



THE CITY OF NEW YORK
 MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003
 Phone (212) 533-5300
 www.cb3manhattan.org - mn03@cb.nyc.gov

Alysha Lewis-Coleman, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

Please bring the following items to the meeting:

NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.

- Photographs of the inside and outside of the premise.
- Schematics, floor plans or architectural drawings of the inside of the premise.
- A proposed food and or drink menu.
- ~~Petition in support of proposed business or change in business with signatures from residential tenants at location and in buildings adjacent to, across the street from and behind proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar. (petition provided)~~
- Notice of proposed business to block or tenant association if one exists. You can find community groups and contact information on the CB 3 website:
http://www.nyc.gov/html/mancb3/html/communitygroups/community_group_listings.shtml
- Proof of conspicuous posting of notices at the site for 7 days prior to the meeting (please include newspaper with date in photo or a timestamped photo).

Check which you are applying for:

- new liquor license alteration of an existing liquor license corporate change

Check if either of these apply:

- sale of assets upgrade (change of class) of an existing liquor license

Today's Date: March 17, 2021 (notice will be posted at premise when we get a meeting date)

If applying for sale of assets, you must bring letter from current owner confirming that you are buying business or have the seller come with you to the meeting.

Is location currently licensed? Yes No Type of license: _____

If alteration, describe nature of alteration: _____

Previous or current use of the location: existing restaurant/cafe

Corporation and trade name of current license: _____

APPLICANT:

Premise address: 41 Monroe St., Store 2, New York, NY 10002

Cross streets: Market and Catherine Slip

Name of applicant and all principals: Tomas Zavala

Trade name (DBA): CC's Cafe

PREMISE:

Type of building and number of floors: mixed-use building (commercial/residential), 12 floors

Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages?
(includes roof & yard) Yes No If Yes, describe and show on diagram: _____

Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? Yes No What is maximum NUMBER of people permitted? LNO for 74 persons

Do you plan to apply for Public Assembly permit? Yes No

What is the zoning designation (check zoning using map: <http://gis.nyc.gov/doitt/nycitymap/> - please give specific zoning designation, such as R8 or C2): R72

PROPOSED METHOD OF OPERATION:

Will any other business besides food or alcohol service be conducted at premise? Yes No

If yes, please describe what type: _____

What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) interior service only: Sunday-Wednesday (10 a.m. to 1 a.m.), Thurs-Sat. (10 a.m.-3 am)
note: business might close on Mondays during colder weather months.

Number of tables? 6 Total number of seats? 17

How many stand-up bars/ bar seats are located on the premise? 1

(A stand up bar is any bar or counter (whether with seating or not) over which a patron can order, pay for and receive an alcoholic beverage)

Describe all bars (length, shape and location): 12-foot customer bar, ground floor

Does premise have a full kitchen Yes No?

Does it have a food preparation area? Yes No (If any, show on diagram)

Is food available for sale? Yes No If yes, describe type of food and submit a menu

Typical american cafe/bistro fare

What are the hours kitchen will be open? all hours of operation

Will a manager or principal always be on site? Yes No If yes, which? Tomas Zavala

How many employees will there be? 7

Do you have or plan to install French doors accordion doors or windows? ^?

Will there be TVs/monitors? Yes No (if Yes, how many?) 1

Will premise have music? Yes No

If Yes, what type of music? Live musician DJ Juke box Tapes/CDs/iPod

If other type, please describe _____

What will be the music volume? Background (quiet) Entertainment level

Please describe your sound system: Bluetooth speakers (residential quality)

Will you host any promoted events, scheduled performances or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed and how often? no

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans. (Please do not answer "we do not anticipate congestion.")

Will there be security personnel? Yes No (If Yes, how many and when) _____

Applicant will be hands on operator and will not permit anyone to congregate outside. The City Police Department controls vehicular traffic.

How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans. Existing Business. no noise issues.

Do you have sound proofing installed? Yes No

If not, do you plan to install sound-proofing? Yes No

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously? Yes No Tomas ZANALE

If yes, please indicate name of establishment: Christine Coffee House inc. dba CC's Cafe

