

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

I,		Tianye Chen, as a qualified representative of ZCL Inc	
ocat	ed	ed at, New York, NY agree to the following stipulations:	
		I will operate a full-service restaurant, specifically a (type of restaurant)	,
		Kitchen open and serving food every night during all hours of operation.	
		Ay hours of operation will be:	
		Non <u>11:30am to 11pm</u> ; Tue <u>11:30am to 11pm</u> ; Wed <u>11:30am to 11pm</u> ;	
		hu; Sun; Fri11:30am to 11pm ; Sat; Sat; Sun; Sun11:30am to 11pn	
lun	der	lerstand opening is no later than specified opening hour & all patrons are to be cleared from business at specified closin	g hour)
3. I	×	I will not use outdoor space for commercial use.	
1. I		I will operate my sidewalk café no later than	
5. 1		I will employ a doorman/security personnel on the following days:	
5. I		I will install soundproofing,	
i	at 1 olay	I will close any front or rear façade doors and windows t 10:00 P.M. every night or when amplified sound is laying, including but not limited to DJs, live music and live onmusical performances. I will have a closed fixed façade with no open do windows except my entrance door will close by 10:00 or when amplified sound is playing, including but not to DJs, live music and live nonmusical performances.	0 P.M. limited
		will not have ⊠ DJs, ⊠ live music, ⊠ promoted events, ⊠ any event at which a cover fee is charged, ⊠ scheduled erformances, □ more than DJs/ promoted events per, □ more than private parties per	
. I	×	I will play ambient recorded background music only.	
		I will not apply for an alteration to the method of operation or for any physical alterations of any nature without firs oming before CB 3.	t
1. [X	I will not seek a change in class to a full on-premise liquor license without first obtaining approval from CB 3.	
2. [×	I will not participate in pub crawls or have party buses come to my establishment.	
3. I	×	I will not have unlimited drink specials, including boozy brunches, with food.	
4. [e		I will not have a happy hour or drink specials with or without time limitations <u>OR</u> \Box I will have happy hour and it will nd by	
5. [×	🛿 I will not have wait lines outside. 🗆 I will have a staff person responsible for ensuring no loitering, noise or crowds o	utside.
6. [×	I will conspicuously post this stipulation form beside my liquor license inside of my business.	
7. [r		Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. It evisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbor	
lam	e: _	Tianye Chen Phone Number: (917) 376-1285	
8. 0		I will: <u>abide by the Stipulations</u>	
-	_		
here	eby	by certify that the information provided above is truthful and accurate based upon my personal belief.	
igne	d	- hange her 05/22/2017	
171.1		n to this 22nd day of May 2017 ELLEN LE Notary Public, State of Notary Public,	of New Y
		Notary Public No. 01LE6109 Qualified in Queen Commission Expires M	s County



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Community Board 3 Liquor License Application Questionnaire

Today's Date: 05/22/2017

APPLICANT

	Name of applicant and principle(s): ZCL INC, TIANYE CHEN (PRES)
2.	Premise address: 11 E 7TH ST, NEW YORK, NY 10003
3.	Cross streets: COOPER SQUARE, TARAS SHEVCHENKO PLACE
4.	Trade name (DBA): LE XIA
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: N/A
7.	Is location currently licensed? Yes No
	Type of license: RESTAURANT WINE (BEER & WINE)
9.	Previous or current use of the location: WAS VACANT, RETAIL STORE
10.	Corporation and trade name of current location: N/A
11.	Type of building and number of floors: 5-STORY APT BLDG
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? 70
13.	Do you plan to apply for Public Assembly permit? Yes No
14.	What is the zoning designation (check zoning usingmap: http://gis.nyc.gov/doitt/nycitymap/-please give specific zoning
	designation, such as R8 or C2):
15.	How many licensed establishmentsare within 1 block? 30
16.	How many On-Premise (OP) liquor licenses are within 500 feet? 20
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: FULL SERVICE RESTAURANT
19.	Will any other business besides foodor alcohol service beconducted at premise? Yes No
20.	If yes, please describe what type: N/A
21.	What are the proposed days/hours of operation (specify days/hours each day and hours of outdoor space if applicable:11:30 AM TO 11 PM22. Total number of table:2123. Total number of seats:

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 alcholic beverage.)
25.	Describe all bars (length, shape, and location):
26.	Does premise have a full kitchen? Yes No
27.	What are the hours kitchen will be open? 11 AM TO 11 PM, MON TO SUN
28.	What type of food is available for sale? CHINESE FOOD
29.	Will a manager or principal always be on site? Yes No If yes, which? OWNER
30.	How many employees will there be? ABOUT 8-9
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. W	ill 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:
35.	What will be the music volume? Background (quiet) Entertainment level
36.	Please describe your sound system:
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? N/A
39.	How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment?
40.	Will there be security personnel? Yes No 40a. <i>If Yes</i> , how many and when?
	How do you plan to manage noise inside and outside your business so neighbors will not be affected?
42. D	o you have sound proofing installed? Yes No 43. If not, do you plan to install sound-proofing? Yes No
	APPLICANT HISTORY
44.	Has this corporation or any principal been licensed previously? Yes No <i>If yes</i> , please indicate name of establishment(s):
45.	Address: 47. Community Board #
46.	Dates of operation:
	Has any principal had work experience similar to the proposed business? \checkmark Yes \square No <i>If yes</i> , explanation of experience or resume.
48.	Does any principal have other businesses in this area? Yes No <i>If yes</i> , give trade name and describe type of business:
49.	Has any principal had SLA reports or action within the past 3 years? \Box Yes \checkmark No <i>If yes</i> , 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.

ATTENTION RESIDENTS & NEIGHBORS

Company/DBA Name and Contact Number for Questions

plans to open a

(Please choose) Bar/Restaurant/Club and indicate if there will be a Sidewalk Café or Backyard Garden

at the following location

Building Number and Street Name (Address)

This establishment is seeking a license to serve

Beer & Wine or Beer

Applicant Contact Information

Contact the Applicant or COMMUNITY BOARD 3 With any questions or concerns. info@cb3manhattan.org - www.cb3manhattan.org