

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 Stipulations

			, as a qualified represent	************************	14 Bagel & Grill	,
1. 1	d I wi	ill operate a full-service res	taurant. specifically a (type o		Delicatessen	
W	vith a ki	itchen open and serving fo	od to within hour(s) of	closing every	night 🗵 during all h	ours of operation.
2. N	Ay hour	rs of operation will be	6:00 a.m./p.m. to 12:00 a.	.m. all days		
	I unders	stand opening is "no later t	han" specified opening hour,	and all patrons	are to be cleared from	n business at specified closin
3. 🖸	X I wi	ill not use outdoor space fo	r commercial use.			
4. E	l wi	ill operate my sidewalk caf	é no later than			
5. E	I wi	ill employ a doorman/secur	ity personnel on the followin	g days:	13	
5. E] I wi	ill install soundproofing,				
a p	t 10:00 erforma	ill close any front or rear fa P,M. every night or during ances, including but not lin nonmusical performances.	any amplified	☐ I will be closed		s or windows and doors will
			ic, 🗵 promoted events, 🗵 as DJs/ promoted events per			
. 12	☑ I wi	ill play ambient recorded be	ackground music only.			
0. 🛭	X I wi	ill not apply for an alteration	n to the method of operation	agreed to by th	nis stipulation without	first coming before CB 3.
1, 🗵	d I wi	ill not seek a change in clas	s to a full on-premise liquor l	license without	first obtaining appro	val from CB 3.
2. 🖸	I wi	ill not participate in pub cra	wls or have party buses come	e to my establi	shment.	
3, 5	2 I wi	ill not have a happy hour. I	I will have happy hour and	it will end by		
4. D	X I wi	ill not have wait lines outsi	de. 🗆 There will be a staff pe	rson outside to	monitor sidewalk cre	owds and ensure no loitering
5. D	X I wi	ill conspicuously post this s	stipulation form beside my lic	uor license ins	side of my business.	
a		Il revisit the above-stated n	nager/owner at the following method of operation if necessar			
Name	: Wor	n Hak Cho		Phone N	Number: 212-353-2	299
	I will:					
7	2 1 Will.	r				
here	eby cer	tify that the information	provided above is truthful a	ind accurate b	pased upon my perso	nal belief.
Ciono	1	whi		- /7	2 Dougl	11/25/15
Signe	n to this	25 day of	causen be much	1	Dated	Andrew I. Park lotary Public, State of New 1
SWOTI	n to this	s 2 5 day of	100en Cer 2018	~	Notary Public	No. 02PA5068142 Qualified in Queens County
						Commission Expires 12-20-



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Community Board 3 Liquor License Application Questionnaire

Please bring the following items to the meeting:

 □ Photographs of the in Schematics, floor pla □ A proposed food and □ Petition in support oresidential tenants as proposed location. Prestaurant, sports ba □ Notice of proposed becommunity groups a http://www.nyc.gov □ Photographs of proof □ If applicant has been indicating history of 	f proposed business or change in business with set location and in buildings adjacent to, across the vetition must give proposed hours and method of the combination restaurant/bar. (petition provide tusiness to block or tenant association if one exist and contact information on the CB 3 website: //html/mancb3/html/communitygroups/c	ise. of the inside of the premise. e in business with signatures from accent to, across the street from and behind ours and method of operation. For example: or. (petition provided) sociation if one exists. You can find a CB 3 website: onitygroups/community group listings.shtml eeting with newspaper showing date. ty, letter from applicable community board		
Check which you are appl new liquor license	ying for: alteration of an existing liquor license	□ corporate change		
	upgrade (change of class) of an existing between upgrade (change of class) of an exist upgrade (change of chang	er confirming that you		
	sed? □ Yes □ No Type of license:			
If alteration, describe nati	ure of alteration:			
Previous or current use of	f the location:			
Corporation and trade name of current license:				
APPLICANT:				
Premise address: 114 Thir				
Cross streets: E 13th Stree	t & E 14th Street			
Name of applicant and all	principals: 114 Bagel & Grill Inc / Won Hak Cho as	President		
Trade name (DBA): Bagel	Belly			