Address: 41 Monroe St., New York, NY 10002 Community Board # 3

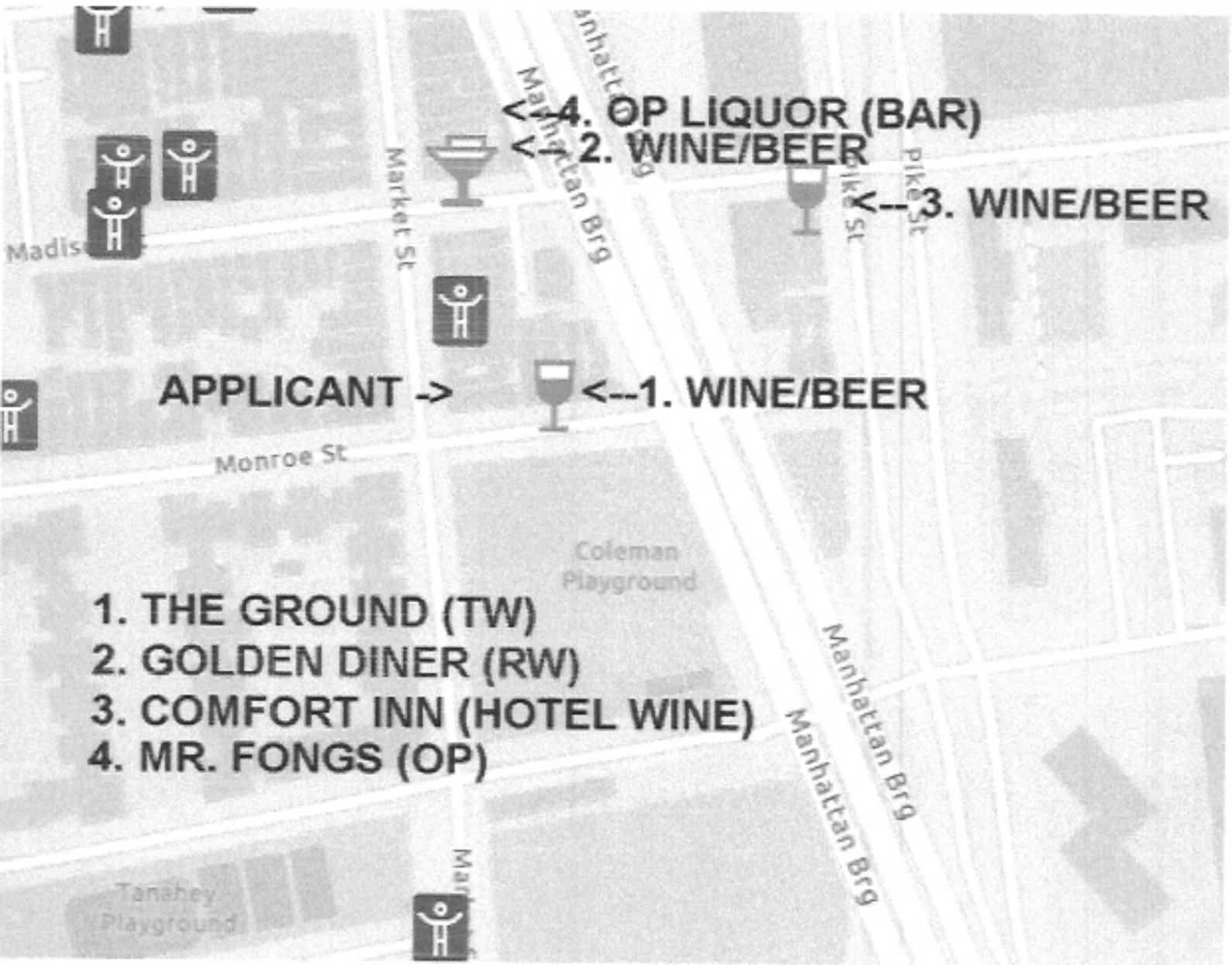
Dates of operation: 2011-2019

Has any principal had work experience similar to the proposed business? Yes No If Yes, please attach explanation of experience or resume. Tomas ZANALE

Does any principal have other businesses in this area? Yes No If Yes, please give trade name and describe type of business _____

Has any principal had SLA reports or action within the past 3 years? Yes No If Yes, attach list of violations and dates of violations and outcomes, if any.

Attach a separate diagram that indicates the location (name and address) and total number of establishments selling/serving beer, wine (B/W) or liquor (OP) for 2 blocks in each direction. Please indicate whether establishments have On-Premise (OP) licenses. Please label streets and avenues and identify your location. Use letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.



APPLICANT →

← 1. WINE/BEER

4. OP LIQUOR (BAR)

2. WINE/BEER

3. WINE/BEER

- 1. THE GROUND (TW)
- 2. GOLDEN DINER (RW)
- 3. COMFORT INN (HOTEL WINE)
- 4. MR. FONGS (OP)

41 Monroe St, New York, 10002

Latitude:40.71166, longitude: -73.99452

* This report is for informational purposes only in aid of identifying establishments potentially subject to 500 and 200 foot rules. Distances are approximated using industry standard GIS techniques and do not reflect actual distances between points of entry. The NYS Liquor Authority makes no representation as to the accuracy of the information and disclaims any liability for errors.

8 closest liquor stores

Name	Address	Distance
CAFE MERENDA LLC	83 HENRY ST STORE #2 NEW YORK, NY 10002	632 ft
CHIN KONG INC	17 23 EAST BROADWAY STORE #104 NEW YORK, NY 10002	977 ft
MADISON WINE AND LIQUOR LLC	45 MADISON ST NEW YORK, NY 10038	1,028 ft
MADISON LIQUOR INC	195 MADISON ST NEW YORK, NY 10002	1,247 ft
YEE FUNG CORP	135 DIVISION ST STORE B NEW YORK, NY 10002	1,370 ft
WORLD WINE GROUP INC	49 CHRYSSTIE ST NEW YORK, NY 10002	1,666 ft
MARKS WINE & SPIRITS LTD	53 MOTT STREET NEW YORK, NY 10013	1,825 ft
DELANCEY WINE INC	35 ESSEX ST NEW YORK, NY 10002	2,099 ft

Schools within 500 feet

Name	Address	Distance
No Schools within 500 feet		

Churches within 500 feet

Name	Distance
House Church In New York	171 ft
Chinese Conservative Baptist	345 ft
Chinese United Methodist Church	352 ft
Chinese Evangelical Mission Church	385 ft
American Buddhist Association	393 ft

Pending On Premises Liquor Licenses within 750 feet

Name	Address	Distance
No Active On Premises Liquor Licenses within 750 feet		

Active On Premises Liquor Licenses within 750 feet

Name	Address	Distance
MR FONG'S LLC	40 MARKET ST AKA 123 MADISON ST NEW YORK, NY 10002 <i>Op-Bur</i>	299 ft

LOCATION:

How many licensed establishments are within 1 block? 4

How many On-Premise (OP) liquor licenses are within 500 feet? 1

Is premise within 200 feet of any school or place of worship? Yes No

COMMUNITY OUTREACH:

Please see the Community Board website to find block associations or tenant associations in the immediate vicinity of your location for community outreach. Applicants are encouraged to reach out to community groups. ~~Also use provided petitions, which clearly state the name, address, license for which you are applying, and the hours and method of operation of your establishment at the top of each page. (Attach additional sheets of paper as necessary).~~

We are including the following questions to be able to prepare stipulations and have the meeting be faster and more efficient. Please answer per your business plan; do not plan to negotiate at the meeting.

