

# Manhattan Community Board 4

# Liquor License Stipulations Application

(All Fields Must Be Completed)

<b>CORPORATION NAME</b>		<b>DOING BUSINESS AS (DBA)</b>	
FNC TABLE INC		MOMOYA CHELSEA	
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>	<b>ZIP CODE</b>
185 7TH AVENUE		21ST STREET	10011
<b>OWNER</b> <i>(Attach a list of all the people that will be associated listed with the license)</i>	<b>NAME:</b> JI IN KIM	<b>ATTORNEY/ REPRESENTAIVE</b>	<b>NAME:</b> Francis R. Busemi
	<b>PHONE:</b> 917-496-0521		<b>PHONE:</b> 212-962-4688
	<b>EMAIL:</b> pdjiin@gmail.com		<b>EMAIL:</b> frbuscemi@aol.com
<b>MANAGER</b>	<b>NAME:</b> JI IN KIM	<b>LANDLORD</b>	<b>NAME:</b> Cristine Andone
	<b>PHONE:</b> 212-989-4466		<b>PHONE:</b> 212-243-0189
	<b>EMAIL:</b> pdjiin@gmail.com		<b>EMAIL:</b> N/A
<b>APPLICATION TYPE</b> <i>(Check One)</i>			
<input type="radio"/> New	Has applicant owned or managed a similar business?	<input 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 checked="" type="radio"/> Transfer	What is the prior license # and expiration date?	Serial 1166367 09/30/2016	
	Is applicant making any alterations or operational changes?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input type="radio"/> Alteration	What is the current license # and expiration date?		
	<i>Please list/describe the nature of all the changes and attach the plans:</i>		
<b>METHOD OF OPERATION</b>			
<b>TYPE OF ALCOHOL</b>	<input type="radio"/> Liquor/Wine/Beer <input type="radio"/> Beer <input checked="" type="radio"/> Wine & Beer		
<b>ESTABLISHMENT TYPE</b>	<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?	<b>YES</b>	<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.	<b>YES</b>	<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.	<b>YES</b>	<input checked="" type="checkbox"/>	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="checkbox"/> YES	<input 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	12 -10:30	12 -10:30	12 -10:30	12 -10:30	12 -10:30	12 -10:30	12 -10:30
	Kitchen	12 -10:30	12 -10:30	12 -10:30	12 -10:30	12 -10:30	12 -10:30	12 -10:30
	Music	12 -10:30	12 -10:30	12 -10:30	12 -10:30	12 -10:30	12 -10:30	12 -10:30
If you plan to have music, what type(s)? (Circle all that apply)			<input checked="" type="checkbox"/> BACKGROUND	<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> DJ	<input type="checkbox"/> JUKE BOX	<input type="checkbox"/> 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
<b>INSIDE</b>	74	74	<del>38</del> 26	60 ←	sushi bar, 8	N/A	N/A
<b>OUTSIDE</b> <i>(Other than sidewalk café)</i>	N/A						
<b>SIDEWALK CAFÉ</b>	N/A						

How many floors are there? What is the capacity for each floor?	Ground Floor Basement storage only		
How frequently will the owner(s) be at the establishment?	Daily		
Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?	YES	<input checked="" type="radio"/>	
Will applicant have bottle or table service for beverage alcohol?	<input checked="" type="radio"/>	NO	
Will you be hosting private; promotional or corporate events?	YES	<input checked="" type="radio"/>	
Will outside promoters be used on a regular basis? If yes please describe.	YES	<input checked="" type="radio"/>	
Will you have a security plan? If, yes please attach.	YES	<input checked="" type="radio"/>	
Will security plan be implemented?	YES	<input checked="" type="radio"/>	
Will State certified security personnel be used?	YES	<input checked="" type="radio"/>	
Will New York Nightlife Association and NYPD Best Practices be followed?	YES	NO	N/A
Will applicant be using delivery bicycles? If yes, how many?	YES	<input checked="" type="radio"/>	
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	N/A
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"/>	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/>	NO	
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/>	
Are your plans filed with DOB?	<input checked="" type="radio"/>	NO	

