

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)	
Reins International New York, Inc.		Gyu-Kaku	
STREET ADDRESS		CROSS STREETS	ZIP CODE
146-150 W. 25th Street		7th Avenue	10001
OWNER <i>(Attach a list of all the people that will be associated listed with the license)</i>	NAME: Ryo Tozu	ATTORNEY/ REPRESENTATIVE	NAME: Peter Potente
	PHONE: 310-532-1137		PHONE: 858-750-2591
	EMAIL: ryo@gyu-kaku.com		EMAIL: pete@pontentelaw.com
MANAGER	NAME: Joe Homma	LANDLORD	NAME: Dezer Properties
	PHONE: 646-591-0444		PHONE: 212-929-1285 ext. 231
	EMAIL: joe@gyu-kaku.com		EMAIL: rangel@dezerproperties.com
APPLICATION TYPE (Check One)			
<input checked="" type="checkbox"/> New	Has applicant owned or managed a similar business?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	What is/was the name and address of establishment?		
	What were the dates applicant was involved with this former premise?		
<input type="checkbox"/> Corp Change/Class Change/Removal	What is the license # and expiration date?		
	Is applicant making any alterations or operational changes?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	If alterations or operational changes are being made, please describe/list all changes.		
<input type="checkbox"/> Alteration	What is the current license # and expiration date?		
	Please list/describe the nature of all the changes and attach the plans:		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input checked="" type="checkbox"/> Liquor/Wine/Beer & Cider <input type="checkbox"/> Beer & Cider <input type="checkbox"/> Wine/Beer & Cider		
ESTABLISHMENT TYPE	<input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> 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"/>
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.		<input checked="" type="checkbox"/>	NO
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	11:30am-11pm	11:30am-11pm	11:30am-11pm	11:30am-11pm	11:30am-12am	11:30am-12am	11:30am-10pm	
	Kitchen								
	Music								
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		140	25	120		1	10		
OUTSIDE <i>(Other than sidewalk café)</i>									
SIDEWALK CAFÉ									
How many floors are there? What is the capacity for each floor?					2 Floors				
How frequently will the owner(s) be at the establishment?					Daily/Owner Rep.				
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"/>	} ALL ANSWERS ADD "NO." JHT		
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	<input checked="" type="checkbox"/>			
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?					YES	<input checked="" type="checkbox"/>			
Where will delivery bicycles be stored during the day when not in use?					N/A				

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?	YES	<input checked="" type="checkbox"/>	
Is a Public Assembly permit required?	<input checked="" type="checkbox"/>	NO	
Are your plans filed with DOB?	<input checked="" type="checkbox"/>	NO	

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	Chelsea Block Associations-List Attached	
	# 2	Tenant Associations - List Attached	
	# 3	Community Groups - List Attached	
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.		December 29th, 2017	
Who was your contact person at each group you met with?		We did not meet with anyone, Millennial did the required postings.	
When did applicant post the notice that was provided?		December 15, 2017	
Where did applicant post the notice that was provided?		In front view of the premise	
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 Joe Homma 646-591-0444
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

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"/>	
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	YES	<input checked="" type="checkbox"/>	
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?	<input checked="" type="checkbox"/>	NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<input checked="" type="checkbox"/>	NO	
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)	<input checked="" type="checkbox"/>	NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="checkbox"/>	NO	

OUTDOOR ITEMS – SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	NO	N/A
Will applicant be applying for a sidewalk café now or in the future?	YES	NO	N/A
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	NO	N/A
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)

- Rear door will be used for emergency egress only & will not be used by patrons or staff

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*


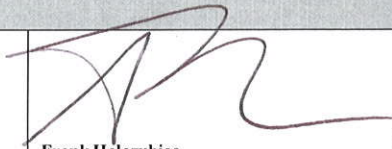
To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

Manhattan Community Board 4 (MCB4) recommends:
(MCB4's recommendation is based on a vote taken at its
2-7-18 full board meeting, with 40 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 Holozubiec CB4 BLP Committee Co-Chair	 Burt Lazarin CB4 BLP Committee Co-Chair
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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



Joseph Homma

PRINT NAME OF APPLICANT



SIGNATURE OF APPLICANT

1/9/2-18

DATE