

Sworn to this

day of

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

Gi	gi L	i, Board Chair		Susan Stetzer, District Manag			
			Community Board 3 Liquor License Stip	oulations for Administrative Approval			
				entative of Golden Dragon MIA 999 Inc			
loc	ated	at	109 Madison Street New	v York, NY agree to the following stipulations:			
1.		 I will operate a full-service restaurant, specifically a (type of restaurant) Japanese Restaurant Kitchen open and serving food every night during all hours of operation. 					
2.	My	My hours of operation will be 11:00 a.m./p.m. to 12:00 a.m. all days					
		inderstand opening sing hour.)	g is "no later than" specified opening hour	r, and all patrons are to be cleared from business at specified			
з.	I will not use outdoor space for commercial use.						
4.		I will operate my sidewalk café no later than					
5.		I will employ a doorman/security personnel on the following days:					
6.		I will install sound	dproofing,				
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. I will have a closed fixed façade with no open windows except my entrance door will close by 10 or when amplified sound is playing, including but not limited to DJs, live music and live to DJs, live music and live nonmusical performances. 						
8.		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					
9.	X	I will play ambien	t recorded background music only.				
10.	X	I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.					
11.		I will not seek a change in class to a full on-premise liquor license without first obtaining approval from CB 3.					
12.	X	I will not participate in pub crawls or have party buses come to my establishment.					
13.	x	I will not have unlimited drink specials with food.					
14.	X						
15.	(XI						
16.	X						
17.		Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will visit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.					
Nar		Vivian Ko		Phone Number: 929-250-8171			
18.		will:					
l he	reby	v certify that the ir	formation provided above is truthful and	d accurate based upon my personal belief.			
×	1	liwa la	1	7-6-16 440			
Sigr	ed	111		Dated Notary Public, State of N			

Community Board 3 requests that the SLA add this stipulation to the license of the above-mentioned applicant.

2016

No. 01LI6204897

Qualified in New York Cour

Notary PublicCommission Expires 04/27/20



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Gigi Li, Board Chair

Susan Stetzer, District Manager

<u>Community Board 3 Liquor License Application Questionnaire</u></u>

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

- □ 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: 07/06/2016

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.

If alteration, describe nature of alteration: _____

Previous or current use of the location: Restaurant

Corporation and trade name of current license: Golden Dragon MIA 999 Inc./ Sushi Restaurant

APPLICANT:

Premise address: <u>109 Madison Street</u>, New York, NY 10002

Cross streets: Catherine Street & Market Street

Name of applicant and all principals: Vivian Ko

Trade name (DBA): <u>Ninja Sushi NYC</u>

PREMISE:

Type of building and number of floors: <u>Mixed Residential and Commercial Buildings</u> 5 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: ______

Do you plan to apply for Public Assembly permit? □ Yes ⊠ No What is the zoning designation (check zoning using map: <u>http://gis.nyc.gov/doitt/nycitymap/</u> please give specific zoning designation, such as R8 or C2): R7-2

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) <u>11:00am-12:00am seven days per week</u>

Number of tables? <u>10</u> Total number of seats? <u>40</u>

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

(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): <u>N/A</u>

Does premise have a full kitchen ☐ Yes ☐ No?

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

What are the hours kitchen will be open? <u>11:00am-12:00am seven days per week</u>

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

How many employees will there be? 2-3

Will there be TVs/monitors? ☑ Yes □ No (If Yes, how many?) 2 TVs

Will premise have music? ☑ Yes □ No

If Yes, what type of music?
Live musician DJ J 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: _____

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?

N/A

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) _____

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? **D** Yes **X** 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 **B**ar, **R**estaurant, 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? <u>None</u> How many On-Premise (OP) liquor licenses are within 500 feet? <u>1</u> 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. I agree to close any doors and windows at 10:00 P.M. every night?
- 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. Or my business plan is to seek an upgrade at a later date.
- 6. I will not participate in pub crawls or have party buses come to my establishment.
- 7. I will not have a happy hour. Or Happy hour will end by ______.
- 8. 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.