

# 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

Paul Rangel, Board Chair

Susan Stetzer, District Manager

#### **Community Board 3 Liquor License Application Questionnaire**

Please email <a href="mailto:echan@cb.nyc.gov">echan@cb.nyc.gov</a> by 12pm the Friday before the meeting with the following items:

	FE: 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.				
	roposed 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				
	(this is not required but strongly suggested if a relevant group exists)				
	Proof of conspicuous posting of notices at the site for 7 days prior to the meeting (please include newspaper with date in photo or a timestamped photo).				
Che	ck which you are applying for:				
	ew liquor license				
	ck if either of these apply:				
<b>X</b> S∂	ale of assets upgrade (change of class) of an existing liquor license				
Tod	ay's Date:				
Tour	ay 5 Date.				
Is lo	cation currently licensed? 🛮 Yes 🗖 No 🌣 Type of license: on premises liquor				
	eration, describe nature of alteration: n/a				
Prev	ious or current use of the location: tavern				
	poration and trade name of current license: Lead to Gold Inc., d/b/a Pouring Ribbons				
COIP	oration and trade name of current license.				
4 D.D.	LICANT.				
	LICANT:				
Pren	nise address: 225 Avenue B, 2nd Floor, NY, NY 10009				
	s streets:				
Nam	e of applicant and all principals: Salang Group, Inc. Salang Niphitkunthong				
Trad	e name (DBA): t/b/d				
	7-2-7				

PREMISE:					
Type of building and number of floors: 2 floors  Does premise have a valid Certificate of Occupancy, including for any back/side yard or roof use?  ☐ Yes ☐ No What is maximum NUMBER of people permitted 99					
					What is the zoning designation (check zoning using map: <a href="http://gis.nyc.gov/doitt/nycitymap/">http://gis.nyc.gov/doitt/nycitymap/</a> - please
					give specific zoning designation, such as R8 or C2): C1-6A
PROPOSED METHOD OF OPERATION:					
What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor					
space, if applicable) 4pm to 2am seven days a week; there is no outdoor space					
Will any other business besides food or alcohol service be conducted at premise, i.e., retail? ☐ Yes ☒ No					
If yes, please describe what type:					
Number of indoor tables? 4 Total number of indoor seats? 8 at tables					
How many stand-up bars/bar seats are located on the premise (number, length, and location)1 stand up bar, 8 seats, and 1 sushi/omakase bar, 12 seats					
(A <b>stand-up bar</b> is any bar or counter -with seating or not- where you can order, pay for, and receive alcohol)					
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 omakase menu see attached.					
What are the hours the kitchen will be open? omakase menu to midnight bar menu to closing					
Will a manager or principal always be on site?   ✓ Yes ✓ No If yes, which? principal or a manager to be determined  How many employees will there be? 4 to 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?) 2					
Will premise have music?   ✓ Yes   No					
f Yes, what type of music?  Live musician  DJs  Streaming services/playlists					
f other type, please describe one or two performers with jazz music					
What will be the music volume?   Background (conversational)   Entertainment (live music venue					
evel) 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? no					

outside promoters? n/a				
How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishmen Please attach plans. (Please do not answer "we do not anticipate congestion.") The premises is on the 2nd floor and will not have anyone waiting to get in.				
How do you plan to manage noise inside and outside your business so neighbors will not be affected?  Please attach plans. There will be sound limiters				
Is sound proofing installed? ■ Yes ■ No				
If not, do you plan to install sound proofing? □ Yes □ No				
Are there current plans to use the Open Restaurants program for the sale or consumption of alco				
beverages outdoors? (includes roof & yard) ☐ Yes ☒ No If Yes, describe and show on diagram:				
APPLICANT HISTORY:  Has this corporation or any principal been licensed for sale of alcohol previously?  Yes  No  If yes, please indicate name of establishment:  Crystal Thai  Address: 293 flatbush Avenue, Brooklyn, NY 11217  Community Board #  Dates of operation: Nov. 2019  Has any principal had work experience similar to the proposed business? Yes No If Yes, please attach explanation of experience or resume. Note: failure to disclose previous experience or information hampers the ability to evaluate this application.  Does any principal have other businesses in this area? Yes No If Yes, please give trade name, address and describe the business				
Has any principal had SLA reports or action within the past 5 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.

