



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
- 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: May 5, 2015

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: _____

If alteration, describe nature of alteration: _____

Previous or current use of the location: Vietnamese Restaurant

Corporation and trade name of current license: _____

APPLICANT:

Premise address: 342 E. 6th Street, New York, NY 10003

Cross streets: 1st Avenue and 2nd Avenue

Name of applicant and all principals: Koufuku LLC
Huey Cheng & Mirei Yanagawa

Trade name (DBA): TBD

PREMISE:

Type of building and number of floors: Mixed Use, 1st Floor Commercial, 4 Floors Residential

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? _____

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):
R7A with C2-5 Commercial Overlay

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) Sunday - Thursday 12 pm – 12 am; Friday & Saturday 12pm – 2 am.

Number of tables? 9 Total number of seats? 18 Seats plus 8 Counter Stools

How many stand-up bars/ bar seats are located on the premise? 0

(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

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
Japanese Omakase

What are the hours kitchen will be open? All hours of open operation

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

How many employees will there be? 3 (other than owner)

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? No

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.")

Because the establishment has no bar, and can accommodate only 26 patrons at any given time, required reservations should prevent congestion.

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.

-Because there is no bar, and limited seating, noise should be minimal, partly due to the fact that the music will be low level and ambient.

Do you have sound proofing installed? Yes No

If not, do you plan to install sound-proofing? Yes No

APPLICANT HISTORY:

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

If yes, please indicate name of establishment: Kura

Address: 130 St. Marks Place Community Board # 3

Dates of operation: December 2012 to 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.

Does any principal have other businesses in this area? Yes No If Yes, please give trade name and describe type of business Kura - Japanese Omakase

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? ¹⁴ _____

How many On-Premise (OP) liquor licenses are within 500 feet? ^{33 including Beer and Wine licenses} _____

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.

Proximity Report for Location:

May 5, 2015

342 E 6TH ST, New York, NY, 10003

* This report is for informational purposes only in aid of identifying establishments potentially subject to 500 and 200 foot rules. Distances are approximated using industry standard GIS techniques and do not reflect actual distances between points of entry. The NYS Liquor Authority makes no representation as to the accuracy of the information and disclaims any liability for errors.

Closest Liquor Stores

Name	Address	Approx. Distance
S & P LIQUOR & WINE CORP	89 2ND AVE	400 ft
FUNG SING INC	138 1ST AVENUE	720 ft
SAKAYA INC	324 E 9TH STREET (WEST STORE)	755 ft
JCCSM INC	45 1ST AVE	860 ft
ST MARKS LIQUOR LLC	16 ST MARKS PL	905 ft
MIAT LIQUORS INC	166 2ND AVE	1175 ft
WINESHOP LLC	438 A E 9TH ST	1245 ft

Churches within 500 Feet

Name	Approx. Distance
Community Synagogue Max D Raiskin Center	15 ft
Saint Mark's Evangelical Lutheran Church	15 ft

Schools within 500 Feet

Name	Address	Approx. Distance
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On-Premise Licenses within 750 Feet

Name	Address	Approx. Distance
EAST 6TH STREET RESTAURANT GROUP LLC	342 E 6TH ST	20 ft
FIGARO VILLAGGIO INC	344 E 6TH ST	25 ft
BRICKLANE CURRY HOUSE INC	306 308 E 6TH ST	245 ft
KINGFISH GROUP LLC	308 E 6TH ST	245 ft
M & R MEDITERRANEAN CORP	304 E 6TH STREET	275 ft
88 2ND AVE FOOD CORP	88 2ND AVE	305 ft
HAVELI RESTAURANT INC	100 2ND AVENUE	310 ft
POINT JUDITH LLC	96 2ND AVENUE	330 ft
TOMKIN SQUARE KIDS INC	73 75 E 7TH STREET	330 ft
DAK 92 SECOND AVE CORP	92 2ND AVENUE	345 ft
PERMPOON INC	95 2ND AVE	345 ft
92 ADRIANNA INC	92 2ND AVE NORTH STORE	365 ft
BLUE & GOLD BAR INC	79 E 7TH STREET	365 ft
93 ART LLC	93 2ND AVE	370 ft
KITCHEN TABLE INC	88B 2ND AVE	385 ft
81 EAST 7TH PASTRY SHOP CORP	81 EAST 7TH STREET	390 ft

