

# Manhattan Community Board 4

## Liquor License/Sidewalk Cafe Stipulations Application

(All Fields Must Be Completed)

<b>CORPORATION NAME</b>		<b>DOING BUSINESS AS (DBA)</b>			
Omakase LLC		IKEBANA ZEN			
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>		<b>ZIP CODE</b>	
401 W 53RD		9AVE		10019	
<b>OWNER</b> <small>(Attach a list of all the people that will be associated/listed with the license)</small>	<b>NAME:</b>	FANGJIAN YUAN		<b>NAME:</b>	
	<b>PHONE:</b>	908-705-6108		<b>PHONE:</b>	
	<b>EMAIL:</b>	ANDREWYUAN@HIGHKEYNY.COM		<b>EMAIL:</b>	
<b>MANAGER</b>	<b>NAME:</b>	FANGJIAN YUAN		<b>NAME:</b>	801-803 LLC
	<b>PHONE:</b>	908-705-6108		<b>PHONE:</b>	732-301-2833
	<b>EMAIL:</b>	ANDREWYUAN@HIGHKEYNY.COM		<b>EMAIL:</b>	SRAYAPUDI@SRGROUPEM.COM
<b>APPLICATION TYPE</b> ( <input checked="" type="checkbox"/> <i>Liquor License</i> <input type="checkbox"/> <i>Unenclosed Sidewalk Cafe</i> )					
<input type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?		YES	NO	
	What is/was the name and address of establishment?				
	What were the dates applicant was involved with this former premise?				
<input type="radio"/> <b>Corp</b> <b>Change/Class</b> <b>Change/Removal</b>	What is the license # and expiration date?				
	Is applicant making any alterations or operational changes?		YES	NO	
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>				
<input checked="" type="radio"/> <b>Alteration</b>	What is the current license # and expiration date?		1328765		8.31.2022
	<i>Please list/describe the nature of all the changes and attach the plans</i> SUN TO WED 11AM-2AM, THU TO SAT 11AM-4AM				
<b>METHOD OF OPERATION</b>					
<b>TYPE OF ALCOHOL</b>	<input checked="" type="radio"/> Liquor/Wine/Beer & Cider		<input type="radio"/> Beer & Cider		<input type="radio"/> Wine/Beer & Cider
<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?			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.			<input checked="" type="radio"/> YES	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 Alcoholic-Serving Establishments?			<input checked="" type="radio"/> YES	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
	<b>Operation</b>	11AM-11PM	11AM-11PM	11AM-11PM	11AM-11PM	11AM-1AM	11AM-1AM	11AM-11PM
	<b>Kitchen</b>	11AM-11PM	11AM-11PM	11AM-11PM	11AM-11PM	11AM-1AM	11AM-1AM	11AM-11PM
	<b>Music</b>	11AM-11PM	11AM-11PM	11AM-11PM	11AM-11PM	11AM-1AM	11AM-1AM	11AM-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	
<b>INSIDE</b>	74	74	12	30	0	1	4	
<b>OUTSIDE</b> <i>(Other than sidewalk café)</i>								
<b>DCA APPROVED UNENCLOSED SIDEWALK CAFÉ</b>								

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

1 FLOOR

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

5 DAYS A WEEK

Will there be dancing?

YES NO

Will applicant have bottle or table service for beverage alcohol?

YES NO

Will applicant 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 applicant 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

Does applicant agree to notify MCB4 prior to making changes to its method of operation?

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?

NONE

**MULTIPLE SPACES/FLOORS CAPACITY BREAKDOWN**

Space/Floor	Description/Use of Space	Capacity	Hours	# of Tables	# of Seats	# of Service Only Bars	# of Stand-Up Bars/Seats at Bar	Music