1. My license type is: beer & cider wine, beer & cider liquor, wine, beer & cider
2. I will operate a full-service restaurant, specifically a (type of restaurant) bona fide restaurant restaurant, or
 I will operate a _____
 with a kitchen open and serving food during all hours of operation OR with less than a full-service kitchen but serving food during all hours of operation OR Other
3. My hours of operation will be:
 Mon if open, 10a-1 am ; Tue 10a-1 am ; Wed 10a-1a ;
 Thu 10a-3am ; Fri 10a-3 am ; Sat 10a-3am ;
 Sun 10a-3am . (I understand opening is "no later than" specified opening hour, and all patrons are to be cleared from business at specified closing hour.)
4. I will not use outdoor space for commercial use OR
 My sidewalk café hours will be _____
5. I will employ a doorman/security personnel: _____
6. I will install soundproofing, _____
7. I will close any front or rear façade doors and windows at 10:00 P.M. every night or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances, or during unamplified live performances or televised sports.
 I will have a closed fixed façade with no open doors or windows except my entrance door will close by 10:00 P.M. or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances, or during unamplified live performances or televised sports.

8. I will not have DJs, live music, promoted events, any event at which a cover fee is charged, scheduled performances, more than _____ DJs per _____, more than 8 private parties per year
9. I will play ambient recorded background music only.
10. I will not apply for an alteration to the method of operation or for any physical alterations of any nature without first coming before CB 3.
11. I will not seek a change in class to a full on-premises liquor license without first obtaining approval from CB 3.
12. I will not participate in pub crawls or have party buses come to my establishment.
13. I will not have unlimited drink specials, including boozy brunches, with food.
14. I will not have a happy hour or drink specials with or without time restrictions OR I will have happy hour and it will end by 8 pm.
15. I will not have wait lines outside. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
16. I will conspicuously post this stipulation form beside my liquor license inside of my business.
17. Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

TOMAS ZAVALA - Cell 917-692-5187

John Springer

From: Residents of Two Bridges Association <savetwobridgesnyc@gmail.com>
Sent: Tuesday, January 19, 2021 2:13 PM
To: john@nybarguy.com
Cc: echan@cb.nyc.gov; sstetzer@cb.nyc.gov; mn03@cb.nyc.gov; Christina Zhang; Denise Ginley
Subject: Re: 30-day on-premise liquor license notice - 41 Monroe St., Store 2 (Craft Cooking Inc. dba CC's Cafe)

Hi John,

Thanks for informing us. I see that your application was withdrawn from last week's CB3 meeting, but please send us a copy of any information you have regarding the new business should CC's Cafe submit again. We would like to know the hours you are seeking to apply for as well as other details. My son attends pre-school directly across the Market St. side; we also have many neighbors that live across in Knickerbocker Village on the Monroe St. side, and directly above 41 Monroe that would be interested in knowing more about this establishment.

Although CC's Cafe owners have been good neighbors so far we want to make sure their second location on the block remains food-centric and their hours are reasonable for our quiet block.

Best Regards
Jenny Yu
ROTB

On Sat, Dec 12, 2020 at 2:03 PM <john@nybarguy.com> wrote:

TO: Manhattan Community Board 3
CC: Residents of Two Bridges (ROTB)

Good afternoon. Today I emailed a 30-day liquor license notice to Manhattan CB 3. A copy is attached for your convenience.

The proposed premise is CC's Café, 41 Monroe St., Store 2. (between Catherine Slip and Market Street). One of the owners was on an RW license there in the past. His new corporation is seeking OP liquor for a restaurant.

Please let me know what additional information you require. When the application is ready to go to the SLA, I will submit a copy of relevant portions to CB 3 and ROTB.



Robert D. LiMandri
Commissioner

Scott D. Pavan, RA
Acting Deputy Borough
Commissioner
spavan@buildings.nyc.gov

280 Broadway, 3rd Fl.
New York, NY 10007
www.nyc.gov/buildings

Tel. 212.566.0021
Fax. 212.566.5575

May 6, 2011

New York State Liquor Authority
Division of Alcoholic Beverages Control
105 West 125th Street- 5th Floor
New York, New York 10027

Re: 41 Monroe Street
BLOCK: 276 LOT: 21
ZONING DISTRICT: R7-2

To Whom It May Concern:

This is in response to your request dated April 27, 2011 for a Letter of No Objection for 41 Monroe Street. There is No Certificate of Occupancy on file for this address. The Block and Lot records for this property include that on the 1st floor there is a commercial space.

Therefore this department has No Objection to an Eating & Drinking Establishment, Use group 6, Non-Place of Assembly, for less than Seventy-Five (75) persons on the first (1st) floor of the above referenced premises.

If this building is hereafter altered or it use changes an application for such alteration work or change of use must be filed and a certificate of occupancy shall be issued pursuant to Article 22 of Sub-Chapter 1 of the Administrative Code of the City of New York.

Please contact me if you have any additional questions or concerns regarding this matter. For more specific property information, please visit the "Building Information System" on our web site: www.nyc.gov/buildings.

