APPLICANT INFO	ORMATION:	
Name of applicant(s):	Beyond Pho Corp 2	
Trade name (DBA):	N/A	
Premises address:	227 Mulberry St, Store B, New York, NY 10012	
Cross Streets and oth	er addresses used for building/premise:	
	Between Spring St & Prince St	_
CONTACT INFOR	RMATION:	
Principal(s) Name(s)	: Kim Ching Chow, President	
Office or Home Addre	ess:	
City, State, Zip:		
Telephone #:	email :	_
Landlord Name / Cor	ntact:	
Landlord's Telephone	and Fax:	
NAMES OF ALL PRI	INCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD	
Kim Ching Cho	ow (Alex) First time applying for NYS Liquor Authority license	
Briefly describe the pr	roposed operation (i.e. "We are a family restaurant that will focus on…"):	
Vietnamese Cu	uisine is served in our restaurant. You will be served honest, healthy	
and exciting fo	ood. It's traditional Vietnamese with our own added twist, deep and rich	
with flavors, di	istinct and unforgettable.	

Meeting Date: December , 2020

WHA	T TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR ( MARK ALL THAT APPLY):
<u>X</u> :	new liquor license (X Restaurant Tavern / On premise liquor Other)
_	n UPGRADE of an existing Liquor License
8	n ALTERATION of an existing Liquor License
_ :	TRANSFER of an existing Liquor License
_ ;	HOTEL Liquor License
;	DCA CABARET License
4	CATERING / CABARET Liquor License
<u>X</u> a	BEER and WINE License
_ ;	RENEWAL of an existing Liquor License
_ ;	n OFF-PREMISE License (retail)
	OTHER :
If upg	rade, alteration, or transfer, please describe specific nature of changes: se include physical or operational changes including hours, services, occupancy, ownership, etc.)  N/A
If upg	se include physical or operational changes including hours, services, occupancy, ownership, etc.)
If upo	se include physical or operational changes including hours, services, occupancy, ownership, etc.)  N/A  is for a new application, please list previous use of location for the last 5 years:
If upo	se include physical or operational changes including hours, services, occupancy, ownership, etc.)  N/A  is for a new application, please list previous use of location for the last 5 years:  DEZ Restaurant from 2018-2019
If upo	se include physical or operational changes including hours, services, occupancy, ownership, etc.)  N/A  is for a new application, please list previous use of location for the last 5 years:
If upo (Plea	se include physical or operational changes including hours, services, occupancy, ownership, etc.)  N/A  is for a new application, please list previous use of location for the last 5 years:  DEZ Restaurant from 2018-2019
If upon (Please If this Is an	is for a new application, please list previous use of location for the last 5 years:  DEZ Restaurant from 2018-2019  Retail store from 2015- 2018
If upo (Plea	is for a new application, please list previous use of location for the last 5 years:  DEZ Restaurant from 2018-2019  Retail store from 2015- 2018  y license under the ABC Law currently active at this location?X yes no , what is the name of current / previous licensee, license # and expiration date:
If upo (Plea	is for a new application, please list previous use of location for the last 5 years:  DEZ Restaurant from 2018-2019  Retail store from 2015- 2018  y license under the ABC Law currently active at this location?X yes no , what is the name of current / previous licensee, license # and expiration date:
If upg (Pleas	is for a new application, please list previous use of location for the last 5 years:  DEZ Restaurant from 2018-2019  Retail store from 2015- 2018  y license under the ABC Law currently active at this location? X yes no , what is the name of current / previous licensee, license # and expiration date:  urrent licensee: DEZ Mulberry LLC RW 1309268, exp 04/30/2022. Currently active license.  any other licenses under the ABC Law been in effect in the last 10 years at this location?

## PREMISES:

By what right does the applicant have possession of the premises?
Own _X Lease Sub-lease Binding Contract to acquire real property other:
Type of Building: Residential Commercial X_Mixed (Res/Com) Other:
Number of floor:7 Year Built :99
Describe neighboring buildings: Mixed Residential and Commerical Buildings
Zoning Designation: C6-2
Zoning Overlay or Special Designation (applicable) N/A
Block and Lot Number: 495 / 33
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? $\underline{}$ yes $\underline{\underline{X}}$ no 1st floor only
Is the premise located in a historic district? X yes no Little Italy
(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? X yes no, please explain :
Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space) X no yes: explain
What is the proposed Occupancy?
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?
noX_ yes
If yes, what is the maximum occupancy for the premises?114 Max
If yes, what is the use group for the premises?6C
If yes, is proposed occupancy permitted? X yes no, explain :
If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? yesno N/A
Do you plan to file for changes to the Certificate of Occupancy? yes _X no (if yes, please provide copy of application to the NYC DOB)
Will the façade or signage be changed from what currently exist at the premise? X no yes
(if yes, please describe:

INTERIOR OF PREMISES:
What is the total licensed square footage of the premises?1,900 sq ft
If more than one floor, please specify square footage by floors: N/A
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?
N/A
If more than one floor, what is the access between floors?N/A
How many entrances are there?1 How many exits?1 How many bathrooms ?2
Is there access to other parts of the building? X no yes, explain:
OVERALL SEATING INFORMATION:
Total number of tables?10_ Total table seats?44
Total number of bars?1_ Total bar seats?7
Total number of "other" seats?0 please explain :
Total OVERALL number of seats in Premises :51
BARS:
How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 0
How many service bars are being applied for on the premises?0_
Any food counters? X no yes, describe :
For Alterations and Upgrades: N/A
Please describe all current and existing bars / bar seats and specific changes:
* A stand-up bar is any bar or counter (whether seating or not) over which a member of the public can order, pay for and receive food and alcoholic beverages.
PROPOSED METHOD OF OPERATION:
What type of establishment will this be? (check all that apply)
BarBar & Food _X_RestaurantClub/ CabaretHotelOther:

Act of the second	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
to	to	to	to	to	to	to
Will the bus	siness employ	a manager? _	<u>X</u> no yes,	name / experie	nce if known :	N/A
Will there b Do you hav	pe security per ve or plan to in	sonnel? X n stall French do	o yes( if ye	s, what nights a pors or windows	nd how many that open? _	?) N/A no X yes
If yes, plea	se describe : _	2 New Bi-F	olding doors to	be installed in	addition to	the existing doo
Will you ha	ve TV's ? X	no yes	( how many? )			
Type of MI	USIC / ENTER	RTAINMENT: _	Live Music	_Live DJ	Juke Box X	Ipod / CDsn
Expected V		X Backgrou	nd (quiet) E	ntertainment lev	vel Ampl	ified Music
Do you hav	ve or plan to in	stall soundprod	ofing? X_no _	yes		
IF YES, wil	Il you be using	a professional	I sound engineer?	N/A		
Dlease des	cribe your so	ind evetem and	sound proofing:			
Will you be	permitting: _	promoted e	vents sched	luled performan	ces out	side promoters
			vents sched		ces out	
any ev	vents at which	a cover fee is	charged? p	rivate parties	None of the	choices
any ev Do you havestablishme	vents at which ve plans to ma ent? X no	a cover fee is nage or addres yes ( if ye	charged? p	rivate parties c and crowd con plans)	None of the trol on the sid	choices ewalk caused by y
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any even and a sectablishme.  Will you be a sectable as a sectable a	vents at which ve plans to ma ent? X no utilizing remises within a school, chu bmit a block p	a cover fee is nage or addres yes ( if ye ropes m  200 feet of any rch or place of an 8 ½ " x 11"	charged? possible vehicular traffices, please attach novable barriers  y school, church of worship within area map show	rivate parties and crowd conplans)other outsider place of wors	None of the trol on the sid de equipment hip? X no	choices ewalk caused by y (describe)
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Name of School / Cl	nurch:	
Address:		Distance:
Name of School / Cl	nurch:	
Address:		Distance:
Please provide cont you will address it in		nunity Board and confirm that if complaints are mad
Contact Person:	Kim Ching Chow (Alex)	Phone:
Address:		
Email ;		
	Application subbehalf of the application subb	oplicant by:
	Print or Type NameSam	Park

Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.

Community Board 2, Manhattan SLA Licensing Committee Carter Booth, Co-Chair Robert Ely, Co-Chair



