



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, Kamola Akhmedova, as a qualified representative of Kanss Group Inc, located at 149 1st Avenue, New York, NY agree to the following stipulations:

- I will operate a full-service restaurant, specifically a (type of restaurant) Full service restaurant /
 Kitchen open and serving food every night during all hours of operation. uzbek cuisine
- My hours of operation will be:
 Mon Closed; Tue 12 pm - 10pm; Wed 12 pm - 11pm;
 Thu 12 pm - 11pm; Fri 12 pm - 12 am; Sat 12 pm - 12 am; Sun 12 pm - 10pm.

(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-premises 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 5-7. - Please indicate one of the above -
- 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.

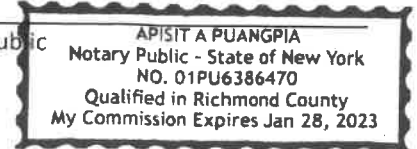
Name: Kamola Akhmedova Phone Number: 2122532222

- I will: Keep drinks sold to a maximum 2-3. Everyone's ID will be checked.
Last call 30 minutes before closing

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

Signed [Signature] Dated 03.22.2019
 Sworn to this 22nd day of March 2019 [Signature]

Notary Public



JURAT WITH AFFIANT STATEMENT

State of New York }
County of Richmond } ss.

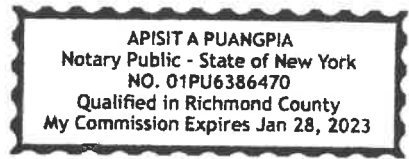
- See Attached Document (Notary to cross out lines 1-7 below)
- See Statement Below (Lines 1-7 to be completed only by document signer[s], not Notary)

1
2
3
4
5
6
7

Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

Subscribed and sworn to (or affirmed) before me
this 22 day of March, 2019, by



Date Month Year
Kamola A Khmedova

Name of Signer No. 1

NA

Name of Signer No. 2 (if any)

[Signature]

Signature of Notary Public

Place Notary Seal/Stamp Above

Any Other Required Information
(Residence, Expiration Date, etc.)

OPTIONAL

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document
Title or Type of Document: NYC Liquor license Application Questionnaire
Document Date: 3/22/2019 Number of Pages: 3
Signer(s) Other Than Named Above: NA



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Community Board 3 Liquor License Application Questionnaire

Today's Date: 03/21/2019

APPLICANT

1. Name of applicant and principle(s): Kamola Akhmedova
2. Premise address: 149 1st ave / south store
3. Cross streets: East 9th street and East 10th street
4. Trade name (DBA): Afandi Grill
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: Restarant wine with beer and cider license
9. Previous or current use of the location: Restaurant
10. Corporation and trade name of current location: Kanss group, inc / Afandi Grill
11. Type of building and number of floors: Mixed-use It has 6 floors with basement
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? Restaurant, up to 20 seats, max.
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): C1-5
15. How many licensed establishments are within 1 block? 1
16. How many On-Premise (OP) liquor licenses are within 500 feet? 1
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 , serving lunch and dinner
19. Will any other business besides food or alcohol service be conducted at premise? Yes 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):
None 22. Total number of table: 8 23. Total number of seats: 16

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): No bar in the premises, only a service station
26. Does premise have a full kitchen? Yes No
27. What are the hours kitchen will be open? 12 pm - 11pm
28. What type of food is available for sale? Central Asian/ Uzbek menu (both carnivore and vegan menu)
29. Will a manager or principal always be on site? Yes No If yes, which? Principal Kamola A
30. How many employees will there be? 3
31. Do you have or plan to install French doors accordion doors or windows? None
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: Background
35. What will be the music volume? Background quiet) Entertainment level
36. Please describe your sound system: Sonos
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? We will not have lines outside because we are using Yelp Nowait system that allows people be on line in distance
40. Will there be security personnel? Yes No 40a. If Yes, how many and when? By keeping
41. How do you plan to manage noise inside and outside your business so neighbors will not be affected? sound system very low
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: 149 1st ave / south store 47. Community Board # 3
46. Dates of operation: Tuesday - Sunday
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.

X  (Kamola Akhmedova)