

Meeting Date: March 2026

**APPLICANT INFORMATION:**

Name of applicant(s): Oshikiri Inc

Trade name (DBA): Menkoi Sao

Premises address: 7 Cornelia Street

Cross Streets and other addresses used for building/premise:  
West 4th Street and Bleecker Street

**CONTACT INFORMATION:**

Principal(s) Name(s): Saori Oshikiri

Office or Home Address: 7 Cornelia Street

City, State, Zip: New York, New York 10014

Telephone #: [REDACTED] email : [REDACTED]

Landlord Name / Contact: MP Cornelia Properties LLC

Landlord's Telephone and Fax: [REDACTED]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
<u>Saori Oshikiri</u>	

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.)

---

---

---

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

Menkoi Sato 2018-Present

---

---

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 Unknown

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: 5 Year Built : \_\_\_\_\_

Describe neighboring buildings: Mixed use

Zoning Designation: R6 C1-5

Zoning Overlay or Special Designation (applicable) Landmark

Block and Lot Number: 590 / 34

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 : N/A

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? N/A

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? 60

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: New signage

## INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? Approximately 1250 square feet

If more than one floor, please specify square footage by floors: First floor. Approximately 680 square feet.  
Basement is approximately 570.

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? Interior stairwell

How many entrances are there? 1 How many exits? N/A How many bathrooms? 1

Is there access to other parts of the building? no yes, explain: Access to basement is through the common hallway.

## OVERALL SEATING INFORMATION:

Total number of tables? 4 Total table seats? 24

Total number of bars? 1 Total bar seats? 8

Total number of "other" seats? 3 please explain: Bench for patrons waiting for "to go."

Total OVERALL number of seats in Premises: 35

## BARS:

How many \*stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 8

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:  
12pm to 10pm    12pm to 10:30pm    12pm to 10:30pm    12pm to 10:30pm    12pm to 10:30pm    12pm to 11:30pm    12pm to 11:30pm

Will the business employ a manager?     no     yes, name / experience if known : To be determined

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: Ipod /Spotify generated small speakers

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) One employee will be designated to ensure that loiterers move on, that smokers are respectful of our neighbors, and that sidewalks never become congested.

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: \_\_\_\_\_

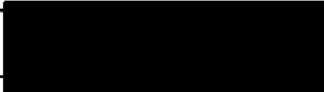
Name of School / Church: \_\_\_\_\_

Address: \_\_\_\_\_ Distance: \_\_\_\_\_


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

Contact Person: Saori Oshikiri Phone: 

Address: 7 Cornelia Street, New York, New York.

Email: 


Application submitted on  
behalf of the applicant by:

x   
\_\_\_\_\_  
Signature

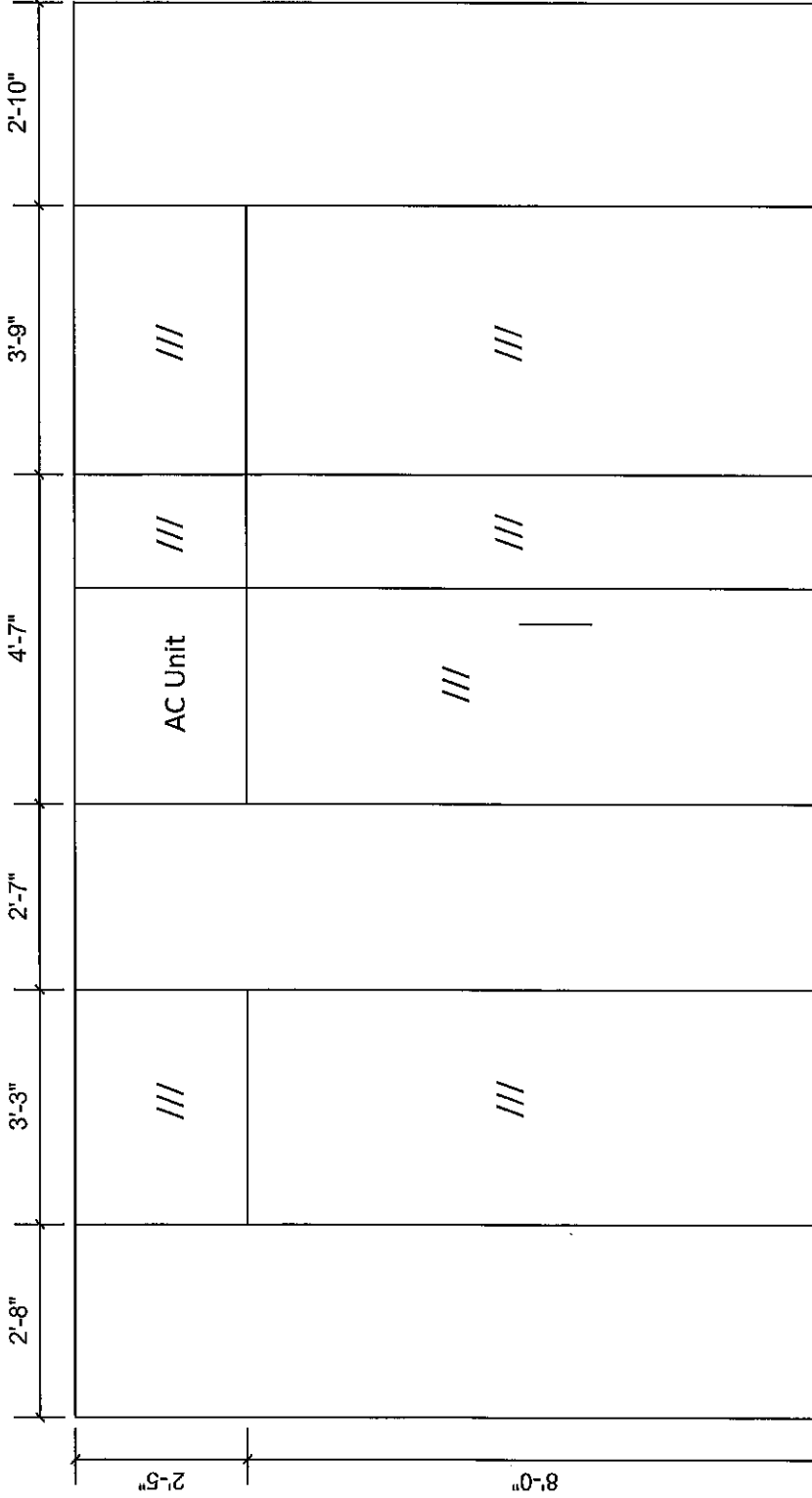
Print or Type Name: Saori Oshikiri

