



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

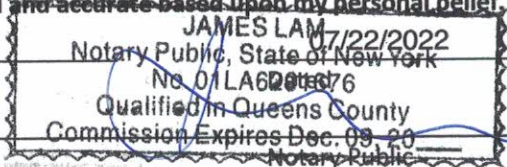
Community Board 3 Liquor License Stipulations for Administrative Approval

I, SILCHAI RATTANATHAMMAWAT, as a qualified representative of Purngun LLC, located at 213 East Broadway, 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:
 Mon 11:30 AM - 10:00 PM ; Tue 11:30 AM - 10:00 PM ; Wed 11:30 AM - 10:00 PM ;
 Thu 11:30 AM - 10:00 PM ; Fri 11:30 AM - 10:00 PM ; Sat 11:30 AM - 10:00 PM ; Sun 11:30 AM - 10:00 PM .
 (I understand opening is no later than specified opening hour & all patrons are to be cleared from business at specified closing hour)
 3. I may apply for sidewalk and/or roadbed dining as allowed by the temporary Open Restaurants program but will close all outdoor dining by 10:00 p.m. all days and not have any music, speakers or tv monitors. I will not have commercial use of backyard, sideyard, or rooftop. Any approved outdoor space will close no later than 10:00 p.m.
 4. 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.
 5. I will not have DJs, live music, promoted events, any event at which a cover fee is charged, scheduled performances, more than _____ private parties per _____.
 6. I will play ambient recorded background music only. _____ number of TVs.
 7. 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.
 8. I will not seek a change in class to a full on-premises liquor license without first obtaining approval from CB 3.
 9. I will not apply for an upgrade to a full on-premises liquor license for at least one year after my operations begin.
 10. I will not participate in pub crawls or have party buses come to my establishment.
 11. I will not have unlimited drink specials, including boozy brunches, with food.
 12. 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 10:00 PM .
 13. I will not have wait lines outside. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
 14. I will conspicuously post this stipulation form beside my liquor license inside of my business.
 15. 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: SILCHAI RATTANATHAMMAWAT Phone Number: 203-945-6859
16. I will: _____

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

Signed [Signature]
 Sworn to this 22 day of July 2022





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Community Board 3 Liquor License Application Questionnaire for Administrative Approval

Today's Date: 07/22/2022

APPLICANT

- 1. Name of applicant and principle(s): SILCHAI RATTANATHAMMAWAT
2. Premise address: 213 EAST BROADWAY NEW YORK, N.Y. 10002
3. Cross streets: CLINTON STREET - JEFFERSON STREET
4. Trade name (DBA): TIPTARA
5. Check which you are applying to: [X] New liquor license [] Alteration of an existing license [] Sale of assets
6. If alteration, describe nature of alteration:
7. Is location currently licensed? [] Yes [X] No
8. Type of license: BEER AND WINE
9. Previous or current use of the location: THAI RESTAURANT
10. Corporation and trade name of current location: PURNGUN LLC
11. Type of building and number of floors: FIRST FLOOR
12. Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? [X] Yes [] No 12a. What is the permitted occupancy indoors and outdoors?
13. Do you plan to apply for Public Assembly permit? [] Yes [X] 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): Zoning R7-2
15. How many licensed establishments are within 1 block? 5
16. How many On-Premise (OP) liquor licenses are within 500 feet? 2
17. Is premise within 200 feet of any school or place of worship? [] Yes [X] No

PROPOSED METHOD OF OPERATION

- 18. Describe your method of operation: Restaurant - Full Dining
19. Will any other business besides food or alcohol service be conducted at premise? [] Yes [X] 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): 7 days Hours = 11:30 a.m to 10:00 p.m
22. Total number of table: 7 23. Total number of seats: 14
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): N/A.
26. Does premise have a full kitchen? Yes No
27. What are the hours kitchen will be open? 11:30AM - 10:00 PM
28. What type of food is available for sale? THAI FOOD
29. Will a manager or principal always be on site? Yes No If yes, which? MANAGER
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: _____
35. What will be the music volume? Background (quiet) Entertainment level
36. Please describe your sound system: SMALL SPEAKER
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? N/A.
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? Install insulation Noise Ceiling & Window endorsed.
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: _____ 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.