

Terri Cude, Chair
Daniel Miller, First Vice Chair
Susan Kent, Second Vice Chair
Bob Gormley, District Manager



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Keen Berger, Secretary
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COMMUNITY BOARD No. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

www.cb2manhattan.org

P: 212-979-2272 F: 212-254-5102 E: info@cb2manhattan.org

Greenwich Village ♦ Little Italy ♦ SoHo ♦ NoHo ♦ Hudson Square ♦ Chinatown ♦ Gansevoort Market

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):

GOMMY 01 INC

Trade name (DBA):

TWOHANDS CORNDOGS

Premises address:

95 MACDOUGAL STREET STORE B, NEW YORK, NY 10012

Cross Streets and other addresses used for building/premise:

BLEECKER STREET, MINETTA LANE

CONTACT INFORMATION:

Principal(s) Name(s):

KIM, HO SAUNG

Office or Home Address:

[REDACTED]

City, State, Zip:

[REDACTED]

Telephone #:

[REDACTED]

email :

[REDACTED]

Landlord Name / Contact:

[REDACTED]

Landlord's Telephone and Fax:

[REDACTED]

NAMES OF ALL PRINCIPAL(s):

KIM, HO SAUNG

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

186 A ENTERPRISES INC / 186 AVENUE A, NEW YORK, NY 10009

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):

WE ARE A FAMILY RESTAURANT THAT WILL FOCUS ON CORN DOGS MADE BY SAUSAGE,
MOZZARELLA AND CHEDDAR.

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)
- OTHER : EATING PLACE BEER LICENSE

If upgrade, alteration, or transfer, please describe specific nature of changes:
(Please include physical or operational changes including hours, services, occupancy, ownership, etc.)

N/A

If this is for a new application, please list previous use of location for the last 5 years:

PIZZA RESTAURANT FROM 2012

Is any license under the ABC Law currently active at this location? yes no

If yes, what is the name of current / previous licensee, license # and expiration date: _____

JRS PIZZA & BREW CORP #1305711, EXPIRE ON 2/28/2022

Have any other licenses under the ABC Law been in effect in the last 10 years at this location?

yes no

If yes, please list DBA names and dates of operation:

SLICE & CO BRICK OVEN PIZZA INC, 8/30/2012

PREMISES:

By what right does the applicant have possession of the premises?

Own Lease Sub-lease Binding Contract to acquire real property other: _____

Type of Building: Residential Commercial Mixed (Res/Com) Other: _____

Number of floor: 6 Year Built : 1988

Describe neighboring buildings:

CONDOMINIUMS, WALK-UP APARTMENT BUILDING

Zoning Designation: C1-5 & R7-2

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 542 / 53

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? yes no

Is the premise located in a historic district? 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 : _____

Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space) 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?

no yes LETTER OF NO OBJECTION FROM DOB

If yes, what is the maximum occupancy for the premises? _____

If yes, what is the use group for the premises? _____

If yes, is proposed occupancy permitted? yes no, explain : _____

If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? yes no

Do you plan to file for changes to the Certificate of Occupancy? yes 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? no yes

(if yes, please describe: SIGNAGE CHANGE TO DBA NAME

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 450 SQFT

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? 0 How many bathrooms? 1

Is there access to other parts of the building? no yes, explain: _____

OVERALL SEATING INFORMATION:

Total number of tables? 3 Total table seats? 6

Total number of bars? 1 Total bar seats? 0

Total number of "other" seats? 0 please explain : _____

Total OVERALL number of seats in Premises : 6

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 0 Seats 0

How many service bars are being applied for on the premises? 1

Any food counters? 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 Restaurant Club/ Cabaret Hotel Other: _____

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:

12:00PM to 2:00AM 12:00PM to 2:00AM 12:00PM to 2:00AM 12:00PM to 2:00AM 12:00PM to 2:00AM 12:00PM to 2:00AM 12:00PM to 2:00AM

Will the business employ a manager? no yes, name / experience if known : _____

Will there be security personnel? no yes(if yes, what nights and how many?) _____

Do you have or plan to install French doors, accordion doors or windows that open? no yes

If yes, please describe : _____

Will you have TV's ? no yes (how many?) _____

Type of MUSIC / ENTERTAINMENT: Live Music Live DJ Juke Box Ipod / CDs none

Expected Volume level: Background (quiet) Entertainment level Amplified Music
(check all that apply)

Do you have or plan to install soundproofing? 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 promoters

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 sidewalk caused by your establishment? no yes (if yes, please attach plans)

Will you be utilizing ropes movable barriers other outside equipment (describe) _____

Are your premises within 200 feet of any school, church or place of worship? no yes

If there is a school, church or place of worship within 200 feet of your premises or on the same block, please submit a block plot diagram or area map showing its' location in proximity to your applicant premises (no larger than 8 ½ " x 11").

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 contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: KIM, HO SAUNG Phone: [REDACTED]

Address: [REDACTED]

Email : [REDACTED]

Application submitted on
behalf of the applicant by:

 [Handwritten Signature]
Signature

Print or Type Name KIM, HO SAUNG

Title PRESIDENT

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.

[Handwritten Signature: Carter Booth]

[Handwritten Signature: Robert Ely]

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

This report is for informational purposes only in aid of identifying establishments potentially subject to 500 and 200 foot rules. Distances are approximated using industry standard GIS techniques and do not reflect actual distances between points of entry. The NYS Liquor Authority makes no representation as to the accuracy of the information and disclaims any liability for errors.

Proximity Report For	
Location	95 Macdougall St, New York, New York, 10012
Geocode	Latitude: 40.72952 longitude: -74.00113
Report Generated On	7/5/2021

8 Closest Liquor Stores		
Name	Address	Distance
JUST ADVENTURE INC Ser #: 1259996	315 6TH AVENUE NEW YORK, NY 10014	509 ft
K & S MARKETING COMPANY INC Ser #: 1109520	222 THOMPSON STREET NEW YORK, NY 10012	617 ft
SPIRITS OF CARMINE INC Ser #: 1023606	52 CARMINE ST NEW YORK, NY 10014	708 ft
WINE HUT CORP, THE Ser #: 1234779	213B 6TH AVENUE KING ST & CHARLTON ST NEW YORK, NY 10014	1,013 ft
KRATZ WINES LLC Ser #: 1328267	23 JONES ST STORE EAST NEW YORK, NY 10014	1,016 ft
SOHO WINE & SPIRITS LTD Ser #: 1023583	459 W BROADWAY NEW YORK, NY 10012	1,242 ft
PORTUGUESE WINE HOUSE INC, THE Ser #: 1105353	98 7TH AVE SOUTH NEW YORK, NY 10014	1,403 ft
SUBAE INC Ser #: 1237386	394 AVENUE OF THE AMERICAS NEW YORK, NY 10011	1,515 ft

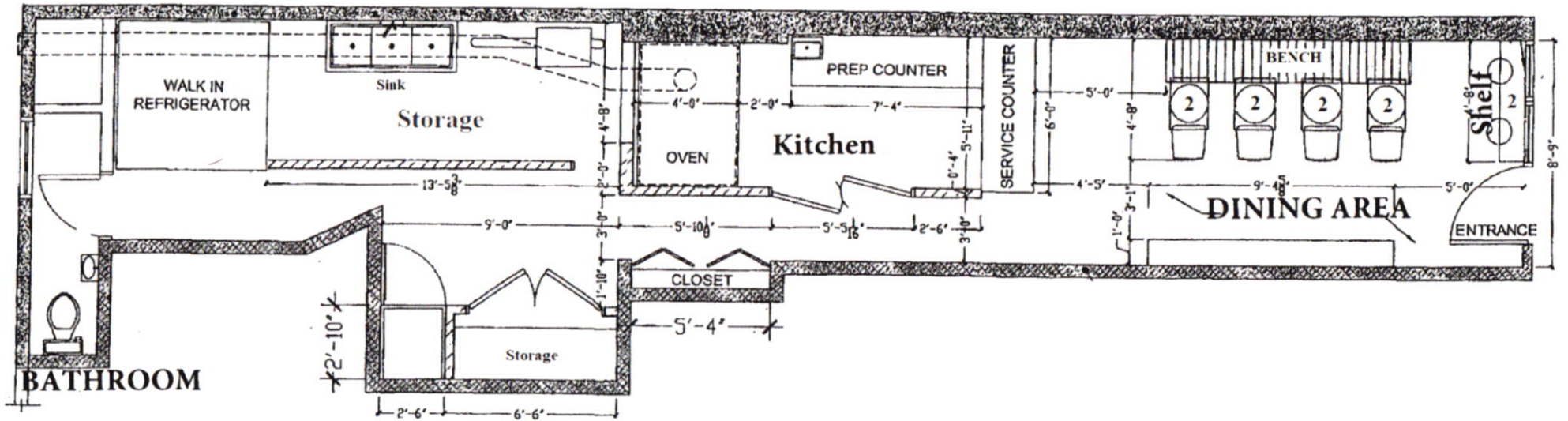
Schools within 500 feet		
Name	Address	Distance
No Schools within 500 feet		

Churches within 500 feet		
Name	Address	Distance
City Grace Christian Reformed		372 ft

Pending On Premises Liquor Licenses within 750 feet		
Name	Address	Distance
LUNGOPARMA LLC Ser #: 1335831	102 MACDOUGAL ST NEW YORK, NY 10012	104 ft
PAPPAS OG LLC Ser #: 1333220	103 105 MACDOUGAL ST NEW YORK, NY 10012	119 ft
BLEECKER HOSPITALITY LLC Ser #: 1335912	169 BLEECKER ST NEW YORK, NY 10012	351 ft

Active On Premises Liquor Licenses within 750 feet		
Name	Address	Distance
MONTES TRATTORIA LTD Ser #: 1025125	97 MACDOUGAL STREET NEW YORK, NY 10012	39 ft
NJMJ INC Ser #: 1309614	93 MACDOUGAL ST NEW YORK, NY 10012	44 ft
MELDA COMEDY LLC Ser #: 1263017	99 MACDOUGAL ST, LOWER LEVEL LOWER LEVEL NEW YORK, NY 10012	51 ft
CALEDONIAN NYC INC Ser #: 1205049	107 MACDOUGAL ST NEW YORK, NY 10012	155 ft
PESH LLC Ser #: 1333781	87 MACDOUGAL ST NEW YORK, NY 10012	159 ft
DRINK THIS LLC Ser #: 1283601	116 MACDOUGAL ST NEW YORK, NY 10012	169 ft
LUXOR LOUNGE INC Ser #: 1185483	118 MACDOUGAL STREET BLEECKER ST & WEST 3RD ST NEW YORK, NY 10012	175 ft
MACDOUGAL REST INC Ser #: 1025111	109 MACDOUGAL ST NEW YORK, NY 10012	184 ft
MAGIC LEMON INC Ser #: 1297209	181 BLEECKER ST NEW YORK, NY 10012	187 ft
MINETTA LANE L.P. Ser #: 1213586	111 113 MAC DOUGAL STREET NEW YORK, NY 10012	209 ft
ZMZ MACDOUGAL TAVERN LLC Ser #: 1302424	122 MACDOUGAL ST NEW YORK, NY 10012	242 ft
HITCHCOCK RESTAURANT GROUP LLC Ser #: 1281652	83 85 MACDOUGAL ST NEW YORK, NY 10012	253 ft
WHANY LLC Ser #: 1280246	115 MACDOUGAL ST NEW YORK, NY 10012	270 ft
DANTE GROVE ST LLC Ser #: 1285717	79 81 MACDOUGAL ST NORTH STORE NEW YORK, NY 10012	284 ft
JL SOLO INC Ser #: 1283384	206 SULLIVAN ST NEW YORK, NY 10012	289 ft
174 BLEECKER ST LLC Ser #: 1279028	174 BLEECKER ST NEW YORK, NY 10012	302 ft
DYNAMIC MUSIC CORP Ser #: 1025081	117 MACDOUGAL ST NEW YORK, NY 10012	304 ft
FABRIZIO PRIM CAVALLACCI Ser #: 1330814	119 MACDOUGAL ST NEW YORK, NY 10012	319 ft
LFNY LLC Ser #: 1322134	24 MINETTA LN NEW YORK CITY, NY 10012	344 ft
PASTA & POTATOES INC Ser #: 1024128	167 BLEECKER ST NEW YORK, NY 10002	361 ft
ALTA CUCINA 2 LLC Ser #: 1311601	260 264 6TH AVE NEW YORK, NY 10014	362 ft
NACO NYC LLC Ser #: 1265770	10 DOWNING ST NEW YORK, NY 10014	410 ft
130 WEST 3RD CAFE INC Ser #: 1025201	130 W 3RD STREET NEW YORK, NY 10012	413 ft
GBND ENTERPRISES INC Ser #: 1100905	130 WEST 3RD STREET NEW YORK, NY 10012	413 ft
134 WEST 3RD ST REST INC Ser #: 1244258	134 W 3RD STREET NEW YORK, NY 10012	415 ft
ASTRAEA MANAGEMENT INC Ser #: 1270292	163 BLEECKER ST NEW YORK, NY 10012	432 ft
MCCBREN CORP Ser #: 1227779	237 SULLIVAN STREET NEW YORK, NY 10012	446 ft
BENSUSAN RESTAURANT CORP Ser #: 1025037	131 W 3RD STREET NEW YORK, NY 10012	450 ft

Active On Premises Liquor Licenses within 750 feet		
Name	Address	Distance
JACK & ALICE LLC Ser #: 1286927	185 SULLIVAN ST NEW YORK, NY 10012	464 ft
125 HOSPITALITY LLC Ser #: 1299855	125 MACDOUGAL ST NEW YORK, NY 10012	467 ft
241 SULLIVAN ST CAFE CORP Ser #: 1107753	241 SULLIVAN STREET NEW YORK, NY 10012	480 ft
ENOTECA INC Ser #: 1113458	129 MACDOUGAL STREET NEW YORK, NY 10012	502 ft
CITIZENS OF BLEECKER LLC Ser #: 1323941	155 BLEECKER ST NEW YORK, NY 10012	523 ft
SOUTH VILLAGE HOSPITALITY GROUP LLC Ser #: 1269222	157 BLEECKER ST NEW YORK, NY 10012	530 ft
205 THOMSON STREET LLC Ser #: 1267915	205 THOMPSON ST NEW YORK, NY 10012	560 ft
151 BLEECKER LLC Ser #: 1237991	151 153 BLEECKER ST THOMPSON ST & LAGUARDIA PL NEW YORK, NY 10012	574 ft
CLAUDISAL REST CORP Ser #: 1025060	206 THOMPSON STREET NEW YORK, NY 10012	579 ft
SHARMA AND SINGH RESTAURANT GROUP INC Ser #: 1289662	154 BLEECKER ST AKA 184 THOMPSON ST NEW YORK, NY 10012	582 ft
WEST HOUSTON MACDOUGAL LLC Ser #: 1272798	146 W HOUSTON ST NEW YORK, NY 10012	587 ft
BANTER HOSPITALITY GROUP LLC Ser #: 1299450	169 SULLIVAN ST NEW YORK, NY 10012	598 ft
GFB RESTAURANT CORP Ser #: 1025088	86 W 3RD STREET NEW YORK, NY 10012	615 ft
OLD HAVANA INC Ser #: 1153415	222 THOMPSON ST PRINCE & HOUSTON STREETS NEW YORK, NY 10012	617 ft
GMT NEW YORK LLC Ser #: 1248787	142 BLEECKER ST UNITS C1 + 1B1 NEW YORK, NY 10012	642 ft
16 BEDFORD CORP Ser #: 1309641	14 16 BEDFORD ST NEW YORK, NY 10014	646 ft
TIPSY SHANGHAI RESTAURANT MANAGEMENT INC Ser #: 1309995	228 THOMPSON ST NEW YORK, NY 10012	647 ft
SHIPWRECKED BAR & GRILL INC Ser #: 1179433	149 BLEECKER STREET LA GUARDIA PL & THOMPSON ST NEW YORK, NY 10014	648 ft
DAV TSI DAV INC Ser #: 1025068	149 BLEECKER STREET 2FL 2ND FLR NEW YORK, NY 10012	648 ft
181 THOMPSON RESTAURANT LLC Ser #: 1262901	181 THOMPSON ST NEW YORK, NY 10012	649 ft
ALLORA 2 SPA INC Ser #: 1207707	82 W 3RD STREET BASEMENT THOMPSON ST & SULLIVAN ST NEW YORK, NY 10012	651 ft
JANKMAN LLC Ser #: 1281112	50 CARMINE ST NEW YORK, NY 10014	657 ft
230 BLEECKER CORP Ser #: 1276099	21 BEDFORD ST NEW YORK, NY 10014	680 ft
AMITY STREET INC Ser #: 1221671	80 W 3RD ST SULLIVAN ST & THOMPSON ST NEW YORK, NY 10012	682 ft
HALF PINT ON THOMPSON LLC Ser #: 1190346	234 THOMPSON ST AKA 76 W 3RD S NEW YORK, NY 10012	696 ft
SULLIVAN STREET PARTNERS I LLC Ser #: 1266084	128 W HOUSTON ST NEW YORK, NY 10012	697 ft
BLOSSOM ON CARMINE NYC INC Ser #: 1308936	41 CARMINE ST NEW YORK, NY 10014	708 ft



FIRST FLOOR DIAGRAM

GOMMY 01 INC
 95 MACDOUGAL STREET STORE B
 NEW YORK, NY 10012

Step 1

CHOOSE ANY CORN DOGS YOU WANT!



Two Hands Dog
\$3.99



Spicy Dog
\$4.49



Potato Dog
\$3.99



Crispy Rice Dog
\$3.99



K-Classic Dog
\$2.99



American Classic Dog
\$2.49



Injeolmi Dog
\$3.99

5pcs MEGA BOX

- Spicy Dog
- Potato Dog
- Classic Dog
- Two Hands Dog
- Crispy Rice Dog

\$18.99

Step 2

CHOOSE YOUR FILLINGS



100% Beef Sausage



Half Sausage & Half Mozzarella
+\$0.50



Whole Mozzarella
+\$0.50



Half Mozzarella & Half Cheddar
+\$1.00



Spicy Beef Sausage
COMING SOON

Step 3

ADD ANY SIDES OR DRINKS (IF YOU WANT 😊)



Dirty Fries
\$3.99



Lemonade Slush
\$2.99



Horchata Slush
\$2.99



SODAS
\$1.99



Robert D LiMandri
Commissioner

May 21, 2012

Scott D Pavan, R A
Deputy Borough
Commissioner
spavan@buildings.nyc.gov

Dana E Christian, Director
Licensing Issuance Division
New York State Liquor Authority
317 Lenox Avenue, 4th floor
New York, NY 10027

280 Broadway, 3rd Fl.
New York, NY 10007

www.nyc.gov/buildings
212-566-0021
212-566-5575

**Re: 95 MACDOUGAL STREET
BLOCK. 542; LOT: 53
ZONING DISTRICT: C1-5 & R7-2
MANHATTAN**

To Whom It May Concern

This is in response to your request dated April 24, 2012 for Letter of No Objection for **95 MacDougal Street**. There is no Certificate of Occupancy on file for this address. The block and lot records for this property indicates that on the 1st floor there is a commercial space.

This Department has **No Objection** for an **Eating and Drinking Establishment**, Use Group #6, Non-Place of Assembly, for less than seventy-five (75) persons only for **First (1st) floor** of the above referenced premises.

If this building is hereafter altered or its use changes an application for such alteration work or change of use must be filed and a certificate of occupancy shall be issued pursuant to Article 22 of Sub-Chapter 1 of the Administrative Code of the City of New York.

Please contact me if you have any additional questions or concerns regarding this matter. For more specific property information, please visit the "Building Information System" on our web site www.nyc.gov/buildings.

Sincerely,

A handwritten signature in black ink, appearing to be "SP" or similar initials, written over a horizontal line.

Scott D Pavan, R A
Deputy Borough Commissioner
Manhattan

SP/rc

Cc Derek Lee, P E, Borough Commissioner
Ginjo Topino, Plan Examiner
Premises File
LNO Files

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

FILING CHECKLIST

APPLICANTS SHOULD KEEP A COPY OF THIS APPLICATION AND THE SUPPORTING DOCUMENTS FOR THEIR RECORDS.

This checklist has been created to better assist you with the application process. All items on the checklist must be complete and accurate. If all items in the checklist are not submitted, the application may be disapproved for Failure to Comply.

Section 100(8) of the Alcoholic Beverage Control Law requires that Notice be posted in a conspicuous place at the entrance of the premises within 10 days of filing a new application to sell liquor at retail. This Notice does not apply to a premises that is currently licensed to sell liquor at retail. This Notice Form can be found on our website under "Notice to be Posted at Proposed Premises."

Section 110-b of the ABC Law requires ALL on-premises applicants (whether applying for beer, wine or liquor licenses) to notify the local Municipality or Community Board at least 30 days prior to filing an application the the Liquor Authority. A COPY OF THE COMPLETED STANDARDIZED FORM AND PROOF OF DELIVERY MUST BE SUBMITTED WITH THIS APPLICATION.

Applicants **MUST** submit the following sections of the license application when filing the application:

- | | |
|--|---|
| <input type="checkbox"/> Application Wizard Cover Page | <input type="checkbox"/> Method of Operation |
| <input type="checkbox"/> Application | <input type="checkbox"/> Personal Questionnaire (for each Principal, Lender, Donor, Joint Account Holder, etc. - signed and dated) |
| <input type="checkbox"/> Right to Premises | <input type="checkbox"/> Notice of Appearance (if represented by someone other than the applicant principals) |
| <input type="checkbox"/> Landlord Identification | <input type="checkbox"/> Applicant's Statement (signed and dated) |
| <input type="checkbox"/> Financial Disclosure | <input type="checkbox"/> Completed copy of the Standardized Notice Form for providing 30 days advance notice to the municipality with proof of delivery |
| <input type="checkbox"/> 500 Foot Law Statement | |
| <input type="checkbox"/> Statement of Area Plan | |
| <input type="checkbox"/> Establishment Questionnaire | |

Applicants **MUST** submit the following Supporting Documents when filing the application:

- Bond, Form L-9 (signed by an applicant principal and expiring at the end of the initial licensing term)
- Detailed Diagrams of the interior of the premises (see diagram instructions and examples at the end of this application)
- Financial Records showing the source and availability of funds to be used for the venture
- Lease/Deed/Contracts (you must provide proof that you have full control over the premises)
- Letter of request to waive the two restroom rule (if only one restroom)
- Menu
- Photo Identification for all applicant principals (copies only)
- Photos of applicant principals
- Photos of the proposed premises (exterior and interior - including bar, kitchen/food preparation area)
- Proof of Country of Citizenship for all applicant principals NOT currently licensed with the NYS Liquor Authority (e.g., copy of Birth Certificate, US Passport, Certificate of Naturalization, Permanent Resident Card)
- Submission of all the fees associated with this application (see Application Wizard Cover Page)

Applicants **MUST** submit the following Supporting Documents **before a license can be issued (Conditions of Approval)**:

- | | |
|--|---|
| <input type="checkbox"/> Assumed Name Filing Receipt (if DBA is used) | <input type="checkbox"/> NYS Department of State Corporate Filing Receipt or Business Certificate from County Clerk if Sole Proprietor or Partnership |
| <input type="checkbox"/> Certificate of Authority to Collect NYS Sales Tax | <input type="checkbox"/> Photos of the premises showing it ready to open and operate |
| <input type="checkbox"/> Certificate of Occupancy | <input type="checkbox"/> Workers' Compensation & Disability Insurance Policy numbers AND carrier names OR a Certificate of Attestation of Exemption from coverage |
| <input type="checkbox"/> Maximum Occupancy Certificate (if requesting the restroom waiver) | |
| <input type="checkbox"/> Newspaper Affidavit | |



OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice was Sent: 1a. Delivered by:

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

- New Application
 Renewal
 Alteration
 Corporate Change
 Removal
 Class Change
 Method of Operation Change

For **New** applicants, answer each question below using all information known to date

For **Renewal** applicants, answer all questions

For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s)

For **Corporate Change** applicants, attach a list of the current and proposed corporate principals

For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation

For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type

For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

3. Name of Municipality or Community Board:

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , NY Zip Code:

9. Business Telephone Number of Applicant/Licensee:

10. Business E-mail of Applicant/Licensee:

11. Type(s) of alcohol sold or to be sold:
 Beer & Cider
 Wine, Beer & Cider
 Liquor, Wine, Beer & Cider

12. Extent of Food Service:

- Full food menu; full kitchen run by a chef or cook
 Menu meets legal minimum food availability requirements; food prep area at minimum

13. Type of Establishment:

14. Method of Operation: (check all that apply)

<input type="checkbox"/> Seasonal Establishment	<input type="checkbox"/> Juke Box	<input type="checkbox"/> Disc Jockey	<input checked="" type="checkbox"/> Recorded Music	<input type="checkbox"/> Karaoke
<input type="checkbox"/> Live Music (give details i.e., rock bands, acoustic, jazz, etc.): <input type="text"/>				
<input type="checkbox"/> Patron Dancing	<input type="checkbox"/> Employee Dancing	<input type="checkbox"/> Exotic Dancing	<input type="checkbox"/> Topless Entertainment	
<input type="checkbox"/> Video/Arcade Games	<input type="checkbox"/> Third Party Promoters	<input type="checkbox"/> Security Personnel		
<input type="checkbox"/> Other (specify): <input type="text"/>				

15. Licensed Outdoor Area: (check all that apply)

<input checked="" type="checkbox"/> None	<input type="checkbox"/> Patio or Deck	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Garden/Grounds	<input type="checkbox"/> Freestanding Covered Structure
<input type="checkbox"/> Sidewalk Cafe <input type="checkbox"/> Other (specify): <input type="text"/>				

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

16. List the floor(s) of the building that the establishment is located on:

17. List the room number(s) the establishment is located in within the building, if appropriate:

18. Is the premises located within 500 feet of three or more on-premises liquor establishments? Yes No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:

Name

Serial Number

21. Does the applicant or licensee own the building in which the establishment is located? Yes (if YES, SKIP 23-26) No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name:

23. Building Owner's Street Address:

24. City, Town or Village: State: Zip Code:

25. Business Telephone Number of Building Owner:

Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice

26. Representative/Attorney's Full Name:

27. Representative/Attorney's Street Address:

28. City, Town or Village: State: Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: Title:

Principal Signature: _____



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Original Amended Date _____

LICENSE 29

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.

1. APPLICANT

Name of Applicant: GOMMY 01 INC
(e.g., Sole Proprietor, Partnership, Corporation, LLC, LLP, LP, etc.)

Trade Name(DBA): *(see instructions) ** must be provided if premises will be called by any name other than as listed in the "Name of Applicant"* TWOHANDS CORNDOGS

Premises Street Address: 95 MACDOUGAL STREET

City: NEW YORK, NY Zip Code: 10012

County: NEW YORK Telephone Number of Premises (include area code): (917) 902-7102

Mailing Address (if different than above):

City: State: Zip Code:

E-mail address (required): GOMMYWV01@GMAIL.COM

Business Website:

2. CONTACT (if different than applicant)

Name of Contact: YU, JAE Attorney Representative Contact Person

Office Address: 38-25 150TH STREET

City: FLUSHING State: NY Zip Code: 11354

Telephone Number of Office (include area code): (718) 445-5050

E-mail address (required): NYLICENSE@GMAIL.COM

3. For SEASONAL licenses only (select license date range): to:

4. Number of ADDITIONAL BARS (if any): 0

5. Which season will the add bars operate:

6. Federal Tax ID Number: [REDACTED]

7. Certificate of Authority to Collect NYS Sales Tax: [REDACTED]

[OFFICE USE ONLY]

DATE FILED: SERIAL #:

Approved Disapproved

License Board Member Date

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

8. TO BE FILLED IN ONLY BY SOLE PROPRIETOR OR PARTNERS (attach additional sheets if necessary)

Name of Individual/Partner	Residence	Social Security #:	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Individual/Partner	Residence	Social Security #:	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Individual/Partner	Residence	Social Security #:	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Individual/Partner	Residence	Social Security #:	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

9. TO BE FILLED IN ONLY BY CORPORATION OR LLC/LLP APPLICANTS (attach additional sheets if necessary)

Please list the names and addresses of Principals (Stockholders, Officers, Directors, LLC Members/Managers, LLP Partners)

Name of Principal	Residence	Social Security #:
<input style="width: 100%;" type="text" value="KIM, HO SAUNG"/>	<input style="width: 100%; background-color: black;" type="text"/>	<input style="width: 100%; background-color: black;" type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input style="width: 100%;" type="text" value="PRESIDENT"/>	<input style="width: 100%;" type="text" value="200"/>	<input style="width: 100%; background-color: black;" type="text"/>
Name of Principal	Residence	Social Security #:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Principal	Residence	Social Security #:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Name of Principal	Residence	Social Security #:
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>
Title	No. of Shares if Corporation OR % of ownership if LLC or Partnership	Date of Birth
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Note:
***If 10 or less shareholders,** list all stockholders, officers, directors, LLC members and LLC managers, if any. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for all.

***If more than 10 shareholders,** list all shareholders owning 10% or more of any class of its shares. Also, include any officers, directors, shareholders, LLC members, LLC managers and trustees. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for those individuals. Provide a listing of all other shareholders owning less than 10% interest. Include their name, home address, social security number, date of birth, shares or percentage of ownership, title, citizenship and any statutory disqualifications.

***Not-For-Profit Corporations,** list all principal officers and any director/trustee who is compensated on the license. Trustees/ Directors who are not compensated do not need to submit a Personal Questionnaire or fingerprints. However, the applicant must submit a list with the name and address of each such individual along with a statement that each such individual is eligible to hold a license. Applicants that have filed for a Club License only need to list a single individual as the Alcoholic Beverage Control Officer.

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

RIGHT TO PREMISES

1. RIGHT TO PREMISES

1a. By what right does the applicant have possession of the premises?

- Own
 Lease
 Sub-Lease
 Binding contract to acquire real property
 Written intent to lease
 Other (explain):

If leasing, the lease must run for the full term of the license period or at least be renewable to cover the full term. Month to month leases or month to month renewal terms are not acceptable. The tenant name on the lease must match the applicant name exactly.

1b. Do the terms of the lease or other arrangement require the applicant to provide any consideration based on a percentage of the receipts of the business? Yes No

If YES, please list the section/page of the lease this information can be found:

2. OTHER INTERESTED PARTIES

Does or will anyone other than the applicant/principals share on a percentage basis or in any way in the receipts, losses or deficiencies of the business to any extent whatsoever?

- Yes No

If YES, please state the names and addresses of such persons, the nature and percent of their share and date acquired.

Name	Address	Nature of interest	Date Acquired
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>
<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>	<div style="border: 1px solid black; height: 25px;"></div>

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

LANDLORD IDENTIFICATION INFORMATION

In order to obtain the most accurate information this form should be completed by the Landlord. This form must be completed and submitted regardless of whether the property owner is a third party landlord or the applicant.

1. Name of Landlord (as it appears on lease and deed):

95 MACDOUGAL STREET, LLC

2. Landlord Mailing Address

Street Address: 216-21 28TH AVENUE

City: BAYSIDE State: NY Zip Code: 11360

3. Telephone Number of Landlord: (718) 316-3125

4. Landlord Principals (ALL landlord principals must be disclosed below)

<small>Name</small>	<small>Address (if different than Landlord's mailing address above)</small>
JOHN KALOUMENOS	SAME AS ABOVE

<small>Name</small>	<small>Address (if different than Landlord's mailing address above)</small>
 	

<small>Name</small>	<small>Address (if different than Landlord's mailing address above)</small>
 	

<small>Name</small>	<small>Address (if different than Landlord's mailing address above)</small>
 	

5. Are any persons listed on this Landlord Identification Form currently or previously licensed under the ABC Law? Yes No

<small>Serial Number</small>	<small>Licensee Name</small>
 	

<small>Serial Number</small>	<small>Licensee Name</small>
 	

<small>Serial Number</small>	<small>Licensee Name</small>
 	

6. Are any persons listed on this form police officers? Yes No

If yes, list names below:

Name

Name

7. List number of years real property has been owned or legally controlled by the landlord: **22 YEARS**

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

500 FOOT LAW STATEMENT

Applicants for on premises liquor licenses must complete this section (Not required for on premises beer or wine applicants)

If the location is subject to the 500 Foot Law, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-b, 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within a 500 foot radius of three or more on premises liquor establishments and the population of the municipality is 20,000 or more. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

The Proposed Premises (check the appropriate box below):

- IS NOT WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.
- IS WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500 FOOT RADIUS, *UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.*)
- NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.
- NOT APPLICABLE - POPULATION OF CITY, TOWN OR VILLAGE IS UNDER 20,000
- NOT APPLICABLE - BEER, WINE AND CIDER ONLY

IMPORTANT:

YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS LOCATED WITHIN A 500 FOOT RADIUS OF THE PROPOSED PREMISES

For assistance, use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If a premises is within a 500 foot radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must **ATTACH A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

STATEMENT OF AREA PLAN
200 Foot Law

THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE

<p>1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH or PLACE OF WORSHIP WITHIN 300 FEET</p> <p>2. Is the premises within 200 feet of <u>ANY SCHOOL, CHURCH or PLACE OF WORSHIP?</u> (exclusive use as a church or place of worship will be determined by this agency) (please respond "YES" if ANY school, church or place of worship is within 200 feet)</p> <p style="text-align: center;"><input type="radio"/> Yes <input checked="" type="radio"/> No</p> <p>3. Submit a BLOCK PLOT DIAGRAM (aerial view of the building, with nearby businesses and residences labeled) showing the location of any school, church or place of worship (8-1/2" x 11")</p>
--

Indicate the distance in feet from the entrance of the proposed premises to the closest entrance of any school, church or place of worship.

Attach additional sheets if necessary.

ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN

1. Name of church/school:	<input type="text"/>
Address:	<input type="text"/>
Distance:	<input type="text"/>
2. Name of church/school:	<input type="text"/>
Address:	<input type="text"/>
Distance:	<input type="text"/>
3. Name of church/school:	<input type="text"/>
Address:	<input type="text"/>
Distance:	<input type="text"/>

For assistance use the "GIS MAPS - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If applying for a full liquor license (beer, wine and liquor) and the premises is within 200 feet of a school, church or place of worship, the application may be denied.

If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.

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<input type="radio"/> Original	<input type="radio"/> Amended Date _____

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.

1. Zoning

1a. State what the area is zoned for:
(e.g., Residential, Business, Mixed etc.) MIXED

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits? Yes No Pending

2. Premises

2a. Describe the type of building in which the premises will be located. MULTI UNIT

2b. Is or has the building/proposed premises been known by any other address? Yes No

If YES, please specify:

If the address was changed due to a 911 update or other government action, please include documentation for the change.

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

Currently Licensed Previously Licensed Never Licensed Do Not Know

Name of Licensee: JRS PIZZA & BREW CORP License Serial Number: 1305711

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

Yes No Do Not Know

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed? Yes No

Name of Licensee: INDORAMA INC License Serial Number: 1286126

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<input type="radio"/> Original	<input type="radio"/> Amended
Date	_____

3. Premises (interior):

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?
If yes, show the means of access on the interior diagram(s). Yes No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?
(e.g., hallway, stairwells, common areas, etc.) Yes No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises: 3h. Number of tables?

3i. Number of seats at tables? 3j. Number of seats at bar or counter?

4. Bars:

4a. How many customer bars are located on the premises?
(a customer bar is where patrons may order, purchase or receive alcoholic beverages)

4b. How many service bars? (a service bar is for wait staff use exclusively)

4c. Describe each bar in the fields below:

Bar 1

Bar Type:

Length:

Shape:

Location:

Bar 2

Bar Type:

Length:

Shape:

Location:

Bar 3

Bar Type:

Length:

Shape:

Location:

Attach additional sheets if there are more than 3 bars.

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<input type="radio"/> Original	<input type="radio"/> Amended
Date	_____

5. Kitchen:

5a. Does the premises have a full kitchen? Yes No

If NO, does the premises have a food preparation area? Yes No

Show Kitchen or Food Prep Area on the Interior Diagram

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU

5b. Is a chef/cook employed at the premises? Yes No

If YES, please list hours of day chef/cook will devote to the premises:

12:00PM-2:00AM, 7 DAYS

6. Hotel or Bed & Breakfast:

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises? Yes No

7. Outdoor Areas:

7a. Are there any outside areas used for the sale or consumption of alcohol? Yes No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

Sidewalk Cafe Deck Patio Porch Gazebo

Rooftop Yard Balcony Pavilion Tent

Other (describe):

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? Yes No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

Fencing Wall Shrubbery Roping Stanchions

Other (describe):

7f. Is a permit required by the locality for outside area(s)? Yes No

If yes, submit a copy of the permit.

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<input type="radio"/> Original	<input type="radio"/> Amended	Date

PROPOSED METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises? Yes No
(If YES, please provide details on a separate sheet)

1a. If the premises is not a catering establishment, will the premises periodically close to host private events? Yes No

If YES, how frequently?

2. Will the premises have music? Yes No

2a. If YES, check all that apply: Recorded DJ Juke Box Karaoke

Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):

2b. Will the premises use the services of an Event Promoter? Yes No

3. Will the premises permit dancing? Yes No

3a. If dancing is permitted, who will be permitted to dance? Patrons Employees for Entertainment Both

3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No

4. Will there be topless entertainment? Yes No

5. Will the business employ a manager? Yes No

5a. If NO, will principal(s) manage? Yes No

6. How many employees? (excluding principals and security personnel)

6a. If answer is "0" please provide an explanation:

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<input type="radio"/> Original	<input type="radio"/> Amended	Date

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions). If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:

Disability Insurance Carrier Name and Policy Number:

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996

8. Will security personnel be used at the premises? Yes No

9a. If YES, how many?

9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

The Licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

Each patron will be carded before ordering any alcohol and that they must present an acceptable form of state issued identification card or driver license. If necessary, server will limit patron's alcohol consumption by slowing down the service and offering water in the meantime for patrons who might already consumed too much alcohol. Server will deny alcohol sale to those who appear or might already be intoxicated persons. All employees will make sure that alcohol consumption will be confined to licensed premises only. The principal will be present and supervise the entire premise. For unruly patrons who is causing troubles, or if there is any altercations, we will be on high alert. We will immediately assess the situation before the situation escalates any further. If necessary, we will contact the authority for immediate assistance. Ensuring all patrons and employees safety is our top priority.

10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

Yes No

10a. If NO, please explain:

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link:
<http://sla.ny.gov/provisions-for-county-closing-hours>

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 Original Amended Date _____

PERSONAL QUESTIONNAIRE

- a. All principals to the license application must complete this questionnaire in full. (e.g., lenders, donors, guarantors and managers must also complete this questionnaire.)
- b. If you are a **lender, donor or guarantor** you must state your relationship to the applicant.
- c. Make duplicate blank forms as necessary.
- d. Answer all questions below.
- e. Attach additional sheets if more space is needed.

Name of Applicant

1. STATE OF IDENTIFICATION

Print **YOUR** name Date of Birth Social Security Number

Residence Street Address Gender Male Female

City State Zip Code Residence Telephone Cellular Telephone

E-mail Address U.S Citizen Yes No If NOT U.S. citizen - country of citizenship

Married Yes No If Married, Spouse Name Spouse Social Security Number

2. POSITION (or interest) you will hold (check each);

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> President | <input type="checkbox"/> Director | <input checked="" type="checkbox"/> Stockholder -----> <input type="text" value="[REDACTED]"/> Number of shares owned |
| <input type="checkbox"/> Vice President | <input type="checkbox"/> Manager | <input type="checkbox"/> LLC Member -----> <input type="text" value=""/> Percentage of ownership |
| <input type="checkbox"/> Secretary | <input type="checkbox"/> Partner | <input type="checkbox"/> LLC Manager |
| <input type="checkbox"/> Treasurer | <input type="checkbox"/> General Partner | <input type="checkbox"/> Lender* |
| <input type="checkbox"/> Chairman | <input type="checkbox"/> Limited Partner | <input type="checkbox"/> Donor* |
| <input type="checkbox"/> Officer | <input type="checkbox"/> Sole Proprietor | <input type="checkbox"/> Guarantor* |
| <input type="checkbox"/> ABC Officer | <input type="checkbox"/> Joint Account Holder | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Other (describe) | <input type="text" value=""/> | |

*If Lender, Donor, or Guarantor please state your relationship to the applicant.

Print YOUR Name **KIM, HO SAUNG**

3. RESIDENCE HISTORY

List your residence history for the past FIVE (5) years to the PRESENT DATE.

Address	From (mm/yyyy)	To (mm/yyyy)
[REDACTED]	[REDACTED]	[REDACTED]
Address	From (mm/yyyy)	To (mm/yyyy)
[REDACTED]	[REDACTED]	[REDACTED]
Address	From (mm/yyyy)	To (mm/yyyy)
[REDACTED]	[REDACTED]	[REDACTED]
Address	From (mm/yyyy)	To (mm/yyyy)
[REDACTED]	[REDACTED]	[REDACTED]

4. EMPLOYMENT HISTORY

List your employment history for the past FIVE (5) years to PRESENT DATE.
Also, list any employment history that shows experience in the alcohol industry.
Add additional sheets if necessary.

From (mm/yyyy)	To (mm/yyyy)	Employer
[REDACTED]	[REDACTED]	[REDACTED]
Position	Employer Address	
[REDACTED]	[REDACTED]	
Type of Business		
[REDACTED]		

From (mm/yyyy)	To (mm/yyyy)	Employer
[REDACTED]	[REDACTED]	[REDACTED]
Position	Employer Address	
[REDACTED]	[REDACTED]	
Type of Business		
[REDACTED]		

From (mm/yyyy)	To (mm/yyyy)	Employer
[REDACTED]	[REDACTED]	[REDACTED]
Position	Employer Address	
[REDACTED]	[REDACTED]	
Type of Business		
[REDACTED]		

Print **YOUR** Name

KIM, HO SAUNG

5. LICENSE HISTORY / AFFILIATIONS

5(a) If you are an applicant (e.g., proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business? Yes No

5(b) Will you take an active part in the operation of the business to be licensed? Yes No

If YES, please explain the nature of activity and the hours you will devote to the business (hours, days, responsibilities):

I WILL MANAGE ALL KINDS OF BUSINESS ACTIVITIES DURING 2:00PM-10:00PM TUESDAY-SATURDAY SUCH AS MANAGING EMPLOYEES, ORDERING FOOD AND SUPPLY, WRITING CHECK TO PAY BILLS AND SO ON.

5(c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans? Yes No

If YES, please provide information below:

Business Name

Business Address

[Redacted]

Type of Interest

Date Interest Began

License Serial Number

[Redacted]

Business Name

Business Address

[Empty box]

[Empty box]

Type of Interest

Date Interest Began

License Serial Number

[Empty box]

[Empty box]

[Empty box]

Business Name

Business Address

[Empty box]

[Empty box]

Type of Interest

Date Interest Began

License Serial Number

[Empty box]

[Empty box]

[Empty box]

Print YOUR Name **KIM, HO SAUNG**

5. LICENSE HISTORY / AFFILIATIONS

5(d) Other than as itemized in 5(c) above, have you ever applied in New York State or anywhere for a license or permit to traffic in alcoholic beverages, including any application as a partnership, limited partnership, limited liability entity or corporation in which you are/were a principal? Yes No

If YES, please provide information below:

Name of Applicant	Address of Premises
<input type="text"/>	<input type="text"/>

Disposition	Date of Filing	License Serial Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Applicant	Address of Premises
<input type="text"/>	<input type="text"/>

Disposition	Date of Filing	License Serial Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Applicant	Address of Premises
<input type="text"/>	<input type="text"/>

Disposition	Date of Filing	License Serial Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of Applicant	Address of Premises
<input type="text"/>	<input type="text"/>

Disposition	Date of Filing	License Serial Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

5(e) Has a license or permit listed above been REVOKED, CANCELLED or otherwise **Involuntarily Terminated?** Yes No

If YES, please provide information below:

5(f) Are you a police commissioner or law enforcement / police officer? Yes No

If YES, please provide details:

<input type="radio"/> Original <input type="radio"/> Amended OFFICE USE ONLY Date

NOTICE OF PUBLICATION

All applicants for licenses for on premises consumption **must publish a NOTICE in a newspaper once a week for two successive weeks** as hereinafter provided per Section 107 of the ABC Law.

- If the proposed premises are located in any county **other** than New York, Kings, Queens or Bronx, the NOTICE shall be published in a daily **OR** weekly newspaper in the **city, town or village** where the premises are located. If there is no daily or weekly newspaper published in the city, town or village in which the proposed premises is located, then such notice shall be published in a daily or weekly newspaper published in the county in which the proposed premises is located.
- If the proposed premises are located in the counties of New York, Kings, Queens or Bronx, the NOTICE shall be published in one daily **AND** one weekly newspaper published in the county where the premises are located.

The NOTICE shall be printed in English in the following form:

Notice is hereby given that a license, number *(fill in serial number, if not known write "Pending" in this space)* for *(fill in beer, cider, liquor and/or wine, as the case may be)* has been applied for by **the undersigned*** to sell *(fill in beer, cider, liquor and/or wine, as the case may be)* at retail in a *(hotel, club, restaurant, vessel, rail car or other type of establishment, as the case may be)* under the Alcoholic Beverage Control Law at *(fill in street address, city, town or village and county in which the premises are located)* for on premises consumption.

(*Applicant's name and Trade Name of business (DBA) must appear at the bottom of the advertisement)

The first publication shall be made within 10 days of filing the application. Applicant shall obtain two original copies of proof of publication. One copy must be submitted to the Authority within **15 days** of receipt. The second copy shall be retained by the applicant. **Except for good cause shown, the Authority shall not issue the license unless proof of publication is submitted within such 15 day period.**

The form of proof of publication shall be as follows. This affidavit should be completed by a representative of the publishing newspaper:

STATE OF NEW YORK

COUNTY OF _____

_____ of _____ being duly sworn, says that (s)he is _____ of the publishers of the _____, a (daily) or (weekly) newspaper (printed and) published in the (city, town, village or county) _____, and that the notice of which the annexed is a true copy, has been published in said newspaper for once a week for two successive weeks commencing on the _____ day of _____.

Sworn to before me this _____ day of _____

<input type="radio"/> Original <input type="radio"/> Amended <input type="text"/> Date <div style="text-align: right; font-size: small;">OFFICE USE ONLY</div>

APPLICATION FOR LIQUIDATOR'S PERMIT

This application is to be completed by the retail licensee who is selling or liquidating their business and who proposes to dispose of the stock of alcoholic beverages in connection with such sale. The application must be accompanied by a **SEPARATE** check made payable to the NYS Liquor Authority for a total of \$36.00. This permit is valid for one transaction only and requires the sale of the **entire stock of unopened alcoholic beverages owned** by the permittee. When the sale is approved, an inventory signed and dated by the permittee (the seller), listing the type, brand name, size and number of containers of alcoholic beverages to be sold, must be submitted to the NYS Liquor Authority. **The application will be disapproved if the seller is delinquent on any payments to their wholesaler distributors.**

SELLER'S INFORMATION

License serial number:

Seller's name:

Trade name:

Premises address:

City, town or village: Zip Code: County:

Telephone number: E-mail address (required):

Provide date of sale:

BUYER'S INFORMATION

Buyer's name:

Trade name:

Premises address:

City, town or village: Zip Code: County:

Telephone number: E-mail address (required):

The applicant hereby represents that if a permit is issued, the following must be compiled with:

1. The alcoholic beverages will be sold and delivered only to manufacturers, wholesalers and retailers duly licensed by the State Liquor Authority.
2. The permittee will pay all excise taxes imposed by or under provisions of Article 18 of the Tax Law and will comply with the rules and regulations of the State Tax Commission.
3. License must be surrendered or placed in safekeeping before permit can be issued.

ATTACH ADDITIONAL SHEETS LISTING ALL OF THE INFORMATION REQUESTED ABOVE IF THERE WILL BE MORE THAN ONE LICENSEE PURCHASING YOUR INVENTORY AS PART OF THIS TRANSACTION. NO ADDITIONAL FEE IS NEEDED IF PRODUCT IS BEING SOLD TO MULTIPLE PARTIES DURING THIS TRANSACTION.

THE FOLLOWING CERTIFICATION MUST BE SIGNED AND DATED BY BOTH PARTIES. THE PARTIES SWEAR THAT THE ANSWERS AND STATEMENTS MADE HEREIN ARE TRUE TO THEIR OWN KNOWLEDGE.

Seller's Signature: _____ Date: _____

Buyer's Signature: _____ Date: _____

Serial Number: _____	OFFICE USE ONLY - DO NOT WRITE IN THIS BOX
Seller on COD? <input type="radio"/> Yes <input type="radio"/> No Inventory attached? <input type="radio"/> Yes <input type="radio"/> No Current Lic Surr or Sk? <input type="radio"/> Yes <input type="radio"/> No	
SLA ACTION: <input type="radio"/> Approved <input type="radio"/> Disapproved By: _____ Date: _____	

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

STATE OF NEW YORK NOTICE OF APPEARANCE

Section 166 of the Executive Law requires a regulatory agency to maintain for public inspection, a record of who appears before it, for a fee as a third party (e.g., an attorney, an agent, lobbyist*, or representative) on behalf of a person or organization subject to the regulatory jurisdiction of the agency. This usually occurs when the third party's client is involved in an enforcement, formal permit, or application matter. *This form is subject to all the rules and regulations of the Freedom of Information Law. Information that is confidential as a matter of law need not be furnished.*

Agency: NYS Liquor Authority / Division of Alcoholic Beverage Control

Date:

Division / Bureau: LICENSING DEPARTMENT

1. Name of individual appearing: YU, JAE

Address: 38-25 150TH STREET FLUSHING NY 11354

Telephone: (718) 445-5050

E-mail: NYLICENSE@GMAIL.COM

2. Client represented: GOMMY 01 INC

Address: 95 MACDOUGAL ST STORE B NEW YORK NY 10012

Telephone: (917) 902-7102

3. Subject of appearance: **Regulatory / Enforcement** **Lobbying**

4. Acting in the capacity of: **Attorney** **Lobbyist** **Agent** **Other (describe below)**

Description:

5. Are you being compensated: **Yes** **No**
If YES, Check FEE or SALARY: **FEE** **SALARY**

6. Signature of individual appearing: _____

7. Agency official (printed name):

Signature: _____

*A LOBBYIST is a person or organization, other than a New York State government employee acting in an official capacity, who appears for the purpose of influencing the adoption or rejection of proposed rules, regulations, rates, legislation, including the State budget or the specification or award of a State Procurement Contract. An "appearance" for lobbying purposes can be a personal visit, letter, telephone call, conversation at a meeting, or any other type of contact, but does not include "on the record" proceedings or hearings.



OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

APPLICANT STATEMENT

I, [print name] KIM, HO SAUNG

(the sole proprietor, partner, corporate principal or, LLC/LLP member)

understand that the State Liquor Authority will rely on each and every answer in the application and accompanying documents in reaching its determination and state, under penalty of perjury, that all statements and representations therein are true to the best of my knowledge and belief; and

I state that the location and description of the premises to be licensed does not violate any requirement of the ABC law or other state or local ordinances; and

I understand that if any change occurs in the information provided to the Authority in the application, the licensee must notify the Authority by certified mail within 48 hours and if any change occurs after receipt of the license, the licensee must notify the Authority by certified mail within 10 days. I understand that failure to give such notice may result in disapproval of the application or revocation or non-renewal of any license for which this application is submitted; and

I understand that the licensee will be bound by the statements and representations made in the application, including, but not limited to the licensee's method of operation and the identity of persons with an ownership or financial interest in the licensed premises; and that all statements and representations made become conditions of the license; and

I understand that any physical alterations to, or changes to the size of the area used for the sale and consumption of alcoholic beverages, must be reported to the Authority and may require the approval of the Authority; and

I understand that the licensee must keep the Authority advised of any change in the mailing addresses of the licensee, the licensee's principals, and the licensee's landlord.

I understand that the licensee's failure to operate the licensed premises in accordance with the statements and representations made in the application may result in revocation of any license for which the application was submitted; and

I understand that any false statement or misrepresentation will constitute cause for disapproval of the application or revocation or non-renewal of any license for which this application is submitted.

Signature

Date