

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s): DE XIANG INC

Trade name (DBA): _____

Premises address: 552 LAGUARDIA PL NEW YORK NY 10014

Cross Streets and other addresses used for building/premise:
W 3RD STREET & BLEECKER ST

CONTACT INFORMATION:

Principal(s) Name(s): JIAN QIN HUANG

Office or Home Address: [REDACTED]

City, State, Zip: [REDACTED]

Telephone: [REDACTED] email: [REDACTED]

Landlord Name / Contact: DAVID ESHAGHIAN /

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>JIAN QIN HUANG</u>	
_____	_____
_____	_____

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):
THIS IS A JAPANESE RESTAURANT OPERATING
AT THE SAME LOCATION SINCE 2015. IT IS ABOUT
500 SF WITH 16 SEATING & 1 SUSHI BAR.
OPERATING HOURS ARE 12PM-3PM, 5PM-11PM 7 DAYS.

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:

RESTAURANT

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?
 yes no

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 Commercial Mixed (Res/Com) Other: _____

Number of floor: 12 Year Built : DO NOT KNOW

Describe neighboring buildings: MIXED

Zoning Designation: DO NOT KNOW

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 537, 7501

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? RESTAURANT

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? 100 (MULTIPLE STORIES)

If yes, what is the use group for the premises? GC

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? 500 SF

If more than one floor, please specify square footage by floors: 500 SF 1ST 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? 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? 0 Total table seats? 0

Total number of bars? 1 Total bar seats? 16

Total number of "other" seats? 4 please explain: WAITING AREA

Total OVERALL number of seats in Premises : _____

BARS:

How many * stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 16

How many service bars are being applied for on the premises? 0

Any food counters? no yes, describe: FOOD IS SERVED AT THE BAR.

For Alterations and Upgrades:

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

* 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: _____
12PM - 3PM & 5PM - 11PM, 7 DAYS _____ to _____ _____ to _____ _____ to _____ _____ to _____

Will the business employ a manager? no yes, name / experience if known: OPERATING REST AT THIS LOCATION SINCE 2015

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: _____

Will you be permitting: promoted events scheduled performances outside promoters

N/A

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) _____

N/A

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: _____

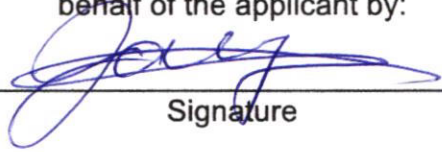
Address: _____ Distance: _____

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

Contact Person: JIAN QIN HUANG Phone: [REDACTED] [REDACTED]

Address: 552 LAGUARDIA PL NEW YORK NY 10014

Application submitted on behalf of the applicant by:



