

Manhattan Community Board 4

Liquor License/Sidewalk Cafe Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME		DOING BUSINESS AS (DBA)		
KIWAMI, INC.		Kiwami		
STREET ADDRESS		CROSS STREETS	ZIP CODE	
311 West 17th Street		8th & 9th Avenues	10011	
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME:	Naoki Takeshige	ATTORNEY/ REPRESENTAIVE	
	PHONE:	(917)698-5137		NAME:
	EMAIL:	globalnipausa@gmail.com		PHONE:
			Alan J. Gardner, Esq.	
			PHONE:	
			(212)227-1700	
			EMAIL:	
			ajgard@agardnerlaw.com	
MANAGER	NAME:	Jumpei Sakai	LANDLORD	
	PHONE:	(646)707-6661		NAME:
	EMAIL:	sakai@jspec-ny.com		PHONE:
			311 West 17 LLC	
			PHONE:	
			(212)691-6868	
			EMAIL:	
			judy@kingmanre.com	
APPLICATION TYPE (<input checked="" type="checkbox"/> <i>Liquor License</i> <input type="checkbox"/> <i>Unenclosed Sidewalk Cafe</i>)				
<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?		J-Spec 239 East 5th Street, NY, NY 10011	
	What were the dates applicant was involved with this former premise?		September, 2020-Present	
<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 type="checkbox"/> Liquor/Wine/Beer & Cider <input type="checkbox"/> Beer & Cider <input checked="" 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?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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.		<input type="checkbox"/> YES	<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.		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
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	12pm-11pm	12pm-11pm	12pm-11pm	12pm-12am	12pm-12am	12pm-12am	12pm-11pm
	Kitchen	12pm-11pm	12pm-11pm	12pm-11pm	12pm-12am	12pm-12am	12pm-12am	12pm-11pm
	Music	12pm-11pm	12pm-11pm	12pm-11pm	12pm-12am	12pm-12am	12pm-12am	12pm-11pm
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 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	88	100	19	52	0	1	0
OUTSIDE <i>(Other than sidewalk café)</i>							
DCA APPROVED UNENCLOSED SIDEWALK CAFÉ							

How many floors are there? What is the capacity for each floor?	2 Floors: Basement + Cellar Storage	
How frequently will the owner(s) be at the establishment?	2-3 Times per Week	
Will there be dancing?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Will applicant have bottle or table service for beverage alcohol?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Will applicant be hosting private; promotional or corporate events?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Will outside promoters be used on a regular basis? If yes please describe.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Will applicant have a security plan? If, yes please attach.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	No licensed security guards to be employed
Will security plan be implemented?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	(Employees to be properly trained)
Will State certified security personnel be used?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Will New York Nightlife Association and NYPD Best Practices be followed?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Does applicant agree to notify MCB4 prior to making changes to its method of operation?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Will applicant be using delivery bicycles? If yes, how many?	YES <input type="checkbox"/> NO <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 type="checkbox"/> NO <input checked="" type="checkbox"/>	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="checkbox"/> NO	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/> YES	NO	
Is a Public Assembly permit required?	YES	NO	
Are your plans filed with DOB?	YES	<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	See attached email for addresses of all block associations notified
	# 2	
	# 3	
	# 4	
	# 5	
Please provide dates when applicant met with the groups listed above.	No meetings to date	
Who was your contact person at each group you met with?	Notice included with each email to block association	
When did applicant post the notice that was provided?	Notice to be posted week of 2/1/21	
Where did applicant post the notice that was provided?	Notice to be posted at 311 West 17th Street	
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"/> YES	NO
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	<input checked="" type="checkbox"/> YES	NO

BUILDING DESIGN			
State the name and type of business previously located in the space.	Sushi Nao (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="checkbox"/> YES	<input type="checkbox"/> NO	Hanare Chelsea LLC
Do you plan any changes to the existing façade? If yes, please describe.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Is the entrance ADA Compliant?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant have a vestibule within the establishment?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant use a storm enclosure?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does applicant agree to keep the sidewalk clear of all items or obstructions, such as sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/> YES	<input 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 checked="" type="checkbox"/> YES	<input type="checkbox"/> 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="checkbox"/> YES	<input type="checkbox"/> 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="checkbox"/> YES	<input checked="" type="checkbox"/> 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 type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will the kitchen exhaust system extend to the roof?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have an illuminated sign?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Where will the air conditioner be located? What type is it?	Roof		
When was the air conditioner installed?	2017		

OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO	N.A. No Outdoor Areas
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck, gazebo or open dining in the parking lane? If yes, which one(s)?	YES	NO ✓	
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) or on the sidewalk?	YES ✓	NO	
Will there be no amplified music, as per the law?	YES ✓	NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	YES ✓	NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES	NO	
Will applicant agree to train staff to encourage a peaceful environment?	YES ✓	NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES ✓	NO	
If open dining in the parking lane, will applicant agree to leave the sidewalk free of any furniture?	YES	NO	
If open dining, will you comply with all NYC DOT guidelines?	YES	NO	
If open dining, will the installation be year-round?	YES	NO	

DCA APPROVED UNENCLOSED SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant be applying for a sidewalk café now or in the future?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N.A. No Sidewalk Use
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N.A.
Will applicant mark the perimeter of the café on the sidewalk?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N.A.
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N.A.
Will the sidewalk café not provide standing space for drinking or smoking?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N.A.
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N.A.
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N.A.
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N.A.
Will applicant use umbrellas?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N.A.
If open dining is in the parking lane, will applicant agree to remove its sidewalk café?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N.A.

ADDITIONAL STIPULATIONS: (Office Use Only)

- Outdoor courtyard will not be used by staff or patrons at any time. Door to courtyard will be kept closed at all times
- Any storm enclosure shall extend no further than 18" from building facade

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
 March 3, 2021 full board meeting, with 41 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

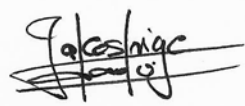
Denial Approval

CB4 REPRESENTATIVES

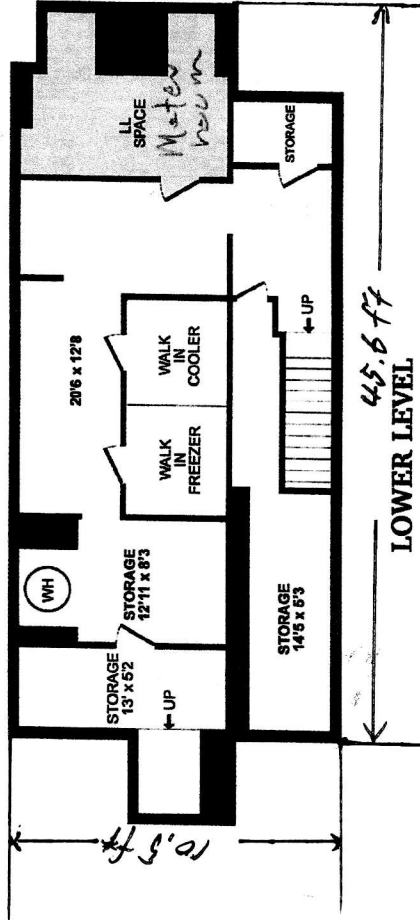
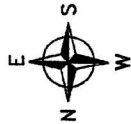
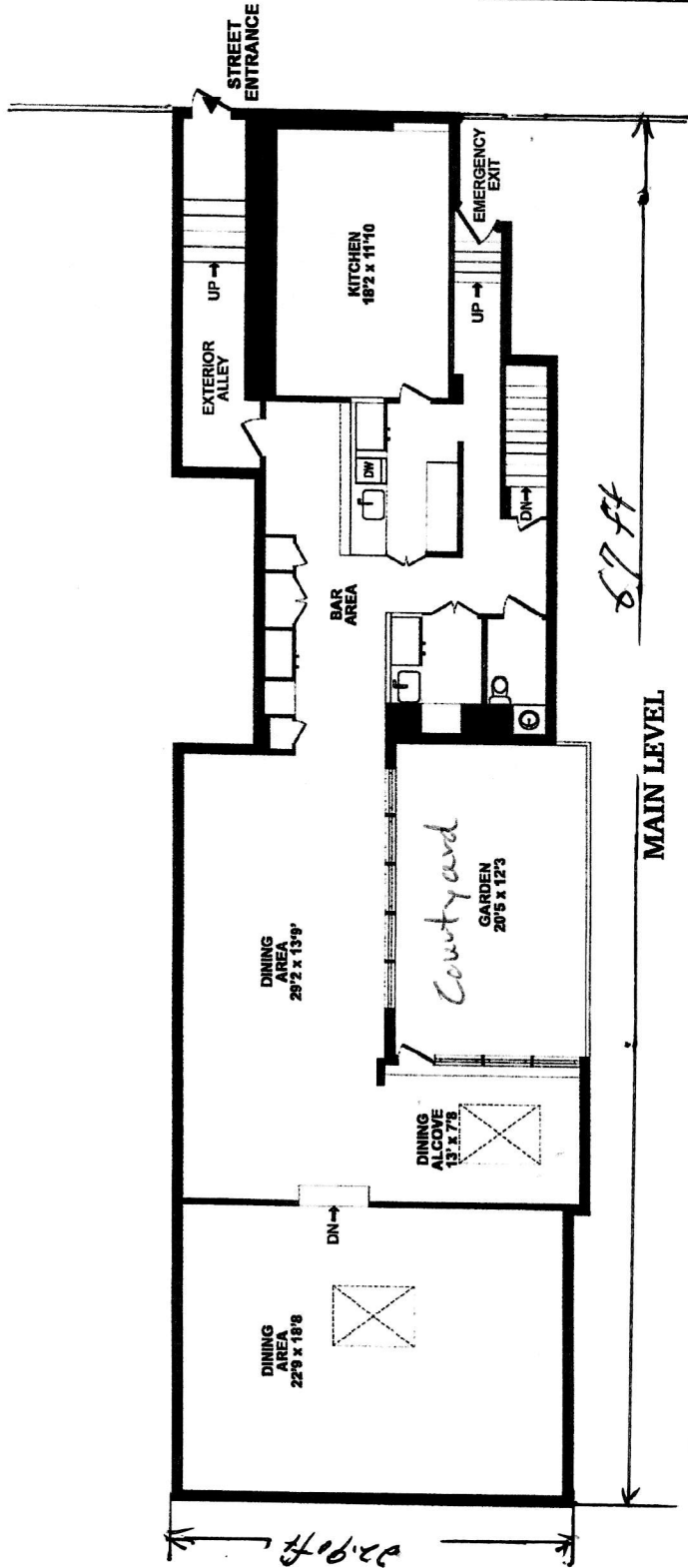
 Nelly Gonzalez <i>CB4 Assistant District Manager</i>	 Frank Holozubiec <i>CB4 BLP Committee Co-Chair</i>	 Burt Lazarin <i>CB4 BLP Committee Co-Chair</i>
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APPLICANT AGREEMENT WITH THE COMMUNITY

