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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, including the date, and return to the Community Board 2 office by email to arrive **no later than the month's due date** which can be found on CB2 Manhattan's website (<u>https://cbmanhattan.cityofnewyork.us/cb2/resources/sla-questionnaire/</u>). When meetings return to in person, please also provide an additional 5 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 scheduled 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 (including Beer and Wine) within 500 ft. of this location.
- 2. If the license being applied for is subject to the 500 ft. rule, please provide a copy of the public interest statement that will be submitted to the SLA.
- 3. Floor plans of the premise, clearly indicating the location of all entrances and exits, windows, bars, tables and chairs, patron and employee bathroom(s) and kitchen layout to be licensed. Please include seat and table counts on the plans for each area. If **outdoor seating of any kind** is included in the application please download and complete **CB2 SLA's Addendum for Outdoor Seating**. For any multi-floor, multi-room or hotel applications, please provide detailed plans for each floor and/or separate areas to be included in the licensed premises that are clearly labeled.
- 4. Proposed menu with general price ranges, if applicable.
- 5. Certificate of Occupancy or Letter of No Objection for the premises showing that the proposed use is permitted, including specific use of all outdoor areas within the property line.
- 6. If unable to show the proposed use is permitted, including for outdoor areas within the property line, please provide a detailed explanation for how the proposed use sought will be permitted and please provide any plans filed or to be filed with the Buildings Department.
- 7. Letter of Understanding or Letter of Intent from the Landlord.

- 8. Provide proof of community outreach to area block associations and immediately impacted residents in the building and surrounding area to notify them of your pending application and Community Board meeting information. Copies of any mailings to, and signatures or letters from Residential Tenants at location and from surrounding buildings may be submitted with home address and contact information. (i.e. a letter from the neighborhood block association or petition in support with home address and contact information.)
- 9. A copy of your NYS Liquor Authority application as it will be submitted to the SLA (excluding financial information).
- 10. If this is for a **Corporate Change**, please provide the **Current Approved Corporate Set-Up and the Proposed Corporate Set-Up** along with existing executed stipulations with CB2 if applicable.
- 11. If this is for any type of **Alteration Application**, please provide detailed information regarding the current situation and the proposed changes outlined as an addendum. If adding or subtracting space, please provide current and proposed diagrams.
- 12. If this application is for a **Change in Method of Operation**, please provide the current method of operation and the proposed changes in method of operation as an addendum.

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): TAKESHI SUSHI LLC

Trade name (DBA): KINTSUGI

Premises address: 28 GRAND STREET, NEW YORK, NY 10013

Cross Streets and other addresses used for building/premise:

AVENUE OF AMERICA & THOMPSON STREET

CONTACT INFORMATION:

ND STREET					
Y 10013					
_{email :} kintsugisushiya@gmail.com					
Landlord Name / Contact: 26/32, LLC					
NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD Chun On Tsang /Ryan J. Ranney					
Paul Martin Dezso / Yao Ting Li					
TIMOTHY MADRID					

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."): MEMBERS WILL BE SELLING THEIR PERCENTAGES OF OWNERSHIP AND THE ONLY TWO

WHO WILL REMAIN WILL BE CHIWA ASHE YEUNG & TIMOTHY MADRID.

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)

X_ OTHER : CORPORATE CHANGE

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:

N/A

Is any license under the ABC Law currently active at this location? X yes _____ no

If yes, what is the name of current / previous licensee, license # and expiration date: _____

TAKESHI SUSHI LLC #1329815 EXPIRES- 02/28/2025

Have any other licenses under the ABC Law been in effect in the last 10 years at this location? $\underline{\times}$ yes ____no

If yes, please list DBA names and dates of operation:

Partizan Inc #1029324 RW & 1133119 OP

Takeshi Sushi LLC RW #1315989

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 Commercial X_Mixed (Res/Com) Other:				
Number of floor: Year Built :1900				
Describe neighboring buildings: COMMERCIAL & RESIDENTIAL				
Zoning Designation:				
Zoning Overlay or Special Designation (applicable) <u>N/A</u>				
Block and Lot Number: 476 / 45				
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor?yes $\frac{X}{2}$ no				
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 :				
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? 26				
Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?				
X_no yes PREMISE HAS A "LETTER OF NO OBJECTION"				
If yes, what is the maximum occupancy for the premises?				
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? yesno				
Do you plan to file for changes to the Certificate of Occupancy? yes $X_$ 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? X no yes				
(if yes, please describe:				

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 900 SQ.FT.
If more than one floor, please specify square footage by floors: 550 GROUND/ 350 BSMT
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? STAIRS
How many entrances are there? How many exits? How many bathrooms ?
Is there access to other parts of the building? \underline{X} no $$ yes, explain: $$
OVERALL SEATING INFORMATION:
Total number of tables? _0 Total table seats? _0
Total number of bars? _1 Total bar seats? _11
Total number of "other" seats? <u>12</u> please explain : <u>WINDOW & WALL COUNTERS</u>
Total OVERALL number of seats in Premises : 23
BARS:
How many *stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 1
How many service bars are being applied for on the premises? $\underline{0}$
Any food counters? X no yes, describe :
For Alterations and Upgrades:
Please describe all current and existing bars / bar seats and specific changes: <u>N/A</u>

* 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 X___Restaurant ___Club/ Cabaret ____Hotel ___Other: _____

What are the Hours of	Operation?

Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:	
11A to 12A	<u>11A</u> _{to} <u>12A</u>	11A to 12A	11A _{to} 12A	11A to 12A	11A to 12A	<u>11A</u> to <u>12A</u>	
Will the business employ a manager? X no yes, name / experience if known :							
Will there b Do you hav	e security pers e or plan to in	sonnel? X no stall French do	o yes(if ye ors, accordion de	es, what nights a pors or windows	and how many? that open?	?) yes	
If yes, pleas	se describe : _						
Will you ha	ve TV's ?	no X yes	(how many?) <u>C</u>	NE			
Type of Ml	JSIC / ENTER		Live Music	_Live DJ	Juke Box X	Ipod / CDsnone	
Expected Volume level: X Background (quiet) Entertainment level Amplified Music (check all that apply)							
Do you hav	e or plan to in	stall soundproc	ofing?no _	yes			
IF YES, will	l you be using	a professional	sound engineer	?			
Please describe your sound system and sound proofing:							
-			vents scheo charged? p		ces outs	ide promoters	
			s vehicular traffi es, please attach		trol on the side	ewalk caused by your	
Will you be	utilizing	ropes m	ovable barriers	other outsid	de equipment ((describe)	
Are your pr	emises within	200 feet of any	school, church	or place of wors	hip? X no	yes	
please sub	omit a block p	•	r area map show	•	•	or on the same block, y to your applicant	
	Indicate the distance in feet from the proposed premise:						
Name of So	chool / Church	. N/A					
Address:					Distance:		

Name of School / Church: N/A				
Address:	Distance:			
Name of School / Church: <u>N/A</u>				
Address:	Distance:			
Please provide contact information for Residents / Comn you will address it immediately.				
Contact Person: CHIWA ASHE YEUNG	Phone:			
Address: 28 GRAND STREET, NY, NY 10013				
_{Email :} kintsugisushiya@gmail.com				
Application su behalf of the a				
<u>Chiwa Geung</u> Signat	ure			
Print or Type Name_CHIW	A ASHE YEUNG			
_{Title} Presid				

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