



**PREMISE:**

Type of building and number of floors: Multi Unit, 6 floor (not including basement)

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 74

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): C6-1

**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) 11AM-2AM seven days a week

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? 60

How many stand-up bars/bar seats are located on the premise (number, length, and location) 1

*(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 Chinese

What are the hours the kitchen will be open? 11AM-2AM seven days a week

Will a manager or principal always be on site?  Yes  No If yes, which? Li Di Liu

How many employees will there be? 5

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

Will there be TVs/monitors?  Yes  No (If Yes, how many?) 2

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: \_\_\_\_\_

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? \_\_\_\_\_

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

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.") One employees will manager vehicular traffic and crowds on the sidewalk caused by our establishment \_\_\_\_\_

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. closed all door and windows \_\_\_\_\_

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: New Excellent Hand-Pulled Noodles Inc.

Address: 106 Bayard Street, New York, NY 10013 Community Board # 3

Dates of operation: 08/05/2024

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? 2

How many On-Premise (OP) liquor licenses are within 500 feet? 6

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) Chinese 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 11AM-2AM; Tue 11AM-2AM; Wed 11AM-2AM;  
Thu 11AM-2AM; Fri 11AM-2AM; Sat 11AM-2AM;  
Sun 11AM-2AM. (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: \_\_\_\_\_

Phone Number: \_\_\_\_\_

# ATTENTION RESIDENTS & NEIGHBORS

New Excellent Hand-Pulled Hoodles Inc./DBA: Canvas

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**Company/DBA Name and Contact Number for Questions**

**Plans to open a**

Restaurant

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

**at the following location**

106 Bayard Street, New York, NY 10013

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**Building Number and Street Name (Address)**

**This establishment is seeking a license to serve**

Beer/Wine & Liquor

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**Beer & Wine or Beer/Wine & Liquor**

**There will be an opportunity for public comment at the  
CB 3 SLA Licensing & Outdoor Dining Committee Meeting on**

**Monday, May 11, 2026 at 6:30pm**

**Online: <https://www.zoomgov.com/j/1615486314>**

**see [www.cb3manhattan.org](http://www.cb3manhattan.org) for meeting details**

**This is a Hybrid Meeting. Members of the public can attend by Zoom or in-person. Limited seating available to first 15 at Community Board 3 Office at 59 East 4th Street (btwn 2nd Ave and Bowery)**

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**Date/Time/Location**

Li Di Liu/(646)595-9716

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**Applicant Contact Information**

**[mn03@cb.nyc.gov](mailto:mn03@cb.nyc.gov) - [www.cb3manhattan.org](http://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)