



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

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 proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar. (petition provided)
- Notice of proposed business to block or tenant association if one exists. You can find community groups and contact information on the CB 3 website:  
[http://www.nyc.gov/html/mancb3/html/communitygroups/community\\_group\\_listings.shtml](http://www.nyc.gov/html/mancb3/html/communitygroups/community_group_listings.shtml)
- 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: 9/24/14

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.

Is location currently licensed?  Yes  No    Type of license: N/A

If alteration, describe nature of alteration: N/A

Previous or current use of the location: RESTAURANT

Corporation and trade name of current license: N/A

**APPLICANT:**

Premise address: 6 Clinton Street NY, NY 10002

Cross streets: AVENUE B @ STANTON STREET

Name of applicant and all principals: FOUR SQUIRE CORP  
ABDUL QUDDUS and SAKIBUR SHIPLU

Trade name (DBA): KHUSHBOO INDIAN RESTAURANT

**PREMISE:**

Type of building and number of floors: MIXED USE ; 6 STORY BLDG

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 for any back or side yard use?  Yes  No What is maximum NUMBER of people permitted? less than 75

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

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

**PROPOSED METHOD OF OPERATION:**

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) 7 days per week 11 AM to 11 PM

Number of tables? 13 Number of seats at tables? 26

How many stand-up bars/ bar seats are located on the premise? 1 BAR with 5 seats

(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): L shaped - 5' <sup>12'5"</sup>

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

What are the hours kitchen will be open? 11 AM to 10 PM

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

How many employees will there be? 5

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

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

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 \_\_\_\_\_

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

Please describe your sound system: \_\_\_\_\_

Will you host any promoted events, scheduled performances or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed and how often? None

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans. (Please do not answer "we do not anticipate congestion.")  
There will be a staff person outside if and when necessary.

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?

**APPLICANT HISTORY:**

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

If yes, please indicate name of establishment: \_\_\_\_\_

Address: \_\_\_\_\_ Community Board # \_\_\_\_\_

Dates of operation: \_\_\_\_\_

**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.

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

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? 4  
How many On-Premise (OP) liquor licenses are within 500 feet? 0 (only wine & beer)  
Is premise within 200 feet of any school or place of worship?  Yes  No

**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. 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 are including the following questions to be able to prepare stipulations and have the meeting be faster and more efficient. Please answer per your business plan; do not plan to negotiate at the meeting.*

1.  I agree to close any doors and windows at 10:00 P.M. every night?
2.  I will not have  DJs,  live music,  promoted events,  any event at which a cover fee is charged,  scheduled performances,  more than \_\_\_ DJs/ promoted events per \_\_\_,  more than \_\_\_ private parties per \_\_\_
3.  I will play ambient recorded background music only.
4.  I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.
5.  I will not seek a change in class to a full on-premise liquor license. Or  my business plan is to seek an upgrade at a later date.
6.  I will not participate in pub crawls or have party buses come to my establishment.
7.  I will not have a happy hour. Or  Happy hour will end by \_\_\_\_\_.
8.  I will not have wait lines outside.  There will be a staff person outside to monitor sidewalk crowds and ensure no loitering.
9.  Residents may contact the manager/owner at the following phone number. Any complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

# ATTENTION RESIDENTS & NEIGHBORS

FOUR SQUIRE CORP. d/b/a KHUSHBOO

Company/DBA Name and Contact Number for Questions

INDIAN RESTAURANT / 718-567-2999

Plans to open a

RESTAURANT

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

at the following location

6 CLINTON STREET

Building Number and Street Name (Address)

This establishment is seeking a license to serve

BEER & WINE

Beer & Wine or Beer/Wine & Liquor

NAKIL AKASH 1-314-827-

Applicant Contact Information

7533

At COMMUNITY BOARD 3

SLA & DCA Licensing Committee Meeting

info@cb3manhattan.org - www.cb3manhattan.org



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Community Board 3 Liquor License Stipulations

1. Abdul Raddus, as a qualified representative of Four Squire Corp.,

located at 6 Clinton Street, New York, NY agree to the following stipulations:

- I will operate a full-service restaurant, specifically a (type of restaurant) Indian restaurant, with a kitchen open and serving food to within      hour(s) of closing every night  during all hours of operation.
- My hours of operation will be 11:00 a.m. to 11:00 pm. all days

(I understand this to mean that all patrons will be cleared from the establishment at the specified hour).

- I will not use outdoor space for commercial use.
- I will operate my sidewalk café no later than
- I will employ a doorman/security personnel on the following days:
- I will install soundproofing,
- I will close doors and windows by 10:00 p.m. every night.  I will not have French doors or windows and doors will be closed by     .
- I will not have  DJs,  live music,  promoted events,  any event at which a cover fee is charged,  scheduled performances,  more than      DJs/ promoted events per     ,  more than      private parties per
- I will play ambient recorded background music only.
- I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.
- I will not seek a change in class to a full on-premise liquor license without first obtaining approval from CB 3.
- I will not participate in pub crawls or have party buses come to my establishment.
- I will not have a happy hour.  Happy hour will end by
- I will not have wait lines outside.  There will be a staff person outside to monitor sidewalk crowds and ensure no loitering.
- Residents may contact the manager/owner at the following phone number. Any complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: Wakil Akash, Mgr. Phone Number: 1-314-827-7539

16.  I will:     

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed Abdul Raddus

Dated 9/24/2014

Sworn to this 24<sup>th</sup> day of September 2014 Kathleen E. Negri-Stathopoulos  
Notary Public

**KATHLEEN E. NEGRI**  
**NOTARY PUBLIC-STATE OF NEW YORK**  
**No. 02NE6064553**  
**Qualified in Kings County**  
**My Commission Expires February 11, 2018**