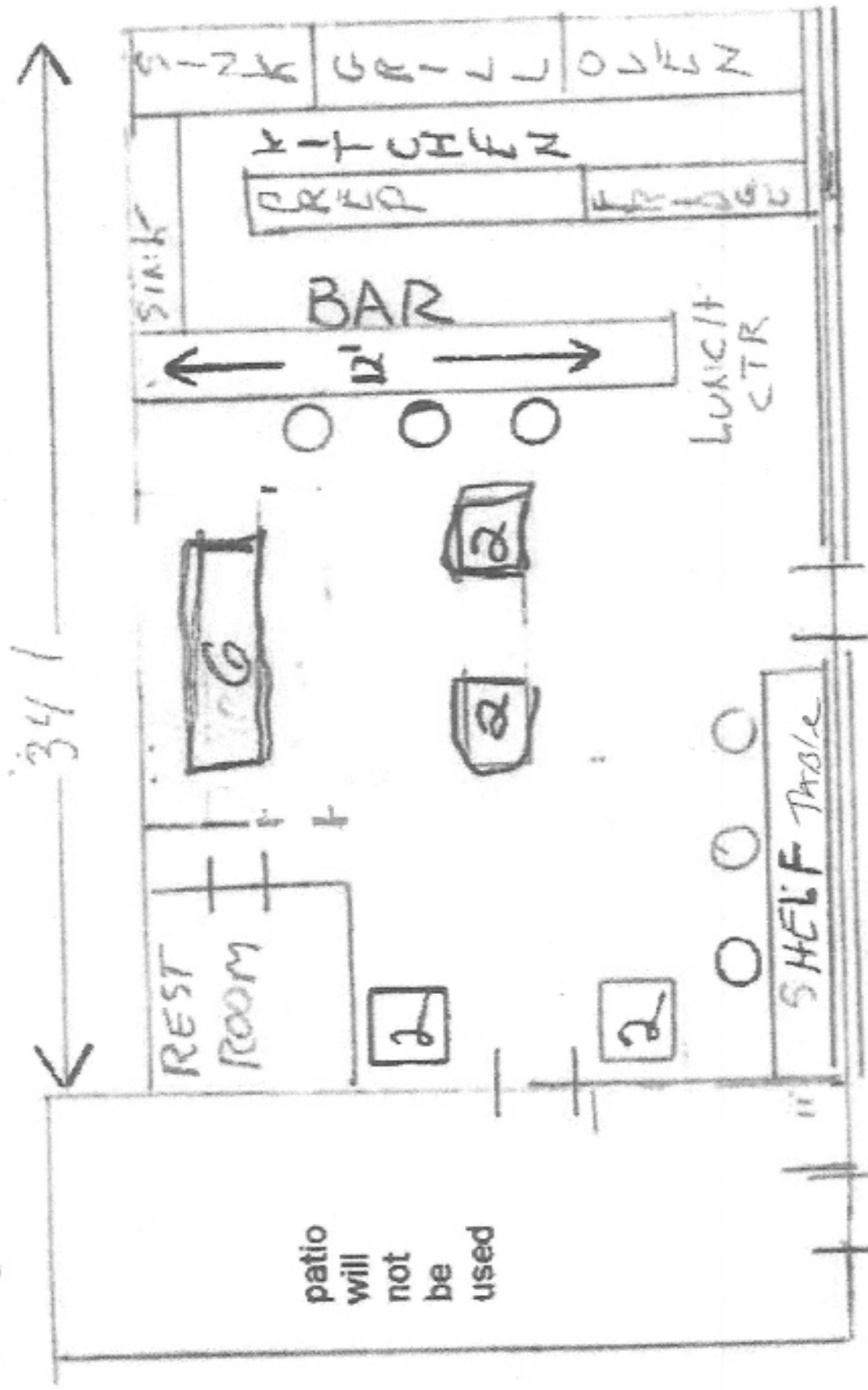
Sincerely,

Scott D. Pavan, RA
Acting Deputy Borough Commissioner
Manhattan

SDP/cl

CC: Derek Lee, P.E., Borough Commissioner
Ginio Topino, Plan Examiner
Premises File
LNO Files

← 8' →



34'

16'

SINK GRILL OVEN

KITCHEN

PREP

FRIDGE

SINK

BAR

12'

LUNCH CTR

6

REST ROOM

2

2

2

2

4

SHELF TABLE

patio will not be used

EXIT

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.

1. APPLICANT

Name of Applicant:

(e.g., Sole Proprietor, Partnership, Corporation, LLC, LLP, LP, etc.)

Craft Cooking Inc.

Trade Name(DBA): (see instructions) ** must be provided if premises will be called by any name other than as listed in the "Name of Applicant"

CC's Cafe

 Premises Street Address: **41 Monroe Street, Store 2**

 City: **New York**, NY Zip Code: **10002**

 County: **New York** Telephone Number of Premises (include area code): **(212) 571-1060**

Mailing Address (if different than above):

City: _____ State: _____ Zip Code: _____

 E-mail address (required): **tom.zavala@gmail.com**

Business Website: _____

2. CONTACT (if different than applicant)

 Name of Contact: **John Springer** Attorney Representative Contact Person

 Office Address: **PO Box 497**

 City: **Port Jefferson** State: **NY** Zip Code: **11777**

 Telephone Number of Office (include area code): **(631) 331-3334**

 E-mail address (required): **john@nybarguy.com**

3. For SEASONAL licenses only (select license date range): _____ to: _____

4. Number of ADDITIONAL BARS (if any): _____

5. Which season will the add bars operate: _____

 6. Federal Tax ID Number: **842244861**

7. Certificate of Authority to Collect NYS Sales Tax: _____

[OFFICE USE ONLY]

DATE FILED: _____

SERIAL #: _____

 Approved Disapproved

License Board Member

Date

8. TO BE FILLED IN ONLY BY SOLE PROPRIETOR OR PARTNERS (attach additional sheets if necessary)

Name of Individual/Partner	Residence	Social Security #:	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

9. TO BE FILLED IN ONLY BY CORPORATION OR LLC/LLP APPLICANTS (attach additional sheets if necessary)

Please list the names and addresses of Principals (Stockholders, Officers, Directors, LLC Members/Managers, LLP Partners)

Name of Principal	Residence	Social Security #:
<input type="text" value="Tomas A. Zavala"/>	<input type="text"/>	<input type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input type="text" value="President"/>	<input type="text" value="200"/>	<input type="text"/>
Name of Principal	Residence	Social Security #:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Principal	Residence	Social Security #:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Principal	Residence	Social Security #:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input type="text"/>	<input type="text"/>	<input type="text"/>

Note:

***If 10 or less shareholders,** list all stockholders, officers, directors, LLC members and LLC managers, if any. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for all.

***If more than 10 shareholders,** list all shareholders owning 10% or more of any class of its shares. Also, include any officers, directors, shareholders, LLC members, LLC managers and trustees. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for those individuals. Provide a listing of all other shareholders owning less than 10% interest. Include their name, home address, social security number, date of birth, shares or percentage of ownership, title, citizenship and any statutory disqualifications.

