

Manhattan Community Board 4

Liquor License/Sidewalk Cafe Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME		DOING BUSINESS AS (DBA)	
SAINT NYC Lounge LLC			
STREET ADDRESS		CROSS STREETS	ZIP CODE
626 B 10th Ave		W. 45th and W. 44th	10918
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME:	Rene Jacques	ATTORNEY/ REPRESENTAIVE
	PHONE:	646-351-2881	
	EMAIL:	saint10thave@gmail.com	
MANAGER	NAME:	Marley McGuinness	LANDLORD
	PHONE:	201-616-9810	
	EMAIL:	saint10thave@gmail.com	
OWNER	NAME:	David A. Gabay	ATTORNEY/ REPRESENTAIVE
	PHONE:	516-318-5542	
	EMAIL:	davidagabay@gmail.com	
MANAGER	NAME:	John Young	LANDLORD
	PHONE:	212-707-8993	
	EMAIL:	amanda@propertylinknyc.com	
APPLICATION TYPE (<input checked="" type="checkbox"/> <i>Liquor License</i> <input type="checkbox"/> <i>Unenclosed Sidewalk Cafe</i>)			
<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?		Kastel Bar & Restaurant
	What were the dates applicant was involved with this former premise?		2017 - 2020
<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
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input type="radio"/> Alteration	What is the current license # and expiration date?		
	<i>Please list/describe the nature of all the changes and attach the plans:</i>		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input checked="" type="radio"/> Liquor/Wine/Beer & Cider <input type="radio"/> Beer & Cider <input 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?		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	The week of December 18, 2023
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 checked="" type="checkbox"/> YES <input type="checkbox"/> 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="checkbox"/> YES <input checked="" type="checkbox"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?		<input checked="" type="checkbox"/> YES <input 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	11am-2am	11am-2am	11am-2am	11am-2am	11am-2am	11am-2am	11am-2am
	Kitchen	11am-2pm	11am-2am	11am-2am	11am-2am	11am-2am	11am-2am	11am-2am
	Music	11am-2am	11am-2am	11am-2am	11am-2am	11am-2am	11am-2am	11am-2am
If you plan to have music, what type(s)? (Circle all that apply)			<input checked="" type="checkbox"/> BACKGROUND	LIVE MUSIC	<input checked="" type="checkbox"/> DJ	JUKE BOX	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
INSIDE	125	74	24	40	1	1	0
OUTSIDE <i>(Other than sidewalk café)</i>			4	8	0	0	0
DCA APPROVED UNENCLOSED SIDEWALK CAFÉ			N/A	N/A	N/A		

How many floors are there? What is the capacity for each floor?	1	
How frequently will the owner(s) be at the establishment?	During all operating hours	
Will there be dancing?	YES	<input checked="" type="checkbox"/> NO
Will applicant have bottle or table service for beverage alcohol?	YES	<input checked="" type="checkbox"/> NO
Will applicant be hosting private; promotional or corporate events?	YES	<input checked="" type="checkbox"/> NO
Will outside promoters be used on a regular basis? If yes please describe.	YES	<input checked="" type="checkbox"/> NO
Will applicant have a security plan? If, yes please attach.	YES	<input checked="" type="checkbox"/> NO
Will security plan be implemented?	YES	<input checked="" type="checkbox"/> NO
Will State certified security personnel be used?	YES	<input checked="" type="checkbox"/> NO
Will New York Nightlife Association and NYPD Best Practices be followed?	<input checked="" type="checkbox"/> YES	NO
Does applicant agree to notify MCB4 prior to making changes to its method of operation?	<input checked="" type="checkbox"/> YES	NO
Will applicant be using delivery bicycles? If yes, how many?	YES	<input checked="" type="checkbox"/> NO
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?	N/A	

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?	YES	<input checked="" type="checkbox"/> NO	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/> YES	NO	
Is a Public Assembly permit required?	YES	<input checked="" type="checkbox"/> NO	
Are your plans filed with DOB?	YES	<input checked="" type="checkbox"/> NO	

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	See list attached	
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.			
Who was your contact person at each group you met with?		See list attached	
When did applicant post the notice that was provided?		11/17/2023	
Where did applicant post the notice that was provided?		On the front door	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.		<input checked="" type="checkbox"/> YES	NO 646-351-2881
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		<input checked="" type="checkbox"/> YES	NO

