

THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003 Phone (212) 533-5300 www.cb3manhattan.org - info@cb3manhattan.org

Jamie Rogers, Board Chair

Susan Stetzer, District Manager

Qualified in Queens County ommission Expires Sept. 15, 2

Community Board 3 Liquor License Stipulations for Administrative Approval

,_'	JONA	THAN YU			, as a qualified r	epresentati	ve of	Pell N	YC INC.	
oca	ited at	23	Pell Str	eet			2==	New York	, NY agree to	the following stipulations
l.	<u> </u>	will operate a	full-servi	ce restaui		(type of res	tauran	t)		
2.	My ho	ours of operat	ion will b	e:						
	Mon_	11AM-11PM		; Tue _	11AM-11PM	; We	ed	11AM-11	PM;	
	Thu _	11AM-11PM	1	; Fri ^{_1}	1AM-12AM	; Sat _	L1AM-	12AM	; Sun	11AM-11PM
										ss at specified closing hour
	X 1	will not use o	outdoor s	pace for c	ommercial use.					
	□ I	will operate r	ny sidewa	lk café no	later than					
	□ I	will employ a	doorman	/security	personnel on the	following da	ys:			
	□ 1·	will install sou	undproofi	ng,						
7.	at 10: playin	■ 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 limite to DJs, live music and live nonmusical performances.								
٠					T promoted event s/ promoted even					ed, 🛛 scheduled arties per
).	X 1	will play amb	ient recor	ded back	ground music only	•				
0.		I will not apply for an alteration to the method of operation or for any physical alterations of any nature without first period before CB 3.								
1.		I will not seek a change in class to a full on-premise liquor license without first obtaining approval from CB 3.								
2.	X I	I will not participate in pub crawls or have party buses come to my establishment.								
3.	X 1	I will not have unlimited drink specials, including boozy brunches, with food.								
4.		will not have	a happy h	our or dri	ink specials with o	r without ti	me limi	tations <u>OR</u> 🗆	I will have h	appy hour and it will
5.	X	will not have	wait lines	outside.	🗆 I will have a sta	ff person re	sponsil	ole for ensuri	ng no loiterin	g, noise or crowds outside.
6.	X	will conspicue	ously post	this stipu	lation form beside	my liquor	license	inside of my	business.	
	revisit	t the above-st	tated met	The state of the s			o minir	mize my estab	olishment's ir	ssed immediately. I will mpact on my neighbors.
lan	ne: JC	JY NAHTANC	J				_ Phor	ne Number: _	646-22	21-4684
8.	□Iw	/ill:								
		ertify that th	e informa	tion prov	ided above is trut	hful and ac	curate	based upon r	ny personal	belief.
X		AL-	1/					· ·	09/06/20	17
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	orn to t	this 6TH	day of	SEPT.	20	017		7		THE THE WITH



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Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

	Today's Date: 09/06/2017							
	APPLICANT							
1								
	Name of applicant and principle(s): PELL NYC INC. Premise address: 23 PELL ST, NEW YORK, NY 10013							
2. 3.	Cross streets: PELL ST & DOYER ST							
٠.	Trade name (DBA): N/A							
4.								
5.	Check which you are applying to: New liquor licence Alteration of an existing license							
6.	If alteration, describe nature of alteration:							
7.	Is location currently licensed? Yes 🗷 No							
	Type of license:							
9.	Previous or current use of the location: RESTAURANT							
10.	Corporation and trade name of current location: PELL NYC INC							
11.	Type of building and number of floors: MIXED USES, 6 FLOORS							
12.	Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? X Yes No 12a. What is the permitted occupancy indoors and outdoors? RESTAURANT							
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/nvcrtvmap/-please give specific zoning							
	designation, such as R8 or C2): C6-1							
15.	How many licensed establishments are within 1 block? 4							
16.	How many On-Premise (OP) liquor licenses are within 500 feet? 2							
17.	Is premise within 200 feet of any school or place of worship? XYes No							
	PROPOSED METHOD OF OPERATION							
18.	Describe your method of operation: RESTAURANT							
19.	Will any other business besidesfoodor alcohol service beconducted at premise? Tyes 🗷 No							
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 PER WEEK11AM-11PM 22. Total number of table: 23. Total number of seats: 44							

24.	How many stand-up bars/ bar seats are located on the premise? 1 (A stand up bar is any bar
25	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): 8'X4', U SHAPE, MIDDLE BACK OF PREMISES
	Does premise have a full kitchen? Yes No
	- -
	What are the hours kitchen will be open? 11AM-11PM
28.	What type of food is available for sale? LATIN-ASIAN CUISINE
	Will a manager or principal always be on site? Yes No If yes, which? PRINCIPAL
30.	How many employees will there be? 5
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?) 2
33. W	Till premise have music? Yes No 33a. If Yes, what type of music? Live Music Juke box
34.	If other type, please describe:
35.	What will be the music volume? Background (quiet) Entertainment level
36.	Please describe your sound system: HOME SPEAKERS
37.	Will you host any promoted events, scheduled performances or any event at which a cover fee is charged? Yes X
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?INSTRUCT CUSTOMERS TO LEAVE AFTER DINING.
40.	Will there be security personnel? Yes No 40a. If Yes, how many and when?
	How do you plan to manage noise inside and outside your business so neighbors will not be affected? Monitor and advise consumers to keep volume down. Be diligent and aware of noise levels.
	by 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:
	Has any principal had work experience similar to the proposed business? Yes No If yes, explanation of experience or resume. Managed restaurant operations at a local establishment.
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
	e Community Board website to find block associations or tenant associations in the immediate vicinity of your location for
	outreach. Applicants are encouraged to reach out to community groups.

ATTENTION RESIDENTS & NEIGHBORS

PELL NYC INC.

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

23 PELL STREET, NEW YORK, NY 10013

Building Number and Street Name (Address)

This establishment is seeking a license to serve

BEER & WINE

Beer & Wine or Beer

JONATHAN YU, (646) 221-4684

Applicant Contact Information

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