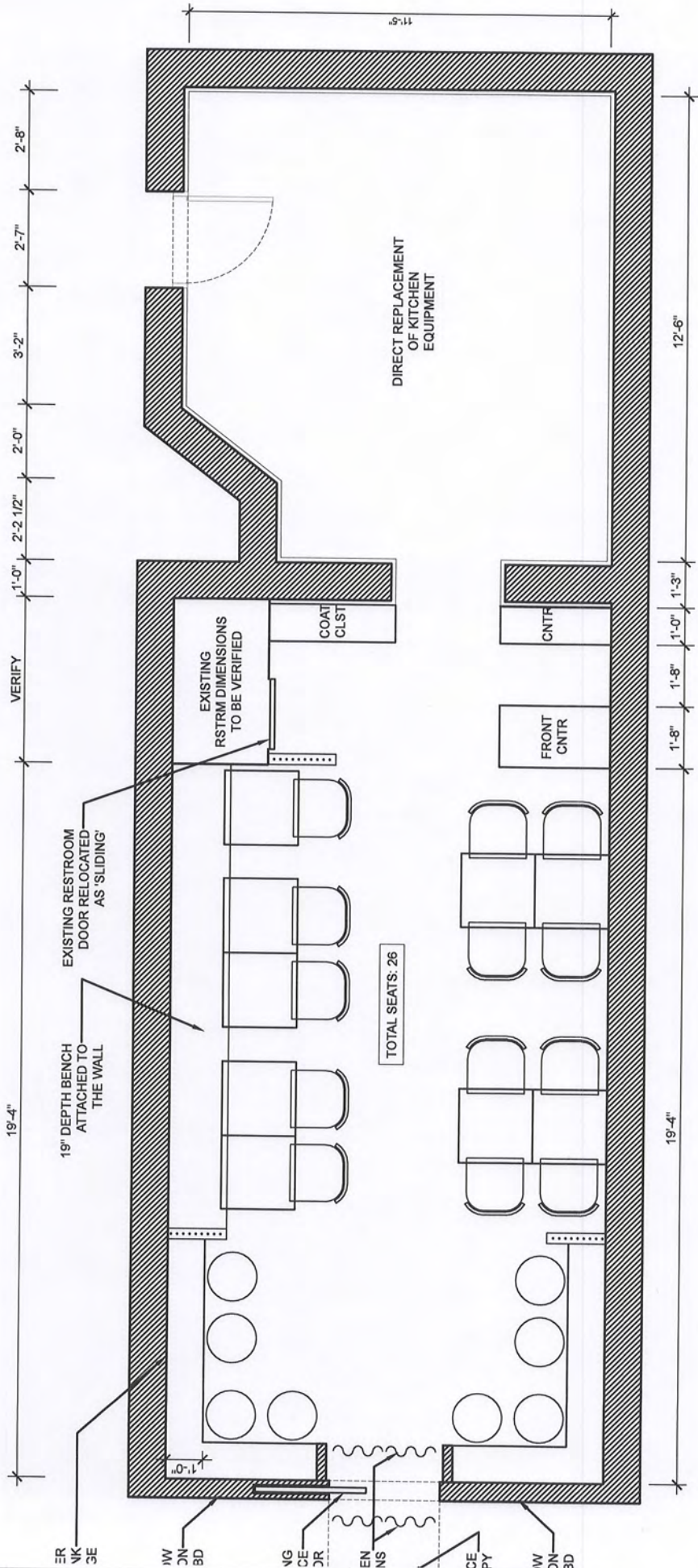
Name	Address	Approx. Distance
INSIANG LLC	111 1ST AVE	400 ft
VARGOMEZ CORP	300 E 5TH ST	405 ft
MSD ENTERPRISES INC	118 2ND AVENUE	405 ft
ANGIE CORP	99 1ST AVENUE	410 ft
TRIM CASTLE CORP	87 2ND AVE AKA 239 E 5TH ST	415 ft
FTCCM LLC	103 1ST AVE	420 ft
48 E SEVENTH STREET ASSOCIATES INC	48 E 7TH STREET	420 ft
SADA TWO LLC	105 1ST AVE	425 ft
BLCH I LLC	99 2ND AVE	425 ft
MARRY THE KETCHUP INC	95 1ST AVE	430 ft
JUSTIFIED LLC	102 1ST AVENUE	450 ft
MESA SEAVIEW CORP	41 43 EAST SEVENTH ST	460 ft
FELLOW TRAVELERS LTD	83 1ST AVENUE	470 ft
HOUSE OF HEALTH HEALING AND HAPPINESS INC, THE	405 E 6TH ST	475 ft
W C O U RADIO INC	115 1ST AVENUE	490 ft
YORI NYC CORP	119 1ST AVE	490 ft
BARE CITY TWO LLC	85 2ND AVE	490 ft
C & V 77 ENTERPRISES LLC	1475 77 1ST AVENUE	510 ft
LOCO 124 INC	124A 2ND AVE	515 ft
GETURDUN EZ LLC	120 1/2 1ST AVENUE	540 ft
PARMYS KABOB AND GRILL INC	125 127 1ST AVE	570 ft
75 ST MARKS PLACE LLC	75 ST MARKS PL	585 ft
1465 CDM INCORPORATED	126 1ST AVENUE	595 ft
39 ST MARKS INC	41 ST MARKS PLACE	605 ft
WATERING HOLE OF 2ND AVE CORP, THE	68 2ND AVENUE	605 ft
TWO AND EIGHT GOURMET LTD	132 2ND AVENUE	610 ft
BARMAR LLC	77 ST MARKS PLACE	620 ft
SCHEIB S PLACE INC	80 ST MARKS PLACE	620 ft
FENIX REST INC	1061 63 1ST AVENUE	640 ft
ST MARKS ENTERPRISES INC	132 1ST AVENUE	655 ft
TAQUERIA SAINT MARKS PLACE INC	79 SAINT MARKS PL	660 ft
LITTLE HANDS PLAYCAFE INC	433 EAST 6TH ST	665 ft
LGR FIRST CORPORATION	134 1ST AVE	680 ft
MEATH TRAILS INC	61 2ND AVENUE	690 ft
VANESSA REALTY CORP	87 E 4TH STREET	695 ft
HUNG TA CORP	31 ST MARKS PLACE	710 ft
LIGHT SIDE CORP	60 2ND AVE.	710 ft
EASTVILLE COMEDY CLUB INC	85 E 4TH STREET	715 ft
KRAINE GALLERY BAR INC	85 E 4TH STREET	715 ft
J B MAX INC	86 E 4TH STREET	715 ft
STUDIO CAFFE LLC	CHELSEA PIERS 59 2ND LEVEL	720 ft
CHERRY TAVERN INC	441 E 6TH STREET	720 ft
67 SECOND AVENUE LLC	84 E 4TH ST	720 ft
KRAINE INTERNATIONAL INC	85 E 4TH ST	730 ft
29 ST MARKS PLACE REST INC	29 ST MARKS PLACE	730 ft
CHEAPSHOTS INC	140 1ST AVENUE	750 ft