BUILDING DESIGN			
State the name and type of business previously located in the space.	Casa Del Toro - Restaurant		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Casa Del Toro - Restaurant
Do you plan any changes to the existing façade? If yes, please describe.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Is the entrance ADA Compliant?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant have a vestibule within the establishment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant use a storm enclosure?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have any of the following: (circle all that apply)	<input checked="" type="checkbox"/> FRENCH DOORS	<input type="checkbox"/> GARAGE DOORS	<input type="checkbox"/> 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?	<input checked="" type="checkbox"/> YES	<input 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?	<input checked="" type="checkbox"/> YES	<input 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?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 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="checkbox"/> YES	<input type="checkbox"/> NO	
Will the kitchen exhaust system extend to the roof?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will the establishment have an illuminated sign?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Where will the air conditioner be located? What type is it?	Central AC		
When was the air conditioner installed?	since the building was built		

OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ

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

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

The applicant will close the outdoor/patio space at 9pm each night.

ADDITIONAL STIPULATIONS: (Office Use Only)

- No music or amplified sound in rear yard
- Rear yard will be closed & vacated no later than 9 p.m. nightly
- Any DJ music will be limited to background levels

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
 February 7, 2024 full board meeting, with 36 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 <i>CB4 Assistant District Manager</i>	 Frank Holozubiec <i>CB4 BLP Committee Co-Chair</i>	 Burt Lazarin <i>CB4 BLP Committee Co-Chair</i>
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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.

<p>SIGN HERE →</p>	<p>Rene Jacques</p> <p>PRINT NAME OF APPLICANT</p>	 <p>SIGNATURE OF APPLICANT</p>	<p>11.28.2023</p> <p>DATE</p>
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Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice was Sent **October 25, 2023 12-8-23** 1a. Delivered by: **Certified Mail Return Receipt Requested**

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

NEW APPLICATION

RECEIVED
Date: 12/27/23
Time: _____
By: [Signature]

- For **New** 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

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: **Manhattan CB #4**

Applicant/Licensee Information:

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

5. Applicant or Licensee Name: **SAINT NYC LOUNGE**

6. Trade Name (if any): **SAINT**

7. Street Address of Establishment: **626-B 10th Avenue**

8. City, Town or Village: **NEW YORK**

9. Business Telephone Number of Applicant/Licensee: **6463512881**

10. Business E-mail of Applicant/Licensee: **saint10thave@gmail.com**

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

12. Extent of Food Service: **Full Kitchen**

13. Type of Establishment: **Bar/Tavern** (check all that apply)

14. Method of Operation

- | | | | | |
|--|------------------|---|-----------------------|---------|
| Seasonal Establishment | Juke Box | <input checked="" type="checkbox"/> Disc Jockey | Recorded Music | Karaoke |
| 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: (check all that apply)

- None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
Sidewalk Cafe Other (Specify): _____

List the floor(s) of the building that the establishment is located on: **Basement and First/Ground**

17. List the room number(s) the establishment is located in within the building, if appropriate: **None**
18. Is the premises located within 500 feet of three or more on-premises liquor establishments? **YES**
19. Will the license holder or a manager be physically present within the establishment during all hours of operation? **Yes**
20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:
- Name: _____ Serial Number: _____
21. Does the applicant or licensee own the building in which the establishment is located? **NO** Yes (if YES, SKIP 23-26)

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name: **626 Emmut Properties, LTD**
23. Building Owner's Street Address: **521 West 48th Street Suite 1A**
24. City, Town, or Village: **New York , New York 10036**
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**

