xiaozhou Qian

**PRINT NAME OF APPLICANT**

**SIGNATURE OF APPLICANT**

07/04/2023

**DATE**



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

## Standardized NOTICE FORM for Providing **30-Day Advance** **Notice** to a Local Municipality or Community Board

1. Date Notice Sent:

1a. Delivered by:

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

Manhattan Community Board 4

For premises outside the City of New York:

New Application    Removal    Class Change

For premises in the City of New York:

New Application  
 New Application and Temporary Retail Permit  
 Temporary Retail Permit  
 Removal  
 Class Change  
 Method of Operation  
 Corporate Change  
 Renewal  
 Alteration

RECEIVED

Date: 6/26/23

Time: 12:20pm

By: Nelly Gonzalez

For **New** and Temporary Retail Permit applicants, answer each question below using all information known to date  
For **Renewal** applicants, answer all questions  
For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s)  
For **Corporate Change** applicants, attach a list of the current and proposed corporate principals  
For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation  
For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type  
For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

**Please include all documents as noted above. Failure to do so may result in disapproval of the application.**

**This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:**

3. Name of Municipality or Community Board:

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable):  Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village:  , NY Zip Code:

9. Business Telephone Number of applicant/ Licensee:

10. Business E-mail of Applicant/Licensee:

11. Type(s) of alcohol sold or to be sold:    Beer & cider    Wine, Beer & Cider    Liquor, Wine, Beer & Cider

12. Extent of Food Service:    Full Food menu; full kitchen run by a chef/cook    Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment:

Seasonal Establishment    Juke Box    Disc Jockey    Recorded Music    Karaoke

14. Method of Operation: (check all that apply)    Live Music (give details i.e., rock bands, acoustic, jazz, etc.):

Patron Dancing    Employee Dancing    Exotic Dancing    Topless Entertainment

Video/Arcade Games    Third Party Promoters    Security Personnel

Other (specify):

15. Licensed Outdoor Area:    None    Patio or Deck    Rooftop    Garden/Grounds    Freestanding Covered Structure  
(check all that apply)    Sidewalk Cafe    Other (specify): \_\_\_\_\_

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

16. List the floor(s) of the building that the establishment is located on:

17. List the room number(s) the establishment is located in within the building, if appropriate:

18. Is the premises located within 500 feet of three or more on-premises liquor establishments?  Yes  No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation?  Yes  No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:

21. Does the applicant or licensee own the building in which the establishment is located?  Yes (if YES, SKIP 23-26)  No

**Owner of the Building in Which the Licensed Establishment is Located**

22. Building Owner's Full Name:

23. Building Owner's Street Address:

24. City, Town or Village:  State:  Zip Code:

25. Business Telephone Number of Building Owner:

**Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice**

26. Representative/Attorney's Full Name:

27. Representative/Attorney's Street Address:

28. City, Town or Village:  State:  Zip Code:

29. Business Telephone Number of Representative/Attorney:

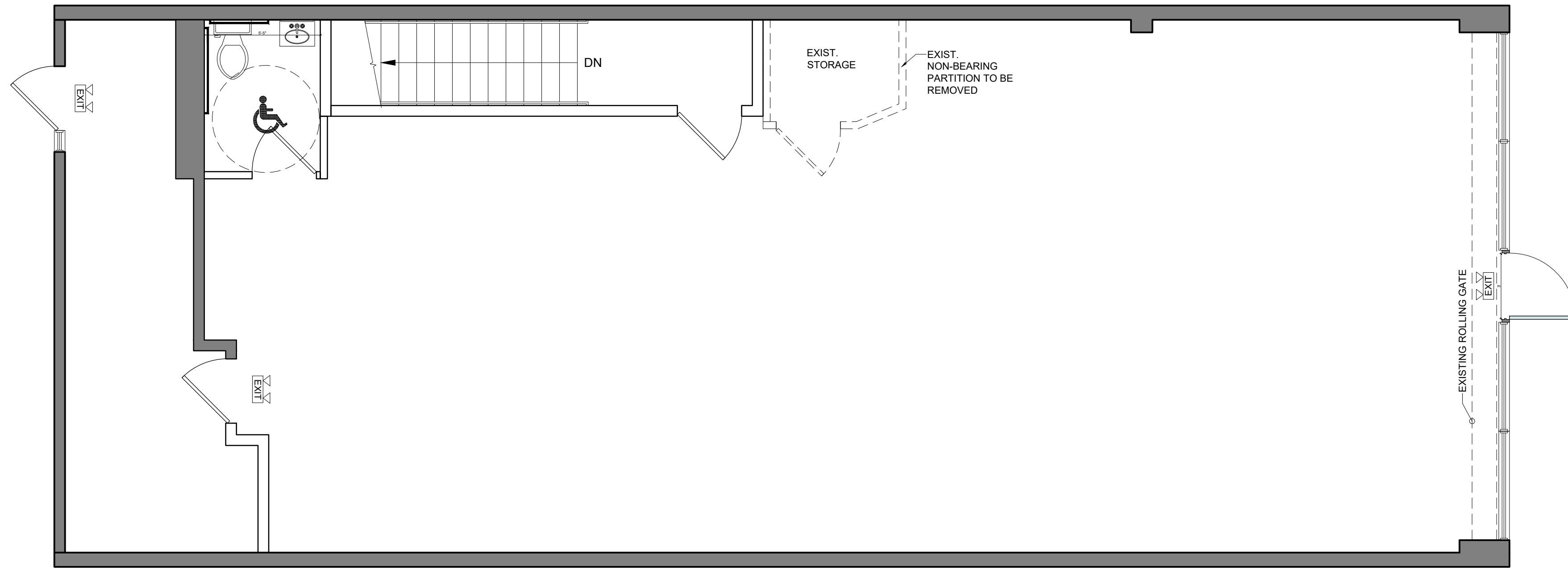
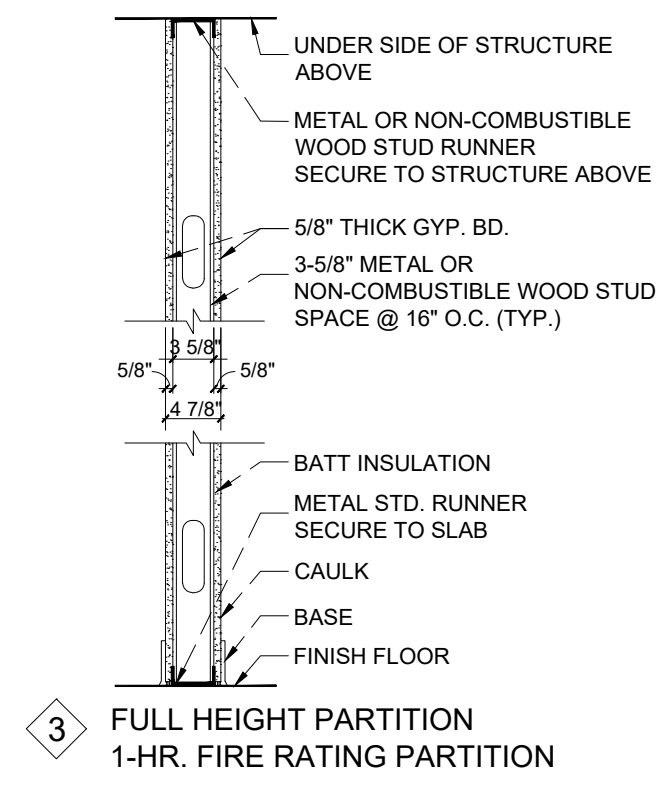
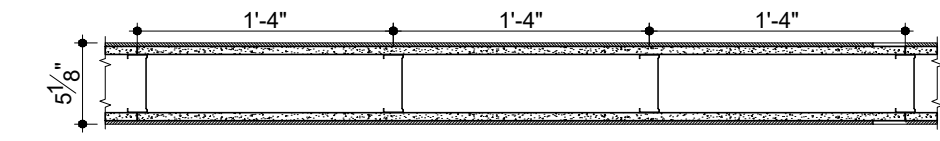
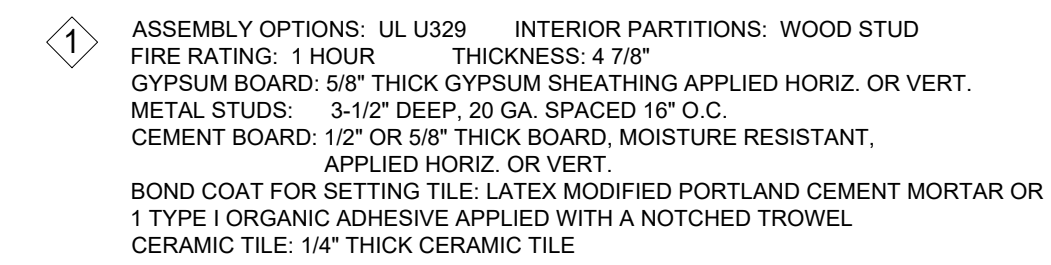
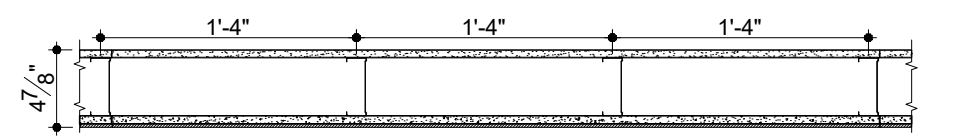
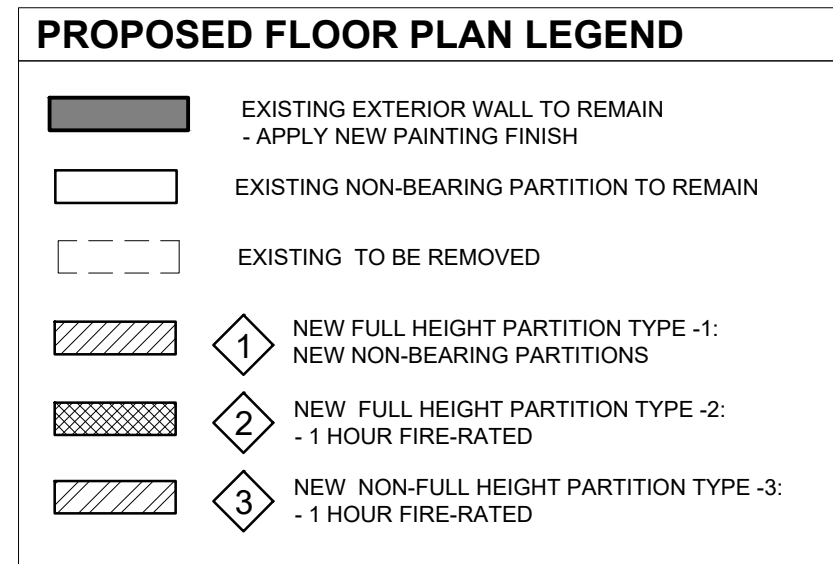
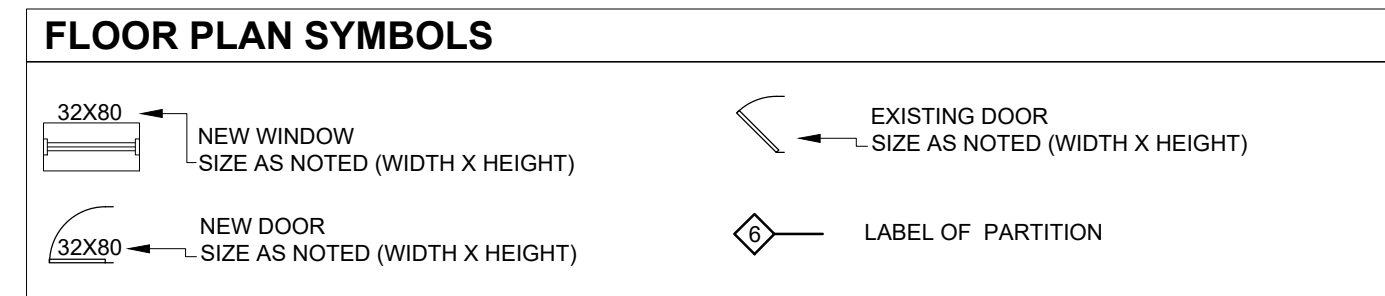
30. Business E-mail Address of Representative/Attorney:

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

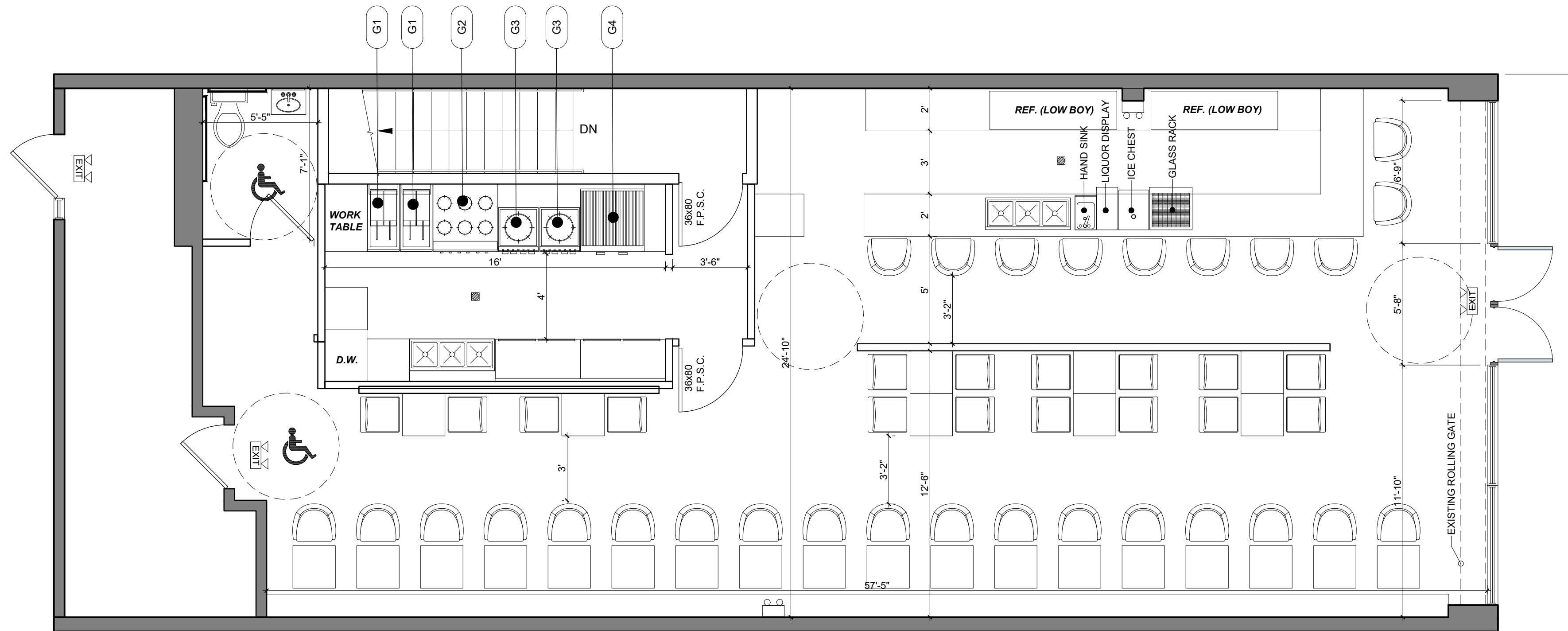
By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name:  Title:

Principal Signature:



EXISTING 1ST FLOOR PLAN  
SCALE: 1/4" = 1'-0"



PROPOSED 1ST FLOOR PLAN  
SCALE: 1/4" = 1'-0"

ID	QTY.	ITEM	AKA	Manufacturer	Description		GAS		BTU/H
					Model	Finish	SIZE	SIZE	
G1	2	GAS FLOOR FRYER	GAS FRYER	PITCO FRIALATOR	VF-355	stainless steel	NATURE GAS	1/2"	70,000
G2	1	36" - 6 OPEN BURNER	GAS BURNER	JADE RANGE	JTRH-6-36C	stainless steel	NATURE GAS	3/4"	240,000
G3	2	24" - Heavy duty range	GAS RANGE	JADE RANGE	JMRH-24GT	stainless steel	NATURE GAS	3/4"	90,000
G4	1	HD RANGE- 36" CHARBROILER	Heavy duty Range	JADE RANGE	JMRH-36B	stainless steel	NATURE GAS	3/4"	90,000

ARCHITECT / ENGINEER:

ZHENG & ASSOCIATES, LLC  
 ARCHITECTURE - ENGINEERING  
 CONSTRUCTION SUPERVISION  
 39-15 MAIN STREET # 308,  
 FLUSHING, NY 11354  
 TEL: (718) 762-2626  
 FAX: (718) 762-2886

THE PLAN IS APPROVED ONLY FOR THE WORK INDICATED ON THE APPLICATION. ALL OTHER MATTERS SHOWN ARE NOT TO BE RELIED UPON OR TO BE CONSIDERED AS EITHER BEING APPROVED OR IN ACCORDANCE WITH APPLICABLE CODES. ARCHITECT ASSUMES NO RESPONSIBILITY FOR ANY WORK FROM APPROVED PLANS. THE CONTRACTOR MUST OBTAIN WRITTEN APPROVAL FOR ANY CHANGES FROM ARCHITECT BEFORE COMMENCING SUCH WORK.

