



THE CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003
Phone: (212) 533-5300 - Fax: (212) 533-3659
www.cb3manhattan.org - info@cb3manhattan.org

Gigi Li, 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. E-mail the CB3 office at info@cb3manhattan.org to find block associations. This must be done promptly so that there is sufficient time to meet with residents if necessary.
- Photographs of proof of conspicuous posting of meeting with newspaper showing date.
- If applicant has been or is licensed anywhere in City, letter from applicable community board indicating history of complaints and other comments.

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: 9/30/13

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.

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

If alteration, describe nature of alteration: Restaurant / Bar

Previous or current use of the location: Was a full bar only

Corporation and trade name of current license: _____

APPLICANT:

Premise address: 127 Ludlow St., New York, NY 10002

Cross streets: Between Delancy Street & Livingston St

Name of applicant and all principals: Raymond Yule

Trade name (DBA): _____

PREMISE:

Type of building and number of 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 certificate
of occupancy for back or side yard intended for commercial use? Yes No

Indoor Certificate of Occupancy _____ Outdoor Certificate of Occupancy _____
(fill in maximum NUMBER of people permitted)

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

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

Is this premise wheel chair accessible? Yes No

PROPOSED METHOD OF OPERATION:

What type of establishment will this be (i.e.: restaurant, bar, performance space, club, hotel)?

restaurant, bar

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) M-F 5pm to 4am, Sat-Sun 1pm-4am

Number of tables? 7 Number of seats at tables? 30

How many stand-up bars/ bar seats are located on the premise? 10

(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): 1 bar center back wall, 16ft long L shape

Any food counters? Yes No If Yes, describe: raw bar

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

What are the hours kitchen will be open? open till 2 hours before close

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

How many employees will there be? 10

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

Will you agree to close any doors and windows at 10:00 P.M. every night? Yes No

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

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: small DJ booth/Tapes/CD's/iPod

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

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans.

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

1 security

How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans.

Do you have or plan to install sound-proofing?

we will have signs indicating to respect our neighbors, smoking section designated in front of premise and staff/security will monitor and correct loud disturbances.

APPLICANT HISTORY:

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

If yes, please indicate name of establishment:

Address:

Community Board #

Dates of operation:

If you answered "Yes" to the above question, please provide a letter from the community board indicating history of complaints or other comments.

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

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.

LOCATION:

How many licensed establishments are within 1 block? _____

How many licensed establishments are within 500 feet? _____

Is premise within a 500 foot radius of 3 or more establishments with OP licenses? Yes No

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

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

If there is a school or place of worship within 200 feet of your premise on the same block, submit a block plot diagram or area map showing its location in proximity to your premise and indicate the distance and name and address of the school or house of worship.

COMMUNITY OUTREACH:

If there are block associations or tenant associations in the immediate vicinity of your location, you must contact them. Contact the CB 3 office at info@cb3manhattan.org to find block and tenant associations. Please attach proof (copies of letters or email and poster) that you have advised these groups of your application with sufficient time for them to respond to your notice.

Please 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).

Flynn & Flynn, P.L.L.C.

ATTORNEYS AT LAW

TERRENCE R. FLYNN, JR.

MARY P. FLYNN

198 Beach 102nd Street
Rockaway Park, New York 11694
TEL: 718-945-1000
FAX: 718-318-6162

September 9, 2013

CERTIFIED MAIL
NO. 7012 3050 0002 0152 3223
RETURN RECEIPT REQUESTED

Susan Stetzer, District Manager
Manhattan Community Board 3
59 East 4th Street
New York, NY 10003

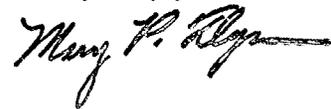
Re: JMDR 127 Ludlow LLC — On-Premise Liquor License Application

Dear Ms. Stetzer:

Please be advised that I am the attorney for JMDR 127 Ludlow LLC that is applying for an On-Premise Liquor License for the premise located at 127 Ludlow Street New York, NY 10002. This notification is given pursuant to Section 64 subdivision 2A of the Alcoholic Beverage Control Law.

If you have any questions, please do not hesitate to call my office. Thank you for your cooperation in this matter.