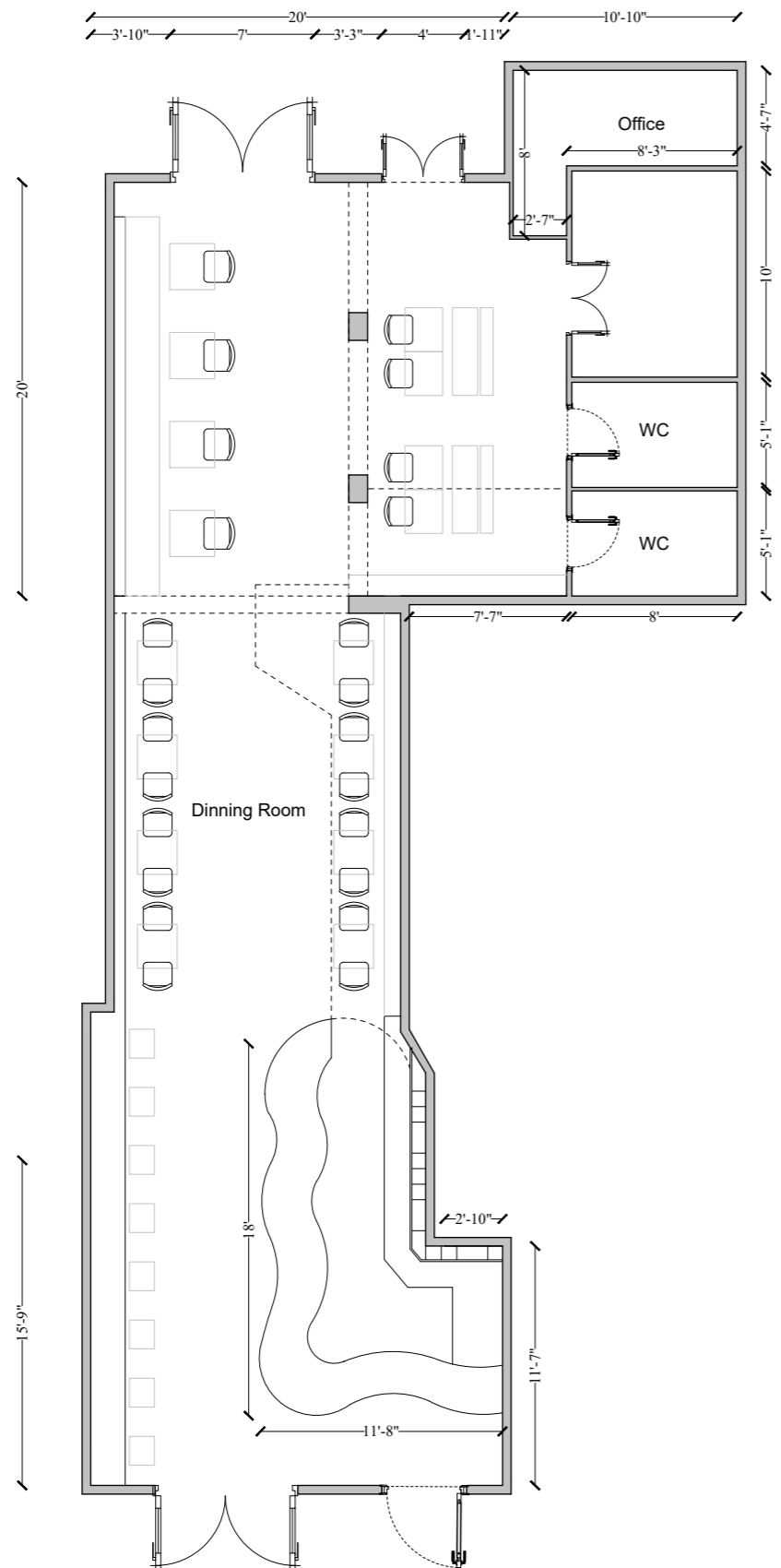
26. Representative/Attorney's Full Name:
27. Representative/Attorney's Street Address:
28. City, Town or Village: State: Zip Code:
29. Business Telephone Number of Representative/Attorney:
30. Business E-mail Address of Representative/Attorney:

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.

