

THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003 Phone: (212) 533-5300 - Fax: (212) 533-3659 www.cb3manhattan.org - info@cb3manhattan.org

Gigi Li, Board Chair

Revised: February 2014

Susan Stetzer, District Manager

Page 1 of 4

Community Board 3 Liquor License Application Questionnaire

Please bring the following items to the meeting:

NO	TE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.
	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
	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:
_	http://www.nyc.gov/html/mancb3/html/communitygroups/community group listings.shtml
_	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.
Cl.	ala contribute construction and the form
	ck which you are applying for: ew liquor license
1 I	ew liquor license alteration of an existing liquor license corporate change
Che	ck if either of these apply:
	ale of assets upgrade (change of class) of an existing liquor license
	are of assets approach (change of class) of all existing liquol needse
Too	lay's Date: 9/19/14
	my s butch — // / /
If a	pplying for sale of assets, you must bring letter from current owner confirming that you
	buying business or have the seller come with you to the meeting.
	ocation currently licensed? Yes No Type of license: n/a
15 10	reaction currently incensed: 2 res 2 No 1996 of incense.
If al	teration, describe nature of alteration:
	vious or current use of the location: Restaurant
Cor	poration and trade name of current license:
	PLICANT:
Pre	mise address: 76 A Orchard Street
0	ss streets: Broome & Grand Streets
	ss streets: Didome & Cijana Offeels
Nar	ne of applicant and all principals: 76 Stand Inc, Mannli Liu-President
Nar	ne of applicant and all principals: 16 Stand Inc., Mannli Liu-President
_	
_	ne of applicant and all principals: 16 Stand Inc., Mannli Liu-President de name (DBA): 0 Cha Do

Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? Yes No What is maximum NUMBER of people permitted? 32 Do you plan to apply for Public Assembly permit? Yes No 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): C 4 PROPOSED METHOD OF OPERATION: Will any other business besides food or alcohol service be conducted at premise? Yes No lf 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 - Sunday , from 11:00 am +o 11:00 pm Number of tables? 10 Number of seats at tables? 20 How many stand-up bars/ bar seats are located on the premise? 4 Seats (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) Describe all bars (length, shape and location): 10 Foot rectangular bar located at front Does premise have a full kitchen Yes No? Does it have a food preparatjon 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 Japanese Fusion What are the hours kitchen will be open? 10 am - 10 30 pm What are the hours kitchen will be open? 10 yes No If yes, which? 10 yes, which? 10 you have or plan to install French doors 10 accordion doors or 10 windows? Will there be TVs/monitors? 10 yes No (If Yes, how many?)	Type of building and number of floors: Mixed Use and 5 floors
Do you plan to apply for Public Assembly permit? \(\text{Yes} \) No 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): C \(\text{C} \) PROPOSED METHOD OF OPERATION: Will any other business besides food or alcohol service be conducted at premise? \(\text{Premises} \) Yes \(\text{No} \) 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) \(\text{Monday} \) And \(\text{No} \) Yes \(\text{No} \) Number of tables? \(\text{No} \) Number of seats at tables? \(\text{20} \) How many stand-up bars/ bar seats are located on the premise? \(\text{No} \) Seats (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) Describe all bars (length, shape and/location): \(\text{10 Foot rectangular bar located at from the premise food and submit a menu } \) Does premise have a food preparation area? \(\text{Yes} \) No (If any, show on diagram) Is food available for sale? \(\text{Yes} \) No If yes, describe type of food and submit a menu } \) Japanese Fusion What are the hours kitchen will be open? \(\text{100 am} - \text{10:30 pm} \) What are the hours kitchen will be open? \(\text{100 am} - \text{10:30 pm} \) Will a manager or principal always be on site? \(\text{Yes} \) No If yes, which? \(\text{Principal} \) How many employees will there be? \(\text{100 or mondows} \) Wo you have or plan to install \(\text{Premise} \) French doors \(\text{accordion doors or } \) windows? Will there be TVs/monitors? \(\text{Ves} \) No (If Yes, how many?)	Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? (includes roof & yard) □ Yes ☑ No If Yes, describe and show on diagram:
Do you plan to apply for Public Assembly permit? \(\text{PYS} \) No 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): C \(\text{C} \) PROPOSED METHOD OF OPERATION: Will any other business besides food or alcohol service be conducted at premise? \(\text{PYS} \) No 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) \(\text{MODEMALY} \) O Moday \(\text{From II'W am +o IIWpm} \) Number of tables? \(\text{D} \) O Number of seats at tables? \(\text{Q} \) How many stand-up bars/ bar seats are located on the premise? \(\text{LY Seats} \) (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) Describe all bars (length, shape and/location): \(\text{LV Foot rectangular bar located at Front Does premise have a food preparation area? \(\text{LY SON} \) No If yes, describe type of food and submit a menu \(\text{LQ PARASES FOR NO IF yes, describe type of food and submit a menu \(\text{LQ PARASES FOR NO IF yes, describe type of food and submit a menu \(\text{LQ PARASES FOR NO IF yes, which? } \) Principal How many employees will there be? \(\text{LQ PARASES FOR NO IF yes, how many?} \) Will there be TVs/monitors? \(\text{LY SON IV YES } \) No (If Yes, how many?)	
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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): C 4 PROPOSED METHOD OF OPERATION: Will any other business besides food or alcohol service be conducted at premise?	Do you plan to apply for Public Assembly permit? T Vas V No.
PROPOSED METHOD OF OPERATION: Will any other business besides food or alcohol service be conducted at premise? Yes No lifyes, please describe what type: What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) Monday - Sunday - From 11:00 am +o 11:00 pm Number of tables?	
Will any other business besides food or alcohol service be conducted at premise?	please give specific zoning designation, such as R8 or C2):
Will any other business besides food or alcohol service be conducted at premise?	
What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) Monday Sunday, from 11:00 am to 11:00 pm Number of tables?	PROPOSED METHOD OF OPERATION:
What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space)	Will any other business besides food or alcohol service be conducted at premise? ☐ Yes No
Number of tables?	If yes, please describe what type:
Number of tables?	
How many stand-up bars/ bar seats are located on the premise?	What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) Monday - Sunday , from 11:00 am to 11:00 pm
(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) Describe all bars (length, shape and location): 10 foot rectangular bar located at from Does premise have a full kitchen 12 Yes 12 No? Does it have a food preparation area? 12 Yes 12 No (If any, show on diagram) Is food available for sale? 12 Yes 12 No If yes, describe type of food and submit a menu Japanese Fusion What are the hours kitchen will be open? 11 00 am - 10 30 gm Will a manager or principal always be on site? 12 Yes 12 No If yes, which? 13 Principal How many employees will there be? 2 Do you have or plan to install 12 French doors 12 accordion doors or 12 windows? Will there be TVs/monitors? 12 Yes 12 No (If Yes, how many?)	Number of tables? Number of seats at tables? 20
(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) Describe all bars (length, shape and location): 10 foot rectangular bar located at from Does premise have a full kitchen 12 Yes 12 No? Does it have a food preparation area? 12 Yes 12 No (If any, show on diagram) Is food available for sale? 12 Yes 12 No If yes, describe type of food and submit a menu Japanese Fusion What are the hours kitchen will be open? 11 00 am - 10 30 gm Will a manager or principal always be on site? 12 Yes 12 No If yes, which? 13 Principal How many employees will there be? 2 Do you have or plan to install 12 French doors 12 accordion doors or 12 windows? Will there be TVs/monitors? 12 Yes 12 No (If Yes, how many?)	How many stand-up bars/ bar seats are located on the premise? 4 Seats
pay for and receive an alcoholic beverage) Describe all bars (length, shape and location): 10 Foot rectangular bar located at Front Does premise have a full kitchen 2 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 Japanese Fusion What are the hours kitchen will be open? 1000m - 1030pm Will a manager or principal always be on site? Yes No If yes, which? Principal How many employees will there be? 2 Do you have or plan to install French doors accordion doors or windows? Will there be TVs/monitors? Yes No (If Yes, how many?)	
Describe all bars (length, shape and location): 10 Foot rectangular bar located at Front 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 Japanese Fusion What are the hours kitchen will be open? 100 am - 1030 pm Will a manager or principal always be on site? Yes No If yes, which? Principal How many employees will there be? 20 you have or plan to install French doors accordion doors or windows? Will there be TVs/monitors? Yes No (If Yes, how many?)	
Does premise have a full kitchen \(\frac{1}{2} \) Yes \(\sigma \) No? Does it have a food preparation area? \(\sigma \) Yes \(\sigma \) No (If any, show on diagram) Is food available for sale? \(\frac{1}{2} \) Yes \(\sigma \) No If yes, describe type of food and submit a menu \[\sigma \) Aparese \(\frac{1}{2} \) Fusion What are the hours kitchen will be open? \(\sigma \) 100 \(\alpha \) mo If yes, which? \(\sigma \) Principal Will a manager or principal always be on site? \(\frac{1}{2} \) Yes \(\sigma \) No If yes, which? \(\sigma \) Principal How many employees will there be? \(\sigma \) Do you have or plan to install \(\sigma \) French doors \(\sigma \) accordion doors or \(\sigma \) windows? Will there be TVs/monitors? \(\sigma \) Yes \(\sigma \) No (If Yes, how many?)	Describe all bars (length, shape and location): 10 Foot rectangular bar located at from
Does it have a food preparation area? \(\text{Yes} \) No (If any, show on diagram) Is food available for sale? \(\text{Yes} \) No If yes, describe type of food and submit a menu \[\text{Japanese Fusion} \] What are the hours kitchen will be open? \(\text{IOO am} - \text{IO 3D pm} \) Will a manager or principal always be on site? \(\text{Yes} \) No If yes, which? \(\text{Principal} \) How many employees will there be? \(\text{O} \) Do you have or plan to install \(\text{I French doors} \) accordion doors or \(\text{I windows} \) Will there be TVs/monitors? \(\text{I Yes} \) No (If Yes, how many?)	Does premise have a full kitchen ☐ Yes ☐ No?
Is food available for sale? Yes \(\text{No If yes, describe type of food and submit a menu } \) Japanese Fusion What are the hours kitchen will be open? \(\begin{array}{ c c c c c c c c c c c c c c c c c c c	
What are the hours kitchen will be open?	Is food available for sale? Yes No If yes, describe type of food and submit a menu
Will a manager or principal always be on site? Yes \(\begin{align*} \text{No If yes, which?} \\ \text{Principal} \\ \text{How many employees will there be?} \(\begin{align*} \text{O} \\ \text{Do you have or plan to install } \Boxed{align*} \text{French doors } \Boxed{accordion doors or } \Boxed{accordion windows?} \\ \text{Will there be TVs/monitors?} \(\boxed{accordion Yes} \(\boxed{accordion Monitors?} \)	
How many employees will there be?	Will a manager or principal always be on site? Yes \(\bar{\text{No If yes, which?}}\)
Do you have or plan to install French doors accordion doors or windows? Will there be TVs/monitors? Yes No (If Yes, how many?)	
Will there be TVs/monitors? Yes No (If Yes, how many?)	
rin premise nave music: - res - no	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: Radio
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? No
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.")
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.
Do you □ have or □ plan to install sound-proofing?
APPLICANT HISTORY:
Has this corporation or any principal been licensed previously? ☐ Yes ☐ No
If yes, please indicate name of establishment:
Address: Community Board #
Dates of operation:
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? ☐ Yes ☐ No If Yes, please
attach explanation of experience or resume.
Does any principal have other businesses in this area? ☐ Yes ☐ 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? ☐ 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.

