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## COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

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### **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): NY JJOONYBUZA, LLC.

Trade name (DBA): OH K Dog & Egg Toast.

Premises address: 70 7th 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 Ave S.

City, State, Zip: New York, NY 10014

Telephone #: [REDACTED] email: [REDACTED]

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

**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 typical Korean snacks to our neighbors.  
\_\_\_\_\_  
\_\_\_\_\_

## 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: 1 Year Built: 1950

Describe neighboring buildings: Residential on left & Commercial on right

Zoning Designation: C2-6

Zoning Overlay or Special Designation (applicable) None

Block and Lot Number: 587, 61

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? Restaurant

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?

☐ no ☒ yes Letter of No Objection

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? ☒ 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: \_\_\_\_\_



## INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 800 sf

If more than one floor, please specify square footage by floors: 400sf / 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? Stair

How many entrances are there? 1 How many exits? 1 How many bathrooms? 1

Is there access to other parts of the building? ☒ no ☐ 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? 7 please explain: Beside Counter

Total OVERALL number of seats in Premises: 15

## BARS:

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

How many service bars are being applied for on the premises? N/A

Any food counters? ☐ no ☒ yes, describe: L 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)

☐ Bar ☐ Bar & Food ☒ Restaurant ☐ Club/ Cabaret ☐ Hotel ☐ Other: \_\_\_\_\_

What are the Hours of Operation?

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

10:30 to 10:00 10:30 to 10:00 10:30 to 10:00 10:30 to 10:00 10:30 to 10:00 10:30 to 10:00 10:30 to 10:00  
am pm

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 1/2 " 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: Jeff Phone: [REDACTED]

Address: 70 7th Ave. S, New York, NY 10014

Email: okkdogwestvillage@gmail.com

Application submitted on  
behalf of the applicant by:

[Signature]  
Signature

Print or Type Name Ying Xu

Title 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.

Carter Booth

[Signature]

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



