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Antony Wong, Treasurer Amy Brenna, Secretary Ritu Chattree, Assistant Secretary

COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE NEW YORK, NY 10012-1899 www.cb2manhattan.org

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:	
APPLICANT INFORMATION:	
Name of applicant(s):	
Trade name (DBA):	
Premises address:	
Cross Streets and other addresses used fo	r building/premise:
CONTACT INFORMATION:	
Principal(s) Name(s):	
Office or Home Address:	
City, State,	
	_
Landlord Name / Contact:	
Landlord's Telephone and Fax: _	
NAMES OF ALL PRINCIPAL(s): NAM	IES / LOCATIONS OF PAST / CURRENT LICENSES HELD
Briefly describe the proposed operation (i.e	. "We are a family restaurant that will focus on"):

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 :
(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:
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:
Have any other licenses under the ABC Law been in effect in the last 10 years at this location? yesno
If yes, please list DBA names and dates of operation:

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 CommercialMixed (Res/Com) Other:
Number of floor: Year Built :
Describe neighboring buildings:
Zoning Designation:
Zoning Overlay or Special Designation (applicable)
Block and Lot Number:/
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?
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?
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 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:

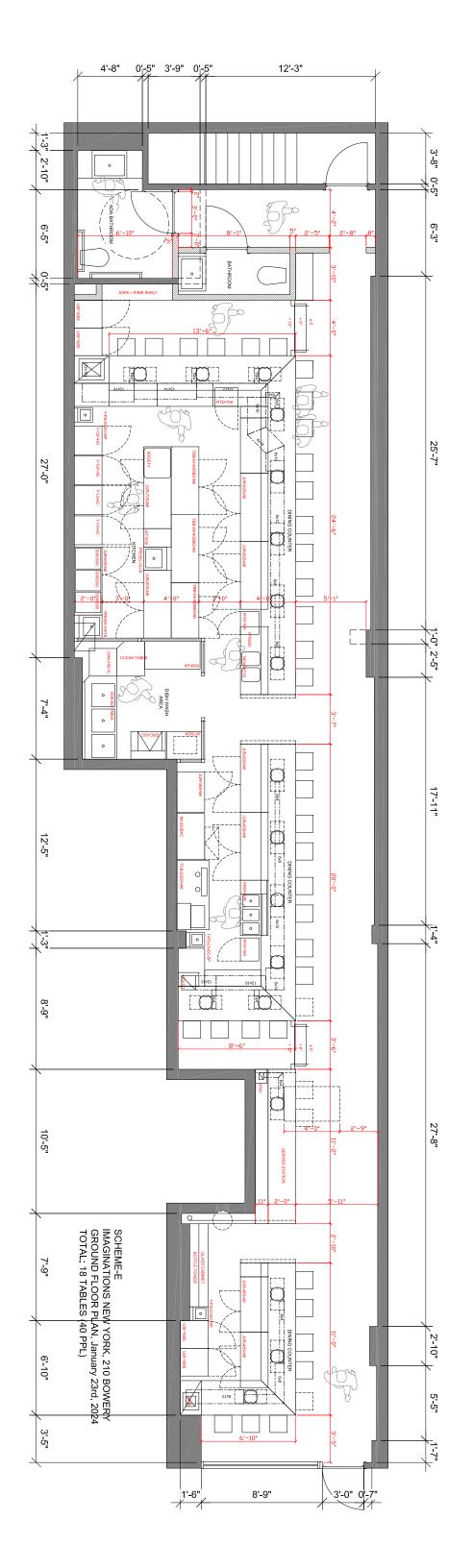
INTERIOR OF PREMISES:
What is the total licensed square footage of the premises?
If more than one floor, please specify square footage by floors:
If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?
If more than one floor, what is the access between floors?
How many entrances are there? How many exits? How many bathrooms ?
Is there access to other parts of the building? no yes, explain:
OVERALL SEATING INFORMATION:
Total number of tables? Total table seats?
Total number of bars? Total bar seats?
Total number of "other" seats? please explain :
Total OVERALL number of seats in Premises :
BARS:
How many *stand-up bars / bar seats are being applied for on the premises? Bars Seats
How many service bars are being applied for on the premises?
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 orde pay for and receive food and alcoholic beverages.
PROPOSED METHOD OF OPERATION:
What type of establishment will this be? (check all that apply)
BarBar & FoodRestaurantClub/ CabaretHotelOther:

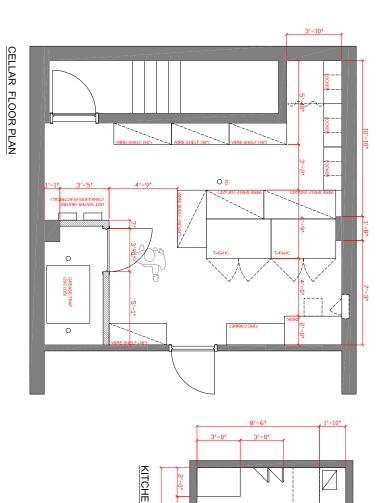
what are tr	ne Hours of Op	eration?				
Sunday:	Monday:	Tuesday:	Wednesday:	Thursday:	Friday:	Saturday:
to	to	to	to	to	to	to
Will the bus	siness employ	a manager? _	no yes,	name / experie	nce if known	:
			o yes(if ye			
If yes, plea	se describe : _					
Will you ha	ve TV's ?	no yes	(how many?)			
Type of MI	USIC / ENTER	TAINMENT: _	Live Music	_Live DJJ	Juke Box	Ipod / CDsnone
Expected V (check all the		Backgroul	nd (quiet) E	ntertainment lev	vel Amp	lified Music
Do you hav	ve or plan to ins	stall soundprod	ofing?no _	yes		
IF YES, wil	I you be using	a professional	sound engineer?	·		
Please des	cribe your sou	nd system and	I sound proofing:			
·			vents sched	·	ces out	side promoters
			ss vehicular traffic es, please attach		trol on the sic	lewalk caused by your
Will you be	utilizing	ropes m	ovable barriers	other outsic	de equipment	(describe)
Are your pr	remises within	200 feet of any	/ school, church (or place of worsl	hip? no	yes
please sub		lot diagram o	r area map shov	•	•	or on the same block, ty to your applicant
Indicate the	e distance in fe	et from the pro	pposed premise:			
Name of So	chool / Church:	·				
Address:					Distance:	

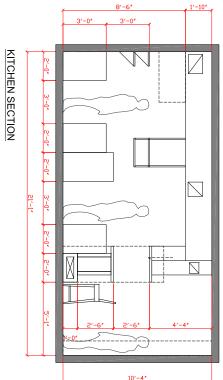
Name of School / Church:	
Address:	Distance:
Name of School / Church:	
Address:	Distance:
Please provide contact information for Residents / Commuyou will address it immediately.	unity Board and confirm that if complaints are made
Contact Person:	Phone:
Address: _	_
Email	
Application subr	mitted on plicant by:
Print or Type Name	
Title	

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







OUR JAPANESE WAGYU AND SAUCE

We select our Wagyu beef with a focus on BMS (Beef Marbling Standard), freshness and the meat part rather than the place of origin. We use only BMS10 or 11 out of A5 rank BMS 8-12. We mainly purchase Shintama and Ude, which are the rare parts of Japanese beef that are delicious and lean. Please enjoy the delicious Japanese Wagyu beef.

Yakiniku Sauce is handmade in our own kitchen in Japan and sent to Hong Kong by chilled air transportation. No additives such as preservatives are used.

OMAKASE

Ultimate 9cuts of the day, Chef's Recommend Sides, Noodle and Dessert

All Omakase minimum order 2 servings.

OMAKASE "GREAT"「偉大」(9cuts)

All Omakase will be included Small Appetizer.

