



THE CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD 3

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

Jamie Rogers, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations for Administrative Approval within Saturated Area

I, MOHAMMAD A. BHUIYAN, as a qualified representative of Dynamics Food Corp located at 8 Clinton Street, New York, NY agree to the following stipulations:

- 1. I will operate a full-service restaurant, specifically a (type of restaurant) INDIAN RESTAURANT
Kitchen open and serving food every night during all hours of operation.
2. My hours of operation will be:
Mon 12 P.M. TO 11 P.M.; Tue 12 P.M. TO 11 P.M.; Wed 12 P.M. TO 11 P.M.;
Thu 12 P.M. TO 11 P.M.; Fri 12 P.M. TO 11 P.M.; Sat 12 P.M. TO 11 P.M.; Sun 12 P.M. TO 11 P.M.

(I understand opening is no later than specified opening hour & all patrons are to be cleared from business at specified closing hour)

- 3. I will not use outdoor space for commercial use.
4. I will operate my sidewalk cafe no later than
5. I will employ a doorman/security personnel on the following days:
6. I will install soundproofing.
7. I will close any front or rear facade 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 facade 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.
8. 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
9. I will play ambient recorded background music only.
10. 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. I will not participate in pub crawls or have party buses come to my establishment.
13. I will not have unlimited drink specials with food.
14. I will not have a happy hour OR I will have happy hour and it will end by
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.

Name: MOHAMMAD A. BHUIYAN Phone Number: (212) 533-2828

18. I will:

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed: [Signature] Dated: APRIL 3, 2017
Sworn to this day of APRIL 2017 by JOEL A. SILBERMAN

Notary Public, State of New York
No. 02SI6248163
Qualified in New York County
Commission Expires Oct. 3, 2019
11/27/2019



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Community Board 3 Liquor License Application Questionnaire

Today's Date: N

APPLICANT

1. Name of applicant and principle(s): DYNAMICS FOOD CORP Attn MOHAMMAD BHUIYAN
2. Premise address: 6 CLINTON STREET
3. Cross streets: EAST HOUSTON AND STANTON STREETS
4. Trade name (DBA): MUGHLAI
5. Check which you are applying to: New liquor licence Alteration of an existing license Sale of assets
6. If alteration, describe nature of alteration: _____
7. Is location currently licensed? Yes No
8. Type of license: _____
9. Previous or current use of the location: RESTAURANT
10. Corporation and trade name of current location: KUSUBU INDIAN RESTAURANT
11. Type of building and number of floors: COMMERCIAL AND RESIDENTIAL - 4 FLOORS
12. Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? Yes No **12a.** What is the permitted occupancy indoors and outdoors? 75
13. Do you plan to apply for Public Assembly permit? Yes No
14. 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): R7A
15. How many licensed establishments are within 1 block? 5
16. How many On-Premise (OP) liquor licenses are within 500 feet? 3
17. Is premise within 200 feet of any school or place of worship? Yes No

PROPOSED METHOD OF OPERATION

18. Describe your method of operation: INDIAN RESTAURANT
19. Will any other business besides food or alcohol service be conducted at premise? Yes No
20. If yes, please describe what type: _____
21. What are the proposed days/hours of operation (specify days/hours each day and hours of outdoor space if applicable):
12PM TO 11PM
22. Total number of table: 12
23. Total number of seats: 28

24. How many stand-up bars/ bar seats are located on the premise? NONE (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.)
25. Describe all bars (length, shape, and location): N/A
26. Does premise have a full kitchen? Yes No
27. What are the hours kitchen will be open? 12PM TO 11 PM
28. What type of food is available for sale? INDIAN - FOR EAT IN OR TAKE OUT
29. Will a manager or principal always be on site? Yes No If yes, which? _____
30. How many employees will there be? 4
31. Do you have or plan to install French doors accordion doors or windows?
32. Will there be TVs/monitors? Yes No (If Yes, how many?) _____
33. Will premise have music? Yes No 33a. If Yes, what type of music? Live Music Juke box
 DJ Tapes/CDs/iPod
34. If other type, please describe: STEREO BACKGROUND
35. What will be the music volume? Background (quiet) Entertainment level
36. Please describe your sound system: STEREO
37. Will you host any promoted events, scheduled performances or any event at which a cover fee is charged? Yes No
38. If Yes, what type of events or performances are proposed and how often? _____
39. How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? MANAGER PRESENT ALL TIMES TO MONITOR AND INSURE NO TRAFFIC AND BECAUSE
40. Will there be security personnel? Yes No 40a. If Yes, how many and when? OF TYPE OF BUSINESS NO CROWDS EXPECTED
41. How do you plan to manage noise inside and outside your business so neighbors will not be affected? SEE 39 AND WILL
42. Do you have sound proofing installed? Yes No 43. If not, do you plan to install sound-proofing? Yes No keep doors and windows closed

APPLICANT HISTORY

44. Has this corporation or any principal been licensed previously? Yes No If yes, please indicate name of establishment(s): _____
45. Address: _____ 47. Community Board # _____
46. Dates of operation: _____
47. Has any principal had work experience similar to the proposed business? Yes No If yes, explanation of experience or resume.
48. Does any principal have other businesses in this area? Yes No If yes, give trade name and describe type of business: _____
49. 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.

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.