PREMISE:				
Type of building and number of floors: Two story commercial building				
Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic l	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	ng for any			
back or side yard use? ✓ Yes No What is maximum NUMBER of people permitted? 50)			
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/nycit	ymap/-			
please give specific zoning designation, such as R8 or C2):				
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 outdoor space) Monday-Sunday 6:00am-12:00am	hours of			
Number of tables? 14 Total number of seats? 28				
How many stand-up bars/ bar seats are located on the premise? 0				
(A stand up bar is any bar or counter (whether with seating or not) over which a patron pay for and receive an alcoholic beverage)	ı can order			
Describe all bars (length, shape and location):				
Does premise have a full kitchen				
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 Delicatessen food				
What are the hours kitchen will be open? 6:00am - 12:00am				
Will a manager or principal always be on site? ✓ Yes ✓ No If yes, which? Principal				
How many employees will there be? 10				
Do you have or plan to install French doors accordion doors or windows?				
Will there be TVs/monitors? □ Yes ☑ No (If Yes, how many?)				
Will premise have music? Yes □ No				

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If Yes, what type of music? \square Live musician \square DJ \square Juke box \square Tapes/CDs/iPod					
If other type, please describe					
What will be the music volume? ■ Background (quiet) ■ Entertainment level					
Please describe your sound system: Radio					
Will you host any promoted events, scheduled performances or any event at which a cover fee charged? If Yes, what type of events or performances are proposed and how often? n/a	e is				
charged: If res, what type of events of performances are proposed and now often?					
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) n/a	_				
How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans.					
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					
If yes, please indicate name of establishment: NAMU GREEN MART INC					
Address: 252 3RD AVE, NEW YORK, NY 10010 Community Board # 6					
Dates of operation: Since December 2011					
If you answered "Yes" to the above question, please provide a letter from the communi-	ty				
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 na	ame				
and describe type of business n/a					
Has any principal had SLA reports or action within the past 3 years? ☐ Yes ☒ No If Yes, attack	h 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 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 at avenues and identify your location. Use letters to indicate Bar, Restaurant, etc. The diagram resubmitted with the questionnaire to the Community Board before the meeting.	nd				

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LO	CATION:
Но	w many licensed establishments are within 1 block? 26
Но	w many On-Premise (OP) liquor licenses are within 500 feet? 11
ls	premise within 200 feet of any school or place of worship? Yes No
Ple im ou lice	ease see the Community Board website to find block associations or tenant associations in the mediate vicinity of your location for community outreach. Applicants are encouraged to reach to community groups. Also use provided petitions, which clearly state the name, address, ense for which you are applying, and the hours and method of operation of your establishment at top of each page. (Attach additional sheets of paper as necessary).
me	e are including the following questions to be able to prepare stipulations and have the seting be faster and more efficient. Please answer per your business plan; do not plan to gotiate at the meeting.
1.	☑ I will close any front or rear facade doors and windows at 10:00 P.M. every night or during any amplified performances, including but not limited to DJs, live music and live nonmusical performances.
2.	■ I will not have ■ DJs, ■ live music, ■ promoted events, ■ any event at which a cover fee is charged, ■ scheduled performances, □ more than DJs/ promoted events per, □ more than private parties per
3.	■ I will play ambient recorded background music only.
4.	■ I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.
5.	■ I will not seek a change in class to a full on-premise liquor license without first obtaining approval from CB 3.
6,	■ I will not participate in pub crawls or have party buses come to my establishment.
	■ I will not have a happy hour. □ I will have happy hour and it will end by
	☑ I will not have wait lines outside. ☐ There will be a staff person outside to monitor sidewalk crowds and ensure no loitering.
9.	☑ Residents may contact the manager/owner at the following phone number. Any complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

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