

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

Alysha Lewis-Coleman, Board Chair

Susan Stetzer, District Manager

Sidewalk Café License Application Questionnaire

Fill out completely or application will not be considered.

Bring 6 copies (double sided) of this questionnaire to the SLA & DCA Licensing Committee meeting to be considered. Otherwise the Committee will write to the DCA notifying the agency of your failure to cooperate with the community review process. This application must also be completed and returned to the Community Board office as soon as possible.

For maximum public notification of your application, display the enclosed poster in a visible location on the outside of your establishment and adjacent buildings for 7 DAYS prior to the meeting

Check which you are applying for:

☐ a new sidewalk café license for an □ enclosed
☐ unenclosed café.
☐ an alteration of an existing sidewalk license
☐ a renewal of an existing sidewalk license

When you return this form, you must include the following attachments:

- □ Photographs of the inside and outside of your establishment
- Schematics/floor plans of the inside of your establishment and sidewalk café schematics
- Petition signatures from residents in surrounding buildings

Name of Corporation: Daimy	5 Group LL	C DBA:	MOMOFUKU	55am Bar
Address: 207 2nd A	se	Cr	oss Streets: E 13TH	SSam Bar ST & Z Nd Ave
Applicant's Name on DCA Documents Applicant's Address: 135 U	Bavid CI	hang		
Applicant's Address: 135 U	UITHST	Ly, Ly	10011	
Telephone: (22) 254.350	E E	-Mail:		
Describe nature of alteration, if applic	able:			
Is this establishment handicap accessib	ole? Pres D	No Thurs 1130	If "Yes" please attac	ch photo.
Is this establishment handicap accessib Hours of Operation (indicate if differen	t for sidewalk or back ya	rd): <u>1130</u> TO 1	OPM SUN TO THEM	1 1130 TO ILPOON BILD Sal
Seating Capacity Inside Table	es: 8 Charles: 6 Charles	airs: 24 airs: 12 airs: 10 46	Bar Stools: 20 Bar Stools: 0 Bar Stools: 20 20	541
Has this corporation or any principal	been licensed previously	? QYes QN	lo	
If yes, please indicate name of establishn	nent: CusseuTh	y license	d	
Address:		Community Board #:		
Cross Street:			Dates:	



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 ask that you provide contact information for residents and that if complaints are made, you act immediately to resolve the offending condition.

Contact Person: Caolan Sleeper	•
Phone Number: (914) 391-4307	
Phone Number: (914) 391-4307 Address: 207 2nd Hure y, y 10003	
Name: Michael Kelly	
Signature: Date:	3/23/19



