



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

Andrea Gordillo, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations for Administrative Approval

I, Jinan Choi, as a qualified representative of Super 325 LLC
located at 325 East 5th Street, New York, NY agree to the following stipulations:

1. ☒ I will operate a full-service restaurant, specifically a (type of restaurant) Korean restaurant
☒ Kitchen open and serving food every night during all hours of operation.
2. My hours of operation will be:
Mon Closed; Tue Closed; Wed 5pm-10pm;
Thu 5pm-10pm; Fri 5pm-10pm; Sat 12pm-10pm; Sun 12pm-10pm.

(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 _____.
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.

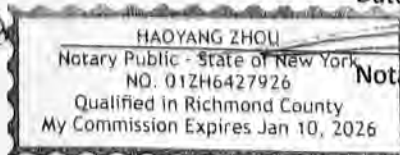
Name: Jinan Choi Phone Number: 646-875-9141

16. ☐ I will: _____

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

Signed _____ Dated Sep 16 / 2024

Sworn to this 26 day of Sep 2024





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Andrea Gordillo, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire for Administrative Approval

Today's Date: 09/20/2024

APPLICANT

1. Name of applicant and principle(s): Super 325 LLC
2. Premise address: 325 E 5th Street, New York, NY 10003
3. Cross streets: East 5th Street between 1st and 2nd Avenue
4. Trade name (DBA): N/A
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: N/A
7. Is location currently licensed? ☐ Yes ☒ No
8. Type of license: Restaurant wine (wine, beer & cider)
9. Previous or current use of the location: Animal rescue center
10. Corporation and trade name of current location: Vacant - N/A
11. Type of building and number of floors: Mixed Use, 5 floors
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? 74
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? 11 (3 OP, 8 BW)
16. How many On-Premise (OP) liquor licenses are within 500 feet? 16
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: Full Service, Korean restaurant
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): Wed to Fri 5pm-10pm and Sat to Sun 12pm-10pm (indoor only - no outdoor)
22. Total number of table: 12 23. Total number of seats: 24
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): 1 Service Bar (Ground Floor) - 18'x 2'x 4' - Rectangular
26. Does premise have a full kitchen? ☒ Yes ☐ No
27. What are the hours kitchen will be open? All hours of operation
28. What type of food is available for sale? Korean food
29. Will a manager or principal always be on site? ☒ Yes ☐ No If yes, which? Principal
30. How many employees will there be? 7-8
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? 1 monitor without sound (decor purpose)
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: N/A
35. What will be the music volume? ☒ Background (quiet) ☐ Entertainment level
36. Please describe your sound system: Basic sound system
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? _____
Applicant will ensure patrons wait inside the restaurant or return when their table is ready.
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? _____
Background music will be playing only with doors closed.
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): Ariari NYC LLC
45. Address: 119 1st Ave, New York, NY 10003 45a. Community Board Manhattan CB3
46. Dates of operation: 2023 - present
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.

MANAGEMENT RESUME

Name Jinan Choi SS #

First *Middle/Maiden* *Last*

EDUCATION

Name/Location	Berkley College
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Dates Attended From 4/JAN/2010 to 30/JUN/2012 Major Fashion Marketing Degree or Certificate Associate's degree
day/month/year day/month/year

Name/Location _____

Dates Attended From _____ to _____ Major _____ Degree or Certificate _____
day/month/year day/month/year

MILITARY

Branch Korean Army from 1/MAR/2013 to 1/FEB/2015 Honorable discharge?
day/month/year *day/month/year* *Yes/No*

Rank at discharge Sergeant Major assignment/accomplishment _____

WORK EXPERIENCE

Company Name/Location Her Name Is Han / 17 E 31st St, New York NY 10016

From 1/MAR/2016 To 31/JAN/2018 Title General Manager
Day/Month/Year Day/Month/Year

Duties Oversaw daily operations, staff management, customer service, and financial performance to ensure efficient restaurant operations and exceptional guest experience.

Company Name/Location On Nyc / 110 Madison Avenue , New York NY 10016

From 1/FEB/2018 To 31/JAN/2019 Title General Manager
Day/Month/Year *Day/Month/Year*

Duties	Managed daily operations, staff, and financial performance for two restaurants simultaneously, ensuring efficient operations and exceptional guest satisfaction at both locations.
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Company Name/Location HAND Hospitality / 38 W 32nd St #1400 , New York NY 10001

From 1/FEB/2019 To 1/MAY/2022 Title Operation Director
Day/Month/Year Day/Month/Year

Duties Oversaw the management of multiple restaurants in the hospitality group, streamlined operations, improved profitability

Signature 

Date SEP /6 /2024