LO	DCATION:			
	How many licensed establishments are within 1 block? $\frac{4}{}$			
Нс	How many On-Premise (OP) liquor licenses are within 500 feet? 5			
ls t	the premise within 200 feet on the same street of any school or place of worship? 🗖 Yes 🛛 No			
CC	DMMUNITY OUTREACH:			
im co ad	ease see the Community Board website to find block associations or tenant associations in the imediate vicinity of your location for community outreach. Applicants are encouraged to reach out to mmunity groups, but it is not required. Also use provided petitions, which clearly state the name, dress, license for which you are applying, and the hours and method of operation of your tablishment at the top of each page. (Attach additional sheets of paper as necessary)			
fas	e are including the following questions to be able to prepare stipulations and have the meeting be ster and more efficient. Please answer per your business plan; <u>do not plan to negotiate at the eeting</u> .			
1.	My license type is: □ beer & cider □ wine, beer & cider ☑ liquor, wine, beer & cider			
2.	■ I will operate a full-service restaurant, specifically a (type of restaurant)			
restaurar				
	■ I will operate a tavern featuring Omakase menu similar to sushi			
	with a kitchen open and serving food during all hours of operation OR  with less than a full-			
	service kitchen but serving food during all hours of operation OR 🗖 Other			
	service kitchen but serving food during all hours of operation OR   Other			
3.	My hours of operation will be:			
3.	My hours of operation will be:  Mon 4pm to 2am ; Tue 4pm to 2am ; Wed 4pm to 2am ;			
3.	My hours of operation will be: Mon $\frac{4pm \ to \ 2am}{4pm \ to \ 2am}$ ; Tue $\frac{4pm \ to \ 2am}{4pm \ to \ 2am}$ ; Sat $\frac{4pm \ to \ 2am}{4pm \ to \ 2am}$ ;			
3.	My hours of operation will be:  Mon 4pm to 2am ; Tue 4pm to 2am ; Wed 4pm to 2am ;			
3.	My hours of operation will be: Mon $\frac{4pm \text{ to } 2am}{\text{Thu}}$ ; Tue $\frac{4pm \text{ to } 2am}{\text{5pm}}$ ; Wed $\frac{4pm \text{ to } 2am}{\text{5pm}}$ ; Sat $\frac{4pm \text{ to } 2am}{\text{5pm}}$ ;			
<ol> <li>4.</li> </ol>	My hours of operation will be: Mon $\frac{4pm \ to \ 2am}{4pm \ to \ 2am}$ ; Tue $\frac{4pm \ to \ 2am}{4pm \ to \ 2am}$ ; Fri $\frac{4pm \ to \ 2am}{4pm \ to \ 2am}$ ; Sat $\frac{4pm \ to \ 2am}{4pm \ to \ 2am}$ ; Cl understand opening is "no later than" specified opening hour,			
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	My hours of operation will be:  Mon 4pm to 2am ; Tue 4pm to 2am ; Wed 4pm to 2am ;  Thu 4pm to 2am ; Fri 4pm to 2am ; Sat 4pm to 2am ;  Sun 4pm to 2am . (I understand opening is "no later than" specified opening hour, and all patrons are to be cleared from business at specified closing hour.)  I will not use outdoor space for commercial use (including Open Restaurants) OR			

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- 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, or during unamplified performances or televised sports.
- I will have a closed fixed façade with no open doors or windows except my entrance door, which 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, or during unamplified performances or televised sports.

8.	۱w	ill not have 🗷 DJs, 🗖 live music, 🗵 third-party promoted events, 🗵 any event at which a cover	
	fee is charged, 🗷 scheduled performances, 🗖 more than DJs per, 🗷 more than 2		
	private parties per month		
9.	X	I will play ambient recorded background music only.	
10.	X	I will not participate in pub crawls or have party buses come to my establishment.	
11.	X	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 restrictions OR $\blacksquare$ I will have	
	hap	ppy hour and it will end by <u>6pm</u> .	
13.	X	I will not have wait lines outside.   I will have a staff person responsible for ensuring no	
	loit	ering, noise or crowds outside.	
14.	X	I will conspicuously post this stipulation form beside my liquor license inside of my business.	
15.	X	Residents may contact the manager/owner at the number below. Any complaints will be	
	ado	ressed immediately. I will revisit the above-stated method of operation if necessary in order to	
	mir	nimize my establishment's impact on my neighbors.	
	Nar	<sub>me:</sub> Salang Niphitunthong	
	Pho	one Number: <u>917-309-5942</u>	

# ATTENTION RESIDENTS & NEIGHBORS

Salang Group, Inc.