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

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	HUDSON YARDS HELL'S KITCHEN ALLIANCE	
	# 2	WEST 44TH STREET BA	
	# 3	WEST 55TH STEET, BA	
	# 4	THE AURORA DERRICK SAGE	
	# 5	CHDC	
Please provide dates when applicant met with the groups listed above.	2.15.2022		
Who was your contact person at each group you met with?	JOE RESTUCCIA, DERRICK SAGE, CHRISTINE GORMAN, LINDA ASHLEY, PATTY GOURIS		
When did applicant post the notice that was provided?	2.15.2022		
Where did applicant post the notice that was provided?	FRONT DOOR		
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	<input checked="" type="checkbox"/> NO	
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	YES	<input checked="" type="checkbox"/> NO	



<b>BUILDING DESIGN</b>			
State the name and type of business previously located in the space.	GLORIA 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	
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 checked="" type="checkbox"/> YES	<input 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 checked="" 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)	<input type="checkbox"/> FRENCH DOORS	<input type="checkbox"/> GARAGE DOORS	<input type="checkbox"/> 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 checked="" type="checkbox"/> YES	<input 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?	ON THE WALL		
When was the air conditioner installed?	5 YEARS AGO		

**OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ**

Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
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)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Are the floorplans for the outdoor space(s) included?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s) or on the sidewalk?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will there be no amplified music, as per the law?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant agree to train staff to encourage a peaceful environment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
If open dining in the parking lane, will applicant agree to leave the sidewalk free of any furniture?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
If open dining, will you comply with all NYC DOT guidelines?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
If open dining, will the installation be year-round?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

## DCA APPROVED UNENCLOSED 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	
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	YES	NO	
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	NO	
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	YES	NO	
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	
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	
Will applicant use umbrellas?	YES	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?	YES	NO	
If open dining is in the parking lane, will applicant agree to remove its sidewalk café?	YES	NO	

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

- There will be no music or amplified sound in any outdoor space
- Indoor space of establishment will be closed and vacated of patrons no later than 11 p.m. Sunday to Thursday and 1 a.m. Friday & Saturday
- If applicant remains open after 11 p.m. on Friday & Saturday, applicant will provided licensed security person until closing time

***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  
 May 4, 2022 full board meeting, with 39 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**

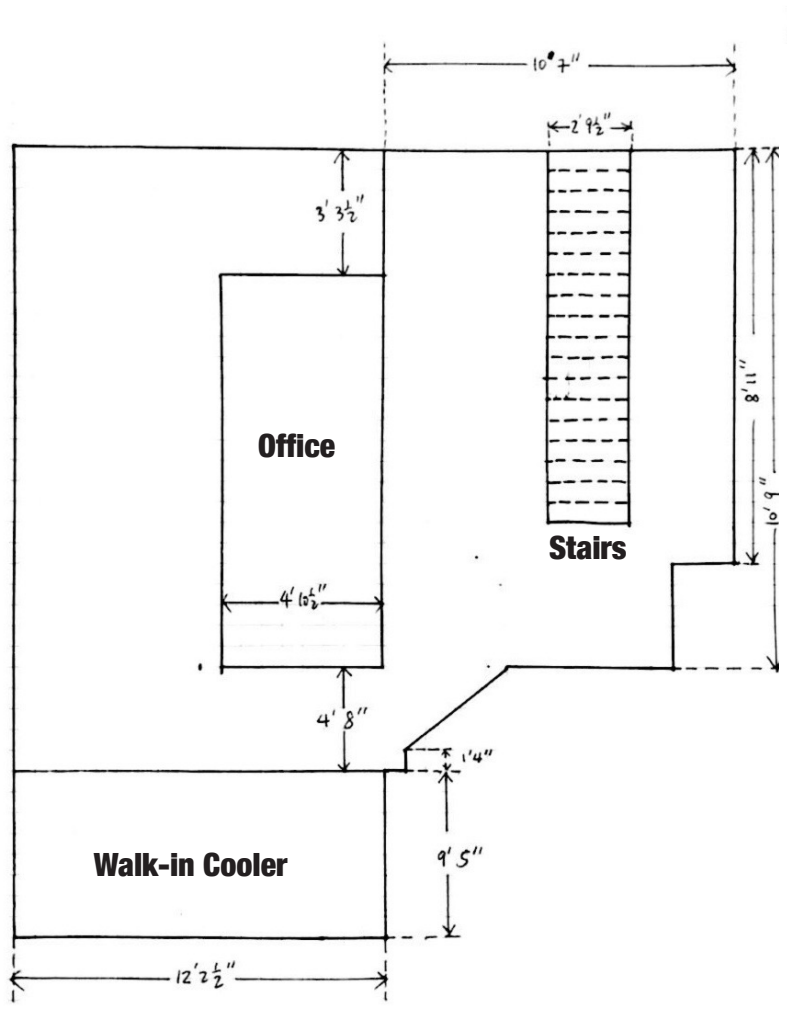
 Nelly Gonzalez CB4 Assistant District Manager	 Frank Holozubiec CB4 BLP Committee Co-Chair	 Burt Lazarin CB4 BLP Committee Co-Chair
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**APPLICANT AGREEMENT WITH THE COMMUNITY**