## Community Notification/Relations

<b>NOTIFICATION:</b> 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	100 West 19th/20th/21st/22nd Streets Block Association: Bill Borock at wborock@hotmail.com
	# 2	200 West 19th/20th/21st/22nd/23rd Streets Block Association: Pamela Wolff at pamelawolff@angel.net
	# 3	300 West 18/19 St. Block Association: Cheryl Kupper at clkupper@aol.com
	# 4	300 West 21st/22nd/23rd Streets Block Association: Andra Gabrielle at 300wba@gmail.com
	# 5	300 West 21st/22nd/23rd Streets Block Association: Zazel Loven at zazeloven@yahoo.com
Please provide dates when applicant met with the groups listed above.		11/24/2015
Who was your contact person at each group you met with?		180 7TH AVE Micheal Amy 155 w 21st David Paqak
When did applicant post the notice that was provided?		11/26/2015
Where did applicant post the notice that was provided?		Front window of premises
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 <input type="radio"/> NO    917-496-0521
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		YES <input checked="" type="radio"/>

<b>BUILDING DESIGN</b>			
State the name and type of business previously located in the space.	Hama Hama Inc. Momoya Japanese restaurant		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Hama Hama Inc Momoya restaurant
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="radio"/> NO	
Will applicant have a vestibule within the establishment?	YES	<input checked="" type="radio"/> NO	
Will applicant use a storm enclosure?	YES	<input checked="" type="radio"/> NO	
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="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)	FRENCH DOORS	GARAGE <input checked="" type="radio"/> 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?	YES	<input checked="" 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?	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?	YES	<input type="radio"/> NO	N/A
Will the kitchen exhaust system extend to the roof?	YES	<input checked="" type="radio"/> NO	
Will the establishment have an illuminated sign?	YES	<input checked="" type="radio"/> NO	
Will the establishment have a canopy extending over the sidewalk?	YES	<input checked="" type="radio"/> NO	
Where will the air conditioner be located? What type is it?	CEILING, CENTRAL AIR SYSTEM		
When was the air conditioner installed?	2005		

<b>OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFE</b>			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO	N/A
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	NO	N/A
Are the floorplans for the outdoor space(s) included?	YES	NO	N/A
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?	YES	NO	N/A
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	N/A
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES	NO	N/A
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO	N/A
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO	N/A
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A

## 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 cafe?	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 <sup>st</sup> and March 21 <sup>st</sup> , 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)**

*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.*

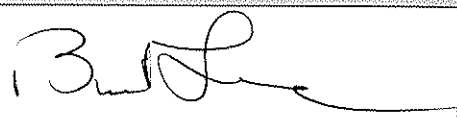
**ADDITIONAL STIPULATIONS: (Office Use Only), *Continued***

*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:	<input type="radio"/> Denial unless all stipulations agreed to by applicant/owner are part of the method of operation <input type="radio"/> Denial <input type="radio"/> Approval
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**CB4 REPRESENTATIVES**

<b>Nelly Gonzalez</b> <i>CB4 Assistant District Manager</i>	<b>Frank Holozubiec</b> <i>CB4 BLP Committee Co-Chair</i>	 <b>Burt Lazarin</b> <i>CB4 BLP Committee Co-Chair</i>
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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.

<b>SIGN HERE</b> →	Ji In kim <small>PRINT NAME OF APPLICANT</small>	 <small>SIGNATURE OF APPLICANT</small>	12/08 <small>DATE</small>
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**CITY BUILDING NY, INC**  
 802 64th Street, Ste.# 3H  
 Brooklyn, New York 11220

Tel: (718) 836-1828  
 Fax: (718) 836-1707  
 Email: CBNTY@email.com

STRUCTURAL ENGINEER

MECHANICAL ENGINEER

**INSTALL NEW  
 GAS FIXTURE**  
 185 7TH AVENUE  
 NEW YORK, NY 10011

PROJECT

**FIRST FLOOR  
 DEMOLITION PLAN**

**REVISIONS**

NO.	DATE	DESCRIPTION
1	06-24-11	DOB FILING
		NO. DATE

**ISSUED**

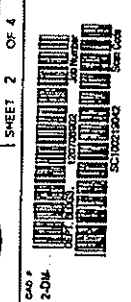
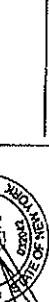
The reproduction of this drawing or the use of any information contained herein without the written approval of the office is prohibited. Written dimensions in precedence over scaled dimensions. The contractor shall be responsible for all dimensions and conditions at the job and report discrepancies to the architect prior to the start of the work.