***Not-For-Profit Corporations,** list all principal officers and any director/trustee who is compensated on the license. Trustees/Directors who are not compensated do not need to submit a Personal Questionnaire or fingerprints. However, the applicant must submit a list with the name and address of each such individual along with a statement that each such individual is eligible to hold a license. Applicants that have filed for a Club License only need to list a single individual as the Alcoholic Beverage Control Officer.

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

RIGHT TO PREMISES

1. RIGHT TO PREMISES

1a. By what right does the applicant have possession of the premises?

- Own
 Lease
 Sub-Lease
 Binding contract to acquire real property
 Written intent to lease
 Other (explain):

If leasing, the lease must run for the full term of the license period or at least be renewable to cover the full term. Month to month leases or month to month renewal terms are not acceptable. The tenant name on the lease must match the applicant name exactly.

1b. Do the terms of the lease or other arrangement require the applicant to provide any consideration based on a percentage of the receipts of the business? Yes No

If YES, please list the section/page of the lease this information can be found:

2. OTHER INTERESTED PARTIES

Does or will anyone other than the applicant/principals share on a percentage basis or in any way in the receipts, losses or deficiencies of the business to any extent whatsoever?

- Yes No

If YES, please state the names and addresses of such persons, the nature and percent of their share and date acquired.

Name	Address	Nature of interest	Date Acquired
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>	<div style="border: 1px solid black; height: 20px;"></div>
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LANDLORD IDENTIFICATION INFORMATION

In order to obtain the most accurate information this form should be completed by the Landlord. This form must be completed and submitted regardless of whether the property owner is a third party landlord or the applicant.

1. Name of Landlord (as it appears on lease and deed):

Overseas Partnership Co., Inc.

2. Landlord Mailing Address

Street Address: 57, 5th Avenue

City: New York

State: NY

Zip Code: 10003

3. Telephone Number of Landlord: (212) 727-2088

4. Landlord Principals (ALL landlord principals must be disclosed below)

Name

Address (if different than Landlord's mailing address above)

Abdol Majid Kermanshah

57, 5th Avenue, New York, NY 10003

Name

Address (if different than Landlord's mailing address above)

Abdol Hamid Kermanshah

57, 5th Avenue, New York, NY 10003

Name

Address (if different than Landlord's mailing address above)

Name

Address (if different than Landlord's mailing address above)

5. Are any persons listed on this Landlord Identification Form currently or previously licensed under the ABC Law?

Yes No

Serial Number

Licensee Name

Serial Number

Licensee Name

Serial Number

Licensee Name

6. Are any persons listed on this form police officers?

Yes No

If yes, list names below:

Name

Name

7. List number of years real property has been owned or legally controlled by the landlord:

20 years



OFFICE USE ONLY

Original
 Amended
 Date _____

FINANCIAL DISCLOSURE

Applicants must demonstrate the costs and the sources of funding for this venture. All investors must be disclosed. Personal Questionnaires must be submitted for all investors, joint account holders, donors or lenders (excluding banking institutions).

The Total Investment (Total Cash plus the Total Borrowed) must equal or exceed the Total Expenses.

1. EXPENSES (Actual or Estimated)

1a. Real Property (if purchased within the past year by the applicant or any of its principals):	
1b. Purchase/Contract Price of Business (submit copy of contract):	
1c. Renovations/Improvement Costs (e.g., furnishings, fixtures, etc.):	
1d. Miscellaneous (any other expense related to this venture):	7,000
TOTAL EXPENSES	7,000

Total of lines 1a through 1d

2. CASH*

*Cash includes funds on hand that do not need to be repaid. For example, checking or savings accounts or gifted funds. Attach copies of bank statements or other financial documentation for EACH source of cash.

2a. Source of Funds	Personal Questionnaire attached	Dollar Amount
TD Bank operating account of Craft Cooking Inc. (est. 2019). Expenses limited to license, rep etc.	<input type="checkbox"/>	7,000
2b. Source of Funds	<input type="checkbox"/>	Dollar Amount
2c. Source of Funds	<input type="checkbox"/>	Dollar Amount
TOTAL CASH		7,000

Total of All Cash Expended

3. BORROWED*

*Borrowed funds include funds that must be repaid. For example, loans, mortgages, lines of credit and promissory notes. Attach copies of agreements or other financial documentation for EACH source of borrowed monies.

3a. Source of Funds	Personal Questionnaire attached	Dollar Amount
	<input type="checkbox"/>	Dollar Amount
3b. Source of Funds	<input type="checkbox"/>	Dollar Amount
3c. Source of Funds	<input type="checkbox"/>	Dollar Amount
TOTAL BORROWED		0

Total of All Borrowed Funds

4. Have all investors been disclosed in this application?

Yes
 No

TOTAL INVESTMENT	7,000
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Total Cash plus Total Borrowed

The following person(s) MAY NOT invest in a retail license to traffic in alcoholic beverages: convicted felons, persons under the age of twenty-one (21), police officers and anyone with an interest in a wholesale or manufacturing license.

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

500 FOOT LAW STATEMENT

Applicants for on premises liquor licenses must complete this section (Not required for on premises beer or wine applicants)

If the location is subject to the 500 Foot Law, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-b, 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within a 500 foot radius of three or more on premises liquor establishments and the population of the municipality is 20,000 or more. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

The Proposed Premises (check the appropriate box below):

- IS NOT WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.
- IS WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500 FOOT RADIUS, *UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.*)
- NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.
- NOT APPLICABLE - POPULATION OF CITY, TOWN OR VILLAGE IS UNDER 20,000
- NOT APPLICABLE - BEER, WINE AND CIDER ONLY

IMPORTANT:

YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS LOCATED WITHIN A 500 FOOT RADIUS OF THE PROPOSED PREMISES

For assistance, use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If a premises is within a 500 foot radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must **ATTACH A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.