Title: President

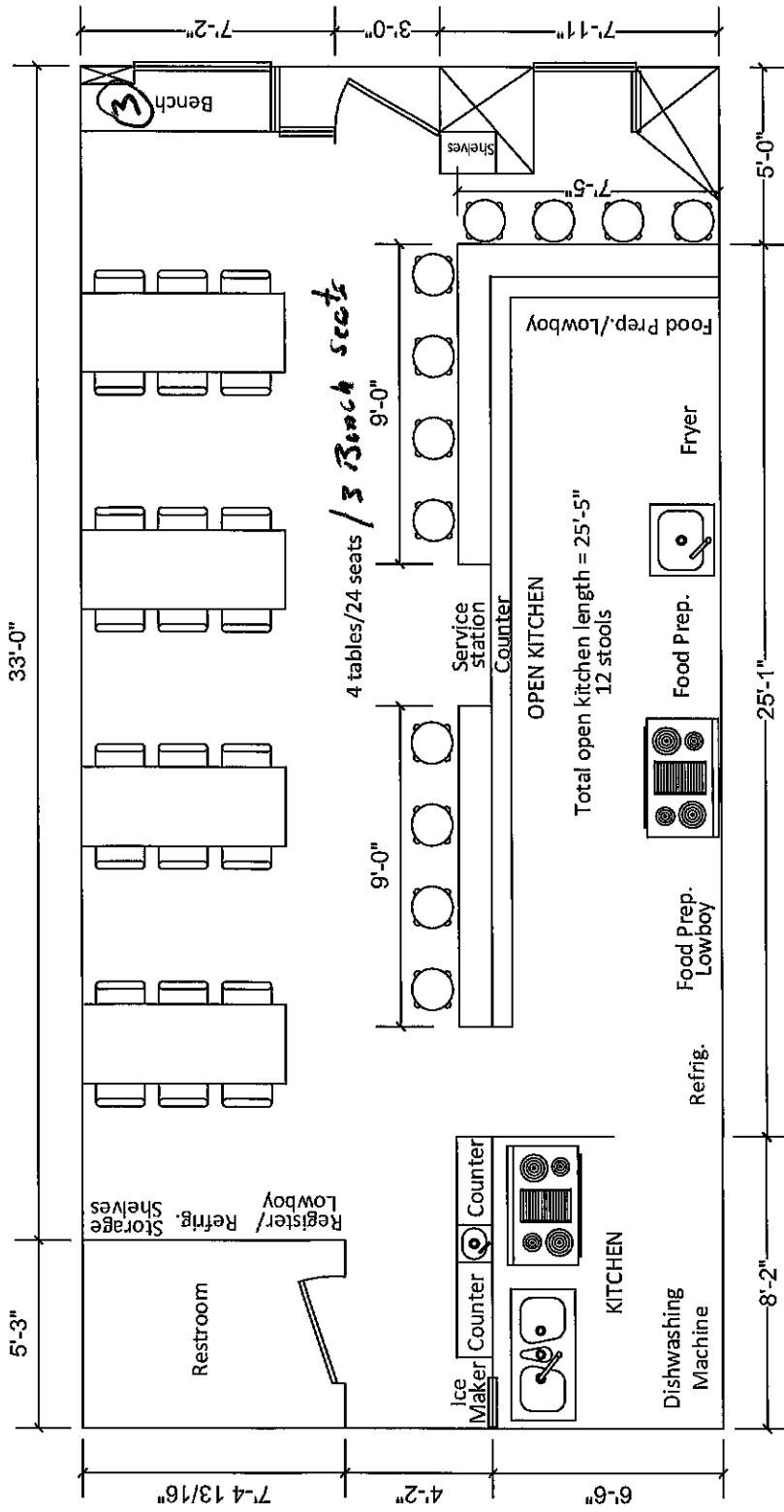
Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.