Very truly yours,



Mary P. Flynn

MPF/mg

STATE OF NEW YORK
 EXECUTIVE DEPARTMENT
 DIVISION OF ALCOHOLIC BEVERAGE CONTROL
 STATE LIQUOR AUTHORITY

Standardized NOTICE FORM for Providing a 30-Day Advance Notice to a Local Municipality or Community Board in connection with the submission to the State Liquor Authority of a (check one)
 New Application Renewal Application Alteration Application
 Corporate Change for an On-Premises Alcoholic Beverage License

1. Date the original copy of this Notice was mailed to the Local Municipality or Community Board: 09 09 2013

THIS 30-DAY ADVANCE NOTICE IS BEING PROVIDED TO THE CLERK OF THE FOLLOWING LOCAL MUNICIPALITY OR COMMUNITY BOARD:

2. Name of the Local Municipality or Community Board: 3

ATTORNEY REPRESENTING THE APPLICANT IN CONNECTION WITH THE APPLICANT'S LICENSE APPLICATION NOTED AS ABOVE FOR THE ESTABLISHMENT IDENTIFIED IN THIS NOTICE

3. Attorney's Full Name is: Terry Flynn

4. Attorney's Street Address: 198 Beach 102nd Street, 2nd Floor

5. City, Town or Village: Rockaway Park State: NY Zip Code: 11694

6. Business Telephone Number of Attorney: (718) 945-1000

FOR NEW APPLICANTS, PROVIDE DESCRIPTION BELOW USING ALL INFORMATION KNOWN TO DATE
 FOR ALTERATION APPLICANTS, ATTACH COMPLETE DESCRIPTION AND DIAGRAM OF PROPOSED ALTERATION(S)
 FOR CURRENT LICENSEES, SET FORTH APPROVED METHOD OF OPERATION ONLY
 DO NOT USE THIS FORM TO CHANGE YOUR METHOD OF OPERATION

7. Type(s) of alcohol sold or to be sold under the license: (X) One Beer Only Wine and Beer Only Liquor, Wine and Beer

8. Extent of Food Service: (X) One Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef) Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; meets legal minimum food availability requirements)

9. Type of establishment: (X) all that apply
 Recorded Music Live Music Disc Jockey Juke Box Patron Dancing (Small scale) Karaoke Bar
 Cabaret, Night Club, (Large Scale Dance Club) Capacity of 600 or more patrons Hotel Bed & Breakfast
 Restaurant Club (e.g. Golf/External Org.) Catering Facility Stage Shows Topless Entertainment
 Recreational Facility (Sports Facility/Vessel)

10. Licensed outdoor area: (X) all that apply
 None Rooftop Patio or Deck Freestanding Covered Structure Garden/Grounds
 Sidewalk Cafe Other (Specify): None

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

12. Will the license holder or a manager be physically present within the establishment during all hours of operation? (X) one Yes No

13. License serial number: Expiration Date:

14. The applicant's or license holder's full name, as it appears or will appear on the license: JMDR 127 Ludlow LLC

15. The Trade name, if any, under which the establishment conducts or will conduct business:

16. The establishment is located within the building which has the following street address: 127 Ludlow Street

17. City, Town, or Village: New York, NY NY Zip Code: 10002

18. The establishment is located on the following floor(s) of the building at the above address: Store Front

19. Within the building at the above address, the establishment is located within the room(s) numbered as follows: Store Front

20. Business telephone number of applicant/licensee: N/A Business fax number of applicant/licensee:

21. Business e-mail address of applicant/licensee:

22. Does the applicant or license holder own the building in which the establishment is located? (X) one Yes (If "Yes", SKIP Items 23-25) No

OWNER OF THE BUILDING IN WHICH THE LICENSED ESTABLISHMENT IS LOCATED

23. Building owner's full name is: Yung Realty

24. Building owner's street address: P.O. Box 130233

25. City, Town, or Village: New York NY Zip Code: 10002-10013

26. Business telephone number of building owner: 212-228-4832

I am the applicant or hold the license or am 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.

27. Printed Name: Raymond Yark Title: X [Signature]

7012 3050 0002 0152 3223

U.S. Postal Service
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

NEW YORK NY 10003

Postage	\$ 0.46	0404 ROCKAWAY PARK NY 11694 Postmark SEP 9 2013 09/09/2013 PS
Certified Fee	\$3.10	
Return Receipt Fee (Endorsement Required)	\$2.55	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 6.11	

Sent To
 Susan Stetzer, Dist Manager, Comm Bd 3
 Street, Apt. No. or PO Box No. 59 East 4th Street
 City, State, ZIP+4 New York, NY 10003

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Susan Stetzer</i>
1. Article Addressed to: Susan Stetzer, District Manager Manhattan Community Bd 3 59 East 4th Street New York, NY 10003	B. Received by (Printed Name) <i>S. Stetzer</i> C. Date of Delivery <i>9/11/13</i> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
2. Article Number: (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes
7012 3050 0002 0152 3223	
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540	