

# Manhattan Community Board 4

# Liquor License Stipulations Application

(All Fields Must Be Completed)

<b>APPLICANT</b>		<b>DOING BUSINESS AS (D/B/A)</b>	
A Taste of Mao Inc.		Szechuan Palace	
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>	
360 W 42 Street New York, NY 10036		8 Ave.	
<b>OWNER</b>	<b>NAME:</b> ZhenQi Xiao	<b>ATTORNEY</b>	<b>NAME:</b> Tian, J. Du Michael Floyd Inc.
	<b>PHONE:</b> 917-539-9498		<b>PHONE:</b> 718-939-8046
	<b>FAX:</b>		<b>FAX:</b> 718-939-2644
<b>MANAGER</b>	<b>NAME:</b>	<b>LANDLORD</b>	<b>NAME:</b> Martin Sanders Investment
	<b>PHONE:</b>		<b>PHONE:</b> 212-307-0887
	<b>FAX:</b>		<b>FAX:</b>
<b>DESCRIPTION OF BUSINESS:</b> Restaurant			
<b>Establishment Type:</b>		<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only) <input type="radio"/> Other (Explain): _____	
<b>Method of Operation:</b>		<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): _____	
<b>License Type:</b>		<input type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input checked="" type="radio"/> Wine & Beer	
<b>APPLICATION TYPE</b> (check one)	<input type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES <input type="radio"/> NO
		What is/was the name of establishment?	Hunan House Manor Inc.
		What is/was the address of the establishment?	339 Lexington Ave. New York, NY 10016
		What were the dates the applicant was involved with this former premise?	Bagle Deli
	<input type="radio"/> <b>Transfer</b>	What is the prior license #?	
		What is the expiration date on the prior license?	
		Are you making any alterations or operational changes?	<input type="radio"/> YES <input type="radio"/> NO
		If alterations or operational changes are being made, please attach the plans to this form.	
	<input type="radio"/> <b>Alteration</b>	What is the current license #?	
		What is the expiration date on the current license?	
Please describe the nature of the alterations and attach the plans			

OPERATIONAL ISSUES										
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation	11:30am to 11pm	11:30am - 11pm	11:30am-11pm	11:30am-11pm	11:30am-11pm	11:30am-11pm	11:30am-11pm	11:30am-11pm	
	Music	low soft recorder music	same	same	same	same	same	same	same	
	Kitchen	11:30am-10:30pm	same	same	same	same	same	same	same	
OCCUPANCY	INDOOR					BAR		OUTSIDE		
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables	
		62	15	55	0	0	0	0	0	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1 <sup>st</sup>	1 <sup>st</sup>	1 <sup>st</sup>	1st floor		
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					YES	NO	N/A			
Will applicant have bottle service?					YES	NO	N/A			
Will you be hosting private parties and promotional events?					YES	NO	N/A			
Will outside promoters be used?					YES	NO	N/A			
Will the security plan submitted be implemented?					YES	NO	N/A			
Will State certified security personnel be used?					YES	NO	N/A			
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					YES	NO	N/A			
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)					YES	NO	N/A	will apply for bike racks		
Will the applicant be applying for a Sidewalk Cafe now or in the future? (please respond in space provided)					YES	NO	N/A			
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					YES	NO	N/A			
Will applicant provide contact information to neighbors and respond to complaints that arise?					YES	NO	N/A			
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?					YES	NO	N/A			
If you plan to have music, what type(s)?			BACKGROUND	LIVE MUSIC	DJ					
BUILDING DESIGN										
Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.					YES	NO	N/A			
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?					YES	NO	N/A			
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)					YES	NO	N/A			

OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A

**LOCATION & ZONING**

Primary Zoning District:	Overlay (If Applicable):		
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Letter of no objection			
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Are your plans filed with DOB?	YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
Building Type	<input type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
Adjacent Buildings	<input type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	A 30-day Advance Notice to Manhattan Community Board #4	
	# 2		
	# 3		

**ADDITIONAL INFORMATION: (Applicant Use)**

**ADDITIONAL NOTES: (Office Use Only)**

**ADDITIONAL STIPULATIONS: (Office Use Only)**

[Empty box for additional stipulations]

Manhattan Community Board 4 (MCB4) recommends:

Approval  Denial unless all agreed to by applicant is part of the method of operation  Denial

**CB4 REPRESENTATIVES**

*Nelly Gonzalez*  
CB4 Community Associate

*Lisa Maglian*  
CB4 BLP Committee Co-Chair

*Paul Seres*  
CB4 BLP Committee Co-Chair

**APPLICANT AGREEMENT WITH THE COMMUNITY**

Pursuant to these stipulations, this applicant agrees to have these provisions incorporated in the method of operation of their liquor license. Additionally, the applicant agrees to the community agreements as the basis for the community supporting this application.

**SIGN HERE** →

*Nico Chenqi*  
SIGNATURE OF APPLICANT

DATE

9/10/13