



# 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

Alysha Lewis-Coleman, Board Chair

Susan Stetzer, District Manager

## Community Board 3 Liquor License Stipulations for Administrative Approval

I, CATHAL O'BRIEN, as a qualified representative of Kahuna Wave Hospitality LLC, located at 43 Clinton Street, New York, NY agree to the following stipulations:

- ☒ I will operate a full-service restaurant, specifically a (type of restaurant) Philippino / Hawaiian  
☒ Kitchen open and serving food every night during all hours of operation.

2. My hours of operation will be:

Mon 4pm - 12am; Tue 4pm - 12am; Wed 4pm - 12am; Thu 4pm - 12am; Fri 4pm - 12am; Sat 4pm - 12am; Sun 4pm - 12am

(I understand opening is no later than specified opening hour & all patrons are to be cleared from business at specified closing hour)

- ☒ 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 following days: \_\_\_\_\_
- ☐ I will install soundproofing. \_\_\_\_\_
- ☒ 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.
- 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 \_\_\_\_\_
- ☒ I will play ambient recorded background music only.
- ☒ 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.
- ☐ I will not seek a change in class to a full on-premise liquor license without first obtaining approval from CB 3.
- ☒ I will not participate in pub crawls or have party buses come to my establishment.
- ☒ I will not have unlimited drink specials, including boozy brunches, with food.
- ☐ I will not have a happy hour or drink specials with or without time limitations OR ☒ I will have happy hour and it will end by 7pm
- ☒ I will not have wait lines outside. ☐ I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
- ☒ I will conspicuously post this stipulation form beside my liquor license inside of my business.
- ☒ 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.

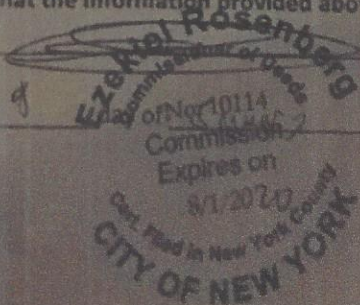
Name: Cathal O'Brien Phone Number: (917) 499-1525

18. ☐ I will: \_\_\_\_\_

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

Signed

Sworn to this



2014

Dated

Notary Public



# 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

Alysha Lewis-Coleman, Board Chair

Susan Stetzer, District Manager

## Community Board 3 Liquor License Application Questionnaire

Today's Date: \_\_\_\_\_

### APPLICANT

1. Name of applicant and principle(s): Cathal O'Brien
2. Premise address: 43 Clinton St
3. Cross streets: Stanton & Rivington Streets
4. Trade name (DBA): Froggy's Place
5. 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: Restaurant
10. Corporation and trade name of current location: Kahuna wave Hospitality LLC Kahuna wave
11. Type of building and number of floors: Multi unit
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? 74
13. Do you plan to apply for Public Assembly permit? ☐ Yes ☒ No
14. 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): R8A C1-S
15. How many licensed establishments are within 1 block? 22
16. How many On-Premise (OP) liquor licenses are within 500 feet? 14
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 food or alcohol service be conducted at premise? ☐ Yes ☒ No
20. If yes, please describe what type: Philippino / Hawaiian
21. What are the proposed days/hours of operation (specify days/hours each day and hours of outdoor space if applicable): 4pm - 12am, 7 days a week
22. Total number of table: 7
23. Total number of seats: 15

24. How many stand-up bars/ bar seats are located on the premise? 1 (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): Rectangular, 6' in length side of restaurant
26. Does premise have a full kitchen? ☒ Yes ☐ No
27. What are the hours kitchen will be open? All open hours
28. What type of food is available for sale? \_\_\_\_\_
29. Will a manager or principal always be on site? ☒ Yes ☐ No If yes, which? \_\_\_\_\_
30. How many employees will there be? 10
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 ☐ 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: iPod
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? \_\_\_\_\_
40. Will there be security personnel? ☐ Yes ☒ No 40a. If Yes, how many and when? \_\_\_\_\_
41. How 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.