

Meeting Date: \_\_\_\_\_

**APPLICANT INFORMATION:**

Name of applicant(s): Torishiki USA Corp.  
\_\_\_\_\_

Trade name (DBA): Torien  
\_\_\_\_\_

Premises address: 292 Elizabeth Street  
\_\_\_\_\_

Cross Streets and other addresses used for building/premise:  
E. Houston & Bleecker  
\_\_\_\_\_

**CONTACT INFORMATION:**

Principal(s) Name(s): Julian Hakim, Aram Bayolan  
\_\_\_\_\_

Office or Home Address: 292 Elizabeth Street  
\_\_\_\_\_

City, State, Zip: New York, NY 10012  
\_\_\_\_\_

Telephone #: [REDACTED] email : [REDACTED]  
\_\_\_\_\_

Landlord Name / Contact: 292 Elizabeth LLC  
\_\_\_\_\_

Landlord's Telephone and Fax: [REDACTED]  
\_\_\_\_\_

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

Julian Hakim      Torishiki USA Corp dba Torien / 292 Elizabeth Street  
\_\_\_\_\_

Aram Bayolan      Torishiki USA Corp dba Torien / 292 Elizabeth Street  
\_\_\_\_\_

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):  
Omakase style, reservation only, Japanese Yakitori Restaurant.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.)

This is a change in class from restaurant wine to full liquor. There will be no other operational changes.

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

N/A - Class Change Application

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: \_\_\_\_\_

Torishiki USA Corp. d/b/a Torien, 1311764, 8/31/2025

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:

Siggy's NYC 2012-2019; Rice 2007-2012

**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: 4 Year Built : 1900

Describe neighboring buildings:  
\_\_\_\_\_ Mixed use Buildings \_\_\_\_\_

Zoning Designation: C6-2

Zoning Overlay or Special Designation (applicable) \_\_\_\_\_

Block and Lot Number: 521 / 65

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? 40

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? 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?  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: \_\_\_\_\_

## INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 2400 sqft;

If more than one floor, please specify square footage by floors: 1200 sqft (ground floor), 1200 sqft (basement)

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

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

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

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

## OVERALL SEATING INFORMATION:

Total number of tables? 2 Total table seats? 8

Total number of bars? 0 Total bar seats? 0

Total number of "other" seats? 19 please explain: Food Counter

Total OVERALL number of seats in Premises: 27

## 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: Food counter with 19 seats

### ***For Alterations and Upgrades:***

Please describe all current and existing bars / bar seats and specific changes: There is currently no bar.

There will be no changes to the physical layout in connection with this change in class.

\* 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:  
11a to 12am   11a to 12am   11a to 12am   11a to 12am   11a to 12am   11a to 12am   11a to 12am

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? \_\_\_\_\_

Please describe your sound system and sound proofing: N/A, Existing

Will you be permitting:    promoted events    scheduled performances    outside promoters

any events at which a cover fee is charged?    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    ropes    movable barriers    other outside equipment (describe) \_\_\_\_\_

None of the above

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: Julian Hakim Phone: 

Address: 292 Elizabeth Street, New York, NY 10012

Email : 

Application submitted on  
behalf of the applicant by:



\_\_\_\_\_  
Signature

Print or Type Name Julian Hakim

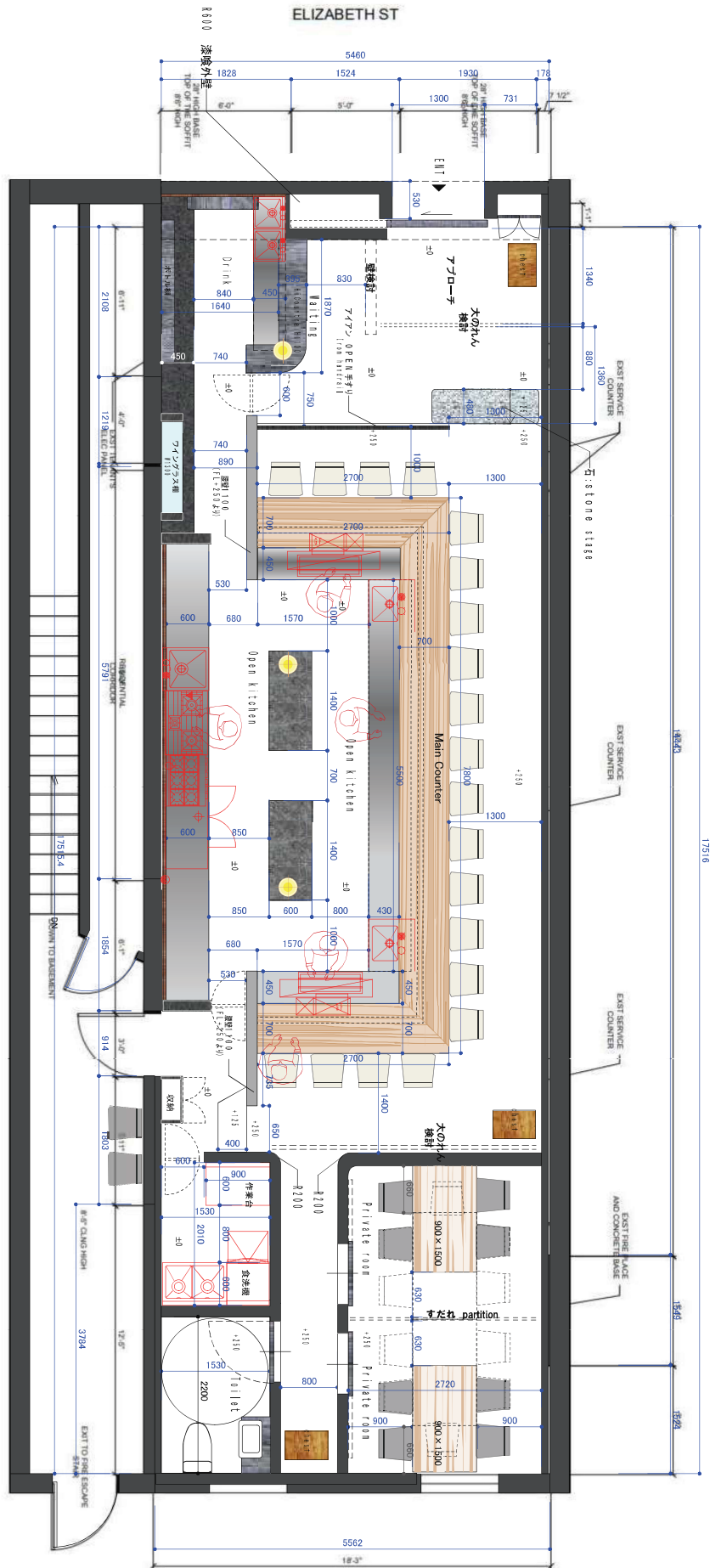
Title President

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

Torishiki USA Corp  
 292 Elizabeth Street,  
 New York, NY 10012



総面積: 100㎡/30.2坪  
 席数 28  
 客席: 73㎡/22.05坪  
 メインカウンター  
 席数 20  
 ドリンクカウンター  
 席数 0  
 テーブル  
 席数 8  
 厨房: 27㎡/8.15坪

Total: 100㎡/30.2 T  
 Seating 28  
 Hall: 73㎡/22.05T  
 Main Counter  
 Seating 20  
 Drink Counter  
 Seating 0  
 Table  
 Seating 8  
 Kitchen: 27㎡/8.15T

平面図 1

**Torishiki USA Corp**  
**Menu**

Omakase price \$65 per person

**Appetizers**

*Potato Salad*  
*Duck Sashimi*  
*Japanese Pickled Vegetables*  
*Herring Roe with Chicken*

**Yakitori Courses**

(1 skewer per course)

*Chicken breast*  
*Chicken thigh*  
*Chicken skin*  
*Chicken heart*  
*Bacon wrapped asparagus*  
*Avocado*  
*Tsukune (meatball)*  
*Chicken wing*  
*Wagyu beef*  
*Hokkaido Potato*  
*Onion*

**Rice Dish**

(select one)

*Yakitori Don*  
*Kamo Negi Don*  
*Oyako Don*  
*Saboro Don*

**Desert**

*Black sesame crème brulee*  
*Matcha Chocolate*