

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

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 month's 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): **Gift New York, LLC**

Trade name (DBA): **E. A. K. Ramen**

Premises address: **469 6th Avenue, New York, NY 10013**

Cross Streets and other addresses used for building/premise:
W 11th Street, W 12th Street

CONTACT INFORMATION:

Principal(s) Name(s): **Kiyoyuki Miyashita**

Office or Home Address: **469 6th Avenue**

City, State, Zip: **New York, NY 10013**

Telephone #: [REDACTED] email : **miyashita.k@gift-group.co.jp**

Landlord Name / Contact: [REDACTED]

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

Tatsuya Sasajima **Approximately 35 in Japan, 330 Franchise in Japan**

Sho Tagawa **Approximately 35 in Japan, 330 Franchise in Japan**

Kiyoyuki Miyashita **N/A**

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

This establishment is a full service ramen restaurant, serving Ramen and other Japanese food.

Principals own 35 restaurant in Japan and operate 330 franchise locations. Principals also

own an OP liquor licensed establishment, Gift New York No. 2, LLC Serial No. 1322727

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.)

This application is for a change in class from a RW 341 to an OP 252.

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

N/A

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: **Gift New York LLC**
Serial No. 1297128
Applicant herin

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:

Gift New York LLC (2017-Present)

Kin Shop (2011-2016)

Phillippe Express (2008-2011)

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: 2 Year Built : _____

Describe neighboring buildings:

3 Story Residential with Commercial Storefronts. _____

Zoning Designation: C1-6 _____

Zoning Overlay or Special Designation (applicable) 12C _____

Block and Lot Number: 607 / 45 _____

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

Basement

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 : N/A _____

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? 74 _____

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

no yes ***See attached 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? N/A _____

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? 1,563 Sq Ft

If more than one floor, please specify square footage by floors: 1,031 sq ft - 1st Floor, 532 sq ft - Basement

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? Interior Stairs

How many entrances are there? 1 How many exits? 1 How many bathrooms? 2

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

OVERALL SEATING INFORMATION:

Total number of tables? 3 Total table seats? 26

Total number of bars? 1 Total bar seats? 9

Total number of "other" seats? 10 please explain: 10 at food counter

Total OVERALL number of seats in Premises: 45

BARS:

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

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

Any food counters? no yes, describe: 2 food counters with 5 seats each.

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: There will be no physical alterations or changes to the method of operation.

* 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:

11am to 12am 11am to 12am 11am to 12am 11am to 12am 11am to 1am 11am to 1am 11am to 1am

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

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 *In operation since 2016

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: _____

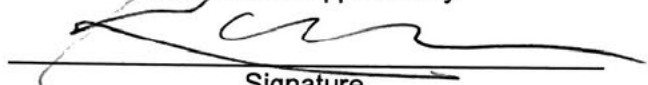
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: Kiyoyuki Miyashita Phone: [REDACTED]

Address: 469 6th Avenue, New York, NY 10013

Email : miyashita.k@gift-group.co.jp

Application submitted on behalf of the applicant by:


Signature

Print or Type Name Kiyoyuki Miyashita

Title LLC Manager

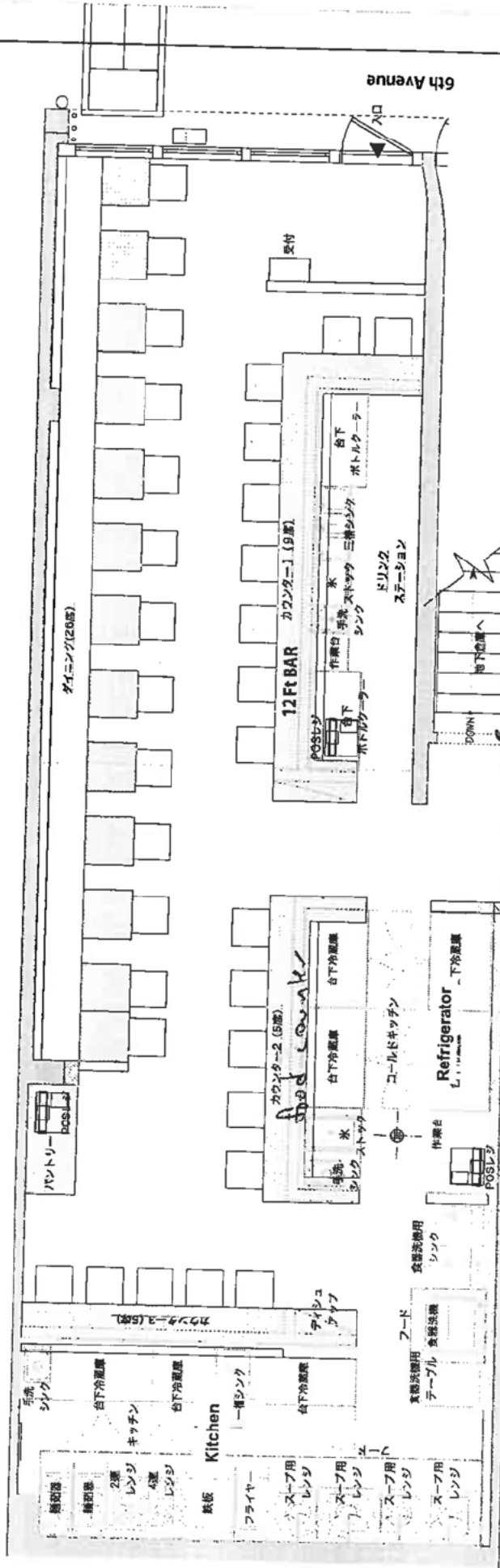
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.





