

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 28, 2025

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

Re: Nowon Inc. Application for alteration to add municipal space with stipulations: Roadway Cafe 507 East 6th Street New York, NY 10009

Dear New York State Liquor Authority,

Community Board 3, Manhattan has no objection to the alteration of Nowon Inc. at 507 E 6th St, 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. All outdoor dining patrons will be seated at tables.
- 3. Will not have music, amplified sound, or TVs outdoors as per Open Dining Guidelines, and will remove all outdoor speakers.
- 4. For sidewalk seating, business will comply with DOT guidelines. Will have no more than tables and chairs.
- 5. For roadbed seating, will comply with DOT guidelines. Will have 5 tables and 10 chairs.
- 6. Will have a staff person responsible for ensuring no loitering, noise or crowds outside.
- 7. Will conspicuously post this stipulation form beside liquor license inside of business.
- 8. 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: Teddy Gonzalez, applicant's representative



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Community Board 3 Open Dining Stipulations for Administrative Approval

I, JAE S. LEE _____, as a qualified representative of <u>NOWON INC</u> located at <u>507 EAST 6TH STREET, NEW YORK, NY 10009</u>, New York, NY agree to the following stipulations:

- I 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.
- 4. For sidewalk seating, I will comply with DOT guidelines. I will have $\frac{4}{10}$ tables and $\frac{16}{10}$ chairs.
- 5. For roadbed seating, I will comply with DOT guidelines. I will have $\frac{5}{100}$ tables and $\frac{100}{100}$ 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: JAE S. LEE

Phone Number: 516-660-7858

9. 🛛 I will: ______

I hereby certify that the i	information p	ovided above is truthful and accurate based upon my personal belief.	
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	100	01/17/2025	

Jae le	01/17/2025
Signed Sworn to this <u>17th</u> day of <u>January 2025</u>	Dated Creater Xillami Dac
State of Florida County of Miami-Dade Sworn to (or affirmed) and subscribed before me by means of	Notary Public f online notarization,
this 01/17/2025 by Jae Lee. Carola Villamizar	CAROLA VILLAMIZAR Notary Public - State of Florida Commission # HH 427934 Expires on July 31, 2027

Type of Identification Produced <u>DRIVER LICENSE</u>

Notarized remotely online using communication technology via Proof.

1.49 97796469	Received							
NewA York STATE	PRiquor20 Authori	Sar.			-		30 cal Municipality ous Municipal Space	
1. Date Notic	e Was Sent:	04/22/2025		1a. Delivered by:	CERTIFIED MA	IL WITH RETURN	RECIEPT REQUESTED	
2. This form n	nust be sub	mitted to the cler	k or Local Mu	inicipality when fil	ing for a Sunday O	n-Premises Sales F	Permit	
	This	Notice is Being I	rovided to t	he Clerk of the fo	llowing Local Mu	nicipality		
3. Name of M	lunicipality:	BOROUGH OI	MANHAT	TAN CB #3				
				Licensee Inform	ation			
4. License ID	Number:	0340-22-1104	8					
6. License nar	me:	NOWON INC.						
7. Trade Nam	ie (if any):	N/A						
8. Street Add	ress of Estal	olishment: 507	E. 6TH STR	REET				
9. City, Town	or Village:	NEW YORK				,NY Zip Code :	10009	
10. Business T	Telephone M	Number of Applic	int/Licensee:	(646) 692-3867	,			
11. Business E	E-mail of Ap	plicant/Licensee:	JAE@NO	OWONUSA.CON	1			
12. Describe r	municipal s _l	pace to be added	ROADW	AY SEATING				
12a. What dat	e did you a	oply for a municip	al permit? 7	//31/25				
	Rep	resentative or A	ttorney repr	esenting the lice	nsee			
13. Represent	13. Representative/Attorney's Full Name: CITYWIDE LICENSING OF NY / TEDDY GONZALEZ							
14. Street Add	dress: 291	BROADWAY S	UITE 705					
15. City, Towr	n or Village:	NEW YORK			State: NY	Zip Code :	10007	
16. Business Telephone Number of Representative/Attorney: (212) 566-6002 / (917) 531-9567								
17. Business E	Email Addre	ss : TEDDYGC	NZALEZ14	@AOL.COM				
answers there	ein; that the statements	e same are true to and answers in th	my knowled is application such	ge; that I have bee	n authorized, by or licensee with the s nswers itself.	rder of the Board of ame force and effe	n and the statements and of Directors of said licensee ect as if said licensee made m are true.	
18. Printed Na	ime: JAE :	S. LEE			Title PRE	SIDENT		
Signature: X		$\geq$						
The				is applying for a s on municipal sp		eir existing licens	e with the State	
Plea	ase forwar	d any concerns r	garding the	issuance of the a mail community@	lteration to the a	ttention of		

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