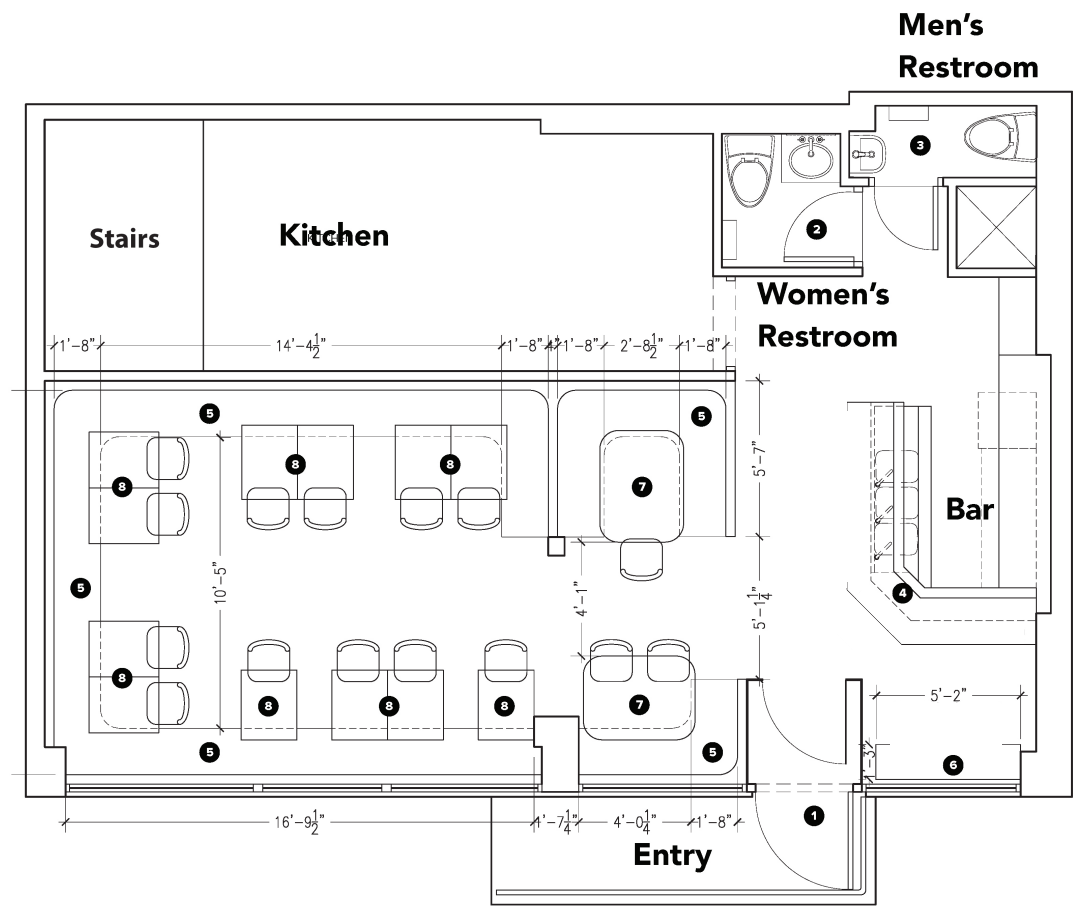
Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of 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.

