



THE CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD 3
59 East 4th Street - New York, NY 10003
Phone: (212) 533-5300 - Fax: (212) 533-3659
www.cb3manhattan.org - info@cb3manhattan.org

#8

Gigi Li, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

Please bring the following items to the meeting:

NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.

- Photographs of the inside and outside of the premise.
Schematics, floor plans or architectural drawings of the inside of the premise.
A proposed food and or drink menu.
Petition in support of proposed business or change in business with signatures from residential tenants at location and in buildings adjacent to, across the street from and behind your proposed location.
Letter of notice of proposed business to block or tenant association if one exists.
Photographs of proof of conspicuous posting of meeting with newspaper showing date.
If applicant has been or is licensed anywhere in City, letter from applicable community board indicating history of complaints and other comments.

Check which you are applying for:

- new liquor license
alteration of an existing liquor license
corporate change

Check if either of these apply:

- sale of assets
upgrade (change of class) of an existing liquor license

Today's Date:

If applying for sale of assets, you must bring letter from current owner confirming that you are buying business or have the seller come with you to the meeting.

Type of license: Is location currently licensed? Yes No

If alteration, describe nature of alteration:

Previous or current use of the location:

Corporation and trade name of current license:

APPLICANT:

Premise address: 45 Division Street, New York, NY 10013

Cross streets: Bayard & Market Street

Name of applicant and all principals: Lamma Island Inc

Trade name (DBA): Hong Kong Station

PREMISE:

Type of building and number of floors: Commercial Building (~~3 floors~~)
Industrial and Manufacturing, Number of floors = 4

Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? (includes roof & yard) Yes No If Yes, describe and show on diagram: _____

Does premise have a valid Certificate of Occupancy and all appropriate permits, including certificate of occupancy for back or side yard intended for commercial use? Yes No

Indoor Certificate of Occupancy 50 Outdoor Certificate of Occupancy _____
(fill in maximum NUMBER of people permitted)

Do you plan to apply for Public Assembly permit? Yes No

Zoning designation (check zoning using map: <http://gis.nyc.gov/doitt/nycitymap/> - please give specific zoning designation, such as R8 or C2):

cb-1g

Is this premise wheel chair accessible? Yes No

PROPOSED METHOD OF OPERATION:

What type of establishment will this be (i.e.: restaurant, bar, performance space, club, hotel)?

Restaurant

Will any other business besides food or alcohol service be conducted at premise? Yes No

If yes, please describe what type: _____

What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) Sunday to Thursday (7:30am - 12:00 p.m.)

Friday to Saturday (7:30am - 2:00 p.m.)

Number of tables? 16 Number of seats at tables? 50

How many stand-up bars/ bar seats are located on the premise? N/A

(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)

Describe all bars (length, shape and location): N/A

Any food counters? Yes No If Yes, describe: N/A

Does premise have a full kitchen Yes No?

Does it have a food preparation area? Yes No (If any, show on diagram)

Is food available for sale? Yes No If yes, describe type of food and submit a menu

Hong Kong Style Noodles, Sandwiches, Toast, Rice

What are the hours kitchen will be open? 7:30am - 12:00pm

Will a manager or principal always be on site? Yes No If yes, which? Manager

How many employees will there be? 4-5 employees

Do you have or plan to install French doors accordion doors or windows?

Will you agree to close any doors and windows at 10:00 P.M. every night? Yes No

Will there be TVs/monitors? Yes No (If Yes, how many?) 4

Will premise have music? Yes No

If Yes, what type of music? Live musician DJ Juke box Tapes/CDs/iPod

If other type, please describe TV channel

What will be the music volume? Background (quiet) Entertainment level

Please describe your sound system: 2 normal speakers

Will you host promoted events, scheduled performances or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed? No

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans.

Will there be security personnel? Yes No (If Yes, how many and when) _____

How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans.

Do you have or plan to install sound-proofing? No

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously? Yes No

If yes, please indicate name of establishment: Hong Kong Station

Address: 45 Division Street, NY 10013 Community Board # 3

Dates of operation: 10/12/2007 - present

If you answered "Yes" to the above question, please provide a letter from the community board indicating history of complaints or other comments.

Has any principal had work experience similar to the proposed business? Yes No If Yes, please attach explanation of experience or resume.

8 years of Hong Kong Station

Does any principal have other businesses in this area? Yes No If Yes, please give trade name and describe type of business Hong Kong Station

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, if any.

Attach a separate diagram that indicates the location (**name and address**) and total number of establishments selling/serving beer, wine (B/W) or liquor (OP) for 2 blocks in each direction. Please indicate whether establishments have On-Premise (OP) licenses. Please label streets and avenues and identify your location. Use letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.

