

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): UNION SQUARE RICE LLC

Trade name (DBA): GLAZE TERIYAKI

Premises address: 110 UNIVERSITY PLACE, NEW YORK, NY 10003

Cross Streets and other addresses used for building/premise:

Between E. 12th Street & E. 13th Street

CONTACT INFORMATION:

Principal(s) Name(s): Paul Krug

Office or Home Address: _____

City, State, Zip: _____

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact: ABS Partners

Landlord's Telephone and Fax: [REDACTED]

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

Paul Krug	_____
_____	_____
_____	_____

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

Fast casual restaurant. We want to include beer and wine as a complimentary part of the business.

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:

Parking lot demolished and newly built condo building with vacant storefront

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:

N/A

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: 54 Year Built : 2016

Describe neighboring buildings: MIXED RESIDENTIAL & COMMERCIAL BUILDINGS

Zoning Designation: C1-7 , C6-1

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 570 / 7503

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? 74

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

no yes Pending

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? 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: New signage denoting the d/b/a name of the restaurant

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 1,750 sq ft

If more than one floor, please specify square footage by floors: 1,750 sq ft, Ground floor only

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? 9 Total table seats? 20

Total number of bars? 0 Total bar seats? 0

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

Total OVERALL number of seats in Premises : 20

BARS:

How many *stand-up bars / bar seats are being applied for on the premises? Bars 0 Seats 0

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: _____

* 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?

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

11:30AM to 10PM 11:30AM to 10PM 11:30AM to 10PM 11:30AM to 10PM 11:30AM to 10PM 11:30AM to 10PM 11:30AM to 10PM

Will the business employ a manager? ___ no yes, name / experience if known : TBD

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?) 4 (FOR MENU DISPLAY ONLY)

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: ___ 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)

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: _____

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: _____ Phone: _____

Address: _____

Email : _____

Application submitted on
behalf of the applicant by:



Signature

Print or Type Name Paul Krug

Title CEO

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

OFFICE USE ONLY	
<input type="radio"/> Original	<input type="radio"/> Amended Date _____

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.

1. Zoning

1a. State what the area is zoned for:
(e.g., Residential, Business, Mixed etc.)

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits?

 Yes No Pending

2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address?

 Yes No

If YES, please specify:

If the address was changed due to a 911 update or other government action, please include documentation for the change.

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

 Currently Licensed Previously Licensed Never Licensed Do Not Know

Name of Licensee:

License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

 Yes No Do Not Know

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed?

 Yes No

Name of Licensee:

License Serial Number:

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

3. Premises (interior):

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?
If yes, show the means of access on the interior diagram(s). Yes No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?
(e.g., hallway, stairwells, common areas, etc.) Yes No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises: 3h. Number of tables?

3i. Number of seats at tables? 3j. Number of seats at bar or counter?

4. Bars:

4a. How many customer bars are located on the premises?
(a customer bar is where patrons may order, purchase or receive alcoholic beverages)

4b. How many service bars? *(a service bar is for wait staff use exclusively)*

4c. Describe each bar in the fields below:

Bar 1	Bar 2	Bar 3
Bar Type: <input type="text" value="Customer Bar"/>	Bar Type: <input type="text"/>	Bar Type: <input type="text"/>
Length: <input type="text" value="TBD"/>	Length: <input type="text"/>	Length: <input type="text"/>
Shape: <input type="text" value="Square/Rectangular"/>	Shape: <input type="text"/>	Shape: <input type="text"/>
Location: <input type="text" value="1st Floor/Ground"/>	Location: <input type="text"/>	Location: <input type="text"/>

Attach additional sheets if there are more than 3 bars.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

5. Kitchen:

5a. Does the premises have a full kitchen? Yes No

If NO, does the premises have a food preparation area? Yes No

Show Kitchen or Food Prep Area on the Interior Diagram

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU

5b. Is a chef/cook employed at the premises? Yes No

If YES, please list hours of day chef/cook will devote to the premises:

All hours of operation

6. Hotel or Bed & Breakfast:

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises? Yes No

7. Outdoor Areas:

7a. Are there any outside areas used for the sale or consumption of alcohol? Yes No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:

(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

Sidewalk Cafe Deck Patio Porch Gazebo

Rooftop Yard Balcony Pavilion Tent

Other (describe):

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? Yes No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

Fencing Wall Shrubbery Roping Stanchions

Other (describe):

7f. Is a permit required by the locality for outside area(s)? Yes No

If yes, submit a copy of the permit.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

PROPOSED METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises? Yes No
(If YES, please provide details on a separate sheet)

1a. If the premises is not a catering establishment, will the premises periodically close to host private events? Yes No

If YES, how frequently?

2. Will the premises have music? Yes No

2a. If YES, check all that apply: Recorded DJ Juke Box Karaoke

Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):

2b. Will the premises use the services of an Event Promoter? Yes No

3. Will the premises permit dancing? Yes No

3a. If dancing is permitted, who will be permitted to dance? Patrons Employees for Entertainment Both

3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No

4. Will there be topless entertainment? Yes No

5. Will the business employ a manager? Yes No

5a. If NO, will principal(s) manage? Yes No

6. How many employees? (excluding principals and security personnel)

6a. If answer is "0" please provide an explanation:

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions). If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:

Disability Insurance Carrier Name and Policy Number:

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996

8. Will security personnel be used at the premises? Yes No

9a. If YES, how many?

9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

The Licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

Management will be on premises at all times to supervise and control the establishment and ensure ABC law compliance. All employees will receive training so as to know how to prevent service of alcohol to minors, intoxicated individuals and how to handle disorderly patrons.

10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

Yes No

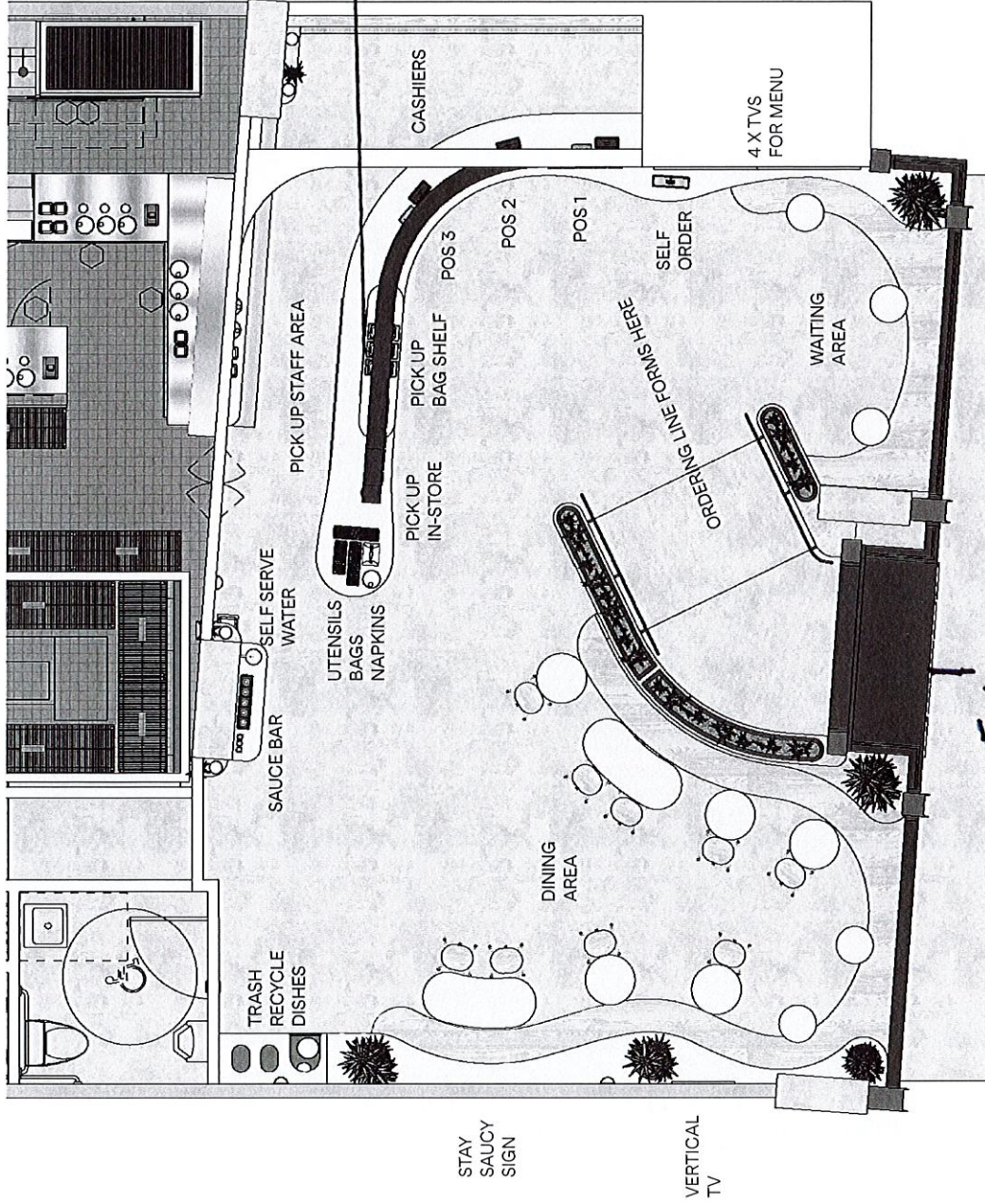
10a. If NO, please explain:

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link:
<http://sla.ny.gov/provisions-for-county-closing-hours>

Union Square Rice LLC

ground floor



University Place

[Locations](#) [Menu](#) [Catering](#)

[Order Online Now](#)

Union Square Rice LLC - Menu

Our Menu

Pick a Protein



Chicken Thigh



Grass Fed Steak



Veggie



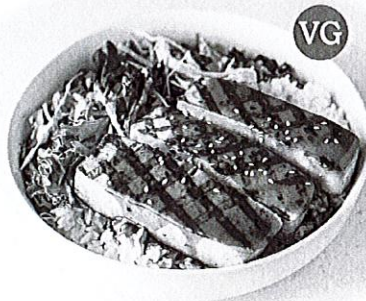
Ōra King Salmon



Charred Pork Ribs



Combo



Organic Tofu



Chicken Breast



Hidden Fjord Salmon

Pick a Base

All our bases are vegan



White Rice

With side of Mixed Greens



Brown Rice

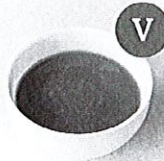
With side of Mixed Greens



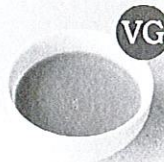
Salad

Mixed Greens with Edamame, Cherry Tomatoes, Carrot, Cucumber & Cabbage

Dressing Options



Sesame



Carrot - Ginger

Honey Lemon

Pick a Sauce



Regular Teriyaki



Gluten Free Teriyaki



Spicy Teriyaki



Extra Spicy Teriyaki



The Hottest Teriyaki

Sides



Crispy Gyoza Dumplings

Vegetable (VG), Chicken or Pork



Menu — Glaze Teriyaki
Cucumber Salad



Steamed Edamame



Shishito Peppers



Shrimp Shumai



Cold Soba Noodle Salad



Spicy-Yaki Chicken Wings



Charred Pork Ribs

Order Now

Copyright Glaze
Made with Love in New York

This report is for informational purposes only in aid of identifying establishments potentially subject to 500 and 200 foot rules. Distances are approximated using industry standard GIS techniques and do not reflect actual distances between points of entry. The NYS Liquor Authority makes no representation as to the accuracy of the information and disclaims any liability for errors.