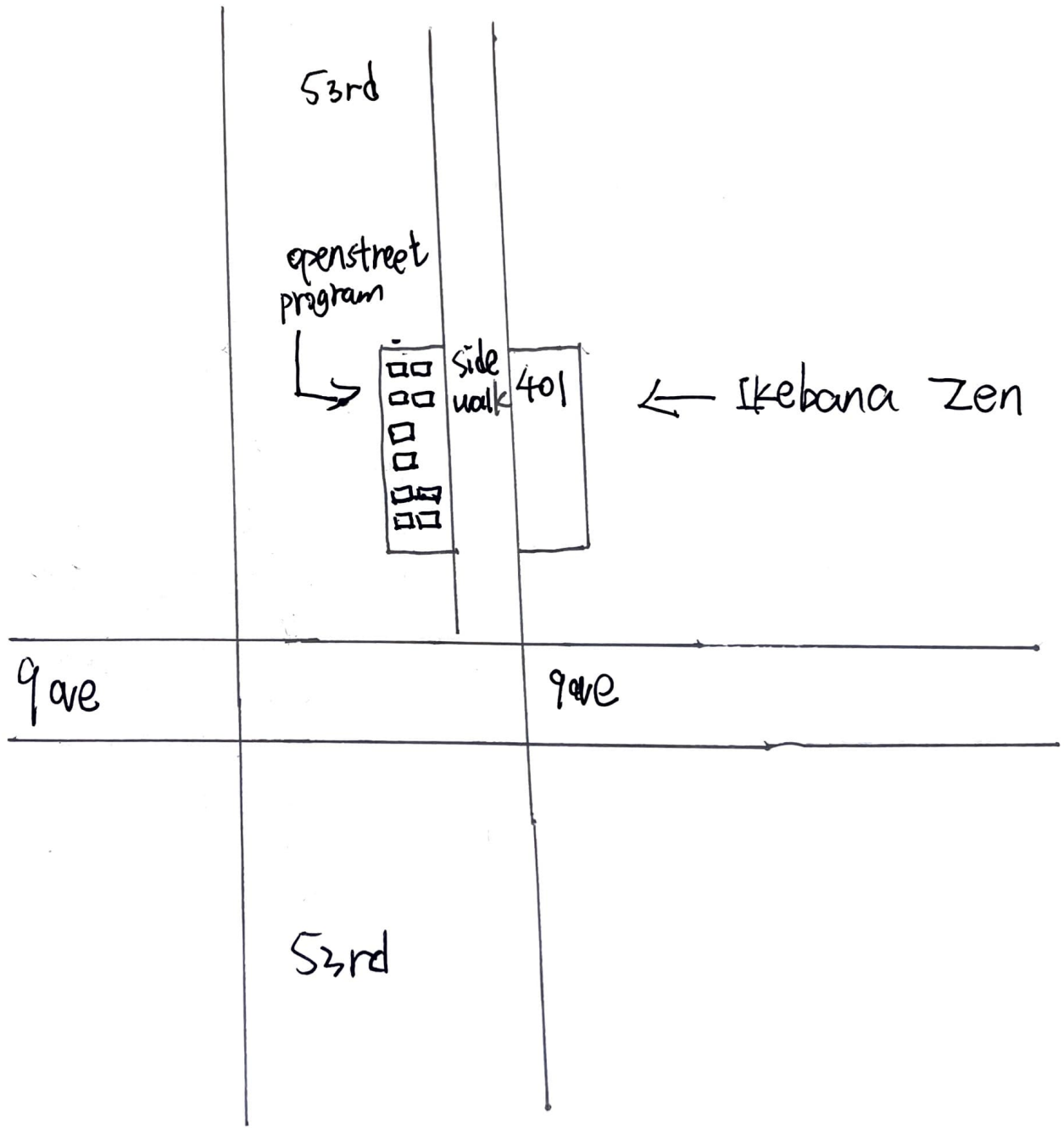
<p><b>SIGN HERE</b> →</p>	<p>Fangjian Yuan</p> <p><b>PRINT NAME OF APPLICANT</b></p>	 <p><b>SIGNATURE OF APPLICANT</b></p>	<p>2.15.2022</p> <p><b>DATE</b></p>
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# Basement