Date: JUN 7 2011  
 Time: 4:30:11  
 Scale: 1/8" = 1'-0"

Drawn: SYN  
 Checked: SYN  
 Date: JUN 7 2011

PROJECT NUMBER: DM-00101

SHEET 2 OF 4

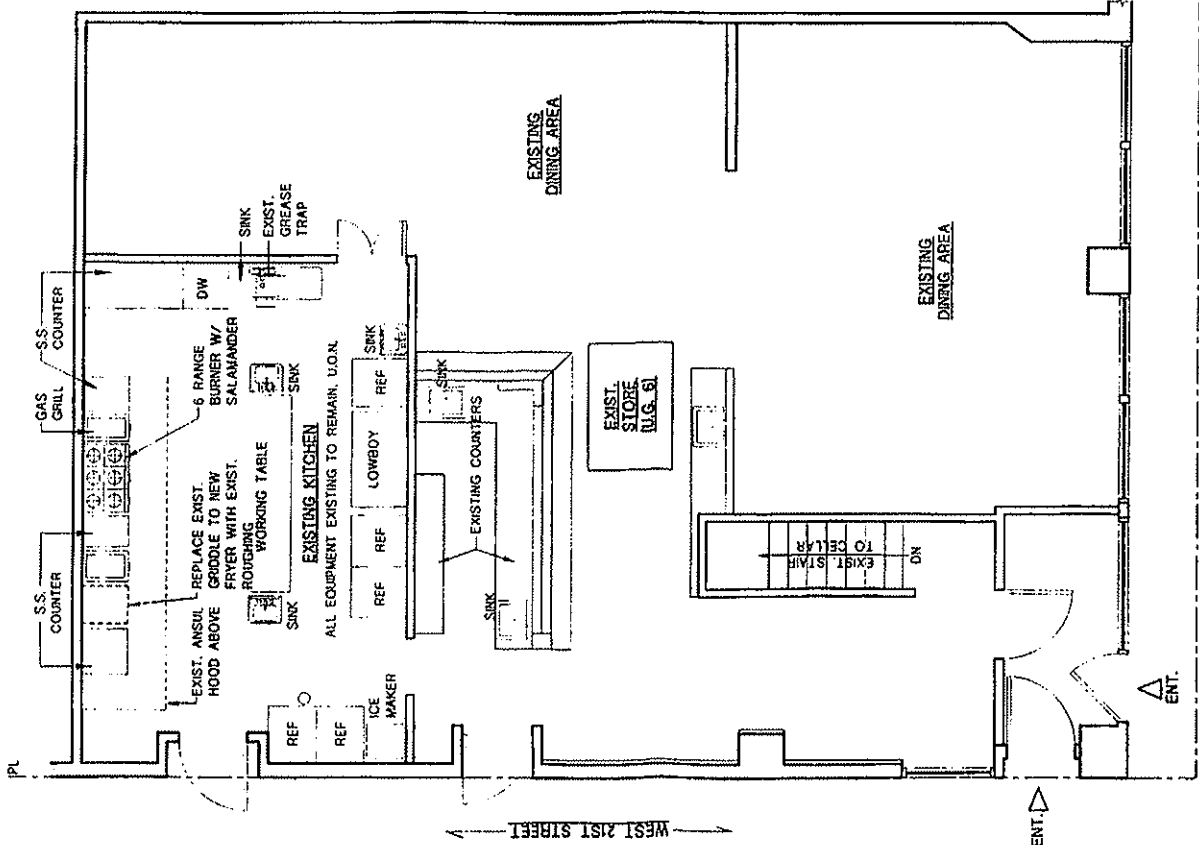


**DEMOLITION NOTES**

1. THE GENERAL CONTRACTOR SHALL FINISH ALL LABOR AND MATERIALS AS REQUIRED TO COMPLETED DEMOLITION AND REMOVAL OF ALL THE ITEMS AS INDICATED IN THE DRAWINGS OR AS OTHERWISE DIRECTED.
2. ALL EXISTING FLOOR FINISH, WALL FINISH, AND CEILING FINISHES TO REMAIN UNLESS OTHERWISE NOTED.
3. THE GENERAL CONTRACTOR SHALL EXECUTE ALL WORK WITHIN THE REGULATIONS OF THE BUILDING FOR DEMOLITION AND REMOVAL OF DEBRIS, INCLUDING OVERTIME WORK REQUIRED.
4. ALL WORK DEMOLISHED SHALL BE REMOVED FROM THE PREMISES EXCEPT ITEMS TO BE REUSED OR RETURNED TO TENANT OR AS OTHERWISE DIRECTED.
5. THE GENERAL CONTRACTOR SHALL REMOVE ALL THE WALL CONDUITS LEFT AFTER WALL DEMOLITION, INCLUDING SWITCH BOXES, PLATES, BRIDGES, OR ANY OTHER TELEPHONE OR ELECTRICAL, WIRING AND EQUIPMENT.
6. IN ALL AREAS WHERE DEMOLITION REMOVAL OF TILE, CABINET, CONTRACTOR SHALL PATCH TO LEVEL THE SLAB TO RECEIVE NEW FINISHED FLOORING.
7. ALL EXPOSED LIGHT FIXTURES, WIRING, SWITCHES, AND METAL HOLDING NOT BEING REUSED SHALL BE REMOVED AND EITHER STORED OR CARRIED AWAY BY THE GENERAL CONTRACTOR.
8. THE GENERAL CONTRACTOR SHALL ERECT ALL NECESSARY PLASTIC PROP CLOTH PARTITIONS TO PROTECT ADJACENT BUILDING PROPERTY WHILE DEMOLITION AND CONSTRUCTION ARE IN PROGRESS.
