

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME WDI New York LLC		DOING BUSINESS AS (DBA) Tim Ho Wan West Side	
STREET ADDRESS 610 Ninth Avenue		CROSS STREETS 44th and 43rd Streets	ZIP CODE 10036
OWNER <i>Attach a list of all the people that will be associated/involved with the license.</i>	NAME: WDI New York LLC	ATTORNEY/ REPRESENTATIVE	NAME: Reid A. Rosen
	PHONE: 212-354-2195		PHONE: 914-235-3626
	EMAIL: info@timhowanusa.com		EMAIL: reid@reidarosenlawyer.com
MANAGER	NAME: Kiyoshi Nogawa	LANDLORD	NAME: Youfousse 610 9th Ave. Realty, LLC
	PHONE: 347-664-9732		PHONE: 212-564-1414
	EMAIL: daniel@wdiusa.com		EMAIL: unknown
APPLICATION TYPE (Check One)			
<input type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	What was the name and address of establishment?	Tim Ho Wan 85 4th Avenue	
	What were the dates applicant was involved with this former premise?	Since March 31, 2016	
<input type="radio"/> Corp Change/Class Change/Removal	What is the license # and expiration date?		
	Is applicant making any alterations or operations/changes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	What sort of operational changes are being made? Please describe all changes.		
<input type="radio"/> Alteration	What is the current license # and expiration date?		
	Please describe the nature of all the changes and attach the plans.		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input type="radio"/> Liquor/Wine/Beer & Cider <input type="radio"/> Beer & Cider <input type="radio"/> Wine/Beer & Cider		
ESTABLISHMENT TYPE	<input checked="" type="radio"/> Restaurant <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input type="radio"/> Bar/Tavern <input type="radio"/> Catering Establishment <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Club (Fraternal Organization - Members Only)		
Has applicant/owner filed with the SLA? if yes, when? if no, when do you plan to file?	YES	<input checked="" type="checkbox"/>	Within next 30 days
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement.	YES	<input checked="" type="checkbox"/>	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	<input checked="" type="checkbox"/>	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="checkbox"/>	NO	

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)								
HOURS* <i>(Indoor Only)</i>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	10 am - 12 am	10 am - 12 am	10 am - 12 am	10 am - 12 am	10 am - 2 am	10 am - 2 am	10 am - 12 am
	Kitchen	10 am - 11 pm	10 am - 11 pm	10 am - 11 pm	10 am - 11 pm	10 am - 1 am	10 am - 1 am	10 am - 11 pm
	Music	10 am - 12 am	10 am - 12 am	10 am - 12 am	10 am - 12 am	10 am - 2 am	10 am - 2 am	10 am - 12 am
If you plan to have music, what type(s)? (Circle all that apply)		BACKGROUND		LIVE MUSIC	DJ	JUKE BOX	KARAOKE	
OCCUPANCY								
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Stand-Up Bar	
INSIDE	74	74	tbd	tbd	0	1	0	
OUTSIDE <i>(Other than sidewalk café)</i>	n/a							
SIDEWALK CAFÉ	n/a							
How many floors are there? What is the capacity for each floor?					Ground and basement 74			
How frequently will the owner(s) be at the establishment?					Everyday			
Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?					YES	<input checked="" type="checkbox"/>		
Will applicant have bottle or table service for beverage alcohol?					YES	<input checked="" type="checkbox"/>		
Will you be hosting private, promotional or corporate events?					YES	<input checked="" type="checkbox"/>		
Will outside promoters be used on a regular basis? If yes please describe.					YES	<input checked="" type="checkbox"/>		
Will you have a security plan? If, yes please attach.					YES	<input checked="" type="checkbox"/>		
Will security plan be implemented?					YES	<input checked="" type="checkbox"/>		
Will State certified security personnel be used?					YES	<input checked="" type="checkbox"/>		
Will New York Nightlife Association and NYPD Best Practices be followed?					YES	<input checked="" type="checkbox"/>		
Will applicant be using delivery bicycles? If yes, how many?					YES	NO	Not now but maybe in future	
Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law?					<input checked="" type="checkbox"/>	NO		
Where will delivery bicycles be stored during the day when not in use?					in restaurant			

LOCATION & ZONING		
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="checkbox"/>
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/>	NO
Is a Public Assembly permit required?	YES	<input checked="" type="checkbox"/>
Are your plans filed with DOB?	YES	<input checked="" type="checkbox"/>

Community Notification/Relations		
NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted	# 1	Many per listing sent by CB4
	# 2	
	# 3	
	# 4	
	# 5	
Please provide dates when applicant met with the groups listed above.		
Who was your contact person at each group you met with?		
When did applicant post the notice that was provided?		
Where did applicant post the notice that was provided?		March 7, 2018
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	<input checked="" type="checkbox"/>	NO 347-664-9732
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	<input checked="" type="checkbox"/>	NO Will try to do so

