

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME Puhong Corp		DOING BUSINESS AS (DBA) SHO KUDO	
STREET ADDRESS 658 9TH AVE		CROSS STREETS CORNER OF W 46TH ST & 9TH AVE	ZIP CODE 10036
OWNER <small>(Attach a list of all the people that will be associated listed with the license)</small>	NAME: JETJIT Thanasiri	ATTORNEY/ REPRESENTATIVE	NAME: Michael Kelly
	PHONE: (917) 690-5537		PHONE: (917) 632-6036
	EMAIL: JETJIT6789@HOTMAIL.COM		EMAIL: KELLYMLK136@GMAIL.COM
MANAGER	NAME: Same as above	LANDLORD	NAME: Merzer Realty LLC
	PHONE:		PHONE: (917) 224-9475
	EMAIL:		EMAIL:
APPLICATION TYPE (<input type="checkbox"/> Liquor License <input type="checkbox"/> Unenclosed Sidewalk Cafe)			
<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
	What is/was the name and address of establishment?	Currently manages Location 5115 - Present Sivalai Thai Rest. 4806 Stark St Portland, OR	
	What were the dates applicant was involved with this former premise?	10/18 - 3/19	
<input type="radio"/> Corp Change/Class Change/Removal	What is the license # and expiration date?		
	Is applicant making any alterations or operational changes?	<input type="radio"/> YES	<input type="radio"/> NO
	If alterations or operational changes are being made, please describe/list all changes		
<input type="radio"/> 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 type="radio"/> Liquor/Wine/Beer & Cider <input type="radio"/> Beer & Cider <input checked="" 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="radio"/> NO	
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="radio"/> 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="radio"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcohol-Serving Establishments?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)

HOURS* (Indoor Only)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	12PM - 11PM	12PM - 11PM	12PM - 11PM	12PM - 11PM	12PM - 11PM	12PM - 11PM	12PM - 11PM
	Kitchen	12PM - 10PM	12PM - 10PM	12PM - 10PM	12PM - 10PM	12PM - 10PM	12PM - 10PM	12PM - 10PM
	Music	12PM - 11PM	12PM - 11PM	12PM - 11PM	12PM - 11PM	12PM - 11PM	12PM - 11PM	12PM - 11PM
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	LNO	74	19	38	1	0	0
OUTSIDE (Other than sidewalk café)	N/A	N/A	n/a	n/a	N/A	N/A	N/A
SIDEWALK CAFÉ	N/A	N/A	n/a	n/a			

How many floors are there? What is the capacity for each floor?

Two (2) - Cellar + 1st floor

How frequently will the owner(s) be at the establishment?

ALL THE TIME

Will there be dancing?

YES NO

Will applicant have bottle or table service for beverage alcohol?

YES NO

Will you be hosting private, promotional or corporate events?

YES NO

Will outside promoters be used on a regular basis? If yes please describe.

YES NO

Will you have a security plan? If yes please attach.

YES NO

Will security plan be implemented?

YES NO

Will State certified security personnel be used?

YES NO

Will New York Nightlife Association and NYPD Best Practices be followed?

YES NO

Will applicant be using delivery bicycles? If yes, how many?

YES NO

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 NO

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="radio"/> NO
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	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	
	# 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?

Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	<input checked="" type="radio"/> YES	NO	(917)690.5337
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	<input checked="" type="radio"/> YES	NO	

BUILDING DESIGN

State the name and type of business previously located in the space	658 Thai Corp OP 2014-Present		
Has a liquor-licensed establishment previously occupied this space at any time? * yes please provide the name of the business.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	658 Thai Corp Shokudo
Do you plan any changes to the existing façade? If yes, please describe	<input checked="" type="radio"/> YES	<input checked="" type="radio"/> NO	
Has the applicant owner(s) read MCB 4 ADA Guidelines Memo?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Is the entrance ADA Compliant?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Do you plan any changes to the existing façade? if yes please describe	<input checked="" type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant have a vestibule within the establishment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant use a storm enclosure?	<input checked="" type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant agree not to place any items or obstructions on the sidewalk for example sandwich boards, sidewalk signs, freestanding menus and plants as per the law?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the establishment have any of the following (circle all that apply)	<input checked="" type="radio"/> FRENCH DOORS	<input type="radio"/> GARAGE DOORS	<input type="radio"/> 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 checked="" type="radio"/> YES	<input type="radio"/> NO	
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?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
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?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	NO noise complaints in the past
Will the kitchen exhaust system extend to the roof?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	EXISTING
Will the establishment have an illuminated sign?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	EXISTING
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Where will the air conditioner be located? What type is it?	on roof		
When was the air conditioner installed?	Years ago		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ

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

OUTDOOR ITEMS – SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	NO	
Will applicant be applying for a sidewalk café now or in the future?	YES	NO	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	NO	
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 closest obstruction including construction barricades?	YES	NO	N/A

OUTDOOR ITEMS – SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant be applying for a sidewalk café now or in the future?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	(Assigning Existing license)
Is applicant in this application seeking to include a sidewalk café in its liquor license?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
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Will applicant use umbrellas?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
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 closest obstruction including construction barricades?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	

ADDITIONAL STIPULATIONS: (Office Use Only)

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*

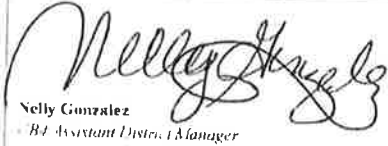
To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

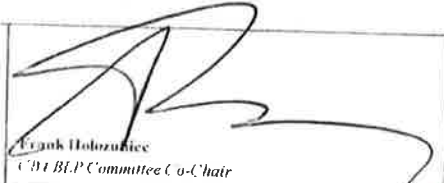
Manhattan Community Board 4 (MCB4) recommends:
(MCB4's recommendation is based on a vote taken at its
September 4, 2019 full board meeting, with 38 members voting in favor
of the recommendation, 0 members opposed, 0 members
abstaining and 0 present but not eligible)

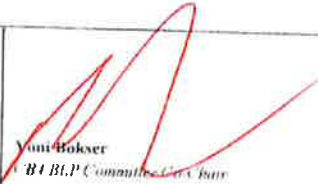
Denial unless all stipulations agreed to by applicant/owner are part of the method of
operation

Denial Approval

CB4 REPRESENTATIVES


Nelly Gonzalez
B4 Assistant District Manager


Frank Holozunice
CB4 BLP Committee Co-Chair


Yoni Bokser
CB4 BLP Committee Co-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 →

JE P317

PRINT NAME OF APPLICANT



SIGNATURE OF APPLICANT

Aug 13, 2017

DATE

Owner