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

STATEMENT OF AREA PLAN

200 Foot Law

THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE

1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH or PLACE OF WORSHIP WITHIN 300 FEET

2. Is the premises within 200 feet of ANY SCHOOL, CHURCH or PLACE OF WORSHIP?
 (exclusive use as a church or place of worship will be determined by this agency)
 (please respond "YES" if ANY school, church or place of worship is within 200 feet)

Yes No

3. Submit a BLOCK PLOT DIAGRAM (aerial view of the building, with nearby businesses and residences labeled) showing the location of any school, church or place of worship (8-1/2" x 11")

Indicate the distance in feet from the entrance of the proposed premises to the closest entrance of any school, church or place of worship.

Attach additional sheets if necessary.

ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN

1. Name of church/school:	Chinese Evangel Mission Church	**** see attached
Address:	31 Monroe St., New York, NY 10002	statement re: non-exclusive
Distance:	150 feet	use of building ****
2. Name of church/school:	USA NYC Chinatown Christian Church	
Address:	58A Market St., New York, NY 10002	
Distance:	240 feet (on different street in mixed-use building)	
3. Name of church/school:		
Address:		
Distance:		

For assistance use the "GIS MAPS - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If applying for a full liquor license (beer, wine and liquor) and the premises is within 200 feet of a school, church or place of worship, the application may be denied.

If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.

STATEMENT RE: CHURCHES IN PROXIMITY TO PREMISE

As disclosed on the Statement of Area Plan, there are two churches within 300 feet of the proposed premise.

58A Market St.

This church is in a mixed use building. It is 240 feet away, as measured by a wheel using right angle measurements and a direct-line calculation. This church is not on the same street as the proposed premise. Near the church nor the premise are located on the corner. There is no 200-foot barrier here.

31 Monroe St.

Although this church is within 200 feet on the same street, there is no barrier to licensing because the building containing the church is not used exclusively as a place of worship.

Evidence of this can be found in the Certificate of Occupancy, which indicates 31 Monroe St. is a 13-story building that contains apartments.

This can be seen in the photo below. There is no 200-foot barrier here either.



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:
(e.g., Residential, Business, Mixed etc.)

Mixed

1b. 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.

Multi-unit

2b. Is or has the building/proposed premises been known by any other address?

Yes No

If YES, please specify:

55 Market Street per lease and NYC DOB website

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:

Christine Coffee House Inc.

License Serial Number:

1255991

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 never 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:

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

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:
(e.g., 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, over which the applicant does not have exclusive possession and control?
(e.g., hallway, 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. Please 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?
(a customer bar is 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 style="width: 150px;" type="text" value="Customer Bar"/>	Bar Type: <input style="width: 150px;" type="text"/>	Bar Type: <input style="width: 150px;" type="text"/>
Length: <input style="width: 150px;" type="text" value="10 12'"/>	Length: <input style="width: 150px;" type="text"/>	Length: <input style="width: 150px;" type="text"/>
Shape: <input style="width: 150px;" type="text" value="Square/Rectangular"/>	Shape: <input style="width: 150px;" type="text"/>	Shape: <input style="width: 150px;" type="text"/>
Location: <input style="width: 150px;" type="text" value="1st Floor/Ground"/>	Location: <input style="width: 150px;" type="text"/>	Location: <input style="width: 150px;" type="text"/>

Attach additional sheets if there are more than 3 bars.

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

5. Kitchen:

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

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

Show Kitchen or Food Prep 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, please list hours of day chef/cook will devote to the premises:

Chef will be available from noon until close daily, however days and hours may vary. Food meeting ABCL will always be available.

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 alcohol? Yes No

7b. If YES, what is the outside occupancy?

7c. 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):

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? Yes No

If YES, how is it divided?

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

Fencing Wall Shrubbery Roping Stanchions

Other (describe):

7f. Is a permit required by the 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

PROPOSED 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 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.

1. Will any other business of any kind be conducted in said premises? Yes No
(If YES, please provide details on a separate sheet)

- 1a. If the premises is not a catering establishment, will the premises periodically close to host private events? Yes No

If YES, how frequently?

2. Will the premises have music? Yes No

2a. If YES, check all that apply: Recorded DJ Juke Box Karaoke

Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):

- 2b. Will the premises use the services of an Event Promoter? Yes No

3. Will the premises permit dancing? Yes No

3a. If dancing is permitted, who will be permitted to dance? Patrons Employees for Entertainment Both

3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No

4. Will there be topless entertainment? Yes No

5. Will the business employ a manager? Yes No

5a. If NO, will principal(s) manage? Yes No

6. How many employees? (excluding principals and security personnel)

6a. If answer is "0" please provide an explanation:

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

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions). If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:

Bankers Standard Insurance Co. 2171791612

Disability Insurance Carrier Name and Policy Number:

Shelterpoint Life Insurance DBL 622762

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

8. Will 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 hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

9. 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 will you monitor alcohol sales and 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 will be a hands-on operator and vigilant enforcer of ABCL, the Rules of the NYS Liquor Authority and his own zero-tolerance policy concerning violations of any law, regulation, rule or management policy. Servers will be monitored closely to ensure that minors, visibly intoxicated and unruly persons will not be served. All staff and customers will be monitored closely to ensure adherence to the temporary rules put in place in response to the COVID-19 pandemic (i.e. masks, distancing, occupancy etc).

10. 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 Advance Notice?

Yes No

10a. If NO, please 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://sla.ny.gov/provisions-for-county-closing-hours>

APTS	CHURCH	REST	GROCERY
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MARKET ST

PARK

MARKET ST

REST	PRINTING	REST	APT	VACANT	MONROE ST
				VACANT	
PREMISE*					
* APT *					
VACANT					
CHURCH APTS					
RESTAURANT					
GROCERY					
VACANT					
RESTAURANT					
VACANT					
VACANT					

Store 2

DELI
VACANT
APT
APT
APT
APT
APT

CC's Cafe Brunch

From the Griddle:

- **Buttermilk Pancakes** with Maple Syrup and Butter \$8.00
Add: Chocolate, Blueberries, Banana's or Strawberries \$10.00
All of the Above \$13.00
- **French Toast** with Apple Compote \$8.50
- **Lumber Jack:** Choose Pancakes or French Toast with 2 eggs any style and two slices of bacon \$13.75