Signature

Print or Type Name Jae Yu

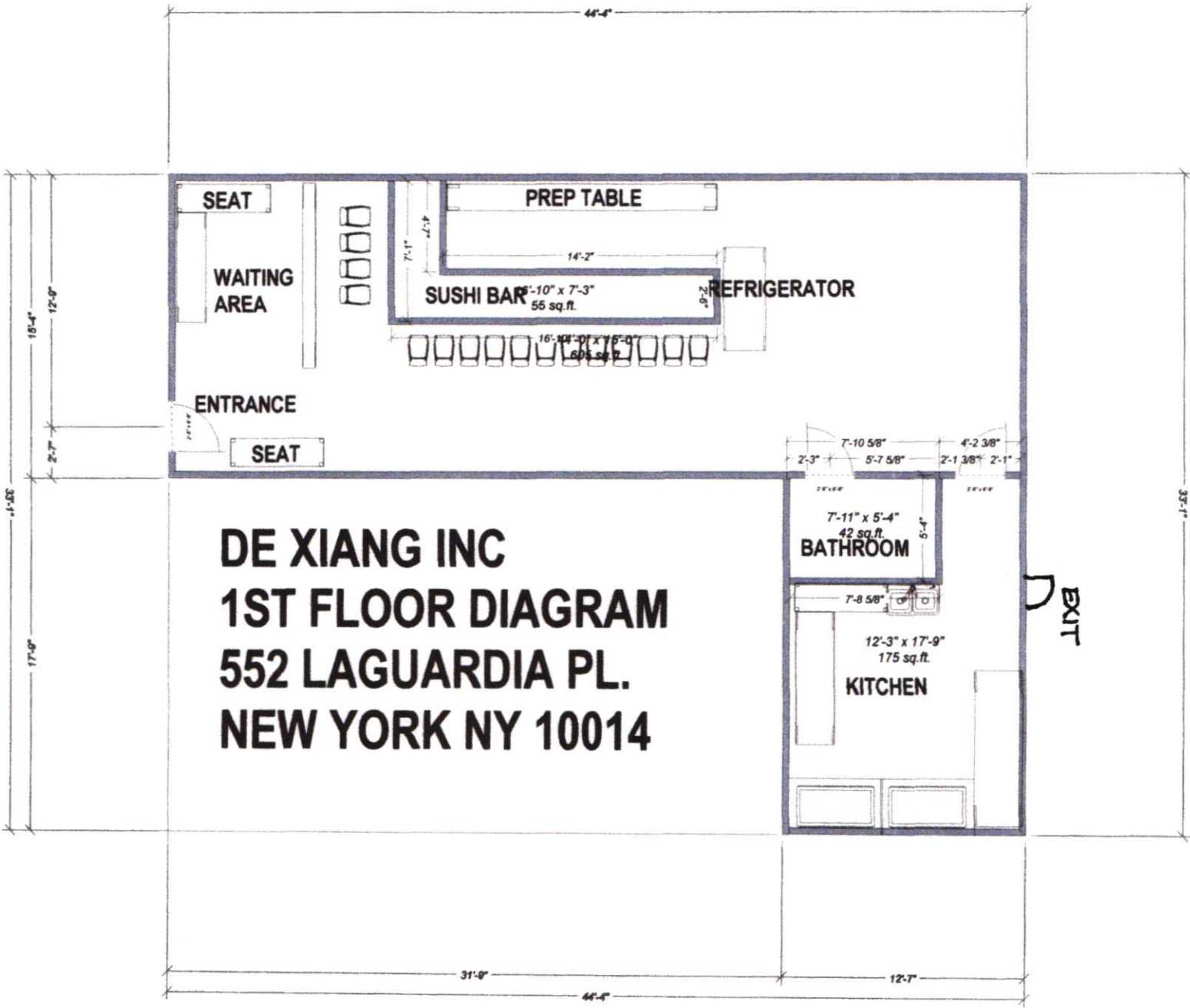
Title Representative

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



DE XIANG INC
1ST FLOOR DIAGRAM
552 LAGUARDIA PL.
NEW YORK NY 10014



Genki Omakase



Log In

Home

Menus



Menu

17 PCS \$98 / 13 PCS \$72

Salmon / Salmon

.....

Kanpachi / Kanpachi

.....

Shima Aji / Shima Aji

Kumamoto Oyster /

.....

Black Cod / Black Cod

.....

Madai / Madai

Hotaru Ika / Hotaru Ika

.....

Ikura /

.....

Kinmedai /



Genki Omakase



Log In

Home

Menus



Botan Ebi /

.....

A5 Wagyu w.Uni & Foie Gras /
A5 Wagyu w. Foie Gras

.....

Hokkaido Uni / Uni

.....

Unagi / Unagi

.....

O'toro w. Caviar / O'toro w.
Caviar

.....

Fun List!

Gianter

Wagyu, Toro, Uni, Caviar, Gold Leaf

\$20

Emily

Salmon, Tomato, Toro, Quail Egg

\$14

Nobody

Scallop, Uni, Ikura

\$16