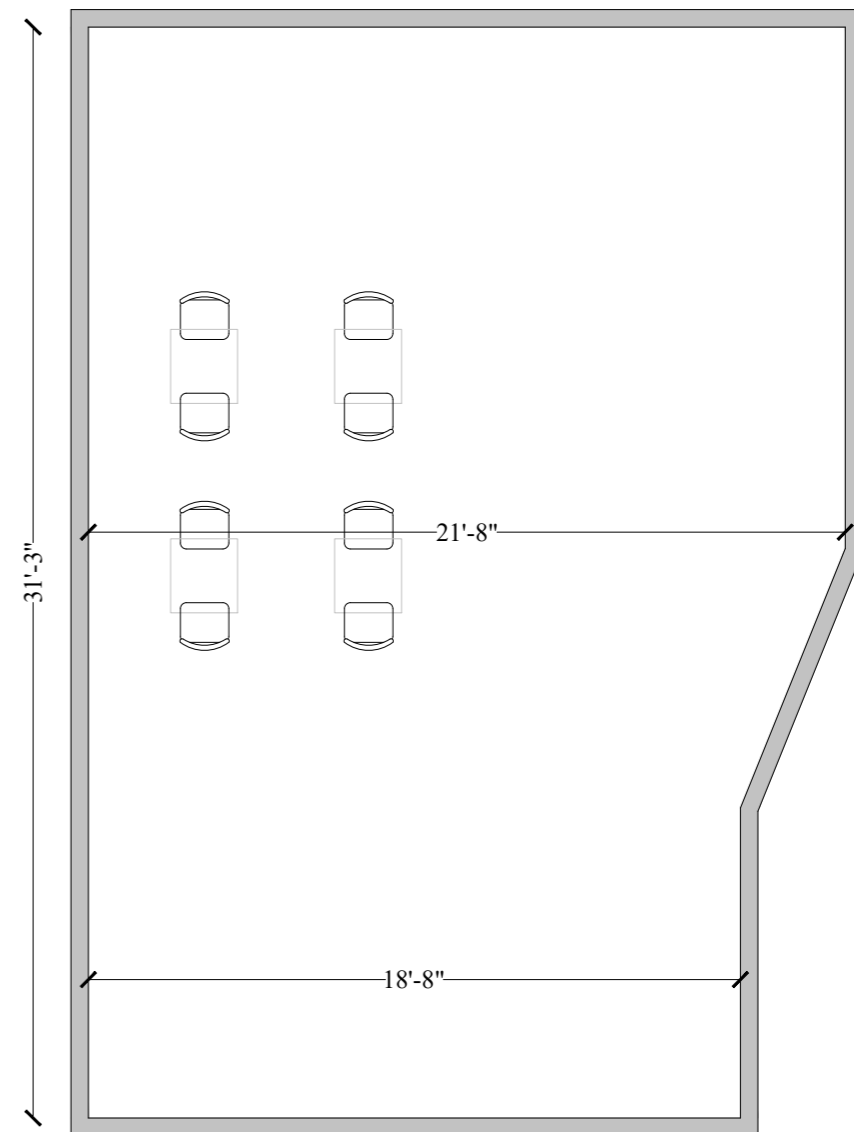
31. Printed Principal Name: **Rene Jacques** Title: **Owner/Principal**

