BUSINESS LICNESE & PERMITS COMMITTEE **Item # 10**

May 2, 2012

Dennis Rosen
Chairman
New York State Liquor Authority
80 S. Swan Street, 9th Floor
Albany, New York 12210

Re: Noodles Thai Kitchen Inc.
830 9th Avenue (54/55)

Dear Chairman Rosen:

Manhattan Community Board 4 (MCB4) recommends **denial** of a new bar/tavern on-premise liquor license to **Noodles Thai Kitchen Inc.– 830 9th Avenue (54/55)**, **unless** the following stipulations, agreed to by the applicant, is part of the method of operation for this establishment with a capacity of 35, with 8 tables and 22 seats with one service bar seating 6.

A signed copy of the questionnaire, stipulations and community agreements are enclosed.

Sincerely,

Corey Johnson Chair	Paul Seres Co-Chair Business License & Permits Committee	Lisa Daglian Co-Chair Business License & Permits Committee

DRAFT

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT	DOING BUSINESS AS (DBA)
Noodles Thai Kitchen Inc.	
STREET ADDRESS	**CROSS STREETS**
830 9th Avenue	

OWNER	NAME:	Apisit Kilviwat	ATTORNEY	NAME:	Blue Ribbon Accounting CPA
	PHONE:	646-346-4431		PHONE:	718-760-8800
	FAX:			FAX:	
MANAGER	NAME:		LANDLORD	NAME:	360 W 55th Street L.P.
	PHONE:			PHONE:	212-764-0700
	FAX:			FAX:	

DESCRIPTION OF BUSINESS

Establishment Type:	◯ Bar/Tavern ◯ Bed & Breakfast ◯ **Eating Place Beer** ◯ Cabaret ◯ Night Club ◯ Hotel ◯ **Restaurant** ◯ Catering Establishment ◯ Club (Fraternal Organization – Members Only) ◯ Other (Explain):
Method of Operation:	◯ **Restaurant** ◯ Dance Club ◯ Sports Bar ◯ Adult Entertainment ◯ Wine Bar ◯ Pizzeria ◯ Cafe ◯ Other (Explain): Bowling Center/Restaurant/Bar
License Type:	◯ **On-Premise** ◯ Wine ◯ Beer ◯ **Wine & Beer**

APPLICATION TYPE *(check one)*				
	◯ **New**	Has applicant owned or managed a similar business?	**YES**	**NO**
		What is/was the name of establishment?		
		What is/was the address of the establishment?		
		What were the dates the applicant was involved with this former premise?		
	◯ **Transfer**	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	**YES**	**NO**
		If alterations or operational changes are being made, please attach the plans to this form.		
	◯ **Alteration**	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	12 p.m. – 11 p.m.	12 p.m. – 11 p.m.	12 p.m. – 11 p.m.	12 p.m. – 11 p.m.	12 p.m. – 11 p.m.	12 p.m. – 11 p.m.	12 p.m. – 11 p.m.
	Music							
	Kitchen	12 p.m. – 11 p.m.	12 p.m. – 11 p.m.	12 p.m. – 11 p.m.	12 p.m. – 11 p.m.	12 p.m. – 11 p.m.	12 p.m. – 11 p.m.	12 p.m. – 11 p.m.

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
		35	8	22	1	0	6	~~22~~	~~8~~

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	3-4	5 +	
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 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 the applicant be applying for a Sidewalk Café 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	
If you plan to have music, what type(s)?	BACKGROUND	LIVE MUSIC	DJ	None

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	NO	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	NO	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	NO	N/A	
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	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	NO	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	NO	N/A	
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	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	NO	N/A	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	N/A	
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	NO	N/A	
Is a Public Assembly permit required?	YES	NO	N/A	
Are your plans filed with DOB?	YES	NO	N/A	
Building Type	◯ Residential	◯ **Commercial**	◯ Mixed Use	◯ Other, describe:
Adjacent Buildings	◯ Residential	◯ **Commercial**	◯ Mixed Use	◯ Other, describe: _____

NOTIFICATION: What organizations / community groups have you notified regarding your application?		
	# 1	
	# 2	
	# 3	

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

ADDITIONAL STIPULATIONS: (Office Use Only)

Manhattan Community Board 4 (MCB4) recommends:	◯ Approval ☑ **Denial unless all agreed to by applicant is part of the method of operation** ◯ Denial

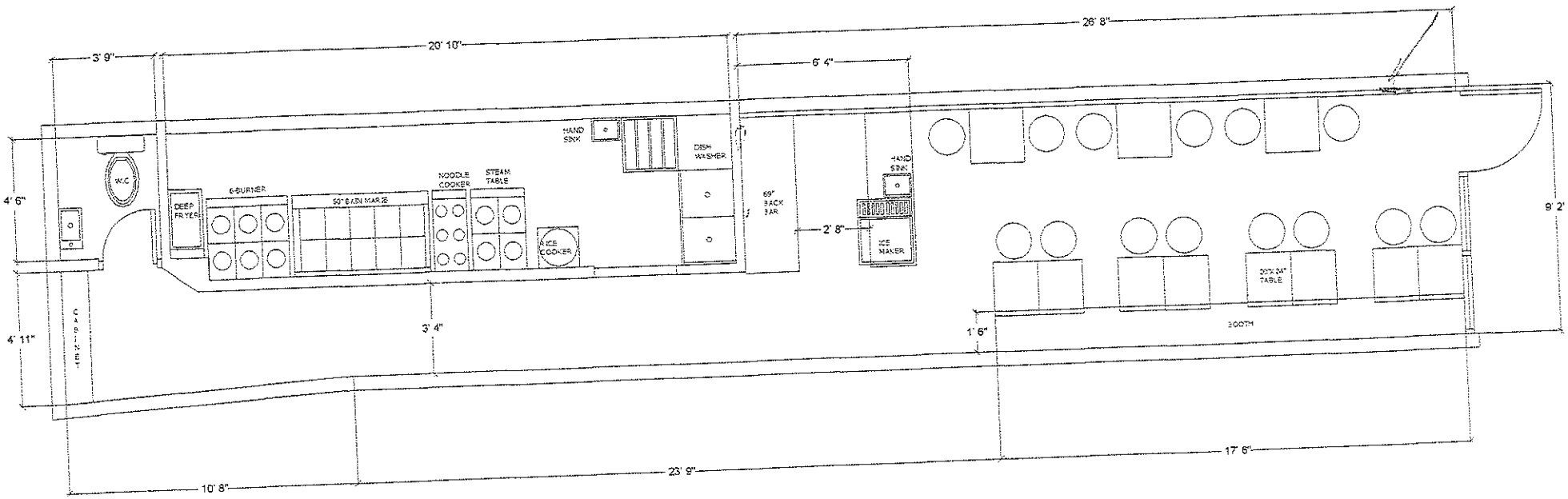
CB4 REPRESENTATIVES

Nelly Gonzalez *CB4 Community Associate*	**Lisa Daglian** *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 →	APISIT KULUNWAT **SIGNATURE OF APPLICANT**	04/10/12 **DATE**


3' 9"
20' 10"
26' 8"
6' 4"
4' 6"
4' 11"
9' 2"
W.C
DEEP FRYER
6-BURNER
50" BAIN MARIE
NOODLE COOKER
STEAM TABLE
RICE COOKER
HAND SINK
DISH WASHER
69" BACK BAR
2' 8"
HAND SINK
ICE MAKER
20" X 24" TABLE
BOOTH
3' 4"
1' 6"
10' 8"
23' 9"
17' 6"