Omelettes: Three Egg Omelette - All served with your choice of home fries or salad

The Mexican: Avocado, salsa, red onion and queso fresco \$10.50

The Italian: homemade mozzarella cheese, roasted red peppers and homemade pesto \$10.50

The Nova: Smoked salmon, red onion, cream cheese and capers \$12.00

Make Your Own Omelette:

Choose any **three** ingredients: Cheddar, Swiss, Goat, Brie, Mozzarella, Tomatoes, Red Onion, Salsa, Spinach, Avocado, Mushrooms, Roasted Red Peppers, Bacon, Smoked Turkey, Ham, Salami and Mortadella

\$11.00

Egg Dishes:

Eggs any Style: Choose: Scrambled, Sunny Side Up, Over Easy or Over Medium \$8.50

Huevos Rancheros: 2 fried eggs, green tomatillo sauce, black beans and rice and two corn tortillas \$10.50

Sides:

Bacon \$4.50

Mixed Greens Salad \$6.00

Side of Pancakes or French Toast (2 Each) \$6.00

Home Fries \$3.50

2 Eggs: any style \$4.50

EGG WRAPS (\$6.95)

Three scrambled eggs with a choice of the fillings below wrapped in a whole wheat tortilla*

CC'S WRAP *Avocado, Salami, Cream Cheese, Red Onion or Scallion*

ITALIAN *Roasted Red Peppers, Mozzarella and Pesto Mayonnaise*

SPANISH *Mortadella, Onions and Jarlsberg Cheese*

MEXICAN *Avocado, Salsa and Onions*

HOUSE *Portobello Mushroom, Bacon and Jarlsberg Cheese*

MAKE YOUR OWN *Choice of three fillings: cheese, meat and/or vegetables*

EXTRA INGREDIENTS

MEAT..... \$3.50

CHEESE..... \$1.50

VEGGIES \$1.00

*CAN BE SERVED ON WHOLE WHEAT BREAD OR BAGEL
ADD \$1.00 FOR A CROISSANT
ADD \$1.00 FOR EGG WHITES

EGGS

3-EGG OMELETTE *with 3 ingredients and side salad*..... \$8.50

2 EGGS *any style with bacon and side salad*..... \$8.50

2 EGGS ON A BAGEL/BREAD..... \$3.75

*ADD \$1.00 FOR EGG WHITES
ADD \$1.00 FOR ADDITIONAL EGG

BREAD

CROISSANT..... \$2.75

MUFFINS..... \$2.75

BAGELS..... \$1.50

WITH BUTTER..... \$1.75

WITH CREAM CHEESE..... \$2.25

WITH CREAM CHEESE AND (1) VEGETABLE..... \$3.25

WITH CREAM CHEESE, SMOKED SALMON, TOMATO, CAPERS AND RED ONION..... \$7.00

SOUPS and SALADS

TODAY'S SOUPS..... \$6.00
Includes whole wheat foccacia

SOUP AND A 1/2 SANDWICH..... \$7.50
Choice of Curry Chicken, Chicken Tarragon, Just Veggies, Cheddar and Tomato or Tuna Salad

SOUP AND A 1/2 SALAD..... \$8.50
Choice of 3 vegetables except avocado

CC'S MIXED GREENS..... \$7.75
Cucumber, Tomato, Celery, Olives and Carrots

SPINACH SALAD..... \$7.75
Goat Cheese, Red Onion and Portobello Mushrooms

CC'S CAESAR..... \$7.75
Parmesan Cheese, Romaine and Croutons

FOR ALL SALADS: ADD MARINATED OR BLACKENED CHICKEN BREAST, TUNA SALAD, CURRY CHICKEN, BACON, HAM, CHICKEN TARRAGON OR SMOKED SALMON... \$3.50
ADDITIONAL VEGGIES..... \$1.00
ADDITIONAL AVOCADO..... \$3.60
ADDITIONAL CHEESE..... \$1.50

MAKE YOUR OWN SALAD (\$10.25)

HOW TO ORDER:

1. CHOOSE GREENS: *Spinach, Romaine or Mixed Greens*
2. CHOOSE 5 VEGGIES: *Tomato, Cucumber, Celery, Olives, Avocado, Roasted Red Peppers, Alfalfa Sprouts, or Corn, Kidney Beans, Chickpeas, Red Onion or Mushrooms*
3. CHOOSE 1 MEAT or FISH: *Smoked Turkey, Grilled or Blackened Chicken, Smoked Salmon, Chicken Curry, Chicken Tarragon, Ham or Bacon*
4. CHOOSE 1 CHEESE: *Cheddar, Brie, Jarlsberg, Feta, Parmesan, Mozzarella or Goat*
5. CHOOSE 1 DRESSING: *Balsamic, Honey Mustard, Miso or Caesar*
EXTRA DRESSING \$.75
6. WHOLE WHEAT ROLL: ADDITIONAL \$.75

SANDWICHES

All include choice of potato salad, coleslaw or mixed greens

WEST VILLAGE \$8.50 <i>Avocado, Jarlsberg Cheese, Pesto Mayonnaise and Sprouts</i>	TUNA SALAD \$7.75 <i>Tuna Salad, Lettuce and Tomato</i>
CURRY \$8.50 <i>Tandoori Chicken Salad with Raisins, Shredded Carrots, Lettuce and Tomato</i>	CUBAN \$8.75 <i>Roasted Pork, Mortadella, Mustard, Pickles, Jarlsberg Cheese and Chipotle Mayonnaise</i>
QUESADILLA \$8.75 <i>Marinated Chicken, Cheese, Avocado and Chipotle Mayonnaise</i>	QUICHE WITH SIDE SALAD \$7.50 <i>Portobello Mushroom or Quiche Lorraine: Bacon, Swiss and Onion</i>
CHICKEN TARRAGON \$8.50 <i>Chicken Salad, Lettuce and Tomato</i>	SIRLOIN BURGER \$12.50 <i>Sirloin Burger, Red Onion, Lettuce and Tomato</i>
VEGGIE WRAP \$8.75 <i>Marinated Portobello Mushrooms, Spinach, Red Onion, Avocado, Sprouts and Pesto Mayonnaise in a Whole Wheat Wrap</i>	VEGGIE BURGER \$8.25 <i>Veggie Burger, Red Onion, Pesto Mayonnaise, Lettuce and Tomato</i>
LE PAYSAN \$8.75 <i>Roasted Turkey, Brie, Apple Chutney and Pesto Mayonnaise</i>	ADD BACON \$3.50
LE FERMIER \$8.75 <i>Grilled or Blackened Chicken Breast, Pesto Mayonnaise, Lettuce and Tomato</i>	ADD CHEESE \$1.50
	ADD VEGGIES \$1.00
	ADD AVOCADO \$3.50

