Meeting Date: _____

RECEIVED BY
COMMUNITY BOARD 2, MANHATTAN
JUL 17 2026

APPLICANT INFORMATION:

Name of applicant(s):
SEJUN PARK

Trade name (DBA):
PARK at KIMS

Premises address:
119 Elizabeth St, New York, NY10013

Cross Streets and other addresses used for building/premise:
Elizabeth St Between Broom St and Grand St

CONTACT INFORMATION:

Principal(s) Name(s):
SEJUN PARK

Office or Home Address: [redacted]

City, State, Zip: [redacted]

Telephone #: [redacted] email : sejun@parkatkims.com

Landlord Name / Contact:
MARK MOGLIA

Landlord's Telephone and Fax [redacted]

NAMES OF ALL PRINCIPAL(s):	NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD
SEJUN PARK	NONE
DAIK KIM	NONE
DAMIN KIM	NONE

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

PARK at KIMS is a specialty coffee shop and neighborhood cafe located in Chinatown, Manhattan. We focus on specialty coffee, pastries, and light food offerings throughout the day. We are applying for a Beer and Wine License to offer a limited selection of beer and wine as a complement to our existing food and beverage program. Our goal is to maintain a quiet community-oriented atmosphere, with responsible service and operating hours ending no later than 10:00 PM.

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:

I believe it was a massage parlor before we moved in here 2 years ago.

_____

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: 6 Year Built : 1921

Describe neighboring buildings: Commercial/Residentail Buildings

_____

Zoning Designation: 12c

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 470 / 21

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 Two out door tables (4 People Max)

What is the proposed Occupancy? Neighborhood Cafe with Beer and Wine Service

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? ___ 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

If more than one floor, please specify square footage by floors: N/A

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: Basement for storage

OVERALL SEATING INFORMATION:

Total number of tables? 2 Total table seats? 15

Total number of bars? 1 Total bar seats? 2

Total number of "other" seats? N/A please explain :

Total OVERALL number of seats in Premises : 17

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? 1

Any food counters? ___ no ✓ yes, describe : Yes. One service counter for ordering, payment, and food/beverage pickup.

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:
8AM to 6PM	8AM to 6PM	8AM to 6PM	8AM to 6PM	8AM to 10PM	8AM to 10PM	8AM to 10PM

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: _____

_____

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) ____

_____

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: Andrew Kim Phone: [redacted]

Address: 119 Elizabeth St, New York, NY 10013

Email : Andrew@parkatkims.com

Application submitted on
behalf of the applicant by:

_____
Signature

Print or Type Name SEJUN PARK

Title 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.