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

Gift New York LLC
 d/b/a/ E.A.K. Ramen
 469 6th Avenue
 New York, NY 10011
 First Floor

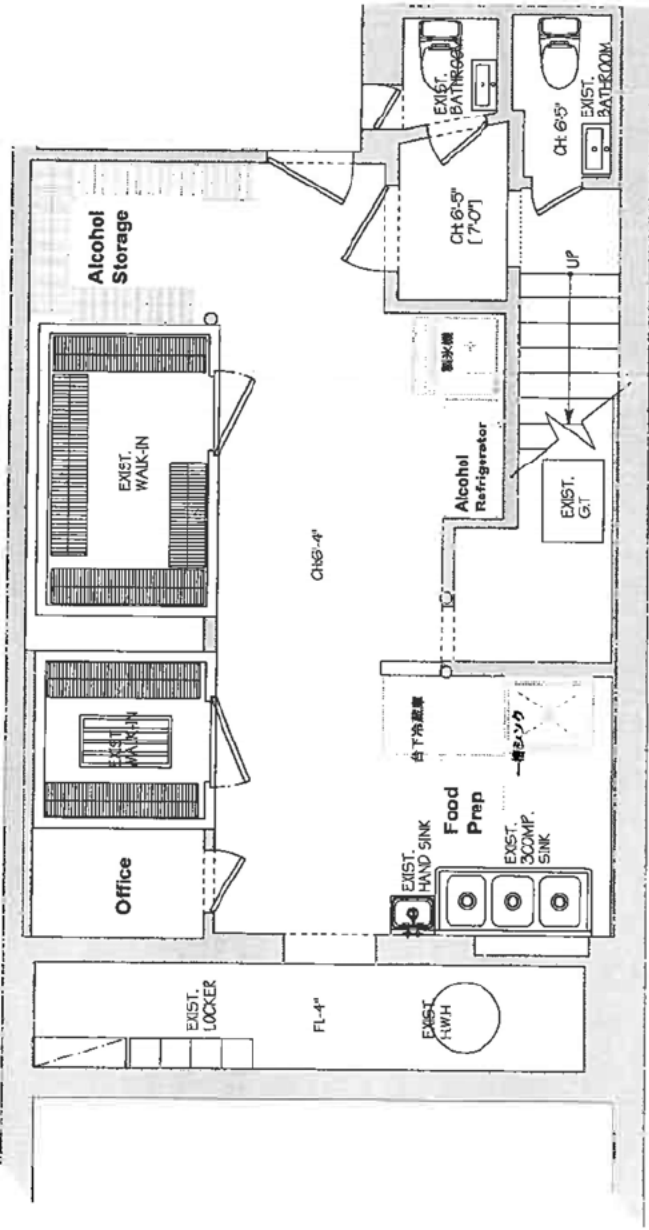


合計 45席

New 1st Floor Plan
 Scale: 1/4" = 1'-0"
 7/19/16
 103119 sq.ft. / 28.97 / 95.78 sq.m.

Project Name	Super Pappas Corp. 216 East 10th Street #2E New York, NY 10003 T: 646-321-6279 F: 212-777-8916 #ofseater: 45	Project No.	116
Client	Machida Shizen 469 6th Avenue New York NY, 10011	Architect	FOU-14
Contract No.		Scale	1/4" = 1'-0"
Date		Sheet No.	20/28
Revision		Project Name	Existing 1st Floor Plan
Author		Designer	
Checker		Reviewer	
Approver		Scale	
Date		Notes	

Gift New York LLC
 d/b/a E.A.K. Ramen
 469 6th Avenue
 New York, NY 10011
 Basement



Cellar Plan
 Scale: 1/4" = 1'-0"
 7/19/16
 532.64 sq. ft. / 157.50 sqm

DATE	FORM NO.	ZONE	APPROV. NO.	DATE	ISSUE NO.	PROJECT NO.	PROJECT NAME	PROJECT ADDRESS	PROJECT CITY	PROJECT STATE	PROJECT ZIP	PROJECT PHONE	PROJECT FAX	PROJECT EMAIL
							Super Papike Corp.	216 East 10th Street #2E, New York, NY, 10003	New York	NY	10003	T: 646-321-6279 F: 212-777-8396		info@super-pape.com
							Michela Shoen	469 6th Avenue	New York	NY	10011			
							Cellar Plan							