



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

Jamie Rogers, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations for Administrative Approval

I, Masao Shikatani, as a qualified representative of Very Thai Corp, located at
186 Avenue B, New York, NY, agree to the following stipulations:

1. I will operate a full-service restaurant, specifically a (type of restaurant) Thai Food Restaurant
 Kitchen open and serving food every night during all hours of operation.
2. My hours of operation will be:
Mon 11:30 AM - 11:00 PM; Tue 11:30 AM - 11:00 PM; Wed 11:30 AM - 11:00 PM;
Thu 11:30 AM - 11:00 PM; Fri 11:30 AM - 11:00 PM; Sat 11:30 AM - 11:00 PM; Sun 11:30 AM - 11:00 PM;
(I understand opening is "no later than" specified opening hour, & all patrons are to be cleared from business at specified closing hour.)
3. I will not use outdoor space for commercial use.
4. I will operate my sidewalk café no later than _____.
5. I will employ a doorman/security personnel on the following days: _____.
6. I will or have already installed soundproofing.
7. I will close any front or rear façade doors and windows at 10:00 P.M. every night or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances. I will have a closed fixed façade with no open doors or windows except my entrance door will close by 10:00 P.M. or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances.
8. 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 _____.
9. I will play ambient recorded background music only.
10. I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.
11. I will not seek a change in class to a full on-premise liquor license without first obtaining approval from CB 3.
12. I will not participate in pub crawls or have party buses come to my establishment.
13. I will not have unlimited drink specials with food.
14. I will not have a happy hour OR I will have happy hour and it will end by _____.
15. I will not have wait lines outside. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
16. I will conspicuously post this stipulation form beside my liquor license inside of my business.
17. Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: Masao Shikatani Phone Number: 917-359-1166

18. I will: _____

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

Signed Masao Shikatani Dated 1/31/2017

Sworn to this 31 day of JANUARY 2017

Manuel P. Cabeca
Notary Public
Notary Public State of New York
01006104135
Qualified in Queens County
Commission Expires 04-09



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Community Board 3 Liquor License Application Questionnaire

Today's Date: January 31, 2017

APPLICANT

- Name of applicant and principle(s): Masao Shikatani
- Premise address: 186 Avenue B
- Cross streets: 11th St and Avenue B
- Trade name (DBA): _____
- Check which you are applying to: New liquor licence Alteration of an existing licence Sale of assets
restaurant wine
- If alteration, describe nature of alteration: _____
- Is location currently licensed? Yes No
- Type of license: On Premises Liquor
- Previous or current use of the location: Restaurant
- Corporation and trade name of current location: Very Thai Corp
- Type of building and number of floors: 4 Floors
- Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? Yes No
 12a. What is the permitted occupancy indoors and outdoors? 75
- Do you plan to apply for Public Assembly permit? Yes No
No objection letter
- 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
- How many licensed establishments are within 1 block? 4
- How many On-Premise (OP) liquor licenses are within 500 feet? 11
- Is premise within 200 feet of any school or place of worship? Yes No

PROPOSED METHOD OF OPERATION

- Describe your 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/hours each day and hours of outdoor space if applicable):
Mon-Sun 11³⁰ AM - 11⁰⁰ PM
- Total number of table: 9
- Total number of seats: 29

24. 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.)
25. Describe all bars (length, shape, and location): _____
26. Does premise have a full kitchen? Yes No
27. What are the hours kitchen will be open? Mon-Sun 11³⁰AM-11⁰⁰PM
28. What type of food is available for sale? Thai food
29. Will a manager or principal always be on site? Yes No If yes, which? Masao Shikafani
30. How many employees will there be? 4
31. Do you have or plan to install French doors accordion doors or windows?
32. Will there be TVs/monitors? Yes No (If Yes, how many?) _____
33. Will premise have music? Yes No 33a. If Yes, what type of music? Live Music Jukebox
 DJ Tapes/CDs/iPod
34. If other type, please describe: _____
35. What will be the music volume? Background (quiet) Entertainment level
36. Please describe your sound system: Speaker System
37. Will you host any promoted events, scheduled performances or any event at which a cover fee is charged? Yes No
38. If Yes, what type of events or performances are proposed and how often? _____
39. How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Street Parking Only
40. Will there be security personnel? Yes No 40a. If Yes, how many and when? _____ How
41. do you plan to manage noise inside and outside your business so neighbors will not be affected? _____
42. Do you have sound proofing installed? Yes No 43. If not, do you plan to install sound-proofing? Yes No