SIDES

POTATO SALAD \$5.00
COLESLAW \$5.00
MIXED GREENS \$5.50

TEA *and* OTHER BEVERAGES

HOT TEA.....	\$2.00	HOT CHOCOLATE.....	\$3.95
<i>English Breakfast, Earl Grey, Black Currant, Green, Chamomile (decaf), Mint (decaf), Lipton (regular and decaf) and other assorted teas</i>		ORANGE JUICE (Fresh Squeezed).....	\$4.50
ICED TEA (Regular Black Tea).....	\$2.50	LEMONADE (Fresh Squeezed).....	\$3.00
FLAVORED ICED TEAS (Assorted Varieties).....	\$2.75	MILK (Steamed or Cold).....	\$2.75
CHAI LATTE <i>Combination of Black Tea, Honey, Ginger, Vanilla with Steamed Milk</i>	\$3.75	SODA <i>Coke, Diet Coke, Seltzer, Ginger Ale, Sprite (can)</i>	\$1.25
ADD ESPRESSO.....	\$1.75	WATER <i>Poland Spring</i>	\$1.25
ADD ICE.....	\$4.25		

SMOOTHIES (\$5.75)

BANANA SPLIT <i>Bananas, Strawberries, Walnuts, Skim Milk, Chocolate Whey Protein and Honey</i>	RAY OF SUNSHINE <i>Pineapple Juice, Bananas, Strawberries, Vanilla Whey Protein and Honey</i>
BERRY SMOOTH <i>Orange Juice, Strawberries, Vanilla Whey Protein, Bananas, Blueberries and Honey</i>	SOY GOODNESS <i>Soy milk, Bananas, Strawberries, Chocolate Whey Protein and Honey</i>
BIG BLUE APPLE <i>Pineapple Juice, Bananas, Blueberries, Vanilla Whey Protein and Honey</i>	VILLAGE COLADA <i>Bananas, Coconut Extract, Vanilla Whey Protein, Pineapple Juice and Honey</i>
GUILTLESS CHOCOLATE SHAKE <i>Skim or Soy Milk, Chocolate Whey Protein, Bananas and Honey</i>	
JUST BANANAS <i>Bananas, Vanilla Whey Protein, Skim Milk and Honey</i>	

COFFEE *and* ESPRESSO (coffee and espressos are available decaffeinated)

COFFEE <i>Special Blend of Colombian beans</i>	\$2.00	CAFE LATTE.....	\$3.75
ADD ICE.....	\$3.00	ADD ICE.....	\$4.25
CAFE CON LECHE <i>Espresso with Condensed Milk and Steamed Milk</i>	\$3.95	MOCHA <i>Espresso, Steamed Milk and Chocolate</i>	\$3.95
ADD ICE.....	\$4.25	ADD ICE.....	\$4.25
ESPRESSO.....	\$2.00	CAFE AU LAIT <i>Half Coffee with Half Steamed Milk</i>	\$2.75
DOUBLE.....	\$3.00	ADD ICE.....	\$3.25
ADD ICE.....	\$3.50	MACCHIATO <i>Espresso Shot with Milk Foam</i>	\$3.50
AMERICANO <i>Espresso with water</i>	\$3.50	ADD SHOT OF ESPRESSO.....	\$1.00
ADD ICE.....	\$3.75	ADD ICE.....	\$4.00
CAPPUCCINO.....	\$3.75	COFFEE SYRUP SHOTS.....	\$.50
ADD ICE.....	\$4.25	<i>Hazelnut, Vanilla, Sugar Free Hazelnut and Sugar Free Vanilla</i>	
		ADD SOY MILK.....	\$.25
		ADD SHOT OF ESPRESSO.....	\$1.00

DESSERTS

BROWNIES AND BLONDIES.....	\$6.50	BANANA BREAD PUDDING.....	\$7.00
CUPCAKES.....	\$3.00	APPLE TURNOVER.....	\$5.75
CARROT CAKE.....	\$6.50	LARGE COOKIES <i>M & M, Oatmeal, White Chocolate Chip and Chocolate Chip</i>	\$2.00
CHOCOLATE ECLAIRS.....	\$6.50	ASSORTED INDIVIDUAL CAKES.....	\$7.00
CHEESECAKE.....	\$7.00		

CC'S CAFÉ Dinner Menu

Appetizers & Soup

Pork Tacos \$7.50

Spicy Curry Shrimp \$7.50

Crab Cakes \$7.50

Hummus with Pita \$6.50

Entrees

1/2 Roasted Chicken (White wine, Butternut squash, Spinach, Beets)
\$14.50

Grilled Flank Steak (mash potatoes, mushroom onions) \$17.50

Blackened Salmon (Roasted Potatoes, Spinach, Sautéed Grape
Tomatoes) \$16.50

Angel Hair Vodka cream with Shrimp \$14.50

CC'S Penne Pasta (Mushrooms, White cream sauce, Grilled chicken)
\$14.50

Sides

Coleslaw \$5.00 Mixed Greens Salad \$5.50 Potato Salad \$5.00

Desserts

Cheesecake \$7.00 Brownie \$6.00 Carrot Cake \$6.50

CRAFT COOKING INC. DBA CC'S CAFÉ, 41 MONROE ST., STORE #2

