LOCATION:

How many licensed establishments are within 1 block? N/A

How many licensed establishments are within 500 feet? N/A

Is premise within a 500 foot radius of 3 or more establishments with OP licenses? Yes No

How many On-Premise (OP) liquor licenses are within 500 feet? N/A

Is premise within 200 feet of any school or place of worship? Yes No

If there is a school or place of worship within 200 feet of your premise on the same block, submit a block plot diagram or area map showing its location in proximity to your premise and indicate the distance and name and address of the school or house of worship.

COMMUNITY OUTREACH:

If there are block associations or tenant associations in the immediate vicinity of your location, you must contact them. **Please attach proof (copies of letters and poster) that you have advised these groups of your application with sufficient time for them to respond to your notice.** You may contact the Community Board at info@cb3manhattan.org for any contact information.

Please 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).

Petition to Support Proposed Liquor License

Date: 3/25/2013

The following undersigned residents of the area support the issuance of the following liquor license (indicate the type of license such as full-liquor or beer-wine) Beer & wine

to the following applicant/ establishment (company and/or trade name) Hong Kong Station

Address of premises: 45 Division Street

This business will be a: (circle) Bar Restaurant Other: _____

The hours of operation will be:

7:30 a.m - 12:00 p.m (Sun-Thur), 7:30 a.m - 2:00 a.m (Fri-Sat)

PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area.

Other information regarding the license:

Name	Signature	Address
Easy Accounting Services Inc		45 Division Street # 218 New York, NY 10002
SARAH'S TRAVEL INC		45 DIVISION ST. 3F, NYC NY 10002
LIFE FINANCIAL MGMT		45 DIVISION ST NYC 10002
H & F Int'l Inc		43 Division St NY, NY 10002
Sunrise Kitchen Supplies Inc		41 DIVISION ST New York NY 10002
Sunrise		39 Division Street New York NY 10002
JING STAR		27 Division Street New York NY 10002
JIAN CHANG CO. INC		25 DIVISION STREET NEW YORK NY 10002
Linda wedding studio inc		13 DIVISION STREET NEW YORK NY 10002
Fashion Hair MODE		7 DIVISION ST NEW YORK NY 10002
R's Beauty Salon Inc		5 DIVISION ST 4FL New York NY 10002
Confucius Flower		15 Bowery NY, NY 10002
CONFUCIUS PURCHASE INC		21 Bowery NYC 10002
CONFUCIUS PURCHASE INC Candy		17 Bowery NY 10002

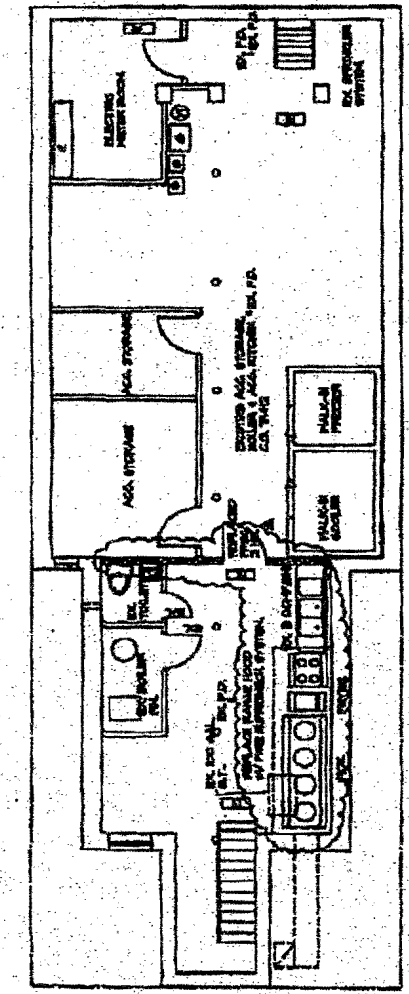
CONTROLLED INSPECTIONS:
 ALL WORK SHALL BE SUBJECT TO INSPECTIONS BY THE AUTHORITY.
 THE CONTRACTOR SHALL MAINTAIN THE RECORDS OF ALL INSPECTIONS AND SHALL SUBMIT THE SAME TO THE AUTHORITY UPON REQUEST.

