

THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3 59 Ea st 4 th St re et - New York, NY 10003 Phone (212) 533-5300

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

Andrea Gordillo, Board Chair

Susan Stetzer, District Manager

April 7, 2025

New York State Liquor Authority 80 South Swan Street, Suite 900 Albany, New York 12210-8002

Re: Tun LLC d/b/a Tuome Application for alteration to add municipal space with stipulations: Roadway 536 East 5th Street New York, NY 10009

Dear New York State Liquor Authority,

Community Board 3, Manhattan has no objection to the alteration of Tun LLC d/b/a Tuome at 536 E 5th Street, for adding municipal space as long as the agreed upon attached stipulations are added to the license.

- 1. Will close all outdoor seating by 10 pm.
- 2. Will not have music, amplified sound, or TVs outdoors as per Open Dining Guidelines, and will remove all outdoor speakers.
- 3. For sidewalk seating, business will comply with DOT guidelines. Will have no more than tables and chairs.
- 4. For roadbed seating, will comply with DOT guidelines. Will have 8 tables and 16 chairs.
- 5. Will have a staff person responsible for ensuring no loitering, noise or crowds outside.
- 6. Will conspicuously post this stipulation form beside liquor license inside of business.
- 7. Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. Will revisit the above-stated method of operation if necessary in order to minimize establishment's impact on neighbors.

Sincerely,

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Andrea Gordillo, Chair

Clint Smeltzer, Chair

Cc: Joseph Levey, applicant's representative



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Community Board 3 Open Dining Stipulations for Administrative Approval

1, Thomas chen				, as a quali	ified representative of TUN LLC 9/6/9 TUOME
located at _	536	East	5th	street	, New York, NY agree to the following stipulations:

Application for Sidewalk Café Application for Curbside Dining

- 1. I will close all outdoor seating by 10 pm.
- 2. All outdoor dining patrons will be seated at tables.
- 3. I will not have music, amplified sound, or TVs outdoors as per Open Dining Guidelines, and I will remove all outdoor speakers.
- For sidewalk seating, I will comply with DOT guidelines. I will have _____ tables and _____ chairs.
- 5. For roadbed seating, I will comply with DOT guidelines. I will have <u>8</u> tables and <u>16</u> chairs.
- 6. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
- 7. I will conspicuously post this stipulation form beside my liquor license inside of my business.
- 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:	Thomas	chen	Phone Number:	(646)833-7811	
Name.					

9. 🛛 I will: _____

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

2-19-2025

Signed

Sworn to this 19 day of FEB 2015

Dated bren

Notary Public



APR 0 4 20250

ch.

New York STATE Authority				tice to a Local [®] Municipality _{ard 3, Mar} on-Contiguous Municipal Space			
1. Date Notice Was Sent:	04/03/2025	1a. Delivered by: Over	night Mail, Tra	acking Number and Proof of Delivery			
2. This form must be submi	tted to the clerk or Local M	unicipality when filing for a	a Sunday On-Pi	remises Sales Permit			
This No	otice is Being Provided to	the Clerk of the following	y Local Munici	pality			
3. Name of Municipality:	MANHATTAN COM	IMUNITY BOARD 3					
		Licensee Information					
4. License Serial Number:	0240-22-100834	5. P	ermit Date(s):	TBD			
6. License name:	UN LLC						
7. Trade Name (if any):	TUOME						
8. Street Address of Establis	hment: 536 E 5TH ST	r, STORE 2		·			
9. City, Town or Village:	EW YORK		,N	IY Zip Code : 10009			
10. Business Telephone Nur	nber of Applicant/Licensee	646-833-7811					
11. Business E-mail of Applie	cant/Licensee: C/O	MATTHEW.BOROWI	EC@HELBF	RAUNLEVEY.COM			
12. Describe municipal space	e to be added: DOT RC	DADWAY CAFE					
12a. What date did you appl	y for a municipal permit? 7	/1/24					
Repres	sentative or Attorney rep	resenting the licensee					
13. Representative/Attorney	/'s Full Name: JOSEPH	I LEVEY; HELBRAUN	& LEVEY	LLP			
14. Street Address:	40 FULTON STREET	, FLOOR 28					
15. City, Town or Village:	NEW YORK	State:	NY	Zip Code : 10038			
16. Business Telephone Number of Representative/Attorney: 212 219 1193							
17. Business Email Address : c/o MATTHEW.BOROWIEC@HELBRAUNLEVEY.COM							
answers therein; that the sa	me are true to my knowled d answers in this application	lge; that I have been autho	rized, by order with the same	ove application and the statements and of the Board of Directors of said licensee of force and effect as if said licensee made			
	ture, l affirm - under Penal						
18. Printed Name: JOSEP	H LEVEY	T	itle ATTOR	NEY			
Signature: X	- Kley	2					
	to self-alcoholic beverage		tion to their e	xisting license with the State			
	ny concerns regarding the ate Liquor Authority by e-			ntion of			
08/20/2024				Page 4 of 4 Print Form			
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