XIAN FENG ZOU, ESQ.





THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD NO. 3 59 East 4th Street - New York, NY 10003 Phone: (212) 533-5300 - Fax: (212) 533-3659 www.cb3manhattan.org - info@cb3manhattan.org

Dominic P. Berg, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

Please bring the following items to the meeting:

NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.

- **D** Photographs of the inside and outside of the premise,
- Schematics, floor plans or architectural drawings of the inside of the premise.
- A proposed food and or drink menu.
- 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 your proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar.
- □ Letter of notice of proposed business to block, tenant or neighborhood association if one exists, E-mail the CB3 office at info@cb3manhattan.org for help to find block associations.
- Photographs of proof of conspicuous posting of meeting with newspaper showing date.
- If applicant has been or is licensed anywhere in City, letter from applicable community board indicating history of complaints and other comments.

Check which you are applying for:

🗖 new liquor license

alteration of an existing liquor license
 corporate change

Fest

upgrade of an existing liquor license sale of assets

If applying for sale of assets, you must bring letter from current owner confirming that you are buying business or have the seller come with you to the meeting.

| Type of license: | Restaurant Wine | ls location currently licensed? 🙇 Yes 🗖 No |
|--------------------|---|--|
| | be nature of alteration: | h/a |
| Previous or curren | t use of the location: <u>Grocery</u> . | Store / Restaurant |
| Corporation and tr | ade name of current license: <u>6</u> | reneral wholesale & Retail Trading Inc |
| | [| Store / Restaurant reneral wholesale & Retail Trading Inc / Dapaya Restaurant Inc. |
| APPLICANT: | • | |
| Name of applicant | and all principals: <u>Xin</u> M | ing Rong |
| | •. | |

| made manne (open). | | | |
|------------------------------------|------------|---------------------|---------|
| Premise address and cross streets: | 249 Brooke | Street. New Jork, N | 7 10002 |

PREMISE:

Trada name (DRA)

| | | | | A (| £ | A 1 | 0.115 |
|--|------------|----|-----------------|-----------------|---------|--------------|------------|
| | Amached | ~7 | Conference to 1 | Common we be de | then A | Val Mathe | Shild in a |
| Type of building and number of floors: | The worked | 1 | 3 (01 (2) | U-more ave | a - r y | 1 L J TALLAL | |
| Type of building and number of floors: | <i>f</i> | 7 | | | | | \sim |

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Does premise have a valid Certificate of Occupancy and all appropriate permits, including certificate of occupancy of back or side yard intended for commercial use? Yes I No Indoor Certificate of Occupancy ______ Outdoor Certificate of Occupancy

Do you plan to apply for Public Assembly permit? □ Yes X No Zoning designation (check zoning using map: http://gis.nyc.gov/doitt/nycitymap/):

Is this premise wheel chair accessible? 🗖 Yes 🕱 No

PROPOSED METHOD OF OPERATION:

What type of establishment will this be (i.e.: restaurant, bar, performance space, club, hotel)? Restaurant

Will any other business besides food or alcohol service be conducted at premise?
Yes Xoo If yes, please describe what type:

What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) Monday - Snuday = 1(30am - 1200 am

Number of tables? _____6____Number of seats at tables? _____16_____

(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)

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

Asian

| What are the hours kitchen will be open? | 11:30 am - 12:00 am |
|---|-----------------------------|
| Will a manager or principal always be on site | ? X Yes □ No If yes, which? |

How many employees will there be?_____

Do you have or plan to install 🗖 French doors 🗖 accordion doors or 🎽 windows?

Will you agree to close any doors and windows at 10:00 P.M. every night? 🔀 Yes 🗖 No

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 🗖 DJ 🗖 Juke box 🗖 Tapes/CDs/iPod

If other type, please describe ____

What will be the music volume? 🗖 Background (quiet) 🗖 Entertainment level

Please describe your sound system: __

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans. n/a (There is enough parking plane around this area)

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. (There would not be any noise)

Do you D have or D plan to install sound-proofing?

