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



Antony Wong, Treasurer Keen Berger, Secre tary Erik Coler, Assistant Secre tary

## 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 <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:

- 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: March 8, 2022		
APPLICANT INFORMATION:	:	
Name of applicant(s): RUAYSABAY	/ INC	
Trade name (DBA): PRANAKHON		
Premises address: 88 University P	Place, 1st Flr, New York, N.Y. 10003	_
Cross Streets and other addresses u	used for building/premise:	
a/k/a 24 East 12 Street, NY, NY	Y 10003 between 11th & 12th Street	According to the Section of the Sect
CONTACT INFORMATION:		
Principal(s) Name(s): INTIRA Y	OUNGPHITAK	
Office or Home Address:		
City, State, Zip:		
Telephone #:	email :	
Landlord Name / Contact:		
Landlord's Telephone and Fax:		
NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LIC	ENSES HELD
INTIRA YOUNGPHITAK	None	
Briefly describe the proposed operat	tion (i.e. "We are a family restaurant that will focus on	"):
,	ss as a Thai restaurant under the trade name, Pranakhon.	•
array of Thai dishes that follow famil I hope the combination of quality for	ly recipes as well as modern interpretations of traditiona bod and service will make Pranakhon a destination for c	Thai dishes. ommunity residents and
their families. As a full service restarto order beer, wine, cider or liquor w	urant, I seek a liquor license because I would like to proint their meal. In addition to dining tables, there will be	ovide customers the option a 10 seat customer bar

The primary purpose of having a customer bar is to provide a seating option for someone who is dining alone.

There will not be any outdoor seating. Establishment of a restaurant will not be disruptive to the community or residents. The restaurant is located in a nonresidential building. The restaurant will not have loud noise or music at the premises. The restaurant will not host any live performances or private events that would cause crowding in or outside the premises. There is no impact on traffic in the area. The restaurant is close to Union Square subway hub and other public transportation .

where customers can eat and order alcohol with their meal. It is not a "stand up bar" in the traditional sense as I view my establishment as a restaurant first and not as a venue where customers congregate to solely consume alcohol.

X a new liquor license (X RestaurantTavern / On premise liquorOther)  an UPGRADE of an existing Liquor License  an ALTERATION 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 RENEWAL of an existing Liquor 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.)  NOT APPLICABLE  If this is for a new application, please list previous use of location for the last 5 years: The last use of the space was a restaurant. Do not know how long the restaurant was in the space.  Is any license under the ABC Law currently active at this location? yes X no  If yes, what is the name of current / previous licensee, license # and expiration date:  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: DO NOT KNOW.	WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR ( MARK ALL THAT APPLY):				
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.) NOT APPLICABLE  If this is for a new application, please list previous use of location for the last 5 years: The last use of the space was a restaurant. Do not know how long the restaurant was in the space.  Is any license under the ABC Law currently active at this location?yesX no If yes, what is the name of current / previous licensee, license # and expiration date: Have any other licenses under the ABC Law been in effect in the last 10 years at this location?yesno  If yes, please list DBA names and dates of operation:	$\underline{X}$ a new liquor license ( $\underline{X}$ Restaurant $\underline{\hspace{0.5cm}}$ Tavern / On premise liquor $\underline{\hspace{0.5cm}}$ Other )				
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201.012	If yes, please list DBA names and dates of operation: DO NOT KNOW.				