Principal Signature: /s/ Rene Jacques



Existant Restaurant Floor plan

Back Outdoor Space with 4 Tables



SAINT + HELL'S KITCHEN BLOCK ASSOCIATION EMAIL CORRESPONDENCE TRACKER

NAME	EMAIL ADDRESS	1ST EMAIL SENT - November 28, 2023 (DATE + TIME)	RESPONSE RECEIVED (Y/N)	2ND EMAIL SENT - December 12, 2023 (DATE + TIME)	RESPONSE RECEIVED (Y/N)	3RD EMAIL SENT (DATE + TIME)	RESPONSE RECEIVED (Y/N)	4TH EMAIL SENT (DATE + TIME)	RESPONSE RECEIVED (Y/N)
Bob	rjbenfatto@hyhkalliance.org	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 10:58 AM	N			Friday, December 22nd @ 2:38 PM	
Patty	pgouris@hyhkalliance.org	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 10:58 AM	N				
Kathleen	kathleentreat123@gmail.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 10:58 AM	N				
Frank	mcgee79@aol.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:01 AM	N				
Christine	excom@chekpedcs.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:02 AM	N				
Joe	info@clintonhousing.org jrestuccia2@clintonhousing.org	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:03 AM	N				
Ryan	rmarcano@clintonhousing.org	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:05 AM	N				
Natalie	west43rdstreetnyc@gmail.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:06 AM	N				
Marisa	marisared22@aol.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:07 AM	Y				
Linda	ashleyll@aol.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:09 AM	N			Friday, December 22nd @ 2:59 PM	
	west44nyc@gmail.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:09 AM	N			Friday, December 22nd @ 2:59 PM	
Renee and Gordon	twocatsld@worldnet.att.net	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:12 AM	N			Friday, December 22nd @ 2:59 PM	
45th Block Associations	hk4546ba@gmail.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:15 AM	N	Friday, December 14th @ 10:15 AM	N	Friday, December 22nd @ 2:52 PM	
Elke	aefearshk@earthlink.net	Tuesday, November 28th @ 4:21 PM	Y	Tuesday, December 12th @ 11:17 AM	N	Friday, December 14th @ 10:20 AM	N	Friday, December 22nd @ 3:06 PM	Y
Larry	larrymichaelroberts@gmail.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:18 AM	N	Friday, December 14th @ 10:20 AM	N	Friday, December 22nd @ 3:06 PM	Y
Maria	mariagnys@aol.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:20 AM	N				
Richard	rpimentel@commonground.org	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:21 AM	N				
Derrick	dsage@commonground.org	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:22 AM	N				
Gary	gdclay@att.net	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:25 AM	N				
Delores	delores.rubin@att.net	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:26 AM	N				
Brian	BrianScottWeber@gmail.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:28 AM	N				
John	John.Mudd@usa.net	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:28 AM	N				
	info@hcc-nyc.org	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:28 AM	N				
Paul	plob315@aol.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:30 AM	N				
Christine	west55ba@gmail.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:30 AM	N				
Leah	ljames@hcc-nyc.org	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:52 AM	N				
Jorgy	jflechas@hcc-nyc.org	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 11:55 AM	N				
Peggy	peggychane@gmail.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 12:00 PM	N				
Kathleen	kathleentreat123@gmail.com	Tuesday, November 28th @ 4:21 PM	Y	Tuesday, December 12th @ 12:02 PM	Y				
Cressida	cressidac@gmail.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 1:18 PM	N				
Julia	hellskba@gmail.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 1:20 PM	N				
John	john.waldman@redcross.org	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 1:21 PM	N				
Jesse	jessbondy@aol.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 1:21 PM	N				
Anita	awm3333@me.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 1:22 PM	N				
Amanda	acernitz@gmail.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 1:22 PM	N				
Steve & Catie	HK5051@gmail.com tenants350west51st@gmail.com	Tuesday, November 28th @ 4:21 PM	N	Tuesday, December 12th @ 1:25 PM	N	Friday, December 14th @ 10:22 AM	Y	Friday, December 22nd @ 2:52 PM	







WE CORDIALLY INVITE YOU TO

SAMINIT

COMING SOON TO HELLS KITCHEN

N E W Y O R K C I T Y

SAINT

Goal is to position ourselves as a inclusive establishment in the heart of New York City, exuding chic sophistication and a modern ambiance.

Objectives:

- Satisfy the demand for a new premier atmosphere centered around amazing individuals and stylish energy.
- Provide a high-quality cuisine in the form of appetizing small bites and premium alcoholic beverages.
- Craft an atmosphere that attracts daily attendance of both well-regarded locals and enthusiastic tourists.



SAINT

THE SPACE & LOCATION

626B 10TH AVE
NEW YORK, NY 10036

Conveniently located within **walking distance from Times Square**, a prominent tourist destination.

Just a few minutes from several of New York City's premier venues, positioning us as an ideal pregame destination.



SAINT

HOURS OF OPERATION

- Monday-Sunday: 11am-2am
- Backyard Space will be open daily until 9pm

All guests will be greeted and seated by a hostess.

Indoor seating to seat 40.

Proposed outdoor seating will be set with 4 tabletops. There will be no music in the patio space.

All music within Saint will be conversational level allowing for intimate gatherings and networking at Saint.





THE CUISINE

MODERN AMERICAN

Our menu will feature Modern-American cuisine infused with a diverse range of ethnic influences.

The food selection will encompass an extensive array of small plates designed to cater to those seeking a quick bite or a complete dining experience.

We intend to enlist the services of a celebrity chef who will impart their culinary expertise to our kitchen staff, ensuring the proper preparation of our menu items





THE COCKTAILS

A skilled mixologist will craft an outstanding drink menu featuring a selection of delectable cocktails, promising an eclectic taste of paradise.

