

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

amie Rogers, Board Chair	Susan Stetzer, District Manager
Community Board 3 Liquor License St	ipulations for Administrative Approval
1, Hone Xiang Li , as a qualified rep	resentative of East Akina Sushi Inc
, located at 424 A East 14th St.	, New York, NY, agree to the following stipulations:
I will operate a full-service restaurant, specifically a (type of Kitchen open and serving food every night during all hours	f restaurant) JAPANESE RESTAURANT
	s of operation.
My hours of operation will be: <i>Mon</i> 11:00AM-10:45PM ; <i>Tue</i> 11:00AM-10:45PM	; Wed 11:00AM-10:45PM ; ; sat 11:00PM-10:45PM ; sun 11:00PM-10:45PM ;
Thu 11:00AM-10:45PM ; Fri 11:00AM-10:45PM	; Sat 11:00PM-10:45PM ; Sun 11:00PM-10:45PM ;
(I understand opening is "no later than" specified opening hou	r, $\&$ all patrons are to be cleared from business at specified closing hou
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 followin	ng days:
☐ I will or have already installed soundproofing.	
I will close any front or rear façade doors and windows	☐ I will have a closed fixed façade with no open doors or
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.	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.
I will not have ☑ DJs, ☑ live music, ☑ promoted events, ☑ an performances, ☐ more than DJs/ promoted events per _	y event at which a cover fee is charged, 🗵 scheduled
I will play ambient recorded background music only.	, a more than private parties per
	2000 11 of 100 to 100 t
I will not apply for an alteration to the method of operation	
I will not seek a change in class to a full on-premise liquor	
I will not participate in pub crawls or have party buses com	ne to my establishment.
IX I will not have unlimited drink specials with food.	a diservation and de
. 🔀 I will not have a happy hour OR 🔲 I will have happy ho	our and it will end by
I will not have wait lines outside. I will have a staff person	on responsible for ensuring no loitering, noise or crowds outside.
I will conspicuously post this stipulation form beside my lie	quor license inside of my business.
. IXI Residents may contact the manager/owner at the number revisit the above-stated method of operation if necessary in or	
Name: HONG XIANG LI	Phone Number: 212-388-1127
	Thore Number:
· 🗆 I will:	
ereby certify that the information provided above is truthful an	nd accurate based upon my personal belief.
portion Li	3/16/2017
ned / J	Dated /
	DAOJIE JIANG
orn to this 16th day of Mar 2014	TAR PUBLIC State of New Yor
	Ou Notary Publiseens County
	mmiccion Expires Sept. 15, 201



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Jamie Rogers, Board Chair

Susan Stetzer, District Manager

	Community Board 3 Liquor License Application Questionnaire
	Today's Date: 03/16/2017
	APPLICANT
1.	Name of applicant and principle(s): East Akina Sushi Inc, Hong Xaing Li
2.	Premise address: 424A East 14th Street, New York, NY 10009
3.	Cross streets:
4.	Trade name (DBA): AKINA SUSHI
	Check which you are applying to: New liquor licence Alteration of an existing license Sale of assets
6.	If alteration, describe nature of alteration:
7.	Is location currently licensed? Yes No
8.	Type of license: RESTAURANT WINE
9.	Previous or current use of the location: JAPANESE RESTAURANT
10.	Corporation and trade name of current location: AKINA SUSHI INC.
11.	Type of building and number of floors: MULTI-UNITS, 5 FLOORS
12.	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? Store anD apts
13.	Do you plan to apply for Public Assembly permit? Yes No
14.	What is the zoning designation (check zoning usingmap: http://gis.nvc.gov/doitt/nvcitymap/ -please give specific zoning designation, such as R8 or C2): C7
15.	How many licensed establishments are within 1 block? 3
16.	How many On-Premise (OP) liquor licenses are within 500 feet? 6
17.	Is premise within 200 feet of any school or place of worship? Yes No
	PROPOSED METHOD OF OPERATION
18.	Describe your method of operation: RESTAURANT
19.	Will any other business besides foodor alcohol service beconducted at premise? Yes VNo
20.	If yes, please describe what type:
21.	What are the proposed days/hours of operation (specify days/hours each day and hours of outdoor space if applicable: 7 DAYS 12 HOURS 22 Total number of table: 7

24.	How many stand-up bars/ bar seats are located on the premise? (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 alcholic beverage.)
	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'? 11AM-11PM
28.	What type of food is available for sale? JAPNESE FOOD
	Will a manager or principal always be on site?
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. W	Vill premise have music? ✓ Yes No 33a. If Yes, what type of music? Live Music Juke box 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:
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?
	Will there be security personnel? Yes No 40a. If Yes, how many and when?
42. D	o you have sound proofing installed? Yes No 43. If not, do you plan to install sound-proofing? Yes No
44	APPLICANT HISTORY Has this corporation or any principal been licensed previously? Yes No If yes, please indicate name of
44.	establishment(s):
45.	Address: 47. Community Board #
46.	Dates of operation:
	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.
COMMUN	NITY OUTREACH
Please see th	e 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

EAST AKINA SUSHI INC./AKINA SUSHI/ 212-388-1127

Company/DBA Name and Contact Number for Questions

plans to open a

RESTAURANT, NO SIDEWALK CAFE OR BACKYARD GARDEN

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

at the following location

424 E 14TH STREET, NEW YORK, NY 10009

Building Number and Street Name (Address)

This establishment is seeking a license to serve

BEER & WINE

Beer & Wine or Beer

KONG TU LIN, 212-388-1127

Applicant Contact Information

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