

THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3 59 East 4th Street - New York, NY 10003 Phone (212) 533-5300 www.cb3manhattan.org - info@cb3manhattan.org

Alysha Lewis-Coleman, 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.

- 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
- 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: ____

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.

If alteration, describe nature of alteration: extend second floor

Previous or current use of the location: Restaurant

Corporation and trade name of current license: <u>42-44 East Broadway Restaurant Inc.</u>

DBA: Hwa Yuan Szechuan

APPLICANT:

Premise address: <u>42 44 E Broadway. New York, NY 1</u>0002

Cross streets: Catherine Street & Market Street

Name of applicant and all principals: 42-44 East Broadway Restaurant Inc./Tang, Chen Lieh

Trade name (DBA): Hwa Yuan Szechuan

PREMISE:

Type of building and number of floors: <u>Commercial Buildings</u> 4 Floors

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: _____

PROPOSED METHOD OF OPERATION:

Will any other business besides food or alcohol service be conducted at premise?
Yes
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) <u>11am -12am 7days per week</u>

Number of tables? <u>40</u> Total number of seats? <u>180</u>

How many stand-up bars/ bar seats are located on the premise? 1 stand up bar with 6 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): _____Rectangle, next to the front window of the restaurant

Does it have a food preparation area? ☑ Yes □ No (If any, show on diagram)

What are the hours kitchen will be open? <u>11am -12am 7days</u> per week

Will a manager or principal always be on site? 🛛 Yes 🗖 No If yes, which? Tang, Chen Lieh

How many employees will there be? 20

Do you have or plan to install **D** French doors **D** accordion doors or **D** windows?

Will there be TVs/monitors? I Yes I No (If Yes, how many?) <u>1 TV</u> Will premise have music? Yes No If Yes, what type of music? Live musician DJ J 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: <u>Acoustical Wall Systems</u>

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 INO (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.

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously? 🛛 Yes 🗖 No

If yes, please indicate name of establishment: Tang, Chen Lieh

Address: <u>42 44 E Broadway. New York, NY 10002</u> Community Board # 103

Dates of operation: 26 months

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 **B**ar, **R**estaurant, 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? <u>6</u>
How many On-Premise (OP) liquor licenses are within 500 feet? <u>4</u>
Is premise within 200 feet 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. 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. I will operate a full-service restaurant, specifically a (type of restaurant) <u>Chinese Restaurant</u>, with a kitchen open and serving food during all hours of operation <u>OR</u> I have less than full-service kitchen but will serve food all hours of operation.
- 2. 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.
- 3. ☑ 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 _____.
- 4. I will play ambient recorded background music only.
- 5. 🛛 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.
- 6. I will not seek a change in class to a full on-premise liquor license without first obtaining approval from CB 3.
- 7. I will not participate in pub crawls or have party buses come to my establishment.
- 8. I will not have a happy hour or drink specials with or without time restrictions <u>*OR*</u> I will have happy hour and it will end by _____.
- 9. I will not have wait lines outside. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
- 10. 🖾 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.

ATTENTION RESIDENTS & NEIGHBORS

42 44 East Broadway Restaurant Inc./DBA: Hwa Yuan Szechuan; Chen Lieh Tang; (917)3654499 Company/DBA Name and Contact Number for Questions

Plans to open a

Restaurant

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

at the following location

42 44 East Broadway, New York, NY 10002

Building Number and Street Name (Address)

This establishment is seeking a license to serve

Beer/Wine & Liquor

Beer & Wine or Beer/Wine & Liquor

There will be an opportunity for public comment on

Monday, May 20, 2019 at 6:30pm Public Hotel, Sophia Room, 17th Floor 215 Chrystie Street (btwn Houston & Stanton Sts)

Date/Time/Location

Chen Lieh Tang; (917)3654499

Applicant Contact Information

At COMMUNITY BOARD 3 SLA & DCA Licensing Committee Meeting info@cb3manhattan.org - www.cb3manhattan.org

The following undersigned <u>residents</u> of the area support the issuance of 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)	HWA YUAN
Address of premises: E Broadway New York	NY 10002
This business will be a: (circle) Bar Restaurant Other:	1
The hours of operation will be:	

PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area.

Other information regarding the license:

Date:

Name Signature Address and Apt # (required) 29 East Broadwary 5D KELLY 10002 CHANG NY NY 27 E. Broadway #FC 19-CI 17 Z. Broadway N.Y Vu CI 10002 TSE Bers 19 EBroadway, NY N 22. Chatham Square 100 5 Esst Bracicli Frix le NY NY 10038 ONG GATI BRONDWA NY NY 10038 17 EBroadway NY. UNY2 IV Y. MT, Ju 23 E Broadway Show 283 Kronne st M en AF EBroadway 2F E. Broadway tos all 12y

-		-			
n	2	٠	2	٠	
ν	a	L	С		

The following undersigned <u>residents</u> of the area support the issuance of the following liquor license (indicate the type of license such as (ull-liquor) or beer-wine)

to the following applicant/establish	ment (company and/or trade name) AZEBYOADUACI	
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-block area.

Other information regarding the license:

Name	Signature	Address and Apt # (required)
	LAP KO HO	39. Divisionst
	Wind June Hory	J Division st
	Kan /	7 EDIVISions
	1 stalles Por	1/25 Division
	12 aux	9 DiVison st
Υ.		a
-		
1	-	-

The following undersigned <u>residents</u> of the area support the issuance of the following liquor license (indicate the type of license such as full-liquor or beer-wine)

to the following applican	t/establis	shmen	t (company and/or tr	ade name) _	Hu	YAY	UAN
Address of premises: This business will be a: (The hours of operation w		Ba	Broadway r Restaurant 0	New_	york	NY	10002

PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area.

Other information regarding the license:

Date:

Signature Address and Apt # (required) Name Melissa Colo 35 EBICATURY, NY NY 1000 611 Broading NYN W. 35 E Jomothin Second 000 hen 41 E Broadway Bdway 60 in 10000 F KPOGINE SHUN Guan Ryoal un when lee week We 8 m

Date: ____

The following undersigned <u>residents</u> of the area support the issuance of the following liquor license (indicate	
the type of license such as full-liquor or beer-wine) TULLIQUOR	_

to the following applicant/establishment (company and/or trade name) HWA YUAN 5275CHUAN

Address of premises: _	42	44 7	East	13500	duc	ny	
This business will be a				aurant 0	L		
The hours of operation	will be:						

PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area.

Other information regarding the license:

Signature	Address and Apt # (required)
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	90 E Broadway NY 1000 Z
her cher	94 E Broadway Ny 1-12
Millo At Then	68. E. Bradway NY 10002.
	Millo

Date:

The following undersigned <u>residents</u> of the area sup	port the is	suance of the following liquor license (indicate
the type of license such as full-liquor or beer-wine)	FULL	LIQUOR

to the following applicant/establishment (company and/or trade name)_HWA YURN SZECHURN

Address of premises: <u>42 46 East Broad way</u> 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-block area.

Other information regarding the license:

Signature Address and Apt # (required) Name 26 E Broadway NOUNC 109 Bracher / 10002 2100 10001 100 U FO.E. Broadutily 10052 38 E. Broadway New York DU 32. I Broaduary Nglin Len 34 E Broadway 19002 to & Breeland AMINOR 12 Z Brandey V 1000 Z WANC 58 E B' Way Mi oco 2 60 E Broadway #10 NY 1002 64 UKKeBFod Wey 002