CHEF'S RECOMMEND SIDE DISHES

\$ 13	\$ 9.5	
Great Salad	Freshly Made Kimchi	

兵庫県産)	
yster (
resh O	

Wagyu Tartare Sashimi

1pc \$ 6

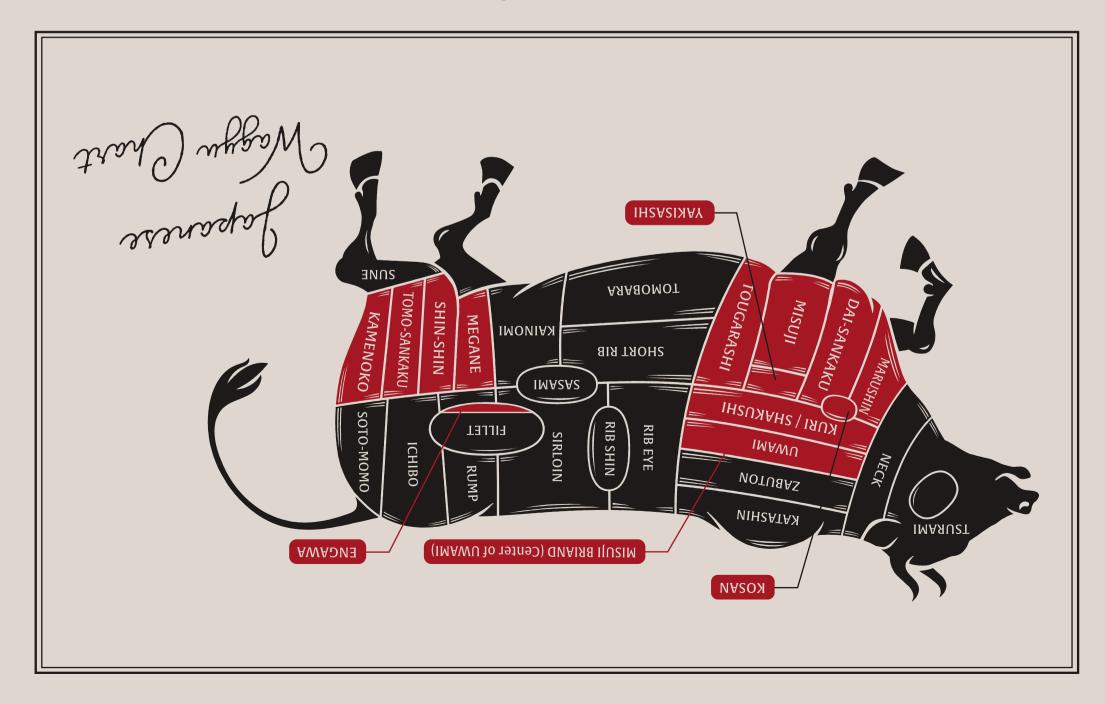
3	
\$	
ه	
a G	

\$ 13	
Dashi Somen Cold Noodle	
men Col	ii / Shrimp
Dashi So	Flying Fish Dashi
Ago 1	Somen /

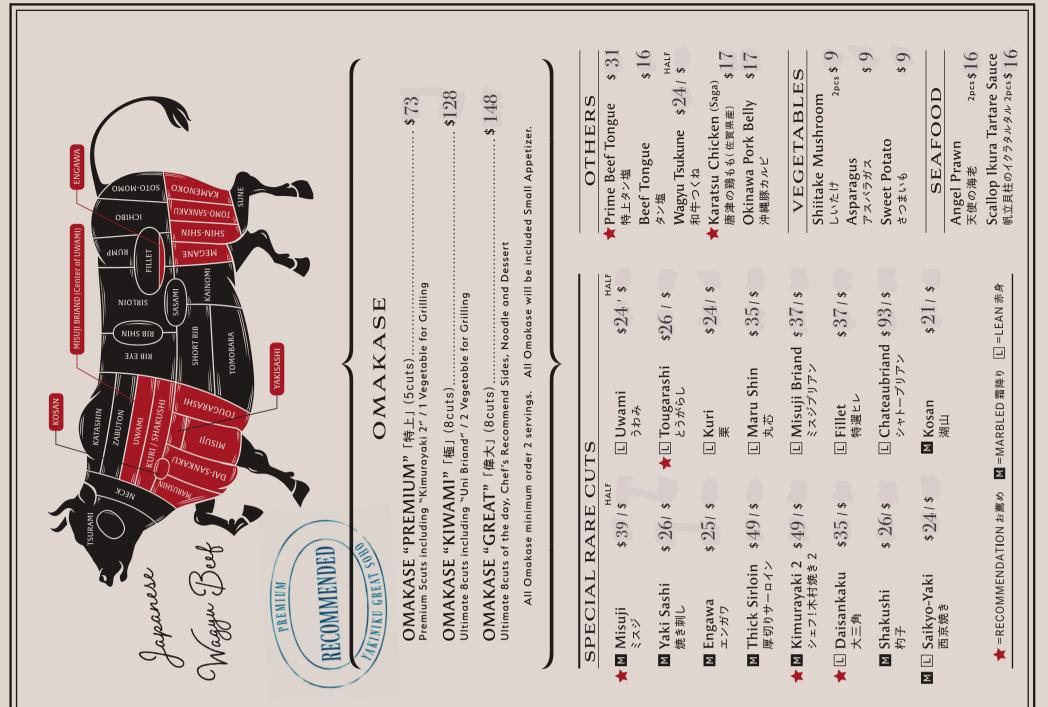
Rice Nagano (長野) prefecture-



YAKINIKU GREAT



AAKINIKU GREAT



YAKINIKU GREAT soho