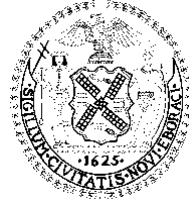


Jeannine Kiely, *Chair*
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COMMUNITY BOARD NO. 2, MANHATTAN

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 (<https://cbmanhattan.cityofnewyork.us/cb2/resources/sla-questionnaire/>). 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: 06/30/2023

APPLICANT INFORMATION:

Name of applicant(s):
Sum Yung Gai

Trade name (DBA):
Char'd

Premises address:
17 E. 13th Street

Cross Streets and other addresses used for building/premise:
5th Avenue and University Place

CONTACT INFORMATION:

Principal(s) Name(s):
Salil Mehta and David Chu

Office or Home Address: [REDACTED]

City, State, Zip: NY, NY 10010

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact:
1314 Development LLC

Landlord's Telephone and Fax: 212-505-5270

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

Salil Mehta Laut with locations at 15 E. 17th Street and 20 E., 17th Street,
and Wau at 434 Amsterdam Avenue

David Chu _____

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
Currently the establishment is operating as a full service restaurant but will change to a unique cocktail bar serving
appetizers and light fare. The ground floor space, which is currently for take out only, will have tables for service as
well as a service bar. We are looking to extend our hours on Thursday, Friday and Saturday from midnight to 2AM.
There will be background music only and no outdoor service. The name of the restaurant is changed from Char'd
to Slingish and Jelas.

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 : Change of method of operation and 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.)

Currently the establishment is operating as a full service restaurant but will change to a cocktail bar serving appetizers and light fare. The ground floor space, which is currently for take out only, will have tables for service as well as a service bar. We are looking to extend our hours on Thursday, Friday and Saturday from midnight to 2AM.

~~There will be background music only and no outdoor service. Also David Chu will be replacing Lip F. Jiang in the LLC.~~

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: _____

Sum Yung Gai LLC d/b/a Char'd Serial No. 1336813

Have any other licenses under the ABC Law been in effect in the last 10 years at this location?

yes no None found

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

PREMISES:

By what right does the applicant have possession of the premises? approximately 0 s ft

Own Lease Sub-lease Binding Contract to acquire real property other: _____

Type of Building: Residential Commercial Mixed (Res/Com) Other: _____

Number of floor: 8 Floors Year Built : 1910

Describe neighboring buildings:
Mixed use Buildings

Zoning Designation: C6-1

Zoning Overlay or Special Designation (applicable) None

Block and Lot Number: 571 / 30,12,13

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? Under 74

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? 74

If yes, what is the use group for the premises? Group 6

If yes, is proposed occupancy permitted? yes no, explain : LNO issued by DOB

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? 500 Sq. Feet

If more than one floor, please specify square footage by floors: 250 sq. ft per floor

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? 1 How many exits? 1 How many bathrooms? 1

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

OVERALL SEATING INFORMATION:

Total number of tables? 10 Total table seats? 20

Total number of bars? 1 Total bar seats? 8

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

Total OVERALL number of seats in Premises : 28

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? 1

Any food counters? X no ___ yes, describe : _____

For Alterations and Upgrades:

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

Currently one stand-up bar and adding a service bar.

* 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 X Bar & Food ___ Restaurant ___ Club/ Cabaret ___ Hotel ___ Other: _____

What are the Hours of Operation?

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

5:30PM to 12AM CLOSED 5:30PM to 12AM 5:30PM to 12AM 5:30PM to 2AM 5:30PM to 2AM 5:30PM 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? Already installed.

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 None

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) Same plan as previous operation.

Will you be utilizing ropes movable barriers other outside equipment (describe) _____

No.

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: Salil Mehta Phone: [REDACTED]

Address: _____

Email : [REDACTED]

Application submitted on
behalf of the applicant by:

Kathleen E. Negri Stathopoulos
Signature

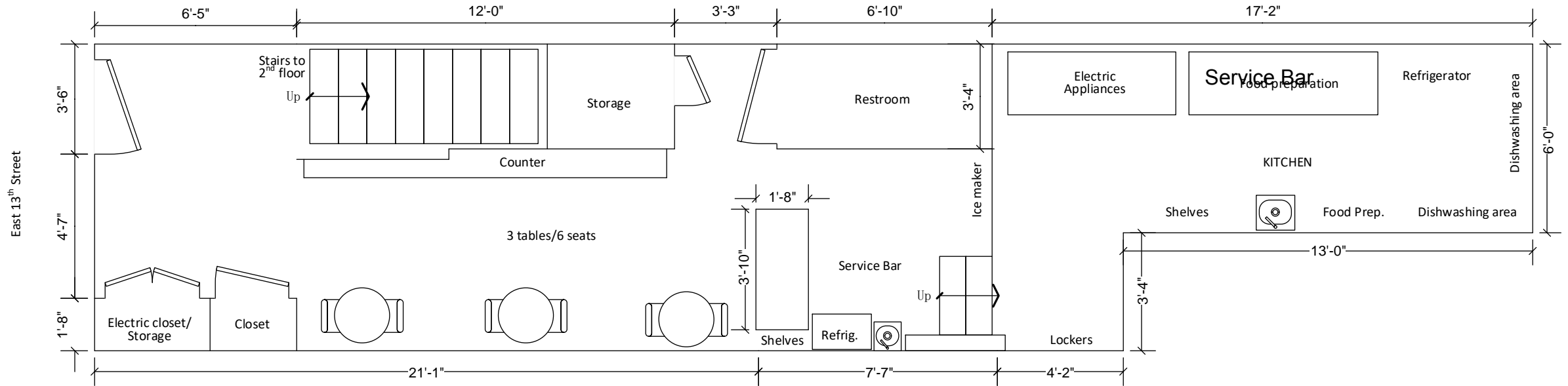
Print or Type Name Kathleen E. Negri Stathopoulos

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.



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



INTERIOR DIAGRAM – 1st Floor
 17 East 13th Street
 New York, NY
 April 14, 2023

NOT TO SCALE