### Meeting Date: .

## **APPLICANT INFORMATION:**

Name of applicant(s): SUSHI MAKOTO INC

Trade name (DBA): N/A

Premises address: 204-208 W 14TH ST, New York, NY 10011

Cross Streets and other addresses used for building/premise:

7th Ave & 8th Ave

## **CONTACT INFORMATION:**

### Principal(s) Name(s):

Ying Liu

Office or Home Address:	
City, State, Zip:	
Telephone #:	email :
Landlord Name / Contact: 204-208 W 14 REALTY LLC	
Landlord's Telephone and Fax:	
NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Ying Lu	None
	·

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

We are running a boutique omakase Japanese restaurant in Manhattan, offering an intimate and immersive

dining experience. Our concept revolves around a chef's choice omakase menu, highlighting premium sushi and

Japanese delicacies. We believe that the addition of a liquor license will enhance our patrons' overall dining

experience, combining exceptional Japanese cuisine with premium beverage offerings.

### WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR (MARK ALL THAT APPLY):

- <u>x</u> a new liquor license (<u>x</u> 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:

Restaurants

is any license under the ABC Law currently active at this location	? yesx	no
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If yes, what is the name of current / previous licensee, license # and expiration date: \_\_\_\_\_

Have any other licenses under the ABC Law been in effect in the last 10 years at this location? X\_\_\_\_yes \_\_\_\_no

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

DBTG 14 LTD DBA DIRTY BIRD TO-GO (serial #1290578), since 11/19/2015 and it is now Inactive as of

6/30/2020

## **PREMISES:**

By what right does the applicant have possession of the premises?
Own _xLeaseSub-leaseBinding Contract to acquire real propertyother:
Type of Building: Residential Commercial XMixed (Res/Com) Other:
Number of floor:6Year Built :1969
Describe neighboring buildings: mix-used buildings
Zoning Designation: <u>C6-2A</u>
Zoning Overlay or Special Designation (applicable)
Block and Lot Number:/28
Does the premise occupy more than one building, zoning lot, tax lot or more than one floor? X yes _ no
Is the premise located in a historic district? yes <u>X</u> _ 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?
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? $40$
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?yesno $\frac{1}{\sqrt{A}}$
Do you plan to file for changes to the Certificate of Occupancy? yesx_ 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? nox_ yes
(if yes, please describe: _We will have two storefronts entrances. One is for Bubble Tea entrance, and
another entrance for the Sushi Restaurant.

## **INTERIOR OF PREMISES:**

What is the total licensed square footage of the premises? <u>1800 sqf</u>
If more than one floor, please specify square footage by floors: 1st FL: 1110 SQF; BASEMENT: 800sqf
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 inside of store
1 Public Restroom.& How many entrances are there? 2 How many exits? 2 How many bathrooms ? <sup>1 Employee</sup> Use only
Is there access to other parts of the building? no _x yes, explain: an access located in basement connected
with hallway for the building basement
OVERALL SEATING INFORMATION:
Total number of tables? Total table seats?4
Total number of bars? <u>1</u> Total bar seats? <u>8</u>
Total number of "other" seats? 07 please explain : <u>Bubble Tea Brea has '1 seats avable</u> .
Total OVERALL number of seats in Premises : 12
BARS:
How many <sup>*</sup> stand-up bars / bar seats are being applied for on the premises? Bars $\frac{1}{2}$ Seats $\frac{8}{2}$
How many service bars are being applied for on the premises? <u>0</u>
Any food counters? no _X_ yes, describe : We serve sushi
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 \_X\_\_\_Restaurant \_\_\_\_Club/ Cabaret \_\_\_\_Hotel \_\_\_Other: \_\_\_\_\_

What are the Hours of Operation?

Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
11am to	<sup>11am</sup> to <sup>11pm</sup>	<sup>11am</sup> to <u>11pm</u>	<u>11am</u> to <u>11pm</u>	11am_to_11pm	11am to 11pm	11am to 11pm
Will the bus	iness employ	a manager? _	no yes,	name / experie	nce if known :	
Will there be Do you hav	e security per e or plan to in	sonnel? <u>×</u> no stall French doe	o yes( if ye ors, accordion d	es, what nights a oors or windows	nd how many' that open?	?) yes
lf yes, pleas	se describe : _					
Will you hav	/e TV's ? <u>×</u>	_no yes (	how many? ) _			
Type of ML	ISIC / ENTER		_ Live Music _	Live DJJ	uke Box _x	lpod / CDsnone
Expected V (check all th	olume level: nat apply)	_× Backgroun	d (quiet) E	Entertainment lev	el Ampli	fied Music
Do you hav	e or plan to in	stall soundproo	fing? <u>×</u> no _	yes		
IF YES, will	you be using	a professional	sound engineer	?		
Please deso	cribe your sou	ind system and	sound proofing:		<u> </u>	
Will you be	permitting:	promoted ev	ents sched	duled performan	cesouts	ide promoters
any ev	ents at which	a cover fee is c	harged? X p	rivate parties		
Do you have establishme	e plans to ma ent? <u>X   </u> no	nage or addres yes ( if ye	s vehicular traffi s, please attach	c and crowd con plans)	trol on the side	ewalk caused by your
Will you be	utilizing	ropes mo	ovable barriers	other outsid	le equipment (	describe)
_Are your p	premises with	in 200 feet of a	ny school, churc	h or place of wo	rship? _x r	10 yes
please sub	mit a block p	rch or place of blot diagram or an 8 ½ " x 11").	area map shou	n <u>200</u> feet of you wing its' locatio	ur premises o n in proximit	or on the same block, y to your applicant
Indicate the	distance in fe	et from the prop	posed premise:			
Name of Sc	hool / Church	:				
Address:			- <u></u>		Distance: _	