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.

<p>SIGN HERE →</p>	<p>Naoki Takeshige PRINT NAME OF APPLICANT</p>	 SIGNATURE OF APPLICANT	<p>3/12/2021 DATE</p>
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17th Street



311 WEST 17TH STREET RESTAURANT

FLOORPLAN FOR IDENTIFICATION PURPOSES ONLY NOT TO SCALE

Kiwami Food Menu

Appetizer

Wagyu Sushi tasting platter	\$36
Wagyu Rare Steak	\$19
Marinated Tuna w/ Yam	\$14
Salmon Carpaccio w/ Yuzumiso Sauce	\$13
Edamame	\$5
Homemade Pickles	\$7
Yam Kimchee	\$6
Fried Potato	\$8
Wagyu Fillet Katsu w/ Red Miso	\$38
Fried Garlic (2 Skewers)	\$6

Salad

Green Salad	\$8
Wagyu Sukiyaki Salad	\$18
Snow Crab Salad	\$13

Special

10oz/12oz/ 14oz/ 16oz	
Wagyu Striploin Steak	\$82/ \$96/ \$110/ \$124
Washugyu Striploin Steak	\$42/ \$50/ \$56/ \$62
Wagyu Chateaubriand Steak 9oz	\$98
Sauteed Mushroom	\$10
Assorted Vegetables(Grilled)	\$16

Hot Pot for Party of 2-3 / 4-5 guests

Wagyu Sukiyaki \$82 / 145

Wagyu Shabu Shabu \$76 / 126

Rice, Noodles & Soup

Wagyu Hand Roll Taco Style \$12

Wagyu Hand Roll Taco Style w/ Uni & Caviar \$20

J-Spec TKG (Raw egg and Uni on Rice) \$22

Wagyu Garlic Rice \$15

Ikura Uni Kani Don \$39

Sashimi Don (5 kinds) \$36

Wagyu Sukiyaki Don \$24

Wagyu Steak Don \$54

Wagyu Kamatama Udon \$26

Gyukotsu Soup (Beef Bone soup) \$6

Miso Soup \$4

Dessert

Pumpkin Pudding \$7

Match Chiffon Cake \$8

Google 313 ウェスト 17th ストリート



撮影日: 10月 2019 © 2021 Google

Kiwami Inc.
311 West 17th Street
New York, NY 10011
Exterior Photo

ニューヨーク, ニューヨーク州



ストリートビュー