APPLICANT HISTORY:

| Has this corporation or any principal been licensed previously? 🗖 Yes 🕱 No | Has this corporation | or any principal beer | licensed previousl | y? 🗖 Yes 🕱 No |
|--|----------------------|-----------------------|--------------------|---------------|
|--|----------------------|-----------------------|--------------------|---------------|

If yes, please indicate name of establishment: ______/A____

| Address: | nla | <u>Community Board # h/k</u> |
|---------------------|-----|---|
| Dates of operation: | n/a | |

If you answered "Yes" to the above question, please provide a letter from the community board indicating history of complaints or other comments.

Has any principal had work experience similar to the proposed business? A Yes \Box No If Yes, please attach explanation of experience or resume. (I have working experience in Restanced). Does any principal have other businesses in this area? \Box Yes \Box No If Yes, please give trade name

and describe type of business _____

Has any principal had SLA reports or action within the past 3 years? **D** Yes **X** No If Yes, attach list of violations and dates of violations and outcomes, if any.

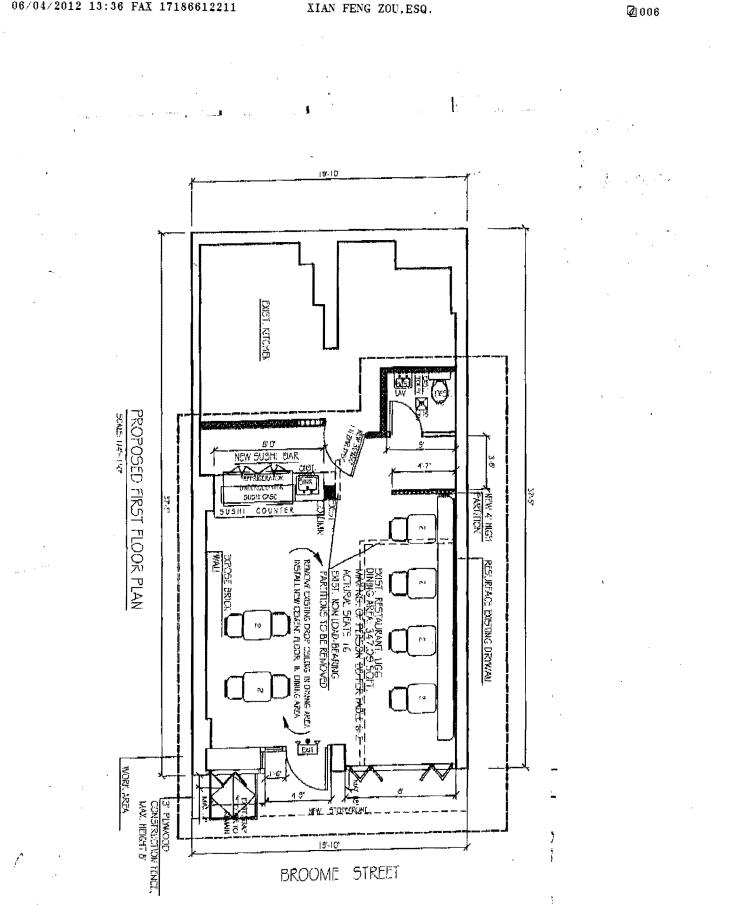
Attach a separate diagram that indicates the location (name and address) and total number of establishments selling/serving beer, wine (B/W) or liquor (OP) for 2 blocks in each direction. Please indicate whether establishments have On-Premise (OP) licenses. Please label streets and avenues and identify 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:

COMMUNITY OUTREACH:

If there are block associations, neighborhood or tenant associations in the immediate vicinity of your location, you must contact them. Please attach proof (copies of letters and poster) that you have advised these groups of your application with sufficient time for them to respond to your notice. You may contact the Community Board at info@cb3manhattan.org for any contact information that is on file.

Petitions should 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).



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