Name of School / Church:	
Address:	Distance:
Name of School / Church:	
Address:	Distance:

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Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person:	YING LIU	Phone:		
Address:			·	
Email : _				
		olication submitted on alf of the applicant by: Signature		
	Print or Type Name	e YING LIU	<u>_</u> _	
	Tit	le OWNER		

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.

Dunistation

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

# SUSHI MAKOTO MENU

Address: 204-208 W 14th St, New York, NY 10011 Phone: 646-736-1099

# SUSHI BAR EXPERIENCE

Omakase, a Japanese dining tradition in which the meal is determined by the chef for the enjoyment of the diner.

## 13 COURSE DINNER OMAKASE \$ 120.00

Chef's selection of 2 appetizers, 9 pieces nigri, miso soup & dessert

16 COURSE DINNER OMAKASE \$ 150.00

Chef's selection of 2 appetizers, 12 pieces nigri, miso soup & dessert

ALCOHOL

## SAKE PROGRESSION \$ 65.00

Featured selection of four 3oz pours of sake

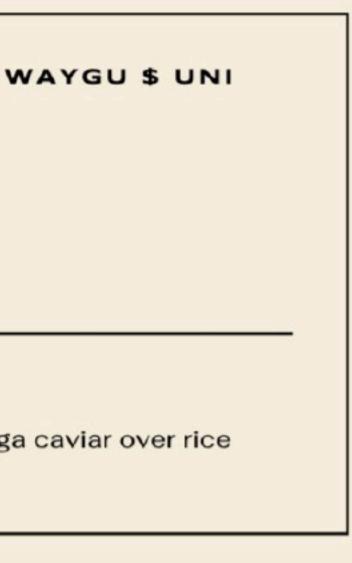
# PREMIUM ADDITIONS

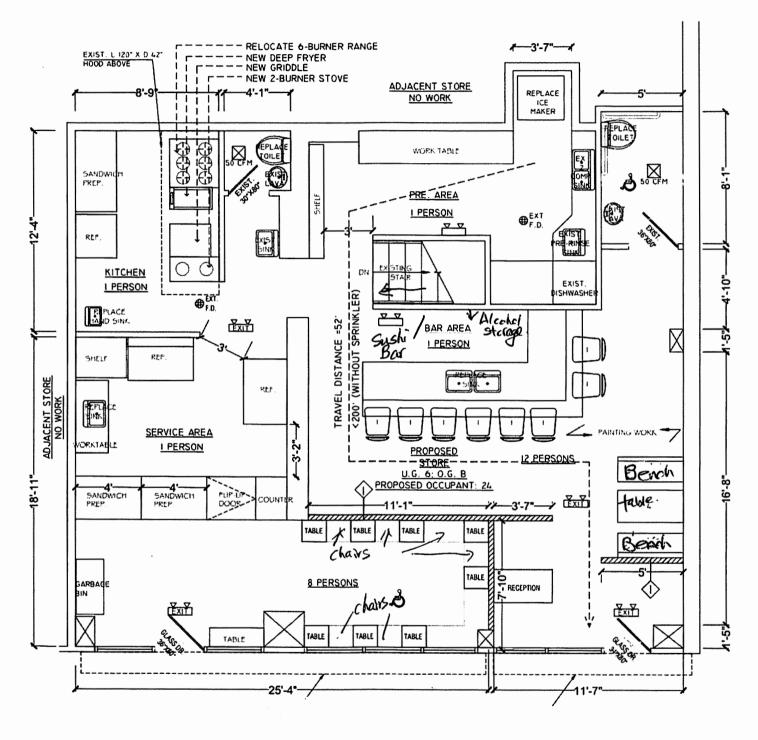
KALUGA CAVIAR SERVICE	DAILY SELECTION OF UNI	SEARED
2oz / \$90.00 4oz / \$170.00	Minimum order 60g	\$ 20.00
40270170.00	Hokkaido / \$2.00 Maine / \$1.00	
	Santa Barbara Uni / \$1.50	

# NEGITO TARTARE & KALUGA CAVIAR HANDROLL \$ 24.00

# **UNI SUNDAE \$ 65.00**

Toro Tartare, uni & black kaluga caviar over rice





FIRST FLOOR PLAN

## Basement