Pending Licenses within 750 Feet

Name	Address	Approx. Distance
MOLINERO LLC	107 1ST AVE	365 ft
MOLINERO LLC	107 1ST AVE	375 ft
SENYA JAPANESE RESTAURANT CORP	109 1ST AVE	385 ft
NOREETUH RESTAURANT LLC	128 1ST AVE	655 ft
LITTLE REBEL INC	134 1ST AVE	680 ft
HORSE TRADE MANAGEMENT GROUP	85 E 4TH ST	730 ft

Unmapped licenses within zipcode of report location

Name	Address
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FLOOR PLAN OPTION 2

SCALE 1/4"=1'-0"



OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.

1. APPLICANT

Name of Applicant :
(Sole Proprietor, Partnership, Corporation, LLC, LLP, LP, etc.)

Trade Name(DBA): (see instructions) ** must be provided if premises will be called by any name other than as listed in the "Name of Applicant"

Premises Street Address:

City: , **NY** Zip Code:

County: Telephone Number of Premises (include area code):

Mailing Address (if different than above):

City: State: Zip Code:

E-mail address (required):

2. CONTACT (if other than applicant)

Name of Contact: Attorney Representative Contact Person

Office Address:

City: State: Zip Code:

Telephone Number of Office (include area code):

E-mail address (required):

Is this application filed under the Attorney Certification Program? YES NO

3. For SEASONAL licenses only - beginning and ending months:

4. LICENSE TYPE: CODE: 5. Number of ADDITIONAL BARS (if any):
(see schedule of fees) (see instructions)

6. TOTAL PAYMENT DUE:

7. Federal Tax ID #:

7a. Certificate of Authority Permit#:

[OFFICE USE ONLY]	
<i>continued on next page</i>	DATE FILED: <input type="text"/> SERIAL #: <input type="text"/>

Original
 Amended
 Date _____

LANDLORD IDENTIFICATION INFORMATION

In order to obtain the most accurate information this form should be completed by the Landlord.

