

Meeting Date: _____

JAN 24 2023

APPLICANT INFORMATION:

Name of applicant(s): Lin and Daughters Inc.

Trade name (DBA): Lin and Daughters

Premises address: 181 West 4th Street, New York, NY 10014

Cross Streets and other addresses used for building/premise:
Jones Street / Barrow Street -- no other address used for this premises

CONTACT INFORMATION:

Principal(s) Name(s): Xiao Feng Lin

Office or Home Address: _____

City, State, Zip: _____

Telephone #: _____ email : linanddaughtersnyc@gmail.com

Landlord Name / Contact: 181 West 4th St. Owners, LLC /Jack Ancona

Landlord's Telephone and Fax: _____

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Xiao Feng Lin	Ms. Lin is the President and sole owner of the business. She has never
_____	_____
_____	been licensed by the NYSLA
_____	_____
_____	_____

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
Lin and Daughters is a family restaurant serving Chinese "comfort food" such as dumplings
_____noodles and traditional entrees. We emphasize family because our recipes have been passed down
_____through generations. We also emphasize family because we feel our restaurant is a gathering
_____place for families, neighbors and friends. Our mission is to prepare and serve fresh food daily using
_____farm-to-table ingredients. To have the ability to serve beer and wine will complement our menu.

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 : FULL LIQUOR

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:

Restaurant

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: _____

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:

Ramen-Ya - 10/08/1999 through 08/22/2022

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: 3 Year Built : 1910

Describe neighboring buildings: Residential; Mixed Use

Zoning Designation: Residential District

Zoning Overlay or Special Designation (applicable) Mixed Use / Landmark

Block and Lot Number: 0592 / 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 : no structural changes (exterior or interior) have been made

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? 20 people - interior

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

no yes

If yes, what is the maximum occupancy for the premises? 20 people

If yes, what is the use group for the premises? Use Group 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 N/A

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: The facade will not be changed; however, the previous banner affixed to the left side of the building has been replaced with a Lin and Daughters banner.

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
1130A to 12AM 1130A to 12AM 1130A to 12AM 1130A to 12AM 1130AM to 12AM 1130A to 2AM 1130AM to 2AM

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? N/A

Please describe your sound system and sound proofing: N/A

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: Academy of St. Joseph (School)

Address: 111 Washington Pl, New York, NY 10014 Distance: 203 Feet


Name of School / Church: St. Joseph's Church

Address: 371 6th Avenue, New York, NY 10014 Distance: 321 Feet

Name of School / Church: _____

Address: _____ Distance: _____

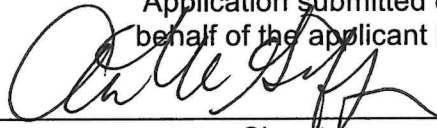
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.


Contact Person: Xiao Feng Lin Phone: 

Address: 181 West 4th Street, New York, NY 10014

Email : linanddaughtersnyc@gmail.com

Application submitted on behalf of the applicant by:


Signature

Print or Type Name Ann Marie Griffin 

Title Independent Consultant

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.





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