BUILDING DESIGN			
State the name and type of business previously located in the space.	not known; space was vacant when leased		
Has a liquor-licensed establishment previously occupied this space at any time? if yes, please provide the name of the business.	YES	NO	Not known
Do you plan any changes to the existing façade? If yes, please describe.	<input checked="" type="checkbox"/>	NO	Move door to accommodate customers
Will applicant have a vestibule within the establishment?	<input checked="" type="checkbox"/>	NO	
Will applicant use a storm enclosure?	YES	<input checked="" type="checkbox"/>	
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	YES	<input checked="" type="checkbox"/>	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/>	NO	
Will the establishment have any of the following: (circle all that apply)	FRENCH DOORS	GARAGE DOORS	WINDOWS THAT CAN BE OPENED
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	<input type="checkbox"/>	NO	Windows do not open
Will applicant close all windows, French doors, garage doors by 11 PM Friday and Saturday and 10 PM on all other days even if no music or amplified sound is played inside the establishment?	YES	NO	n/a
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	<input checked="" type="checkbox"/>	
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?	YES	<input checked="" type="checkbox"/>	
Will the kitchen exhaust system extend to the roof?	<input checked="" type="checkbox"/>	NO	
Will the establishment have an illuminated sign?	<input checked="" type="checkbox"/>	NO	
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="checkbox"/>	NO	Existing canopy
Where will the air conditioner be located? What type is it?	Yes; currently existing HVAC		
When was the air conditioner installed?	Don't know - currently exists		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	<input checked="" type="checkbox"/>	NO	
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	<input checked="" type="checkbox"/>	
Are the floorplans for the outdoor space(s) included?	YES	<input checked="" type="checkbox"/>	No outdoor space
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	YES	NO	N/A
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	N/A
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	NO	N/A
Will there be no amplified music, as per the law?	<input checked="" type="checkbox"/>	NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	Windows don't open
Will applicant agree to post signs outside asking customers to respect the neighbors?	YES	NO	No outdoor space
Will applicant agree to train staff to encourage a peaceful environment?	<input checked="" type="checkbox"/>	NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO	No noise
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	No outdoor lighting

OUTDOOR ITEMS – SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<input checked="" type="checkbox"/>	NO	
Will applicant be applying for a sidewalk café now or in the future?	YES	<input checked="" type="checkbox"/>	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	<input checked="" type="checkbox"/>	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	YES	NO	N/A
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	YES	NO	N/A
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	NO	N/A
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk café?	YES	NO	N/A
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	N/A
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	N/A
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	N/A
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	N/A
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	N/A
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	YES	NO	N/A
Will applicant use umbrellas?	YES	NO	N/A
If construction or construction protection has reduced the sidewalk width, will applicant always maintain an 8 foot clear path of sidewalk between the perimeter of the café and the closes obstruction including construction barricades?	YES	NO	N/A

ADDITIONAL STIPULATIONS: (Office Use Only)

- Applicant will take all reasonable steps to discourage queing
- Applicant will submit numbers for: tables, seats and seats at the bar by 3/26/18 to CB4
- Applicant will submit crowd management plan by 3/26/18 to CB4

To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

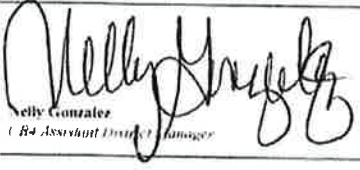
ADDITIONAL STIPULATIONS: (Office Use Only), *Continued*

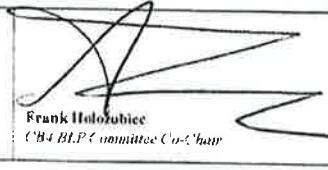
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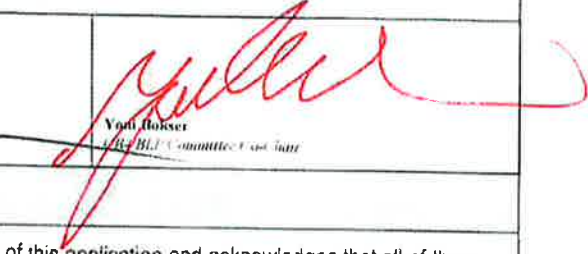
Manhattan Community Board 4 (MCB4) recommends:
 (MCB4's recommendation is based on a vote taken at its 4/4/18 full board meeting, with 34 members voting in favor of the recommendation, 0 members opposed, 0 members abstaining and 0 present but not eligible)

Denial unless all stipulations agreed to by applicant/owner are part of the method of operation
 Denial Approval

