



THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003

Phone (212) 533-5300

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Andrea Gordillo, 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 Wednesday 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: 03/18/2026

Is location currently licensed? Yes No Type of license: N/A

If alteration, describe nature of alteration: _____

Previous or current use of the location: cafe / Ice Cream Shop

Corporation and trade name of current license: Stuffed Ice Cream LLC dba: SKWR

APPLICANT:

Premise address: 139 1st Avenue, New York, NY 10003

Cross streets: St Marks PL & East 9th Street

Name of applicant and all principals: Stuffed Ice Cream LLC / member: Jackie Luu ;
member : Jason NG

Trade name (DBA): SKWR

PREMISE:

Type of building and number of floors: Mixed Used

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 75 persons; Dob Letter of No Objection

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): R7A C1-5

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) Monday-Thursday 4pm-12am; Friday 4pm-3am; Saturday 12pm-3am; Sunday 12pm-12am;

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? 5 Total number of indoor seats? 16

How many stand-up bars/bar seats are located on the premise (number, length, and location) 1
L shape; located at ground floor, 11'

(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 skewers

What are the hours the kitchen will be open? follow business hour

Will a manager or principal always be on site? Yes No If yes, which? both Jackie Luu/ Jason Ng

How many employees will there be? 3-5

Do you have or plan to install French doors accordion doors or windows? N/A

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 recorded music

What will be the music volume? Background (conversational) Entertainment (live music venue level) Please describe your sound system: Sonos

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? N/A

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

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.") _____
Having reserved seatings available; Text to their phone when seats are ready

Will there be security personnel? Yes No (If Yes, how many and when) _____

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

Please attach plans. We will close the main entrance door at 12:00am

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: _____

Address: _____ Community Board # _____

Dates of 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 _____

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? 8

How many On-Premise (OP) liquor licenses are within 500 feet? 23

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) cafe Restaurant with recorded music 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 4:00pm-12:00am; Tue 4:00pm-12:00am; Wed 4:00pm-12:00am;
Thu 4:00pm-12:00am; Fri 4:00pm-3:00am; Sat 12:00pm-3:00am;
Sun 12:00pm-12:00am. (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
 I will close all outdoor dining allowed under the temporary Open Restaurants program and any other subsequent uses by 10:00 P.M. all days and not have any speakers or TV monitors outdoors
5. I will employ a doorman/security personnel: _____
6. I will install soundproofing, _____

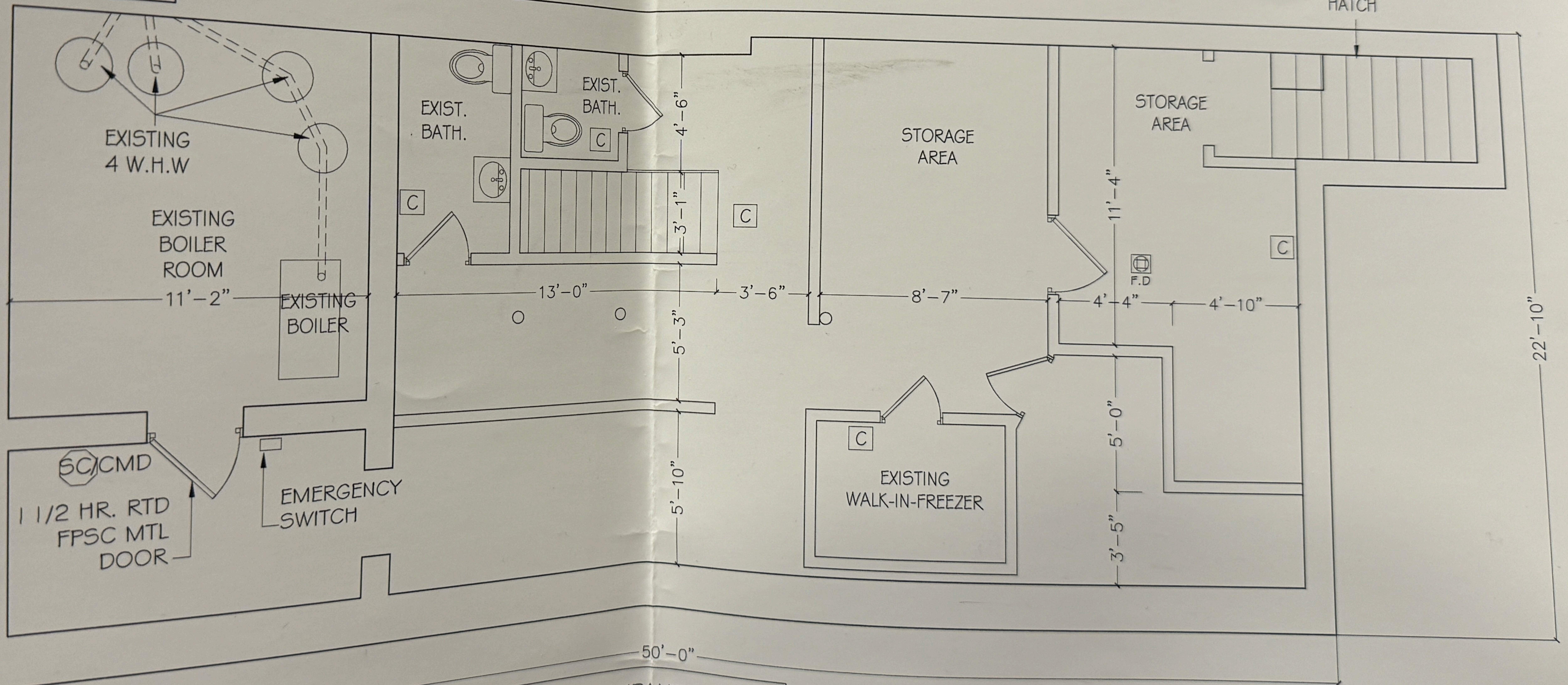
7. I will close any front or rear façade doors and windows at 10:00 P.M. every night or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances, or during unamplified performances or televised sports. I will have a closed fixed façade with no open 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 apply for an alteration to the method of operation or for any physical alterations of any nature without first coming before CB 3.
11. I will not seek a change in class to a full on-premises liquor license without first obtaining approval from CB 3.
12. I will not participate in pub crawls or have party buses come to my establishment.
13. I will not have unlimited drink specials, including boozy brunches, with food.
14. 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 _____.
15. I will not have wait lines outside. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
16. I will conspicuously post this stipulation form beside my liquor license inside of my business.
17. 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: Jackie Luu

Phone Number: 646-457-5651

EXISTING CHIMNEY

EXISTING CELLAR HATCH



SC/CMD
1 1/2 HR. RTD
FPSC MTL
DOOR

EMERGENCY
SWITCH

NOTE: ONLY OCCUPANT SENSOR
CONTROL SWITCHES ARE BEING
PROPOSED

DOOR PLAN
SCALE: 1/4" = 1'-0"

EXISTING
CELLAR
HATCH

EXISTING
CELLAR
HATCH
9'-9"

