

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): Kazumi Omakase Inc

Trade name (DBA): pending

Premises address: 31 W 8th St, New York, NY 10011

Cross Streets and other addresses used for building/premise:
Between 5th Ave & MacDougal St

CONTACT INFORMATION:

Principal(s) Name(s): Ding Kun Wang, President

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact: 3868 Broadway Realty LLC - Joshua Lebewohl

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):

Ding Kun Wang

NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

N/A

Mr. Wang worked in food industry for over 15 yrs as a sushi chef.

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

Unique and bold flavors. Delicious and healthy. Here at Mishik, you'll find a rare combination of
Japanese Omakase and contemporary Korean cuisine.

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:

State Farm Insurance agency

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:

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:
Multi-Family Walk-up Buildings

Zoning Designation: C4-5

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 572 / 59

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? _____

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

no yes TCO pending

If yes, what is the maximum occupancy for the premises? 40

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: _____

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? about 1,000 sq ft

If more than one floor, please specify square footage by floors: N/A

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? N/A

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? 0 Total table seats? 0

Total number of bars? 1 Total bar seats? 12

Total number of "other" seats? 0 please explain : _____

Total OVERALL number of seats in Premises : 12

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 12

How many service bars are being applied for on the premises? 0

Any food counters? no yes, describe : _____

For Alterations and Upgrades:

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

Omakase Bar 25.9' x 6.9' L-shaped with 12 seats

* 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? Lunch service TBD

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

12pm to 12am 12pm to 12am 12pm to 12am 12pm to 12am 12pm to 12am 12pm to 12am 12pm to 12am

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?) N/A

Do you have or plan to install French doors, accordion doors or windows that open? no ___ yes

If yes, please describe : N/A (existing store front to remain)

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: _____

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: _____

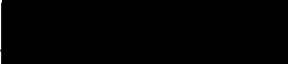
Name of School / Church: _____

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: Ding Kun Wang Phone: 

Address: 

Email : 

Application submitted on
behalf of the applicant by:

/s/ Ding Kun Wang
Signature

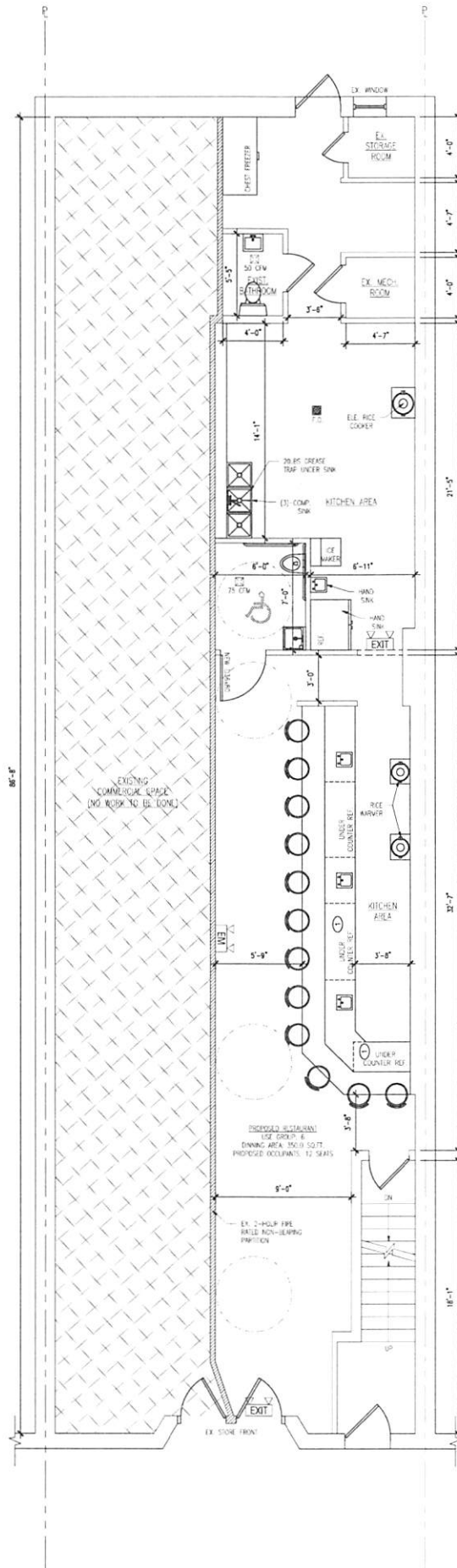
Print or Type Name Ding Kun Wang

Title President

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
Donna Raftery, Co-Chair
Robert Ely, Co-Chair



PROPOSED 1st FLOOR PLAN
 SCALE: 1/4" = 1'-0"

OMAKASE MENU SAMPLE

SUSHI

Lean Tuna (Akami)

Medium Fatty Tuna (Chu-Toro)

Fatty Tuna (O-Toro)

Shima-aji (Striped Jack)

Kanpachi (Greater Amberjack)

Flounder

Kinme-Dai (Splendid Alfonsino)

Sockeye Salmon

King Salmon

Spanish Mackrel

Kohada (Gizzard Shad)

Saba (Mackrel)

Shrimp

Squid

Sea Scallop

Oyster

Uni (Sea Urchin)