Proximity Report For:	
Location	110 University Pl, New York, New York, 10003
Geocode	Latitude: 40.73432 longitude: -73.99264
Report Generated On	10/17/2023

8 Closest Liquor Stores		
Name	Address	Distance
B & S ZEEMAN INC Ser #: 1023516	47 UNIVERSITY PLACE NEW YORK, NY 10003	767 ft
33 UNION SQUARE WEST INC Ser #: 1023536	140 4TH AVE NEW YORK, NY 10003	803 ft
MAYURA INC Ser #: 1267883	52 W 14TH ST NEW YORK, NY 10011	1,136 ft
IWM HOLDINGS LLC Ser #: 1213635	108 E 16TH STREET IRVING PLACE & UNION SQ EAST NEW YORK, NY 10003	1,158 ft
8TH STREET WINE CORP Ser #: 1279437	13 E 8TH ST NEW YORK, NY 10003	1,178 ft
TRADER JOES EAST INC Ser #: 1161266	138 E 14TH ST IRVING PLACE & 3RD AVENUE NEW YORK, NY 10003	1,219 ft
PURE WINE NYC LLC Ser #: 1341685	86 E 10TH ST NEW YORK, NY 10003	1,481 ft
FLATIRON WINES INC Ser #: 1343438	873 BROADWAY NEW YORK, NY 10003	1,505 ft

Schools within 500 feet		
Name	Address	Distance
No Schools within 500 feet		

Churches within 500 feet	
Name	Distance
Village Temple	204 ft
Conservative Synagogue of Fifth Ave	482 ft

Pending On Premises Liquor Licenses within 750 feet		
Name	Address	Distance
No Active On Premises Liquor Licenses within 750 feet		

Active On Premises Liquor Licenses within 750 feet		
Name	Address	Distance
BAR 13 INC Ser #: 1122314	35 E 13TH ST AKA 119 121 UNIVERISTY PL NEW YORK, NY 10003	128 ft
P F CHANG'S CHINA BISTRO INC Ser #: 1341501	113 UNIVERSITY PL NEW YORK, NY 10003	132 ft
GOOD MANNERS LLC Ser #: 1295986	15 E 12TH ST NEW YORK, NY 10003	209 ft
SPICE 39 INC Ser #: 1292721	39 E 13TH ST NEW YORK, NY 10003	213 ft
120 U REST LLC Ser #: 1255951	94 UNIVERSITY PL NEW YORK, NY 10003	214 ft
GREY DOG INC, THE Ser #: 1335355	90 UNIVERSITY PL NEW YORK, NY 10003	235 ft
JN KAZOKU INC Ser #: 1308987	90 92 UNIVERSITY PL NEW YORK, NY 10003	239 ft
SUM YUNG GAI LLC Ser #: 1336813	17 E 13TH ST NEW YORK, NY 10003	261 ft
YS PASTRY LLC Ser #: 1305636	15 E 13TH ST NEW YORK, NY 10003	268 ft
RUAYSABAY INC Ser #: 1341426	88 UNIVERSITY PL 1ST FL NEW YORK, NY 10003	269 ft
SAM MILLER HOSPITALITY LLC Ser #: 1342889	54 E 13TH ST NEW YORK, NY 10003	277 ft
GOTHAM RESTAURANTS LLC Ser #: 1336132	12 E 12TH ST NEW YORK, NY 10003	292 ft
STRIP HOUSE RESTAURANT NY LLC Ser #: 1256887	13 E 12TH ST NEW YORK, NY 10003	311 ft
BEAU MAISON CORP Ser #: 1024183	86 UNIVERSITY PLACE NEW YORK, NY 10003	326 ft
CORKBUZZ LLC Ser #: 1256775	13 E 13TH ST NEW YORK, NY 10003	338 ft
STRIP HOUSE RESTAURANT NY LLC Ser #: 1258800	11 E 12TH ST NEW YORK, NY 10003	355 ft
P12 NEW YORK LLC Ser #: 1157225	48 EAST 12TH STREET BROADWAY & UNIVERSITY PLACE NEW YORK, NY 10003	385 ft
REYNA HOSPITALITY GROUP INC Ser #: 1343525	7 9 E 13TH ST NEW YORK, NY 10003	428 ft
NNJ RESTAURANT LLC Ser #: 1278511	47 E 12TH ST NEW YORK, NY 10003	438 ft
MAX BRENNER UNION SQUARE LLC Ser #: 1178781	841 BROADWAY 13TH ST. & 14TH STS NEW YORK, NY 10003	466 ft
RAANANA LLC Ser #: 1355455	72 UNIVERSITY PL NEW YORK, NY 10003	479 ft
MSM ENTERTAINMENT LLC Ser #: 1325257	70 UNIVERSITY PL NEW YORK, NY 10003	505 ft