1. Name of Landlord (as it appears on lease and deed):

Matel Realty LLC as Agent for Quad 344 Realty LLC

2. Landlord Mailing Address

Street Address:

Quad 344 Realty LLC c/o Matel Realty LLC, 303 E. 6th Street

City: New York

State: NY

Zip Code: 10003

3. Telephone Number of Landlord: 212-674-0950

4. Landlord Principals (ALL landlord principals must be disclosed below.)

Name

Address

Mark Wertenteil

303 E. 6th Street, New York, New York 10003

Name

Address

Teena Rubinfeld

303 E. 6th Street, New York, New York 10003

Name

Address

Aaron Wertenteil

303 E. 6th Street, New York, New York 10003

Name

Address

5. Are any persons listed on this form currently or previously licensed under the ABC Law? YES NO

Serial Number

Licensee Name

Serial Number

Licensee Name

Serial Number

Licensee Name

6. Are any persons listed on this form police officers: YES NO

If yes, list names below:

Name

Name

7. List number of years real property has been owned or legally controlled by the landlord:

28 Years

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

500 FOOT LAW STATEMENT

**Applicants for on premises liquor licenses must complete this section
(Not required for on premises beer or wine application)**

If the location is subject to the 500 Foot Law, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-b 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within a 500 foot radius of three or more on-premises liquor establishments. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

The Proposed Premises: Check the appropriate box below:

- IS NOT WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.
- IS WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500' RADIUS, *UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.*)
- NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993
- NOT APPLICABLE - POPULATION OF CITY, TOWN OR VILLAGE IS UNDER 20,000

IMPORTANT:

YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS LOCATED WITHIN A 500 FOOT RADIUS OF THE PROPOSED PREMISES

For assistance use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If premises is within a 500 foot radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must, **ATTACH A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.

STATEMENT OF AREA PLAN
200 Foot Law

THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE

1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH, or PLACE OF WORSHIP WITHIN **300 FEET**
2. Is the premises within 200 feet of **ANY SCHOOL, CHURCH or PLACE OF WORSHIP?** YES
(Exclusive use as a church or place of worship will be determined by this agency)
(Please respond "YES" if ANY school, church or place of worship is within 200 feet) NO
3. Submit a **BLOCK PLOT DIAGRAM** (aerial view of the building, with nearby businesses/residences labeled) showing the location of any school, church or place of worship (8½" x 11")

Indicate the distance in feet from the entrance of the proposed premises to the closest entrance of any school, church or place of worship.

Attach additional sheets if necessary.

ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN

1. Name of church/school:	Community Synagogue Max D Raiskin Center
Address:	325 E. Sixth Street, New York, NY 10003
Distance:	15 Feet
2. Name of church/school:	Saint Mark's Evangelical Lutheran Church
Address:	323 East 6th Street, New York, NY 10003
Distance:	15 Feet
3. Name of church/school:	
Address:	
Distance:	

For assistance use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If applying for a full liquor license (beer, wine and liquor) and the premises is within 200 feet of a school, church or place of worship, the application may be denied.

If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.

1. Zoning

1a. State what the area is zoned for:
(ie. Residential, Business, Mixed)

1b. If applying for an on premises license does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits? YES NO

2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Has the building/premises been known by any other address? YES NO

If YES, please specify:

2c. Is there currently or has there ever been an active license to traffic in alcoholic beverages at this location? YES NO Do Not Know

Name of Licensee: License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee, or prior licensee? YES NO Do Not Know

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the location has never been licensed, what was prior use?

2f. Is any other floor or area of the building currently licensed? YES NO

b. Name of Licensee: License Serial Number:

3. Premises (Interior):

3a. List the number of floors of the establishment to be licensed including the basement, if any:

3b. Where is the alcohol stored?

3c. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed? Show the means of access on the interior diagram(s). YES NO

3d. Are the premises to be licensed divided in any way, by a public or private passageway, etc., over which the applicant does not have exclusive possession and control? Example: hallway, stairwells, common areas, etc. YES NO

If YES, describe:

3e. How many public bathrooms? If less than two(2) public bathrooms you must request a waiver of the two(2) bathroom rule in writing. Show bathrooms on diagram.

3f. List the Maximum Occupancy of the premises:

3g. Number of tables? 3h. Number of seats at tables? 3i. Number of seats at bar or counter?