1. VENTILATION SYSTEM- INSTALLER / ENGINEER.
 2. FINAL INSPECTION.

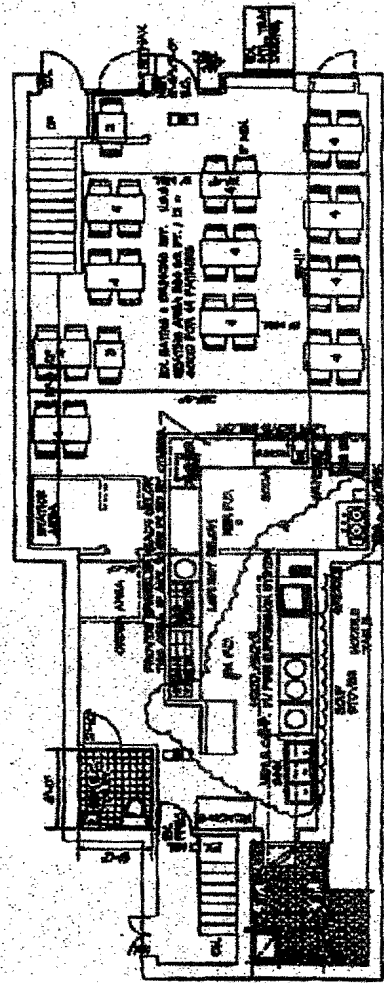
APPLICATIONS TO FILED BY OTHERS:

- 1. SIGN
- 2. FIRE SUPPRESSION SYSTEM

LEGEND:
 (Symbol) CONCRETE TO REMAIN
 (Symbol) CONCRETE TO BE REMOVED
 (Symbol) BRICKWORK TO REMAIN
 (Symbol) BRICKWORK TO BE REMOVED
 (Symbol) METALS TO REMAIN
 (Symbol) METALS TO BE REMOVED
 (Symbol) PARTIAL REMOVAL OF METALS
 (Symbol) REMOVAL OF METALS
 (Symbol) REMOVAL OF METALS AND REINFORCEMENT



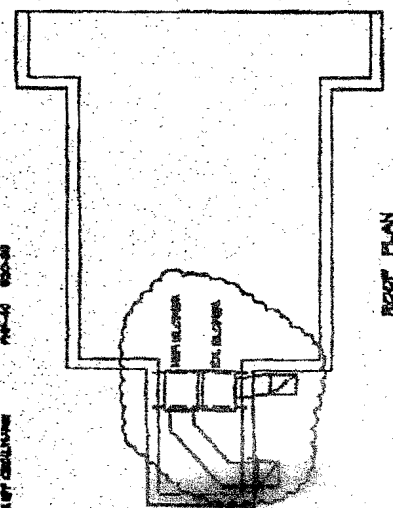
CELLAR PLAN



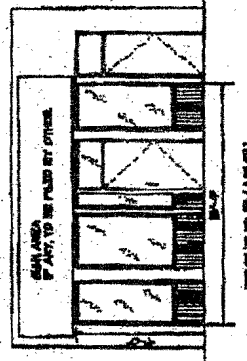
FIRST FLOOR PLAN

DO NOT REMOVE PARTS OF FIRST FLOOR TO REMAIN IF ANY TO BE FILED BY OTHERS.

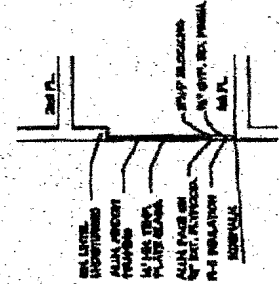
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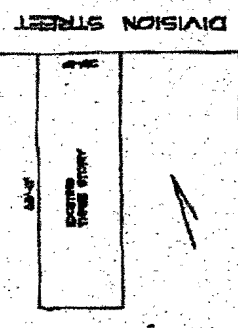
ROOF PLAN



FRONT ELEVATION



SECTION THRU STORE FRONT



MARKET STREET
PLOT PLAN
 MARKET STREET
 DIVISION STREET

DATE: 10/14/11
 DRAWN BY: [Name]
 CHECKED BY: [Name]

GENERAL NOTES

1. CONTRACTOR TO CHECK & VERIFY ALL CONDITIONS AND CONDITIONS AT SITE BEFORE COMMENCING.
2. CONTRACTOR TO NOTIFY ENGINEER OF ANY CORRECTION REQUIRED WORK TO BE STOPPED IMMEDIATELY UNTIL THE WORK IS CORRECTED.
3. CONTRACTOR TO VERIFY ALL CONDITIONS AND CONDITIONS AT SITE BEFORE COMMENCING.
4. CONTRACTOR TO NOTIFY ENGINEER OF ANY CORRECTION REQUIRED WORK TO BE STOPPED IMMEDIATELY UNTIL THE WORK IS CORRECTED.
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PROJECT: [Name]
 DRAWING NO.: [Number]
 DATE: [Date]
 SCALE: [Scale]
 SHEET: [Number] OF [Total]