LC	CATION:
	w many licensed establishments are within 1 block?9
Но	w many On-Premise (OP) liquor licenses are within 500 feet?
	premise within 200 feet of any school or place of worship? Yes No
Ple im ou lice	ease see the Community Board website to find block associations or tenant associations in the mediate vicinity of your location for community outreach. Applicants are encouraged to reach to community groups. Also use provided petitions, which clearly state the name, address, ense for which you are applying, and the hours and method of operation of your establishment are top of each page. (Attach additional sheets of paper as necessary).
me	e are including the following questions to be able to prepare stipulations and have the eeting be faster and more efficient. Please answer per your business plan; do not plan to gotiate at the meeting.
1.	☐ I agree to close any doors and windows at 10:00 P.M. every night?
2.	□ I will not have □ DJs, □ live music, □ promoted events, □ any event at which a cover fee is charged, □ scheduled performances, □ more than DJs/ promoted events per, □ more than private parties per
3.	□ I will play ambient recorded background music only.
4.	□ I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.
5.	\square I will not seek a change in class to a full on-premise liquor license. Or \square my business plan is to seek an upgrade at a later date.
6.	☐ I will not participate in pub crawls or have party buses come to my establishment.
7.	☐ I will not have a happy hour. Or ☐ Happy hour will end by
8.	\square I will not have wait lines outside. \square There will be a staff person outside to monitor sidewalk crowds and ensure no loitering.
9.	☑ Residents may contact the manager/owner at the following phone number. Any complaints will be addressed immediately and I will revisit the above-stated method of operation if

necessary in order to minimize my establishment's impact on my neighbors.



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Gigi Li, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations

loc	ated	at 76A Orchard Street , New York, NY agree to the following stipulations:
1.	X	I will operate a full-service restaurant, specifically a (type of restaurant) Japanese Fusion,
	wit	a kitchen open and serving food to within $\underline{1/2}$ hour(s) of closing every night \Box during all hours of operation.
2.	Му	hours of operation will be 11:00 A.M to 11:00 P.M. Monday - Sunday
	(I u	nderstand this to mean that all patrons will be cleared from the establishment at the specified hour).
3.		I will not use outdoor space for commercial use.
4.		I will operate my sidewalk café no later than
5.		I will employ a doorman/security personnel on the following days:
6.		I will install soundproofing,
7.	X	I will close doors and windows by10:00 p.m every night.
8.		Il not have 🗵 DJs, 🗵 live music, 🗵 promoted events, 🗵 any event at which a cover fee is charged, 🗵 scheduled formances, 🗆 more than DJs/ promoted events per, 🗆 more than private parties per
9.	\boxtimes	I will play ambient recorded background music only.
10.	X	I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.
11.		I will not seek a change in class to a full on-premise liquor license without first obtaining approval from CB 3.
12.	X	I will not participate in pub crawls or have party buses come to my establishment.
13.	X	I will not have a happy hour. ☐ Happy hour will end by
14.	X	I will not have wait lines outside. \square There will be a staff person outside to monitor sidewalk crowds and ensure no loitering.
15.	and	Residents may contact the manager/owner at the following phone number. 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 ghbors.
Na	me:	Mannli Liu Phone Number: (646)420-7875
16.		will:
	-	
I h	ereb	veertify that the information provided above is truthful and accurate based upon my personal belief.
0	-	Dated Dated
	ned	and I i
SW	orn t	o this 13 day of September 2014 Notary Public

Community Board 3 requests that the SLA add this stipulation to the license of the attended applicant.

Notary Public, State of New York

Rev. 08/2014

No. 02PA5068142 Qualified in Queens County Commission Expires 12-20-20