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COMMUNITY BOARD No. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE NEW YORK, NY 10012-1899 www.cb2manhattan.org

COMMUNITY BOARD 2 APPLICATION FOR A LIQUOR LICENSE

Please fill out this questionnaire and return to the Community Board 2 office by fax or mail to arrive at least **5 business days** before the Committee meeting. In addition, bring **10 copies** plus supporting material requested to the SLA committee meeting.

Failure to complete and return the questionnaire and supporting materials on time will result in your item being removed from the agenda.

Failure to provide a completed questionnaire or failure to present before CB2 will result in notifying the State Liquor Authority (SLA) of your noncompliance with the community review process.

If you need to reschedule, please notify the Community Board 2 office no later than the Friday prior to the following months meeting. Speak to Florence Arenas at the Board Office. A maximum of 1 layover request will be granted per application. Failure to reappear without notification will result in a recommendation to deny this application.

The following supporting materials are **required** for this application:

- 1. A list of all other licensed premises within 500 ft. of this location including Beer and Wine.
- 2. Floor plans of the premise, including all tables and chairs and kitchen lay out to be licensed. Please also include any schematics for sidewalk café, backyard garden space and/or rooftop areas if applicable.
- 3. Provide any plans filed or to be filed with the Buildings Department.
- 4. Proposed menu, if applicable.
- 5. Certificate of Occupancy or Letter of No Objection for the premises.
- 6. Letter of Understanding or Letter of Intent from the Landlord.
- 7. Provide proof of community outreach with signatures or letters from Residential Tenants at location and from surrounding buildings. (i.e. a letter from the neighborhood block association or petition in support.)
- 8. A copy of your NYS Liquor Authority application as it will be submitted to the SLA. (excluding financial information)

Meeting Date:	
APPLICANT INFORMATION	:
Name of applicant(s): Hao Noodle ar	nd Tea LLC
Trade name (DBA): Madam Zhu's I	Kitchen
Premises address: 401 Avenue of th	ne Americas
Cross Streets and other addresses u	
CONTACT INFORMATION:	
Principal(s) Name(s): Rong Zhu	
Office or Home Address:	
City, State, Zip:	
Telephone #: _	email : _
Landlord Name / Contact: Sixth Av	venue Owner LLC
Landlord's Telephone and Fax:	
NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Rong Zhu	Hao Noodle LLC / 343 W 14th St, New York, NY 10014
Ding Ying (to be removed)	
Hai Di Lao Holdings (New foreign invest	ment company)
	tion (i.e. "We are a family restaurant that will focus on…"): Restaurant, West Village Restaurant owned and operated by Rong Zhu since 2016

WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY):
a new liquor license (Restaurant Tavern / On premise liquor Other)
an UPGRADE of an existing Liquor License
an ALTERATION of an existing Liquor License
a TRANSFER of an existing Liquor License
a HOTEL Liquor License
a DCA CABARET License
a CATERING / CABARET Liquor License
a BEER and WINE License
a RENEWAL of an existing Liquor License
an OFF-PREMISE License (retail)
X OTHER: Corporate Change (existing Beer & Wine license)
If upgrade, alteration, or transfer, please describe specific nature of changes: (Please include physical or operational changes including hours, services, occupancy, ownership, etc.)
No operational changes. There will be the addition of a new holding and investment company but owner and manager
Rong Zhu will remain in charge of day to day operations of the restaurant.
If this is for a new application, please list previous use of location for the last 5 years:
Is any license under the ABC Law currently active at this location? X yes no
If yes, what is the name of current / previous licensee, license # and expiration date:
the applicant, Hao Noodle and Tea LLC, #1294776, 08/31/2022
Have any other licenses under the ABC Law been in effect in the last 10 years at this location? X yesno
If yes, please list DBA names and dates of operation:
Gobo - 2006-2015

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 X CommercialMixed (Res/Com) Other:
Number of floor: 2 Year Built : 1915
Describe neighboring buildings: Commercial Office buildings
Zoning Designation: C4-5
Zoning Overlay or Special Designation (applicable)
Block and Lot Number: 593 / 22
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? \underline{X} no
Is the premise located in a historic district? <u>x</u> yes no
(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? yes no, please explain : N/A
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?74
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?
no _X_ yes
If yes, what is the maximum occupancy for the premises?74
If yes, what is the use group for the premises?6
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
Do you plan to file for changes to the Certificate of Occupancy? yesX 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?Approx. 3950 sqft
If more than one floor, please specify square footage by floors: Approximately, 1975 sq ft per floor
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?staircase
How many entrances are there? _ 2 How many exits? _ 2 _ How many bathrooms ? _ 2 (public) 1 (staff)
Is there access to other parts of the building? X no yes, explain:
OVERALL SEATING INFORMATION:
Total number of tables? 21 Total table seats? 67
(service bar) Total number of bars?1 Total bar seats?0
Total number of "other" seats? please explain :
Total OVERALL number of seats in Premises : 67
BARS:
How many *stand-up bars / bar seats are being applied for on the premises? Bars Seats
How many service bars are being applied for on the premises?1
Any food counters? _x_ no yes, describe :
For Alterations and Upgrades:
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:

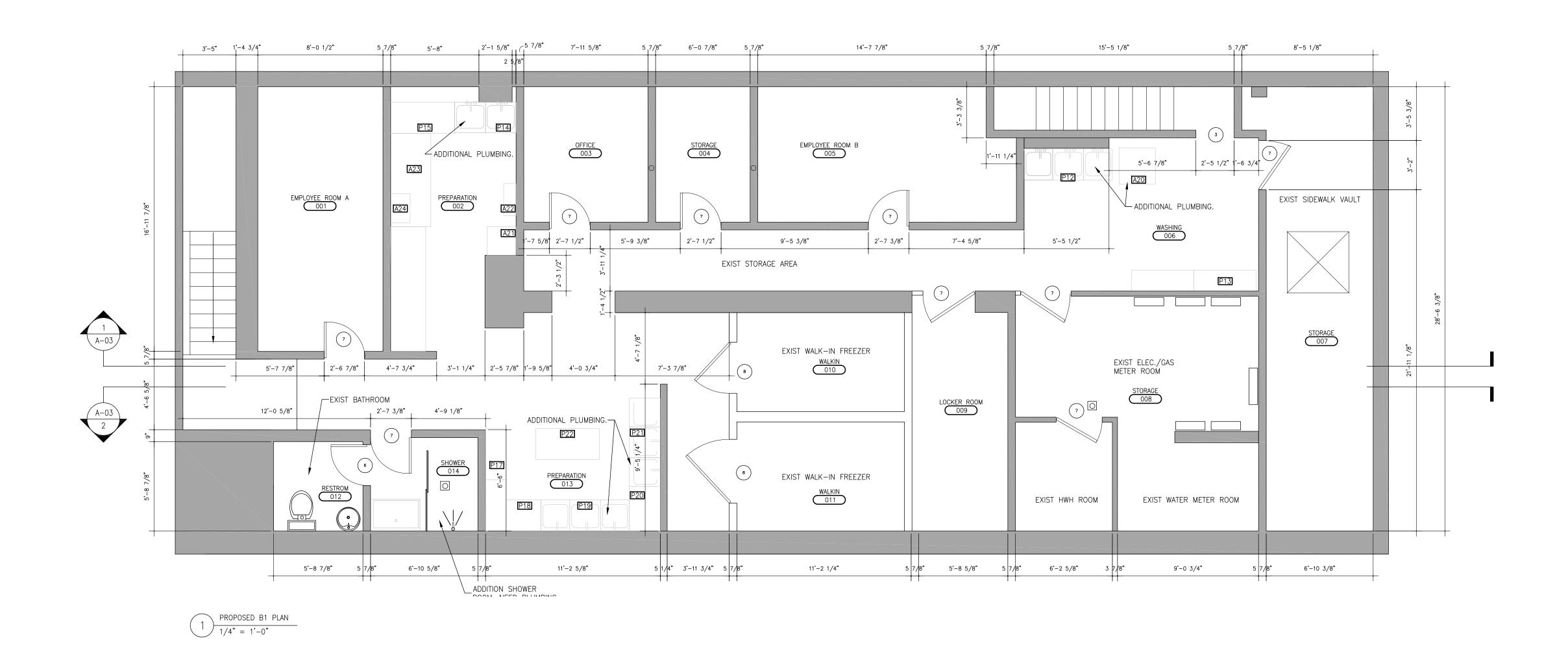
What type of establishment will this be? (check all that apply) ____Bar ___Bar & Food _χ_Restaurant ___Club/ Cabaret ___Hotel ___Other: ____

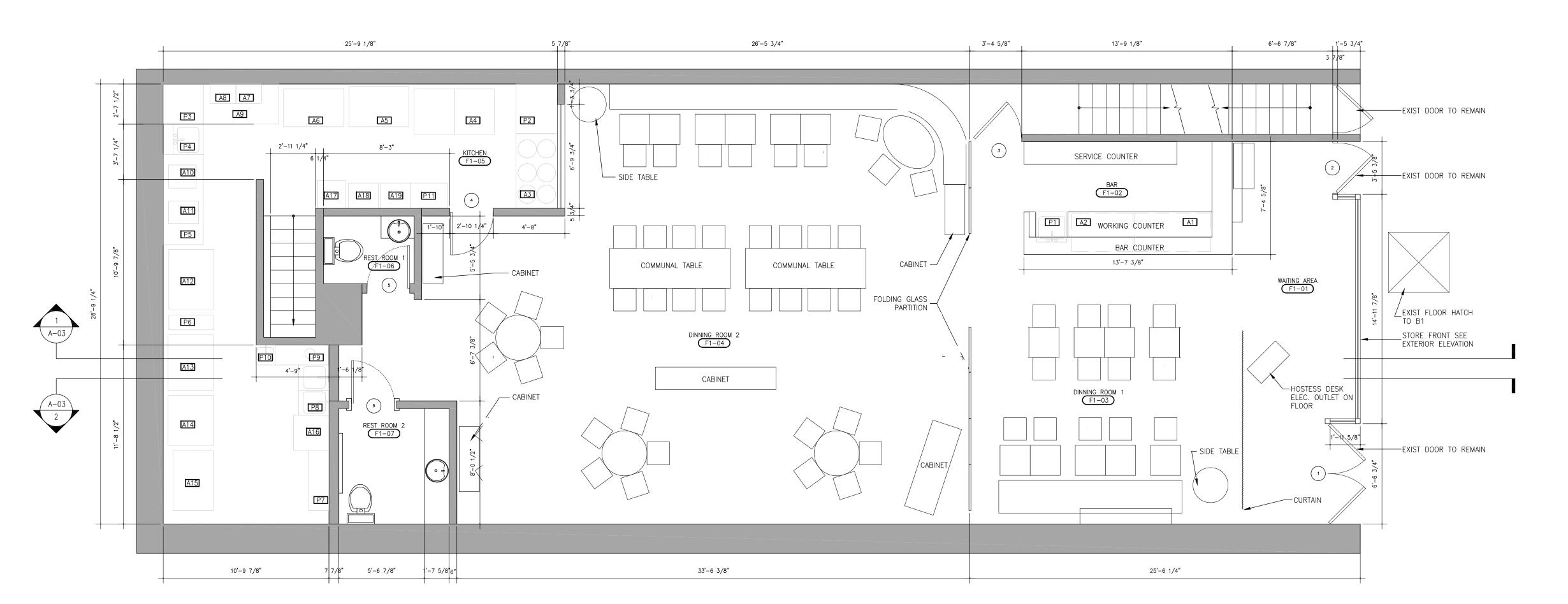
What are the Hours of Operation?	
Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Sa	aturday:
<u>1p to 11p to 12a </u>	<u>1p</u> to <u>12a</u>
Will the business employ a manager? X no yes, name / experience if known :	
Will there be security personnel? \underline{x} no $\underline{\hspace{0.5cm}}$ yes(if yes, what nights and how many?) $\underline{\hspace{0.5cm}}$ Do you have or plan to install French doors, accordion doors or windows that open? $\underline{\hspace{0.5cm}}$ n	no yes
If yes, please describe :	
Will you have TV's ? X no yes (how many?)	
Type of MUSIC / ENTERTAINMENT: Live MusicLive DJJuke Box _X Ipod	d / CDsnone
Expected Volume level: X Background (quiet) Entertainment level Amplified (check all that apply)	Music
Do you have or plan to install soundproofing? X no yes	
IF YES, will you be using a professional sound engineer?	
Please describe your sound system and sound proofing:	
Will you be permitting: promoted events scheduled performances outside any events at which a cover fee is charged? private parties Do you have plans to manage or address vehicular traffic and crowd control on the sidewa establishment? no yes (if yes, please attach plans) Will you be utilizing ropes movable barriers other outside equipment (des are your premises within 200 feet of any school, church or place of worship? x_ no for there is a school, church or place of worship within 200 feet of your premises or or place of which place is a school, church or place of worship within 200 feet of your premises or or place of which place is a school, church or place of worship within 200 feet of your premises or or place of which place is a school, church or place of worship within 200 feet of your premises or or place of which place is a school of the place of worship within 200 feet of your premises or or place of worship within 200 feet of your premises or or place of worship within 200 feet of your premises or or place of worship within 200 feet of your premises or or place of worship within 200 feet of your premises or or place of worship within 200 feet of your premises or or place of worship within 200 feet of your premises or or place of worship within 200 feet of your premises or or your premises or or your premises or or your premises or or your premises	alk caused by your scribe) yes n the same block,
please submit a block plot diagram or area map showing its' location in proximity to premises (no larger than 8 $\frac{1}{2}$ " x 11").	your applicant
Indicate the distance in feet from the proposed premise:	
Name of School / Church:	
Address: Distance:	

Name of School /	Church:	
Address:		Distance:
Name of School /	Church:	
Address:		Distance:
Please provide co you will address i		its / Community Board and confirm that if complaints are made
Contact Person:	Leslie Wang	Phone:
Address:		
Email :		
		lication submitted on If of the applicant by: Signature
	Print or Type Name	Zahra Lucas
	Title	<u>Representative - Elke A. Hofmann L</u> aw, PLLC

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





 $2 \frac{\text{PROPOSED F1 PLAN}}{1/4" = 1'-0"}$

GENERAL NOTE:

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SHALL CONSTITUTE CONCLUSIVE EVIDENCE OF
ACCEPTANCE OF THESE RESTRICTIONS.

T01,	CONSTRUCTION COMPLY WITH NOTES ON DRAV SCHEDULE ON DRAWING TO2, MATERIAL LEGEN VING TO1.
	TE REVISION
A:	
B:	
C:	
D:	
E:	
ARC	HITECT
MAX	LEE
MEC JOE	EHANICAL ENGINEER DENG
<u>EXP</u>	EDITER LEE

PROJECT NAME

HAO NOODLE & TEA 401 6TH AVENUE NEW YORK, NY 10014

PROJECT NO.

AREA

DRAWING TITLE

PROPOSED PLAN

DATE

SCALE ARCH D 1/4" = 1'-0"

SHEET NO.