APPLICANT HISTORY

44. Has this corporation or any principal been licensed previously? Yes No If yes, please indicate name of establishment(s): _____
45. Address: _____ 47. Community Board # _____
46. Dates of operation: _____
47. Has any principal had work experience similar to the proposed business? Yes No If yes, explanation of experience or resume.
48. Does any principal have other businesses in this area? Yes No If yes, give trade name and describe type of business: _____
49. 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.

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.

ATTENTION RESIDENTS & NEIGHBORS

Very Thai Corp

(917) 359-1166

(212) 228-7950

Company/DBA Name and Contact Number for Questions

plans to open a

Thai restaurant

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

at the following location

186 Avenue B

Building Number and Street Name (Address)

This establishment is seeking a license to serve

Beer & Wine

Beer & Wine or Beer

Masao Shikalani

Applicant Contact Information

Contact the Applicant or COMMUNITY BOARD 3
With any questions or concerns.
info@cb3manhattan.org - www.cb3manhattan.org

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 & Cider
 Wine, Beer & Cider
 Liquor, Wine, Beer & Cider

1b. Type of Establishment:

2. Will any other business be conducted at the premises? if "yes" provide details below or on a separate sheet: Yes No

2a. If the premises *is not* a catering establishment, will the premises periodically close to host private events? Yes No

2b. If "yes" how frequently?

3. Will premises have music? Yes No

3a. If "yes" check all that apply: RECORDED DJ JUKE BOX KARAOKE

LIVE MUSIC (Give details: i.e. rock bands, acoustic, jazz, etc.):

3b. Will the premises use the services of an Event Promoter?: Yes No

4. Will the premises permit dancing? Yes No

4a. If "yes", does your municipality require a "cabaret" or other permit granting permission for dancing? Yes* No *n/a*

* If a permit is required, submit a copy of the permit. 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 *n/a*

4c. If YES, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No *n/a*

5. Will there be topless entertainment? Yes No

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.)

7a. If answer is zero employees ("0"), then provide an explanation below:

n/a

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

8. NYS Law requires businesses to carry workers' compensation and disability insurance.

If applied for and pending, please indicate.

8a. Workers' Compensation Carrier Name and Policy Number: AmTrust Insurance Company of Kansas, NY (KWC1075076)

8b. Disability Insurance Carrier Name and Policy Number: ShelterPoint Life Insurance Company (DBL497704)

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996.

9. Will there be security personnel be used at the premises? Yes No 9a. If YES, how many? n/a

9b. If "yes" provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired.

n/a

The Licensee is responsible for assuring that security personnel you hire is registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

10. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How you will monitor alcohol sales; prevent sales to minors and sales to intoxicated persons. How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

The president will be in charge of daily operation of the restaurant. He will train all personal handling alcoholic beverages, designed experienced staff to safekeep alcohol beverages, all sales must be done by trained employees, any customer who looks younger than 30 years old will be required to show photo ID, no alcohol will be served to any person appearing intoxicated. Always maintain order in the premises. Signs requiring customers to be polite, courtesy, civil and in compliance with the law will be posted. Signs of no alcohol to people under 21 or intoxicated will be posted.

11. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advanced Notice ?

Yes No

11a. If "no" explain.

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

A list of county closing hours is available at the following link: <http://www.sla.ny.gov/provisions-for-county-closing-hours>