Active On Premises Liquor Licenses within 750 feet		
Name	Address	Distance
REGAL CINEMAS INC Ser #: 1324674	850 BROADWAY NEW YORK, NY 10003	529 ft
SALMAGUNDI CLUB INC Ser #: 1022430	47 5TH AVENUE NEW YORK, NY 10003	552 ft
MAMAN WASHINGTON SQUARE LLC Ser #: 1335522	23 E 10TH ST AKA 67 UNIVERSITY PL NEW YORK, NY 10003	562 ft
HHP UNION SQ ASSO LLC,HHP UNION SQ LESSEE LLC; Ser #: 1264972	76 E 13TH ST AKA 132 4TH AVE NEW YORK, NY 10003	607 ft
YUM CHA RESTAURANT NEW YORK LLC Ser #: 1321212	15 UNION SQUARE WEST UNIT D NEW YORK, NY 10003	670 ft
MANSIONS CATERING INC Ser #: 1100267	80 5TH AVE NEW YORK, NY 10011	678 ft
SILVET RESTAURANT CORP Ser #: 1024356	32 E 10TH STREET NEW YORK, NY 10003	707 ft

Union Square Rice LLC

Address of premises: 110 UNIVERSITY PLACE, NEW YORK, NY 10003

This business will be a: (circle) Bar **Restaurant** Other: _____

The hours of operation will be: 11:30AM - 10PM, ALL DAYS (MON-SUN)

PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area.

Other information regarding the license:

Name	Signature	Address
Charity Linder	<i>[Signature]</i>	220 Lenox Ave Brooklyn NY 10017
Jaylene Barreto	<i>[Signature]</i>	104 W 144th St
Shyon Hall	Shyon Hall	1754 2nd Ave
Dion Johnson	<i>[Signature]</i>	110 University
Jaidah Franklin	<i>[Signature]</i>	↓ 110 University
Richard Madi	<i>[Signature]</i>	110 University
Shirley Maldonado	<i>[Signature]</i>	48 E 12th St NYC
Chai Lim Kang	Chai Lim Kang	120 E 10th St
Soonwin Oh	<i>[Signature]</i>	120 E 10th St
ANDREW MENDES	<i>[Signature]</i>	110 UNIV. PL
Rob...	<i>[Signature]</i>	20 E 9th St
Sam Green	<i>[Signature]</i>	101 W 12th St
Kristina Libby	<i>[Signature]</i>	1 University #210 NY, NY 10003
TIM CAHILL	<i>[Signature]</i>	1 UNIVERSITY PLACE
Nik Wylie	<i>[Signature]</i>	272 S. 1st #46 Bklyn NY 11211
NINA STERN	<i>[Signature]</i>	5 UNION SQ, NY, NY 10012
ELIAS MAHANN	<i>[Signature]</i>	124 UNIVERSITY PL #5
Tim... Guro	<i>[Signature]</i>	30 Merch St 25th NYC

10003