



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

Tareake Dorill, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.

The following items and questionnaire package are due by date listed in email invite:

- ☐ Schematics, floor plans or architectural drawings of the inside of the premise.
- ☐ A proposed food and or drink menu.

The following items are due by noon Friday before the meeting:

- ☐ 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:
<https://www1.nyc.gov/site/manhattancb3/resources/community-groups.page>
(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).

Check which you are applying for:

- ☒ new liquor license ☐ alteration of an existing liquor license ☐ corporate change

Check if either of these apply:

- ☐ sale of assets ☐ upgrade (change of class) of an existing liquor license

Today's Date: _____

Is location currently licensed? ☐ Yes ☐ No Type of license: _____

If alteration, describe nature of alteration: _____

Previous or current use of the location: Dumpling lab

Corporation and trade name of current license: Shiso LLC

APPLICANT:

Premise address: 214 E 9th st

Cross streets: 3rd Ave/2nd Ave/9th st

Name of applicant and all principals: Max Goldberger

Trade name (DBA): Shiso

PREMISE:

Type of building and number of floors: Condo, 5 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 _____

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): _____

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) M-S 7 days a week. 5pm-10pm

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? 15 Total number of indoor seats? 58

How many stand-up bars/bar seats are located on the premise (number, length, and location) 2

Bars with total of 16 seats

(A **stand-up bar** 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 Tasting Menu
French/Japanese high end concept

What are the hours the kitchen will be open? 5-10pm

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

How many employees will there be? 15

Do you have or plan to install ☐ French doors ☐ accordion doors or ☐ windows?

Will there be TVs/monitors? ☐ Yes ☐ No (If Yes, how many?) _____

Will premise have music? ☒ Yes ☐ No

If Yes, what type of music? ☐ Live musician ☐ DJs ☒ Streaming services/playlists

If other type, please describe _____

What will be the music volume? ☒ Background (conversational) ☐ Entertainment (live music venue level) Please describe your sound system: Mounted wall speakers

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 Cover Fee

If promoted events, please explain the nature in which you plan to promote? Social media / online ads / outside promoters? Social media

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment?

Please attach plans. (Please do not answer "we do not anticipate congestion.") We have an extra
Wait area as well as host/management team and security to make sure there's no cong

Will there be security personnel? ☒ Yes ☐ No (If Yes, how many and when) Manager and host,

How do you plan to manage noise inside and outside your business so neighbors will not be affected?

Please attach plans. All doors will be closed, soundproofing installed.

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 alcoholic 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: Moko, waiting for temporary license in mail

Address: 138 2nd Ave Community Board # 3

Dates of operation: Still in operation

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 Moko on 2nd ave. Omakase

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.

LOCATION:

How many licensed establishments are within 1 block? 4-5

How many On-Premise (OP) liquor licenses are within 500 feet? 4

Is the premise within 200 feet on the same street of any school or place of worship? ☐ Yes ☐ No

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, but it is not required. Also use provided petitions, which clearly state the name, address, license for which you are applying, and the hours and method of operation of your establishment at the top of each page. (Attach additional sheets of paper as necessary)

We are including the following questions to be able to prepare stipulations and have the meeting be faster and more efficient. Please answer per your business plan; do not plan to negotiate at the meeting.

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)
Tasting Menu concept restaurant (French/Japanese) (Full service) _____ restaurant, or
☐ I will operate a _____,
☒ 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

3. My hours of operation will be:
Mon 5-10 _____; Tue 5-10 _____; Wed 5-10 _____;
Thu 5-10 _____; Fri 5-10 _____; Sat 5-10 _____;
Sun 5-10 _____. (I understand opening is "no later than" specified opening hour,
and all patrons are to be cleared from business at specified closing hour.)
4. ☒ I will not use outdoor space for commercial use (including Open Restaurants) OR
☐ My sidewalk café hours or other outside hours (including Open Restaurants) will be

5. ☒ I will employ a doorman/security personnel: Manager and host
6. ☒ I will install soundproofing, Already installed

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. I will 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 _____ private parties per _____.
9. ☒ I will play ambient recorded background music only.
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 restrictions OR ☐ I will have happy hour and it will end by _____.
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: Max Goldberger

Phone Number: 8563046681

ATTENTION RESIDENTS & NEIGHBORS

Company/DBA Name and Contact Number for Questions

Plans to open a

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

at the following location

Building Number and Street Name (Address)

This establishment is seeking a license to serve

Beer & Wine or Beer/Wine & Liquor

There will be an opportunity for public comment on

Monday, April 17, 2023 at 6:30pm

**Online: <https://us06web.zoom.us/j/82311671041>
see www.cb3manhattan.org for zoom meeting details**

Date/Time/Location

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

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)

(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 Use)

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)

(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

Monday, April 17, 2023 at 6:30pm

Online: <https://us06web.zoom.us/j/82311671041>

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

Company Name/ Contact Info

Nombre de la Compañía/el teléfono de contacto

Plans to open a:

Planifique abrir un/una:

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

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

address

dirección

Seeking a license to serve

**En búsqueda de una
licencia para servir:**

Beer & Wine or Beer/Wine & Liquor

Cerveza y vino o cerveza/vino y bebidas alcohólicas

**Public meeting
for comments**

**Reunión público
para comentarios**

Monday, April 17, 2023 at 6:30pm

**Online: <https://us06web.zoom.us/j/82311671041>
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

Petition to Support Proposed Liquor License

Date: _____

The following undersigned residents of the area support the following liquor license (indicate the type of license such as full-liquor or beer-wine) _____

to the following applicant/establishment (company and/or trade name) _____

Address of premises: _____

This business will be a: (circle) Bar Restaurant Other: _____

The hours of operation will be: _____

PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-blocks on the same street.

Other information regarding the license:

Name	Signature	Address and Apt # (required)