Community Board 2,  
Manhattan SLA Licensing  
Committee Donna Raftery, Chair

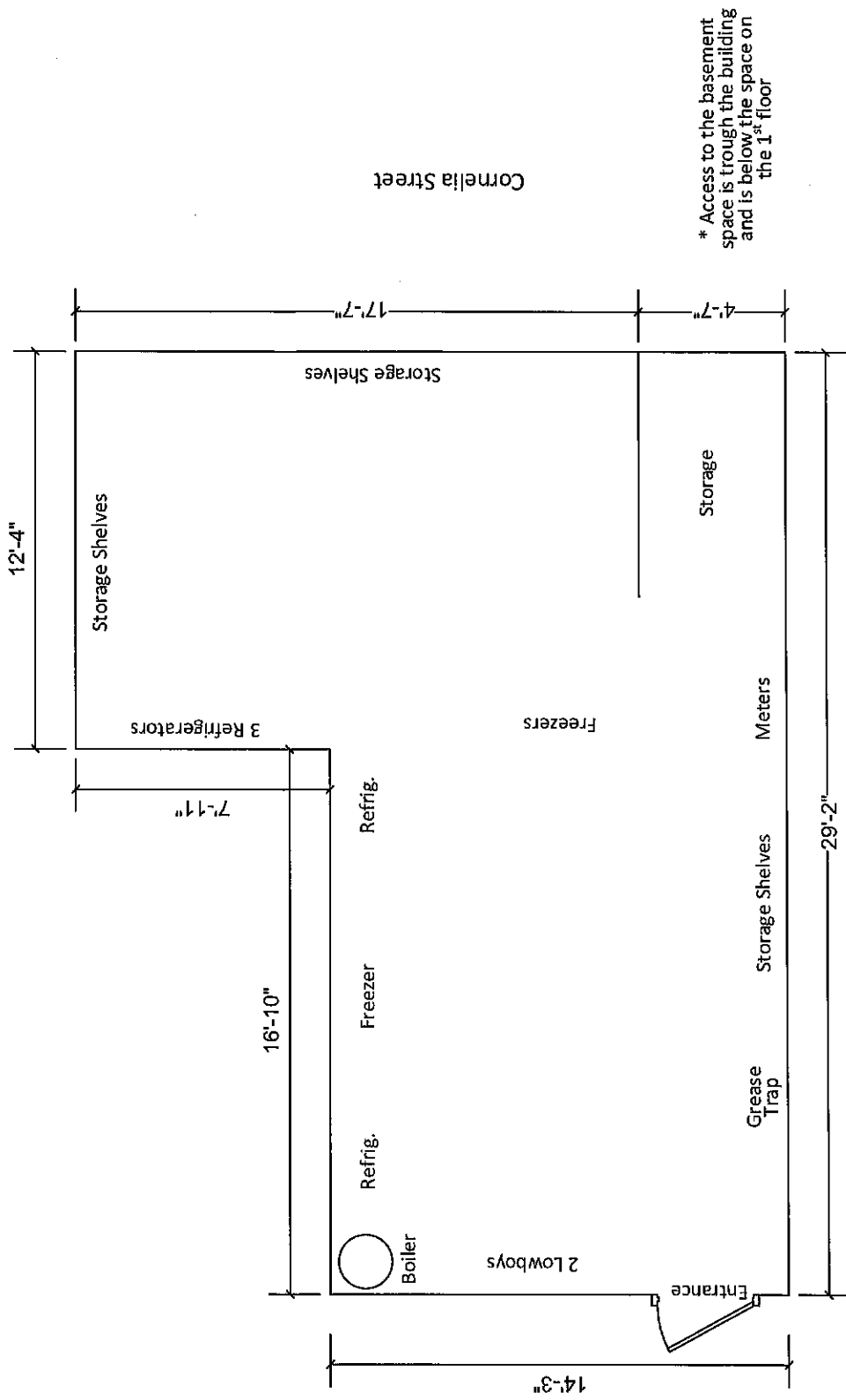


FRONT ELEVATION  
 7 Cornelia Street  
 New York, NY  
 February 9, 2026  
 NOT TO SCALE



INTERIOR DIAGRAM – 1<sup>st</sup> Floor  
 7 Cornelia Street  
 New York, NY  
 February 9, 2026

NOT TO SCALE



\* Access to the basement space is through the building and is below the space on the 1<sup>st</sup> floor

INTERIOR DIAGRAM – Basement  
 7 Cornelia Street  
 New York, NY  
 February 9, 2026  
 NOT TO SCALE

# Menkoi Sao - Menu

RAMEN	PRICE
Shoyu Ramen	\$21
Miso Ramen	\$22
Shio Ramen	\$21
Spicy Shoyu Ramen	\$22
Spicy Miso Ramen	\$23
Tantan Men	\$23
Abura Soba	\$19
Curry Ramen	\$23
Curry Tantan	\$24
Premium Shoyu	\$23
Premium Spicy Shoyu	\$25
RICE & SIDES	
Fried Chicken	\$18
Fried Tofu	\$10
Edamame	\$6
Fried Rice	\$15
Chicken Curry Rice	\$18
SOFT DRINKS	
Calpico / Calpico Soda	\$4
Yuzu Lemonade	\$5.5
Green Tea / Oolong Tea	\$4
Ramune	\$4
Coca-Cola / Diet Coke / Sprite	\$4
Bottle Water	\$4