



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

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: 11/3/17

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: EMPTY

Corporation and trade name of current license: CHIBAOOLA INC

APPLICANT:

Premise address: 152 2ND AVE. NEW YORK. NY 10003

Cross streets: 106TH ST & 9TH AVE

Name of applicant and all principals: RICHARD LAM

Trade name (DBA): _____

REVISED

PREMISE:

Type of building and number of floors: 1ST FL

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? 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):
R7A: R8B

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) SEVEN DAYS; 11:00AM - 11:00 PM

Number of tables? 15 Total number of seats? 70

How many stand-up bars/ bar seats are located on the premise? 1 SERVICE
(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): _____

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
ASIAN FOODS: MENU WILL BE SUBMITTED LATER

What are the hours kitchen will be open? 11:00AM - 11:00 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? N/A

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.")

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 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: ORANGE JUICE INK.
Address: 5916 MAIN ST. FLUSHING, NY 11355 Community Board # 047

Dates of operation: 03/30/2012

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? 5

How many On-Premise (OP) liquor licenses are within 500 feet? 5

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 will operate a full-service restaurant, specifically a (type of restaurant) _____, with a kitchen open and serving food during all hours of operation *OR* I have less than full-service kitchen but will serve food all hours of operation.
2. 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.
3. 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 _____.
4. I will play ambient recorded background music only.
5. I will not apply for an alteration to the method of operation or for any physical alterations of any nature without first coming before CB 3.
6. I will not seek a change in class to a full on-premise liquor license without first obtaining approval from CB 3.
7. I will not participate in pub crawls or have party buses come to my establishment.
8. I will not have a happy hour or drink specials with or without time restrictions *OR* I will have happy hour and it will end by _____.
9. I will not have wait lines outside. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
10. 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.

ATTENTION RESIDENTS & NEIGHBORS

第 3 社區居民 請注意

CHIBAOLA INC; 917-699-6178

公司名字(Company) and/和 聯繫人的資料 (Contact Info)

Plans to open a (以上的店主想要在第 3 社區申請生意相關牌照擴展生意)

RESTAURANT

(請選擇/please choose) 酒吧(Bar)/餐館 (Restaurant)
戶外咖啡 (Sidewalk Café) or 或者
後院花園咖啡(Backyard Use)

132 2ND AVE, NEW YORK, NY 10003

Address/生意地址

seeking a license to serve(以上的店主想要請以下相關酒牌照)

FULL LIQUOR.

(請選擇/please choose) 啤酒和酒牌照(Beer & Wine) or/或者
啤酒牌照 (Beer) or/或者
酒和烈酒牌照 (Wine & Liquor)

Public meeting for comments

第 3 社區的居民有權利提出自己的意見和建議。

(CB3 SLA & DCA Committee Meeting)

曼哈頓第 3 社區委員會

酒牌和紐約市消費局有關小商業牌照委員會

Monday, November 13, 2017 at 6:30pm

Public Hotel, 17th Floor

215 Chrystie Street (btwn Houston & Stanton Sts)

時間 (Time) 和地點 (Location)

info@cb3manhattan.org - www.cb3manhattan.org

ATTENTION RESIDENTS & NEIGHBORS

CHIBADLA INC; 917-699-6178
Company/DBA Name and Contact Number for Questions

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

152 2ND AVE, NEW YORK, NY 10003
Building Number and Street Name (Address)

This establishment is seeking a license to serve

FULL LIQUOR LICENSE

Beer & Wine or Beer/Wine & Liquor

There will be an opportunity for public comment on

Monday, November 13, 2017 at 6:30pm

Public Hotel, 17th Floor

215 Chrystie Street (btwn Houston & Stanton Sts)

Date/Time/Location

Applicant Contact Information

At COMMUNITY BOARD 3
SLA & DCA Licensing Committee Meeting
info@cb3manhattan.org - www.cb3manhattan.org

Petition to Support Proposed Liquor License

Date: 12/13/2017

The following undersigned residents of the area support the issuance of the following liquor license (indicate the type of license such as full-liquor or beer-wine) FULL LIQUOR

to the following applicant/establishment (company and/or trade name) CHI BAOLA INC.


Address of premises: 152 2ND AVE, NEW YORK, NY 10003

This business will be a: (circle) Bar Restaurant Other: _____

The hours of operation will be: 11:00 AM - 11:00 PM ; SEVEN DAYS.

PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area.

Other information regarding the license:

Name	Signature	Address and Apt # (required)
RICHARD LAM		136A FRANKLIN AVE #7, FLUSHING, NY 11355