**Company/DBA Name and Contact Number for Questions** 

#### Plans to open a

Bar/Tavern

(Please choose) Bar/Restaurant/Club and indicate if there will be a Sidewalk Café or Backyard Garden

#### at the following location

225 Avenue B, 2nd Floor, New York, NY 10009

**Building Number and Street Name (Address)** 

## This establishment is seeking a license to serve

**Full Liquor** 

Beer & Wine or Beer/Wine & Liquor

#### There will be an opportunity for public comment on

Wednesday, February 16, 2022 at 6:30pm
Online: https://zoom.us/j/92199317942
see www.cb3manhattan.org for zoom meeting details

Date/Time/Location

Salang Niphitkunthong; 917-309-5942

**Applicant Contact Information** 

At COMMUNITY BOARD 3 SLA & DCA Licensing Committee Meeting mn03@cb.nyc.gov - www.cb3manhattan.org

## ATTENTION RESIDENTS & NEIGHBORS 第 3 社區居民 請注意

Salang Group, Inc.

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)

Bar/Tavern

(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 J.se.)c.

225 Avenue B, 2nd Floor, New York, NY 10009

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

Wednesday, February 16, 2022 at 6:30pm
Online: https://zoom.us/j/92199317942
see www.cb3manhattan.org for zoom meeting details

時間 (Time) 和地點 (Location)

mn03@cb.nyc.gov - www.cb3manhattan.org

## NEIGHBORING RESIDENTS VECINOS DE LA COMUNIDAD

Salang Group, Inc.

**Company Name/Contact Info** 

Nombre de la Compañía/el teléfono de contacto

Plans to open a:

Planifique abrir un/una:

Bar/Tavern

(Please choose) Bar/Restaurant sidewalk café/backyard use

(Favor de escoger) una Barra/un Restaurante un café de acera o un patio de atrás

225 Avenue B, 2nd Floor, New York, NY 10009

address

dirección

Seeking a license to serve

En buscada de una licencia para servir:

Full Liquor

Beer & Wine or Beer/Wine & Liquor

Cerveza y vino o cerveza/vino y bebidas alcohólicas

Public meeting for comments

Reunión público para comentarios

Wednesday, February 16, 2022 at 6:30pm
Online: https://zoom.us/j/92199317942
see www.cb3manhattan.org for zoom meeting details

At COMMUNITY BOARD 3
SLA & DCA Licensing
Committee Meeting

En la JUNTA COMUNITARIA 3 La reunión del Comité de Licencias del SLA y del DCA

mn03@cb.nyc.gov - www.cb3manhattan.org

<b>Petition to Support</b>	Proposed	Liquor	License
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Date: January 18,	2022	
The following undersigned as full-liquor or beer-wine	d <u>residents</u> of the area support the following liqu )Full Liquor	or license (indicate the type of license such
to the following applicant,	/establishment (company and/or trade name) _	Salang Group, Inc.
Address of premises: 22	5 Avenue B, 2nd Floor, New Yo	ork, NY 10009
This business will be a: (cir	cle) Bar Restaurant Other: <u>Bar/T</u>	avern
The hours of operation will 4pm to 2am	ll be: seven days a week	
PLEASE NOTE: Signatures street.	should be from <u>residents</u> of building, adjoining k	ouildings, and within 2-blocks on the same
Other information regarding	ng the license:	
Name	Signature	Address and Ant # (required)

Name	Signature	Address and Apt # (required)
		·
	·	
		,

AVENUE MKB 218 Met PLANET LOCKIC. FRISTA 219 HUB North Alego Corp ZII MAA FATTOUDOR 212 AWAY -3 224 Aves The Roost Avenue B Revision Lounge laring Abbons MARSON J 2-19 Ave B -225 Ave B Wiesen STREET ALWE MAGE