4. BARS:

4a. How many bars* for customers are located on the premises? (*A bar is where customers may order, purchase, or receive alcoholic beverages.)

4b. How many service bars*? (Service bar is for wait staff use exclusively.)

4c. Describe each bar in the fields below:

Bar 1	Bar 2	Bar 3	Bar 4
Bar Type <input type="text"/>	Bar Type <input type="text"/>	Bar Type <input type="text"/>	Bar Type <input type="text"/>
Length <input type="text"/>	Length <input type="text"/>	Length <input type="text"/>	Length <input type="text"/>
Shape <input type="text"/>	Shape <input type="text"/>	Shape <input type="text"/>	Shape <input type="text"/>

Attach additional sheets if needed if there are more than 4 bars.

continued on next page

5. KITCHEN

5a. Does premises have a kitchen? YES NO

If NO, does premises have a food preparation area? YES NO

Show Kitchen or Food Preparation Area on the Interior Diagram.

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUMIT A MENU

5b. Is a chef/cook employed at the premises? YES NO

If YES, list hours of day chef/cook will devote to the premises:

6. HOTEL or BED & BREAKFAST

6a. How many floors?

6b. How many rooms?

6c. For Hotels Only: Is there a restaurant in the building(s) housing the proposed hotel? YES NO

7. OUTDOOR AREAS

7a. Are there any outside areas used for the sale or consumption of alcoholic beverages? YES NO

7b. Check all types that apply: There must be access from the interior of the premises to be licensed to any outdoor area(s) that you wish to license. Show access on diagram.

- Sidewalk Cafe Deck Patio Porch Gazebo
- Rooftop Yard Balcony Pavilion Tent
- Other

7c. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? If Yes, how is it divided? YES NO

7d. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- Fencing Wall Shrubbery Roping Stanchions
- Other

7e. Is a permit required by locality for outside area(s)? YES NO

If yes, submit a copy of the permit.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information provided in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1a. Select the type(s) of alcohol you intend to serve at the premises:

- Beer Only
 Beer & Wine Only
 Beer, Wine & Liquor

1b. Select the type(s) of establishment you are applying for from the list below (based upon your intended method of operation):

- Restaurant
 Catering Establishment
 Club (Not For Profit, Fraternal Organization - Members Only)
- Bar/Tavern
 Arena / Ball Park / Stadium
 Sports Bar
 Country Club / Golf Course
- Cabaret
 Night Club / Dance Club
 Adult Entertainment
 Bed & Breakfast
 Hotel

Other (Explain)

2. Will any other business of any kind be conducted in said premises? YES NO

(If YES, provide details on a separate sheet)

3. Will premises have music? YES NO

3a. If yes: LIVE RECORDED DJ JUKE BOX KARAOKE

4. Will the premises permit dancing? YES NO

4a. If YES, and are located in NYC, do you have a Cabaret permit issued by the City of New York ?

- YES NO PENDING

If Yes, submit a copy of the permit. If Pending, a copy must be submitted prior to issuance of the license.

4b. If dancing is permitted, who will be permitted to dance?

- Patrons Employees for entertainment Both

4c. If YES, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing?

- YES NO

5. Will there be topless entertainment?

- YES NO

continued on next page

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

6. Will the business employ a manager? YES NO

6a. If NO, will principal(s) manage? YES NO

7. How many employees? (Excluding principals and security personnel.)

3

7a. If answer is "0" provide explanation.

[Empty box for explanation]

NYS Law requires businesses to carry workers' compensation and disability insurance.
(see instructions)

If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:

To Be Provided

Disability Insurance Carrier Name and Policy Number:

To Be Provided

Security personnel you hire may be required to be registered in accordance with NYS Security Guard Registration.
Please contact the NYS Department of State to obtain information.

8. Will there be security personnel? YES NO 7a. If YES, how many? [Empty box]

8b. If Yes, are they registered in accordance with New York State Security Guard Registration? YES NO

If NO, explain: (ie. Not Required)

[Empty box for explanation]

9. Provide a detailed plan of supervision for the premises to be licensed. Attach additional sheets if necessary.

The Applicant is operating a full-service restaurant and it is not anticipated that security issues will arise. Notwithstanding, the owner, Huey Cheng, or a trained shift supervisor, be on-premises during all hours of operation. All employees will be TIPS trained, and ask for proper identification prior to serving alcohol to patrons. Visibly intoxicated patrons will be denied service of alcohol.

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY.