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



Antony Wong, Treasurer Keen Berger, Secretary Erik Coler, Assistant Secretary

COMMUNITY BOARD NO. 2, MANHATTAN

3 Washington Square Village New York, NY 10012-1899

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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 <u>5</u> <u>business days</u> before the Committee meeting. In addition, bring <u>10 copies</u> 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:

- 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): NY JJOON YBUZA, LLC. |
| Trade name (DBA): OH K Dog & Egg Toast. |
| Premises address: 70 Tex Ave S, New York, NY 10014 |
| Cross Streets and other addresses used for building/premise: Barrow St. & Commerce St. |
| CONTACT INFORMATION: |
| Principal(s) Name(s): Jeff kijun Chang |
| Office or Home Address: 70 7th Aul S. |
| City, State, Zip: New York, NY 10014 |
| Telephone #: P B email : |
| Landlord Name / Contact: |
| Landlord's Telephone and Fax: |
| NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD Jeff Kijun Chang |
| Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on"): We are korean restaurant that will focus on Serving tipical korean snacks to our reighbors. |

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:/ Year Built :/950 | | | | | | |
| Describe neighboring buildings: Residential on left & Commercial on 2. | | | | | | |
| Zoning Designation: $C \ge -6$ | | | | | | |
| Zoning Overlay or Special Designation (applicable) | | | | | | |
| Block and Lot Number: 58 / 1 61 | | | | | | |
| Does the premise occupy more than one building, zoning lot, tax lot or more than one floor?yes _vno | | | | | | |
| Is the premise located in a historic district? yesno | | | | | | |
| (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) yes : explain | | | | | | |
| What is the proposed Occupancy? <u>Restaurant</u> | | | | | | |
| Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits? noyesletter of No Objection | | | | | | |
| If yes, what is the maximum occupancy for the premises?74 | | | | | | |
| 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? yesno | | | | | | |
| Do you plan to file for changes to the Certificate of Occupancy? yesno (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? yes | | | | | | |
| (if yes, please describe: | | | | | | |

| INTERIOR OF PREMISES: | | | | | | | |
|---|--|--|--|--|--|--|--|
| What is the total licensed square footage of the premises? | | | | | | | |
| If more than one floor, please specify square footage by floors: 4005f / Floor | | | | | | | |
| If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area? | | | | | | | |
| If more than one floor, what is the access between floors? | | | | | | | |
| How many entrances are there?/_ How many exits?/_ How many bathrooms ?/_ | | | | | | | |
| Is there access to other parts of the building? Vno yes, explain: | | | | | | | |
| OVERALL SEATING INFORMATION: | | | | | | | |
| Total number of tables? 4 Total table seats? 8 | | | | | | | |
| Total number of bars? Total bar seats? | | | | | | | |
| Total number of "other" seats? please explain : beside Counter | | | | | | | |
| Total OVERALL number of seats in Premises :/ | | | | | | | |
| BARS: | | | | | | | |
| How many *stand-up bars / bar seats are being applied for on the premises? Bars VBseats | | | | | | | |
| How many service bars are being applied for on the premises?V_A | | | | | | | |
| Any food counters? noyes, describe : Shape. | | | | | | | |
| 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) | | | | | | | |
| BarBar & FoodRestaurantClub/ CabaretHotelOther: | | | | | | | |

What are the Hours of Operation?

| Sunday: | Monday: | Tuesday: | Wednesday: | Thursday: | Friday: | Saturday: |
|--|--|---|--|---|---|---|
| 0:30 to 10:00 | to 10:00 | 10=30 to 10:00 | 10:30 1/0:00 | 10:30 to 10:00 | 10:30 to 10:00 | 10:30 to 10:00 |
| Will the busi | ness employ | a manager? _ | ✓noyes | , name / experier | nce if known: | |
| Will there be Do you have | e security pers e or plan to ins | sonnel? <u>V</u> no stall French do | o yes(if y ors, accordion o | es, what nights a loors or windows | nd how many? that open? | ?) noyes |
| | | | | | *************************************** | **** |
| Will you hav | e TV's ? 🗹 | no yes (| (how many?)_ | | | * |
| Type of MU | SIC / ENTER | TAINMENT: _ | Live Music _ | Live DJJ | uke Box | Ipod / CDs <u></u> none |
| Expected Vo | olume level: at apply) | Backgrour | nd (quiet) I | Entertainment lev | el Amplit | ied Music |
| Do you have | or plan to ins | stall soundproc | fing? <u>V</u> no | yes | | |
| IF YES, will | IF YES, will you be using a professional sound engineer? | | | | | |
| Please describe your sound system and sound proofing: | | | | | | |
| Will you be p | permitting: | _ promoted ev | entssche | duled performand | es outs | ide promoters |
| any eve | ents at which | a cover fee is o | charged? p | orivate parties | | |
| Do you have establishme | plans to mar | nage or addres yes (if ye | s vehicular traffi s, please attach | ic and crowd cont n plans) | rol on the side | walk caused by your |
| Will you be u | utilizing | ropes mo | ovable barriers | other outsid | e equipment (| describe) |
| Are your pre | mises within 2 | 200 feet of any | school, church | or place of worsh | ip?no _ | yes |
| please subr | nit a block p | ch or place or lot diagram or n 8 ½ " x 11"). | area map sho | n 200 feet of you wing its' location | ır premises o n in proximity | r on the same block, to your applicant |
| Indicate the distance in feet from the proposed premise: | | | | | | |
| Name of Sch | nool / Church: | - | | | | |
| Address: | | | | | _ Distance: _ | |

| Name of School / C | Church: | |
|------------------------|-----------------------|--|
| Address: | 7.000 | Distance: |
| Name of School / C | hurch: | |
| Address: | | Distance: |
| you will address it ir | mmediately. | Community Board and confirm that if complaints are |
| Contact Person: | Jeff | Phone: |
| Address: | 70 TER AUR. | S, New York, NY 10014 |
| Email : | OKKdogwestur | Cage a grant. Com |
| | Applicat behalf of | ion submitted on the applicant by: |
| | Print or Type Name | King Xy Representative |

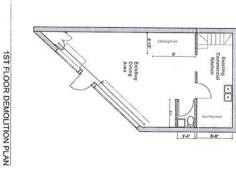
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.

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

Robert Ely, Co-Chair

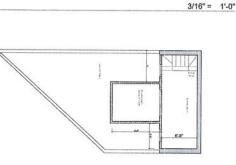
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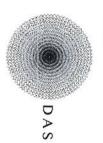




3/16" = 1'-0" 54

3/16" = 1'-0"





ARCHITECT

DEVANG ARVIND SHAH ARCHITECTURE, PLLC

237 HANCOCK ST #10 BROOKYLN, NY 11216

CLIENT & LOCATION

70 7TH AVE SOUTH NEW YORK, NY OH-K DOG

1ST FL PROPOSED PLAN

1ST FLOOR DEMOLITION PLAN 1

MEZZANINE PROPOSED PLAN

ENERGY ANALYSIS

SCOPE OF WORK: 2020 NYCEGO DEFINITIONS CLIMATE ZONE 4A AND SPECIFICATIONS APE IN COMPLIANCE WITH THE ECCONIS 2020.

PROPOSED DESIGN VALUE 30% HIGH EFFICIENCY LANDS MAY DIVALUE, MASS WATT. 46464 48554

1/4" = 1'-0"

FLOOR DETAIL

FLOOR DETAIL BATHROOM

1/4" = 1'-0"

KEY CO2/SMOKE DETECTOR
 CEILING LIGHT

THIS PLAN IS JAPROVED FOR WORK NOICATED ON THE JAPLOCATION SPECIFICATIONS SHEET, ALL OTHER MATTERS SHOWN ARE NOT TO BE RELIED UPON OR TO BE CONSIDERED AS EITHER BEING A PAPROVED, OR IN ACCORDANCE WITH JAPROVED, OR IN ACCORDANCE WITH JAPROVED AND THE JAPROVED A

DOB JOB # ???????

DEMOLITION AND PROPOSED PLANS, ENERGY CODE, & DETAILS



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