## PREMISES:

By what right does the applicant have possession of the premises?				
Own _x Lease Sub-lease Binding Contract to acquire real property other:				
Type of Building: Residential _X CommercialMixed (Res/Com) Other:				
Number of floor:11 Year Built :1906				
Describe neighboring buildings:  Residential and commercial				
Zoning Designation: C1-7				
Zoning Overlay or Special Designation (applicable) None				
Block and Lot Number:/				
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? X yes no lease of basement, ground floor, mezzanine . Building also known as 24 E. 12 St				
Is the premise located in a historic district? yes _X_ 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 : No exterior changes				
Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space) $X$ no yes : explain				
What is the proposed Occupancy? Restaurant - under 75 persons				
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?				
noX_yes				
If yes, what is the maximum occupancy for the premises?				
If yes, what is the use group for the premises?Commercial - Use Group 6				
If yes, is proposed occupancy permitted? X yes no, explain :				
If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit? yesXno  Occupancy shall not exceed 74 persons.				
Do you plan to file for changes to the Certificate of Occupancy? $\underline{\hspace{1cm}}$ yes $\underline{\hspace{1cm}}$ 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 $X$ yes				
(if yes, please describe: Signage to identify restaurant name.				

INTERIOR OF PREMISES:	ground flr -2303 sq ft			
What is the total licensed square footage of the premises?	Mezzanine - 341 sq ft Basement 2,144 sq ft			
If more than one floor, please specify square footage by flo	ors:			
If there is a sidewalk café, rear yard, rooftop, or outside spa	ace, what is the square footage of the area?			
If more than one floor, what is the access between floors?	Stairs			
How many entrances are there? How many exits	?* How many bathrooms ?			
*cellar hatch, front e	ntrance, emergency exit to bldg lobby from Dining room yes, explain: emergency exit from dining room to			
	building lobby			
OVERALL SEATING INFORMATION:				
Total number of tables? 22 Total table seats? 56	_			
Total number of bars?1 Total bar seats?10				
Total number of "other" seats? please explain : _				
Total OVERALL number of seats in Premises : 66	· 			
BARS:				
How many *stand-up bars / bar seats are being applied for	on the premises? Bars Seats8			
How many service bars are being applied for on the premis	es?			
Any food counters? X no yes, describe :				
For Alterations and Upgrades: not applicable				
Please describe all current and existing bars / bar seats an	d specific changes:			
* A stand-up bar is any bar or counter (whether seating or pay for and receive food and alcoholic beverages.	not) over which a member of the public can order,			
PROPOSED METHOD OF OPERATION:				
What type of establishment will this be? (check all that app	ly)			
BarBar & FoodX RestaurantClub/ Caba	retHotelOther:			

What are the Hours of Operation?
Sunday:         Monday:         Tuesday:         Wednesday:         Thursday:         Friday:         Saturday:           12PM- 11PM         12PM 11PM         12PM 11PM 12PM 11PM 12PM 11PM 12PM 11PM 12PM 11PM 12PM 12
Will the business employ a manager? X no yes, name / experience if known :
Will there be security personnel? $\frac{X}{X}$ no yes( if yes, what nights and how many?) yes Do you have or plan to install French doors, accordion doors or windows that open? $\frac{X}{X}$ no yes
If yes, please describe :
Will you have TV's ? X no yes ( how many? )
Type of MUSIC / ENTERTAINMENT: Live MusicLive DJJuke Box Ipod / CDsnone
Expected Volume level: X Background (quiet) Entertainment level Amplified Music (check all that apply)
Do you have or plan to install soundproofing? X no yes
IF YES, will you be using a professional sound engineer?
Please describe your sound system and sound proofing:
Will you be permitting: $\frac{\text{NO}}{}$ promoted events $\frac{\text{NO}}{}$ scheduled performances $\frac{\text{NO}}{}$ outside promoters
NO any events at which a cover fee is charged? NO private parties
Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? $\frac{X}{X}$ no $\frac{X}{X}$ yes (if yes, please attach plans)
Will you be utilizing X ropes X movable barriers X other outside equipment (describe)  THERE WILL NOT BE ANY GATHERING OF CUSTOMERS OUTSIDE
Are your premises within 200 feet of any school, church or place of worship? X 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 $\frac{1}{2}$ " 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 you will address it immediately.	Board and confirm that if complaints are made
Contact Person: INTIRA YOUNGPHITAK	Phone:
Address:	
Application submitted behalf of the application Signature	ed on
Print or Type Name <u>Intira Young</u> Title_ <u>President</u>	phitak

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