THE TRANSFORMATION

D E S I G N & R E N D E R I N G S

PHOTOS DO NOT REFLECT ACTUAL SEATING ARRANGEMENTS & FLOOR PLANS



A modern restaurant interior featuring a grid of tables and chairs. The ceiling is decorated with large, curved, white light fixtures. The walls are covered in wood paneling, with a large, white, abstract wall sculpture. A sign on the wall reads "CANT". A large potted plant is in the foreground. The floor is a light-colored tile.

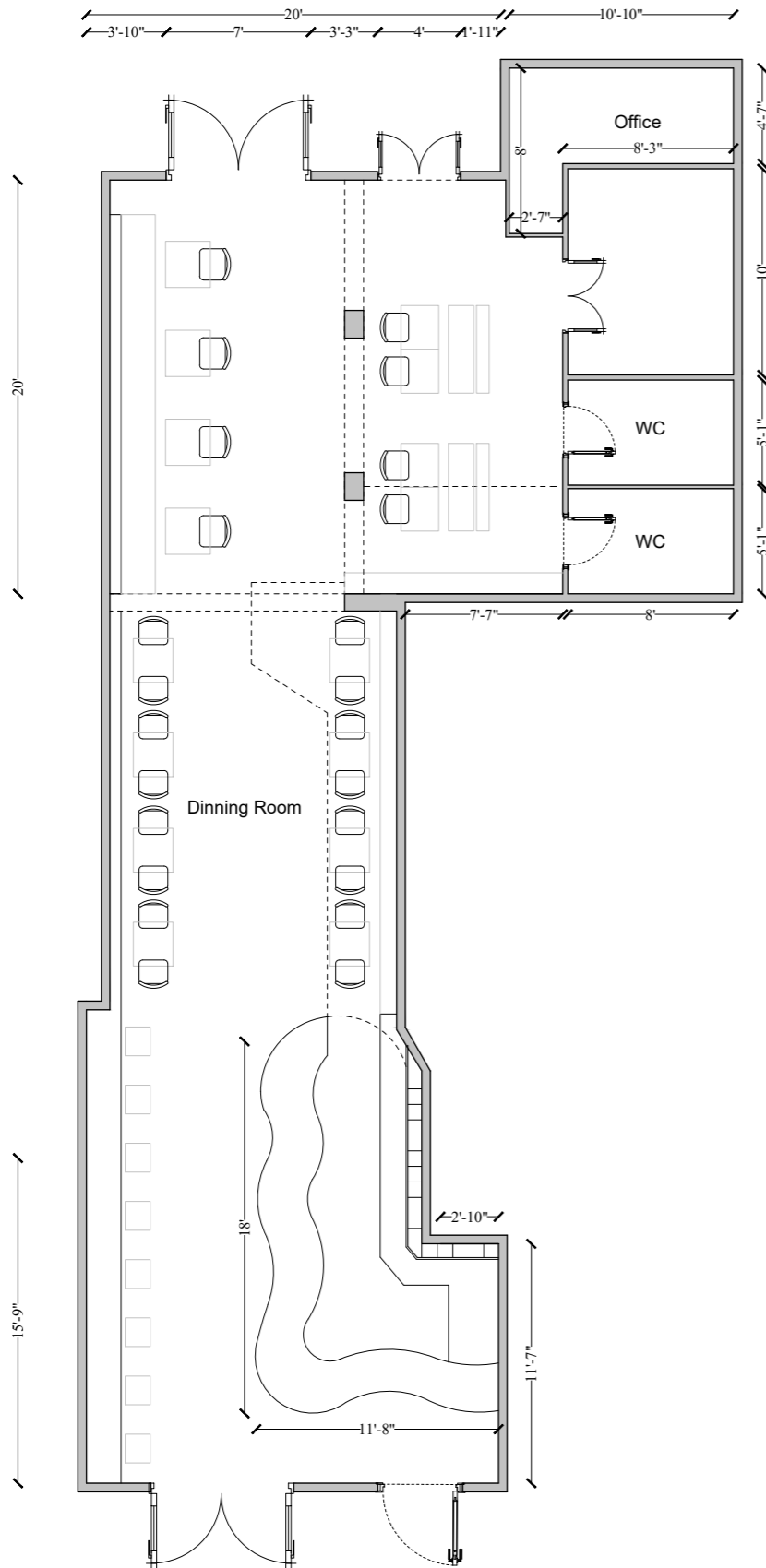
PHOTOS DO NOT REFLECT ACTUAL SEATING ARRANGEMENTS & FLOOR PLANS



PHOTOS DO NOT REFLECT ACTUAL SEATING ARRANGEMENTS & FLOOR PLANS

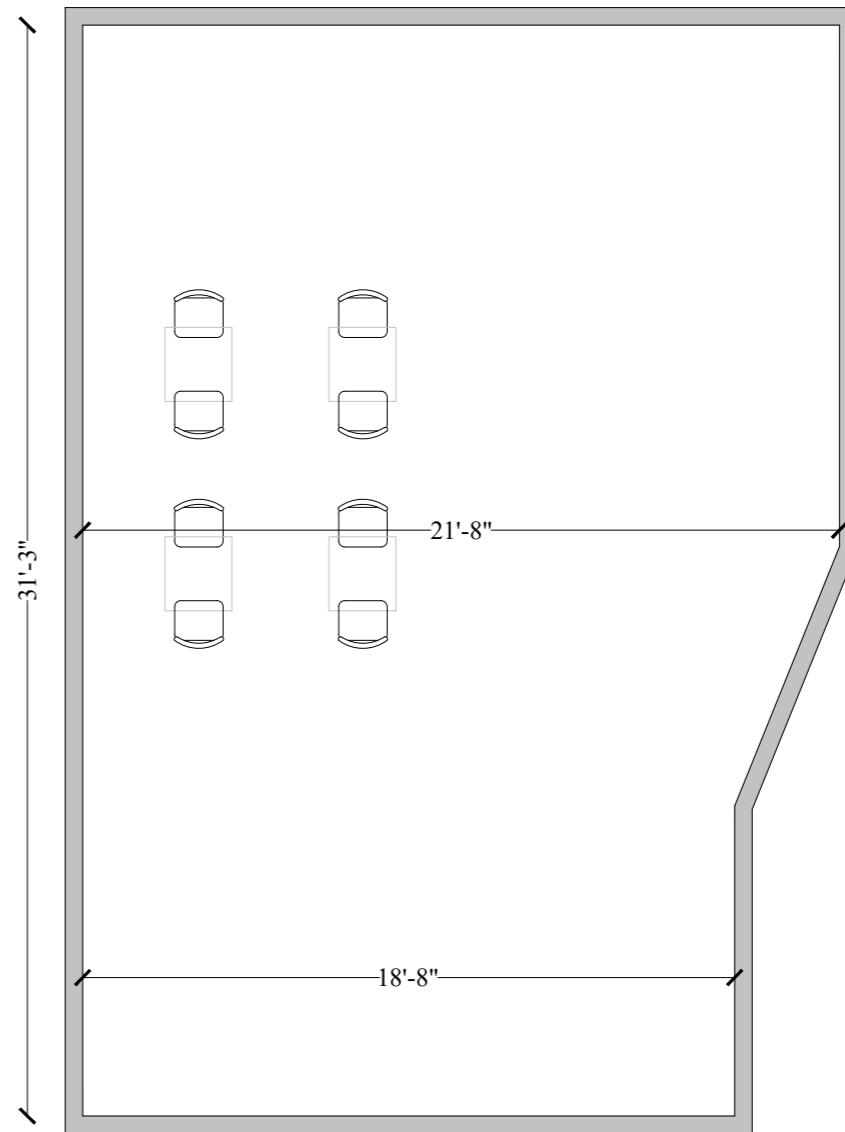
The image shows a modern restaurant interior. The ceiling is a prominent feature, consisting of multiple layers of wavy, light-colored panels that create a complex, sculptural effect. Below the ceiling, there are several concrete pillars. The walls are a mix of light-colored plaster and dark wood paneling. In the foreground, there are tables with dark chairs and potted plants. The overall aesthetic is clean and contemporary.

PHOTOS DO NOT REFLECT ACTUAL SEATING ARRANGEMENTS & FLOOR PLANS



Existant Restaurant Floor plan

Back Outdoor Space with 4 Tables



SAINT

COMING SOON TO HELLS KITCHEN

N E W Y O R K C I T Y

FOR QUESTIONS INQUIRIES OR CONCERNS

PLEASE CONTACT MARLEY MCGUINNESS | (201) 616-9810 | Saint10thManager@gmail.com

S A I N T N Y C L O U N G E L L C