9. THE GENERAL CONTRACTOR SHALL AT ALL TIMES PROTECT THE PROPERTY OF THE BUILDING OWNER, INCLUDING BUT NOT LIMITED TO, WINDOWS, FLOOR AND CEILING TILE, PUBLIC TOILETS, ELEVATORS, DOORS, BUCKS, ELECTRICAL AND AIR CONDITIONING EQUIPMENT, CONVERTER ENCLOSURE, ETC.
10. THE GENERAL CONTRACTOR SHALL FURNISH A SYSTEM OF TEMPORARY LIGHTS THROUGHOUT THE SPACE UNDER CONSTRUCTION AS REQUIRED.
11. THE GENERAL CONTRACTOR SHALL CAP AND FLUSH OFF BERRID FINISH SURFACES ALL PROJECTING PLUMBING, FLOOR ELECTRICAL, OUTLETS, AND ALL OTHER PROJECTING ITEMS WHICH ARE BEING ABANDONED.
12. UPON COMPLETION OF THE DEMOLITION WORK, THE GENERAL CONTRACTOR SHALL PROVIDE THAT ALL AREAS BE LEFT BROOM CLEAN.
13. ALL DOORS AND WINDOWS TO BE DEMOLISHED SHALL INCLUDE FRAMES, AND STOPS IN THEIR ENTIRETY.
14. G.C. TO COORDINATE WITH BUILDING'S SECURITY VENDOR ON EXACT LOCATION AND RUN OF PROPOSED CABLES AND CONDUITS FOR ALL SECURITY EQUIPMENT.

DO NOT PROCEED WITH ANY STRUCTURAL DEMOLITION WORK UNLESS NOTED ON THE STRUCTURAL DRAWINGS. UNFORSEEN AND ADDITIONAL DEMOLITION REQUIRED MUST BE APPROVED BY STRUCTURAL ENGINEER AND ARCHITECT PRIOR TO START OF WORK.

MORTY Y. LUKE  
 JUN 7 2011  
 ACCEPTABLE FOR PERMIT  
 UNDER DIRECTIVE NO. 14787B



**1ST FLOOR DEMOLITION PLAN**  
 SCALE: 1/8"=1'-0"



**TOMOYA**