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

LEGEND

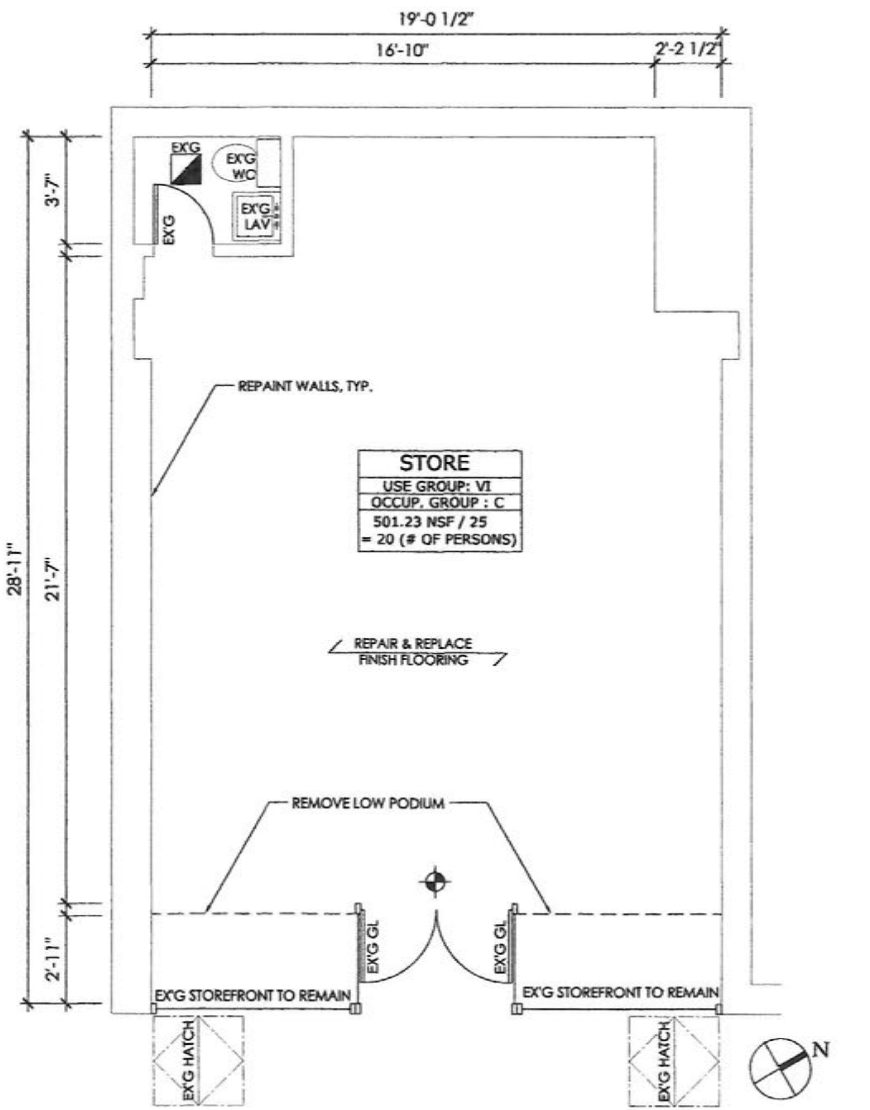
EXISTING WALL TO REMAIN

EXISTING WALL TO REMOVE

EX'G DOOR TO REMOVE

EX'G DOOR

EX'G EXIT SIGN
& EMERGENCY LIGHT
with 1 1/2 HR BATTERY PACK



1 EXISTING/INTERIOR DEMO PLAN
SCALE: 1/4" = 1'-0"

Cafeteria Build Out of an Existing Store

119 Elizabeth St
New York, NY 10013

HC Architect, PC

AIA, NCARB, RA, LEED AP
ICC Certified Energy Inspector
106 West 32nd St, FL 2
New York, NY 10001
beyondarch11@gmail.com
Tel. 646-285-1105

NO	DESCRIPTION	DATE
1	ISSUE HISTORY	10/03/24

SHEET TITLE:
EX'G/INTERIOR DEMO PLAN

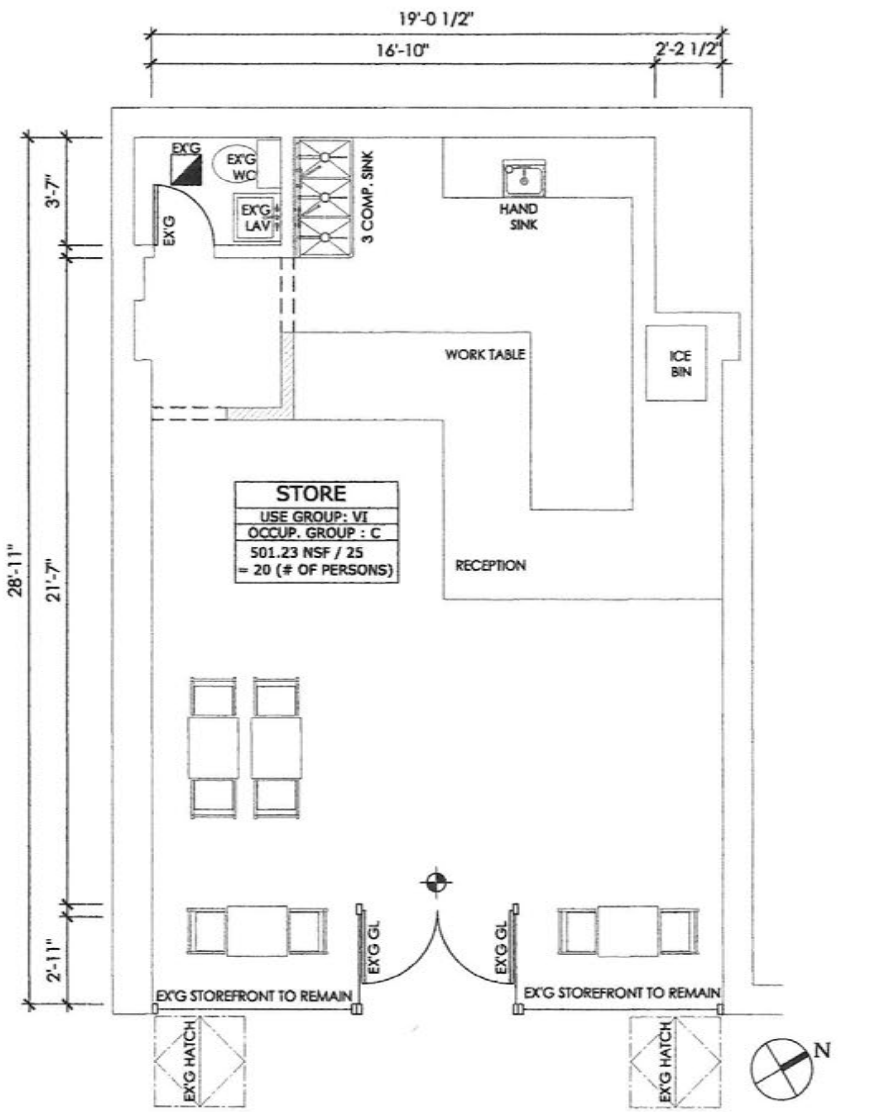
PROJECT:
EX'G APARTMENT RENOVATION

SEAL

PROJECT NO:
DRAWN BY:
REVIEWED BY:
DOB JOB NO:

DWG NO
A-100.00

PAGE: 4 OF 8



1 EXISTING/INTERIOR DEMO PLAN

SCALE: 1/4" = 1'-0"

LEGEND

EXISTING WALL TO REMAIN

NEW NON-BEARING PARTITION WALL

NEW DOOR

EX'G DOOR

EX'G EXIT SIGN
& EMERGENCY LIGHT
with 1 1/2 HR BATTERY PACK

Cafeteria Build Out of an Existing Store

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New York, NY 10013

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beyondarch11@gmail.com
Tel. 646-285-1105

NO.	DESCRIPTION	DATE
1	ISSUE HISTORY	10/03/24

SHEET TITLE:
CONSTRUCTION PLAN

PROJECT:
EX'G APARTMENT RENOVATION

SEAL

PROJECT NO:
DRAWN BY:
REVIEWED BY:
DOB JOB NO:

DWG NO
A-101.00

PAGE: 4 OF 8

BITES

Olives	8
Cucumber Kimchi	8
Jamon & Cheese	14
Pickle Radish	8
Kimchi Chips	8

Please ask our staff for any allergens.