CB4 REPRESENTATIVES



 Nelly Gonzalez
 CB4 Assistant District Manager

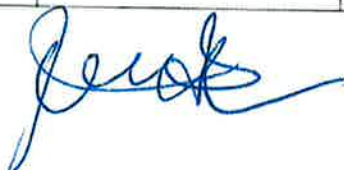

 Frank Holodubiec
 CB4 BLP Committee Co-Chair


 Yoni Rokser
 CB4 BLP Committee Chair

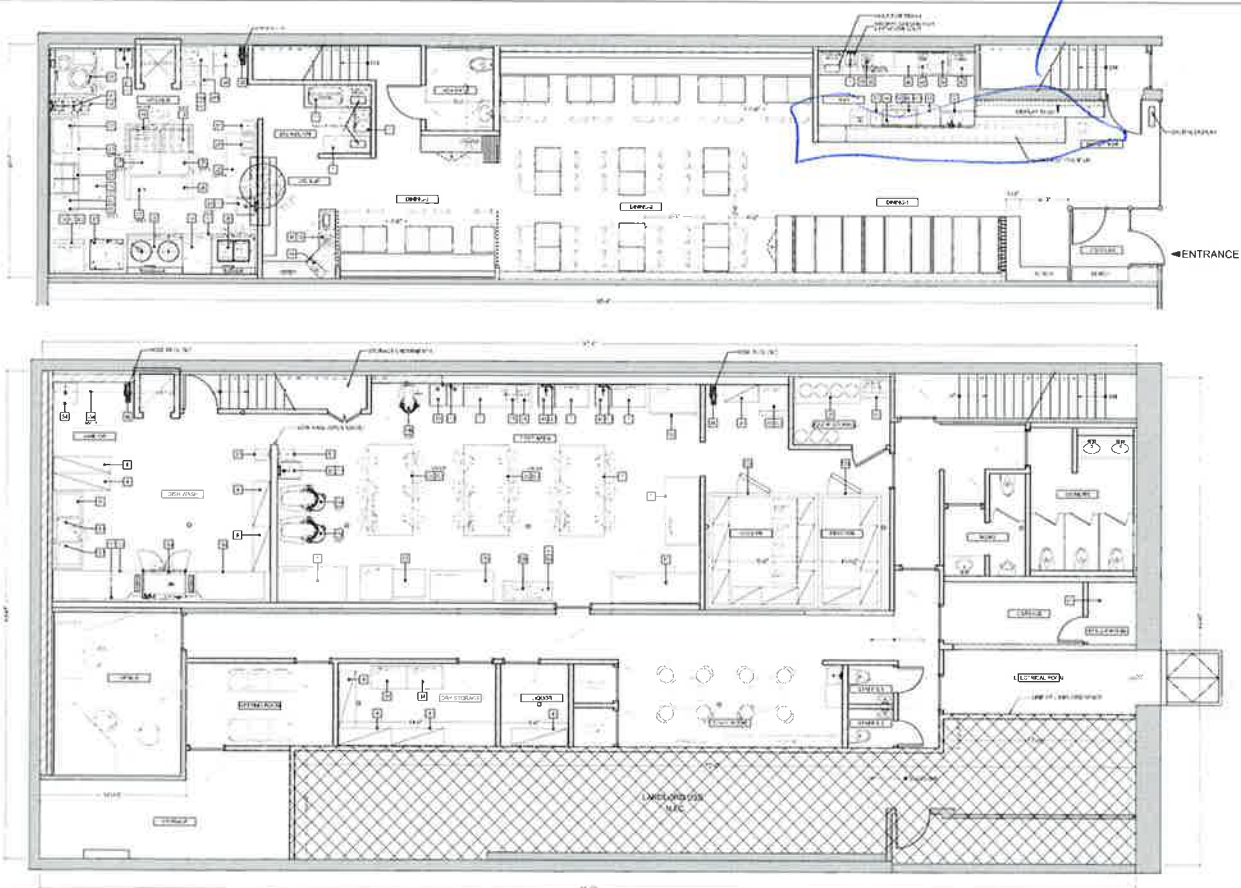
APPLICANT AGREEMENT WITH THE COMMUNITY


Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of operation of its liquor license. The stipulations in this application constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 and applicant. These stipulations supersede any oral statements or representations in connection with this application

SIGN HERE →	Kiyoshi Nogawa PRINT NAME OF APPLICANT	 SIGNATURE OF APPLICANT	3/7/2018 DATE
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 Ken A. Rosen
 3/13/18

Spandee



Project: TIM HO WAN 2 610 9TH AVE, NEW YORK, NY 10036	Title: TEST-FIT FLOOR PLAN (I)	Phase: 50 No. 1	Scale: 1/8"=1'-0"	Date: 01/28/2018	Drawing by: HM	© ALL RIGHTS RESERVED. THIS DRAWING IS THE PROPERTY OF ERMAC DESIGN INC. AND IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM.	 ERMAC design A State of California Registered Architectural Firm
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ADDITIONAL STIPULATIONS: (Office Use Only)

APPLICANT IDENTIFIABLE WILL TAKE
ALL STEPS TO DISCUSS
QUEING.

APPLICANT WILL REQUEST NUMBERS
FOR TABLE, SEAT, AND
SEATS AT BAR
BY 3/25 TO CIB4,

APPLICANT WILL REQUEST
CROWD MANAGEMENT PLAN BY
3/26.

To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 - 6 of this application, the stipulations on pages 7 and 8 control.