

THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003 Phone (212) 533-5300 www.cb3manhattan.org - mn03@cb.nyc.gov

Alysha Lewis-Coleman, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations for Administrative Approval

1,_1	Muneshige Kinjo, as a qualified representative of Muneshige Inc
loc	rated at, New York, NY agree to the following stipulations:
1.	☐ I will operate a full-service restaurant, specifically a (type of restaurant) ☐ Kitchen open and serving food every night during all hours of operation.
2.	My hours of operation will be: 3 14:00pm - 21:00pm ; Tue 14:00pm - 21:00pm ; Wed 14:00pm - 21:00pm ; Wed 14:00pm - 21:00pm ; Sat 12:00pm - 21:00pm ; Sun 12:00pm - 21:00pm ; Sun 12:00pm - 21:00pm
(I u	inderstand 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 café 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 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.
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, number of TVs
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.
Nan	ne: Muneshige Kinjo Phone Number: 646-408-4319
18.	□ I will:
I he	reby certify that the information provided above is truthful and accurate based upon my personal belief.
Sign	ed Dated
Swo	rn to this 11 day of February 2021 Daniel Marcia Daniel John Mancini
	Notary Public - State of New You NO. 01MA6401153 Qualified in Kings County My Commission Expires Dec 2, 2



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Community Board 3 Liquor License Application Questionnaire

Today's Date: 2/12/2021			
APPLICANT			
1.	Name of applicant and principle(s): Muneshige Inc. / Muneshige Kinjo		
2.	Premise address: 11 St.Marks Place New York, NY 10003		
3.	Cross streets: Bet 2nd and 3rd Avenue		
4.	Trade name (DBA): Udon St.Marks		
5.	Check which you are applying to: ⊠ New liquor license ☐ 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: soft liquor license		
9.	Previous or current use of the location: Restaurant		
10.	Corporation and trade name of current location:		
11.	Type of building and number of floors: Ground Floor		
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?		
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): 12C		
15.	How many licensed establishments are within 1 block? 14		
16.	How many On-Premise (OP) liquor licenses are within 500 feet?		
	Is premise within 200 feet of any school or place of worship? ☐ Yes ☒ No		
PROPOSED METHOD OF OPERATION			
18.	Describe your method of operation: Japanese Restaurant		
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: Mon - Thu 2:00pm-9:00pm Fri - Sun 12:00pm-9:00pm(current) 12:00pm - 12:00am (future)		
22.	Total number of table: 3 + counter 23. Total number of seats: 20		
	How many stand-up bars / bar seats are located on the premise? 14		
	(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 hoverage		

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25.	Describe all bars (length, shape, and location): From the front of the entrance
26.	Does premise have a full kitchen? ☑ Yes ☐ No
27.	What are the hours kitchen will be open? till 11pm
28.	What type of food is available for sale? Japanese noodle soup
	Will a manager or principal always be on site? ☐ Yes ☒ No If yes, which?
30.	How many employees will there be? 3
31.	Do you have or plan to install? ☐ French doors ☐ accordion doors ☐ 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 ☐ Jukebox ☐ DJ ☐ Tapes / CDs / iPod
34	If other type, please describe:
	What will be the music volume? ☑ Background (quiet) ☐ Entertainment level
	Please describe your sound system: ipod
	Will you host any promoted events, scheduled performances or any event at which a cover fee is charged?
J.,	☐ 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? Just be careful
42.	Do you have sound proofing installed? ☐ Yes ☒ No
43.	If not, do you plan to install sound-proofing? ☑ Yes ☐ No
APF	PLICANT HISTORY
44.	Has this corporation or any principal been licensed previously? ☐ Yes ☒ No If yes, please indicate name
	of establishment(s):
45.	Address: 45a. 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 business in the 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.

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