

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, SUN Bin HWANG, as a qualified representative of Thursday Namu LLC, located at 109 St Marks Place, New York, NY agree to the following stipulations:

1. I will operate a full-service restaurant, specifically a (type of restaurant) ASIAN FUSION. Kitchen open and serving food every night during all hours of operation.

2. My hours of operation will be: Mon 6pm-11pm; Tue 6pm-11pm; Wed 6pm-11pm; Thu 6pm-11pm; Fri 6pm-11pm; Sat 12pm-3pm & 6pm-11pm; Sun 12pm-3pm & 6pm-11pm.

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

3. I will not use outdoor space for commercial use.

4. I will operate my sidewalk cafe no later than

5. I will employ a doorman/security personnel on the following days:

6. I will install soundproofing,

7. I will close any front or rear facade 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.

8. 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

9. I will play ambient recorded background music only.

10. 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.

11. I will not seek a change in class to a full on-premises liquor license without first obtaining approval from CB 3.

12. I will not participate in pub crawls or have party buses come to my establishment.

13. I will not have unlimited drink specials, including boozy brunches, with food.

14. 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. - Please indicate one of the above -

15. I will not have wait lines outside. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.

16. I will conspicuously post this stipulation form beside my liquor license inside of my business.

17. 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: SUN Bin HWANG Phone Number: 267-237-7054

18. I will:

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

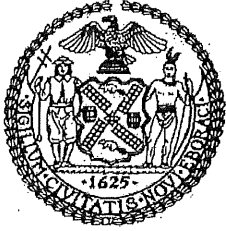
Signed

Dated 6/29/19

Sworn to this 29th day of JUNE 2019

Notary Public

JULIE ANNE LARSEN
NOTARY PUBLIC-STATE OF NEW YORK
No. 01LA6352111
Qualified In New York County
My Commission Expires 12-19-2020



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Community Board 3 Liquor License Application Questionnaire

Today's Date: 06/24/2019

APPLICANT

1. Name of applicant and principle(s): Thursday Namu, LLC / Sung bin Hwang
2. Premise address: 109 St. Marks Place, New York, NY 10009
3. Cross streets: Between 1st Ave. and Ave. A
4. Trade name (DBA): Mokyo
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: n/a
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: St. Marks 6 LLC d/b/a Timna
11. Type of building and number of floors: Class C7 - 6 Stories, residential w/commercial space
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? 50
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): R8B
15. How many licensed establishments are within 1 block? 12
16. How many On-Premise (OP) liquor licenses are within 500 feet? 8
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 - Full Menu
19. Will any other business besides food or alcohol service be conducted at premise? Yes No
20. If yes, please describe what type: n/a
21. What are the proposed days/hours of operation (specify days/hours each day and hours of outdoor space if applicable):
Dinner M-Sun 6pm - 11pm
Brunch Sat and Sun - 12pm - 3pm
22. Total number of table: 20
23. Total number of seats: 45

24. How many stand-up bars/ bar seats are located on the premise? 1 bar - 4 seats (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): 9 feet - straight bar - front of restaurant

26. Does premise have a full kitchen? Yes No

27. What are the hours kitchen will be open? M-Sun 6pm - 11pm and Sat, Sun - 12pm - 3pm

28. What type of food is available for sale? Asian Fusion

29. Will a manager or principal always be on site? Yes No If yes, which? Manager

30. How many employees will there be? 6-10

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: n/a

35. What will be the music volume? Background (quiet) Entertainment level

36. Please describe your sound system: 1-pot w/ small mounted speakers

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? n/a

39. How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? We will use a reservation system in order to avoid any crowding for dinner reservations

40. Will there be security personnel? Yes No 40a. If Yes, how many and when? n/a

41. How do you plan to manage noise inside and outside your business so neighbors will not be affected? we will close the doors at night and only play ambient music. Noise levels of smokers

42. Do you have sound proofing installed? Yes No 43. If not, do you plan to install sound-proofing? Yes No *will be monitored by staff*

APPLICANT HISTORY

44. Has this corporation or any principal been licensed previously? Yes No If yes, please indicate name of establishment(s): Thursday Kitchen

45. Address: 424 East 9th Street, New York, NY 10009 47. Community Board # CB3

46. Dates of operation: 3 years

47. Has any principal had work experience similar to the proposed business? Yes No If yes, explanation of experience or resume. Principal at Thursday Kitchen, managing aspects of daily operations

48. Does any principal have other businesses in this area? Yes No If yes, give trade name and describe type of business: Thursday Kitchen

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.