

ENTITY TO BE FORMED BY SAMUEL YOO
116 ELIZABETH STREET
NEW YORK, NY 10013

MANHATTAN COMMUNITY BOARD 2

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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 **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)

APPLICANT INFORMATION:

Name of applicant(s):

ENTITY TO BE FORMED BY SAMUEL YOO

Trade name (DBA):

PENDING

Premises address:

116 ELIZABETH STREET NEW YORK, NY 10013

Cross Streets and other addresses used for building/premise:

GRAND STREET AND BROOME STREET

CONTACT INFORMATION:

Principal(s) Name(s):

SAMUEL YOO

Office or Home Address:

[REDACTED]

[REDACTED]

City, State, Zip:

NEW YORK, NY 10013

Telephone #:

[REDACTED]

email :

[REDACTED]

Landlord Name / Contact:

GORDON LAU

Landlord's Telephone and Fax:

[REDACTED]

[REDACTED]

NAMES OF ALL PRINCIPAL(s):

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

SAMUEL YOO

123 MADISON LLC, 123 MADISON STREET NEW YORK, NY 10002

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

see attached

[REDACTED]

116 Elizabeth Street Concept

Golden Diner's new project, located at 116 Elizabeth Street, will be a local Asian pub serving the residents of Chinatown, Little Italy and Nolita. The restaurant and pub will offer a full menu featuring a wide variety of Asian street and pub foods that the owner, Sam Yoo, has cooked and experienced as an Asian-American chef born and raised in New York City.

The menu will also highlight the artisanal craft beers and liquors being produced in Asia. We will offer highly-crafted cocktails and beers made with the best quality ingredients that Asia has to offer today.

Similar to Yoo's first restaurant, Golden Diner, 116 Elizabeth Street will be deeply considerate of supporting its neighboring communities by participating and hosting fundraisers for local non-profit organizations and schools. We hope to be integrate ourselves seamlessly with the neighborhood by enriching our community through sharing culture, and offering an affordable luxury that will be both accessible and inclusive- a core value in our businesses' ethos.

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 : _____

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:

VACANT COMMERCIAL SPACE

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: _____
N/A

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:

N/A

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: 5 Year Built : 1900

Describe neighboring buildings:

MIXED-USE RESIDENTIAL AND COMMERCIAL

Zoning Designation: C6-2G

Zoning Overlay or Special Designation (applicable) LI

Block and Lot Number: 470 / 37

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? N/A

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

no yes *the applicant is working with landlord and architect to obtain the necessary DOB documents.

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? 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: will be adding a sign on the facade to display the name of the business

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 2,100 SQ FT.

If more than one floor, please specify square footage by floors: BASEMENT:1,300 SQ FT. GR FLOOR: 1,800 SQ FT

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? stairwell, hatch

How many entrances are there? 1 How many exits? 1 How many bathrooms? 3

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

OVERALL SEATING INFORMATION:

Total number of tables? 15 Total table seats? 40

Total number of bars? 1 Total bar seats? 20

Total number of "other" seats? N/A please explain: N/A

Total OVERALL number of seats in Premises: 60

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 20

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

Any food counters? X no _____ yes, describe: _____

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: N/A

* 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 X Bar & Food X Restaurant Club/ Cabaret Hotel Other: _____

What are the Hours of Operation?

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

11AM to 2AM 11AM to 2AM

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

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

If yes, please describe :

Will you have TV's ? no yes (how many?) ⁴

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:

6 SONOS STYLE SPEAKERS SPREAD EVENLY THROUGHOUT THE RESTAURANT AND BATHROOM

Will you be permitting: promoted events scheduled performances outside promoters

any events at which a cover fee is charged? private parties (ON OCCASS/ON)

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, or 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: N/A

Address: _____ Distance: _____

Name of School / Church: N/A _____

Address: _____ Distance: _____

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

Contact Person: SAMUEL YOO _____ Phone: [REDACTED] _____

Address: [REDACTED] _____

Email : [REDACTED] _____

Application submitted on
behalf of the applicant by:

Signature

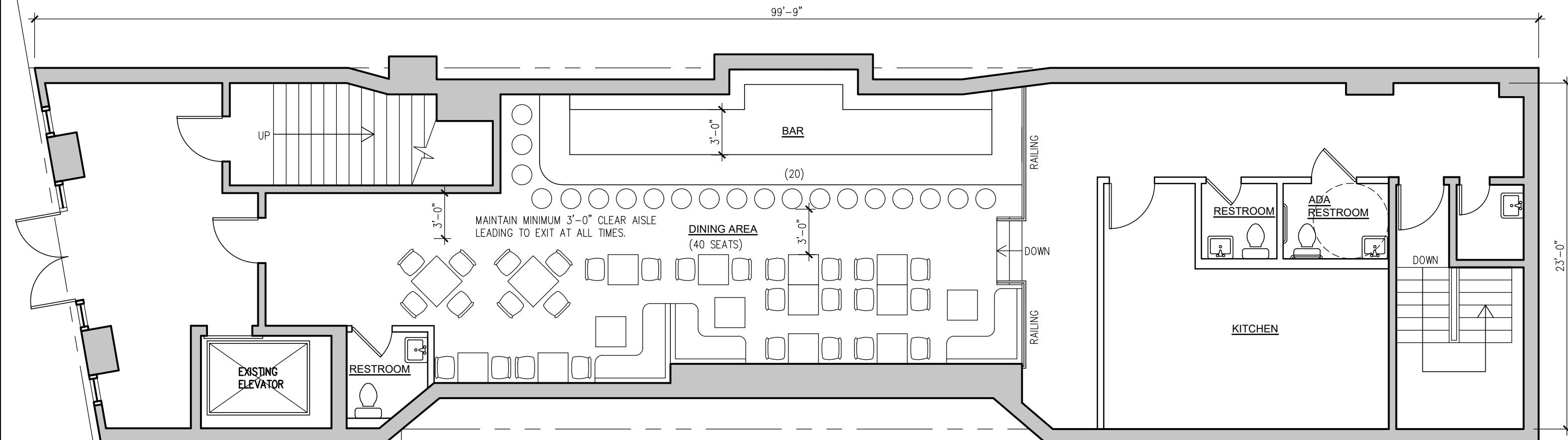
Print or Type Name HEATHERKIRK _____

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.

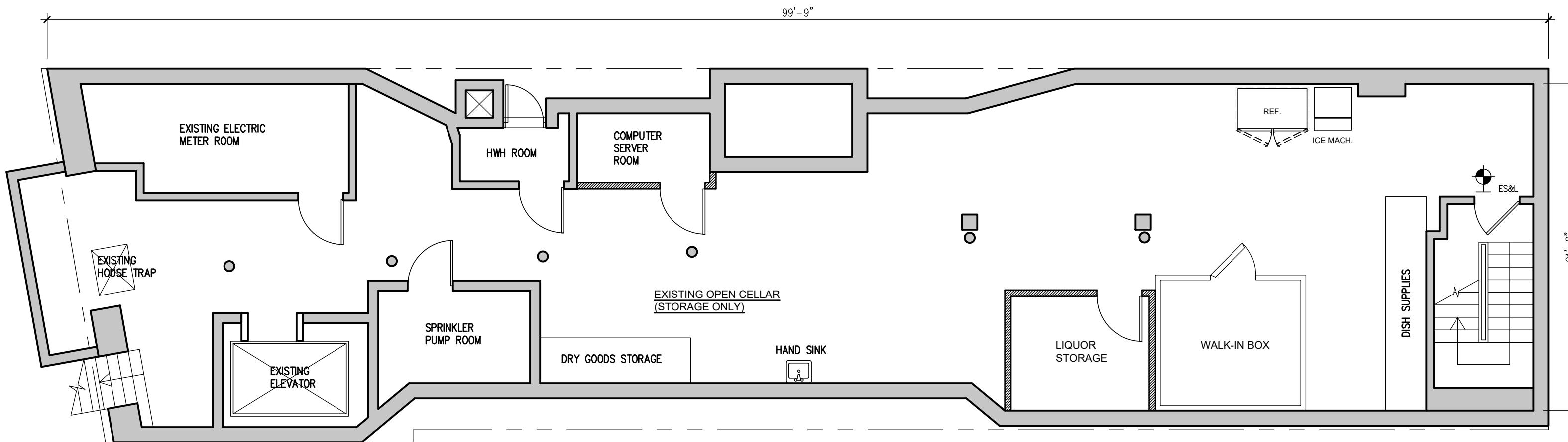


Community Board 2, Manhattan
SLA Licensing Committee
Carter Booth, Co-Chair
Robert Ely, Co-Chair



CHERICO KING ARCHITECT, P.C.
Architectural Design & Planning
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E-mail: cherico@ckingarch.com

PROJECT:	116 Elizabeth Street, New York, NY	Date:	01.10.2022	DWG. No.
DWG. TITLE:	PROPOSED 1st FLOOR PLAN	Scale:	AS SHOWN	SK-01
All drawings and written materials appearing herein constitute original and unpublished work of this professional office and may not be duplicated, used or disclosed without written consent from this office.			Drawn by:	C.K.



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PROJECT:	116 Elizabeth Street, New York, NY	Date:	01.10.2022	DWG. No.
DWG. TITLE:	PROPOSED CELLAR PLAN	Scale:	AS SHOWN	SK-02
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