LOCATION:

**265 8 AVENUE  
 NEW YORK, NY10011**

**BLOCK: 747**

**LOT: 1**

**BIN : 1078540**

**ZONE MAP : 8D**

**ZONE DISTRICT : R8,C2-6**

**PRIOR 1968 CODE**

**CONST. CLASS. : 1**

**OCCUPANCY U.G.: COM**

**ZONING U.G.: 6**

SCOPE OF WORK

**INTERIOR RENOVATION  
 IN EXISTING  
 COMMERCIAL SPACE**

DOB STAMP:

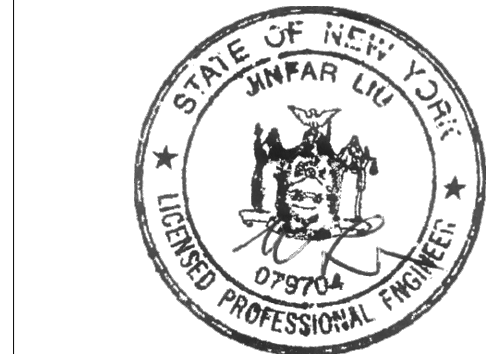
REVISION

NO.	DATE	DESCRIPTION

DRAWING TITLE

**EXIST. FLOOR PLAN  
 PROP'D FLOOR PLAN**

SEAL & SIGNATURE:



DOB JOB NO.:

CHECKED BY: J.L. DRAWN BY: Q.H.

DRAWING NO. **A-001.00**

DATE: 05/02/2022 SHEET NO: 2 OF 5



# PIER 23

SEAFOOD  
**RESTAURANT**

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265 8 Ave  
New York, NY 10011  
(646)283-1888

# Starter

## Raw Oyster

### Shrimp Cocktail \$10.00

Bay Shrimp, diced avocado, red onion, tomato, cilantro & serrano peppers. (Mild, Medium, Spicy).

Bay Shrimp, diced avocado, red onion, tomato, cilantro & serrano peppers. (Mild, Medium, Spicy).

### Crab Cakes \$12.00

6 fried crab bites made fresh daily with real crab meat, green onion, red bell pepper. Served with lemon and Remoulade sauce

6 fried crab bites made fresh daily with real crab meat, green onion, red bell pepper. Served with lemon and Remoulade sauce

### Cold Boiled Shrimp (6/12) pcs

\$7.99/13.99

Peel and eat shrimp, w/ make your own cocktail sauce.

### Ceviche \$12.99

Diced White Tuna marinated in lime juice and herbs. Mixed w/ tomatoes, onion, cilantro. Served on a tostada w/ avocado slices and house made corn tortilla chips.

### Fried Calamari \$8.99

Fried rings and tentacles, w/ house made Remoulade sauce.

### Cajun Fries \$5.99

### Lemon Pepper Fries \$5.99

### Sweet Potato Fries \$6.99

### Fried Okra \$6.99

## PO' Boys

PO' Boys filled w/pickles, tomatoes, onions and tartar sauce. Served w/fries & 2 hush puppies

Fried Catfish (1) \$10.99

Fried Shrimp (6) \$10.99

Fried Oysters (6) \$10.99

## Extra

Sauage \$3.99

Potatoes \$3.99

Corns \$2.99

Hush Puppies \$3.99

## **Catch of today (Market Price)**

Blue Crab  
Dungeness Crab  
Snow Crab Legs  
King Crab Legs  
Lobster  
Shrimp  
Crawfish  
Crawfish (Frozen)  
Clams  
Mussels

## **Flavor**

Rajun Cajun  
Lemon Pepper  
Garlic Sauce

All in One

## **Fried Dish**

All Baskets include (Canjun or LP) Fries

Softshell Crab \$18.99  
Catfish Fillets (2pcs) \$18.99  
Whole Catfish \$18.99  
Jumbo Shrimp (6 pcs) \$12.99  
Fried Calamari \$12.99  
Hot Wings (6pcs) \$8.99  
Chicken Tenders (6pcs) \$8.99  
Fried Oyster (8/12) pcs \$10.99/12.99



# CHELSEA APOTHECARY



DUNKIN'

265

