

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s):

_____ Mad for Chicken Times Square LLC

Trade name (DBA):

_____ Mad for Chicken

Premises address:

_____ 19 Waverly Pl New York NY 10003

Cross Streets and other addresses used for building/premise:

_____ Cross streets are Greene & Mercer street

CONTACT INFORMATION:

Principal(s) Name(s):

_____ Joseph Froman

Office or Home Address: 19 Waverly Pl

City, State, Zip: New York NY 10003

Telephone #: [REDACTED] email: _____

Landlord Name / Contact:

_____ MDK Hospitality Group

Landlord's Telephone and Fax: [REDACTED]

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

_____ * Additional Page

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

_____ we are a restaurant that will focus on fried chicken

Names of all Principal(s):

- 1) Tommy Khuu
- 2) Limin Pien
- 3) Timothy Wong
- 4) Joseph Froman
- 5) Clinton Oh
- 6) Sean Cho

Names/Locations of the Past/ Current Licenses Held

No Location and Licenses
The Boil/ 17 Waverly Pl, NY, NY 10002 / Yes
No location and Licenses
Mad of Chicken/ Various / Yes
Mad of Chicken/ Various / Yes
Mad of Chicken/ Various / Yes

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.)

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

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:

• INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 2,300

If more than one floor, please specify square footage by floors: _____

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?

No

If more than one floor, what is the access between floors? _____

How many entrances are there? 1 How many exits? 3 How many bathrooms? 2

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

OVERALL SEATING INFORMATION:

Total number of tables? 14 Total table seats? 54

Total number of bars? 1 Total bar seats? 12

Total number of "other" seats? 20 please explain: We have Middle Booth & Booth seating

Total OVERALL number of seats in Premises: 86

• 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? 1

Any food counters? ☒ no ☐ yes, describe: _____

For Alterations and Upgrades:

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

* 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: _____

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: 6 Year Built: 1930

Describe neighboring buildings:

Mixed used building

Zoning Designation: R7-2

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 548 / 45

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

If yes, what is the maximum occupancy for the premises? 155

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: _____

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:
12 to 12 12 to 10 12 to 10 12 to 10 12 to 10 12 to 10 12 to 12

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?) 1 person every night
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?) 6 TV.

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: _____

Will you be permitting: NO promoted events NO scheduled performances 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? ☒ no ☐ yes (if yes, please attach plans)

Will you be utilizing NO ropes NO movable barriers NO 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: Timothy K. Wong Phone: 212-966-8638

Address: [REDACTED]

Email: twong@tkwlaw.com

Application submitted on
behalf of the applicant by:

Timothy K. Wong / [Signature]
Signature

Print or Type Name Timothy K. Wong Esq

Title Attorney

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.

[Signature]

[Signature]

Community Board 2,
Manhattan SLA Licensing Committee
Donna Raftery, Co-Chair
Robert Ely, Co-Chair