# Restaurant





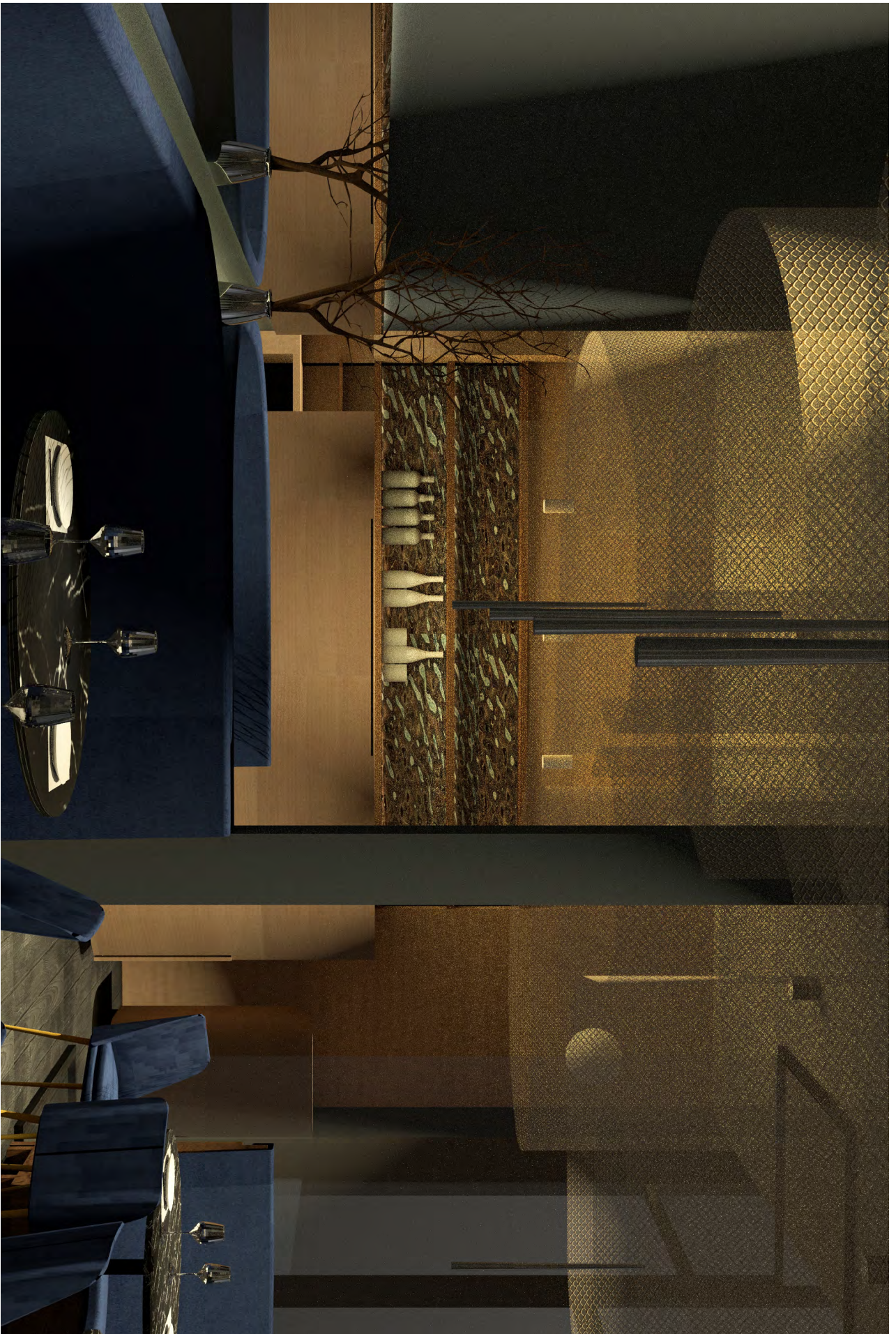


IKIBANA-ZEN RESTAURANT INTERIOR DESIGN REVIEW

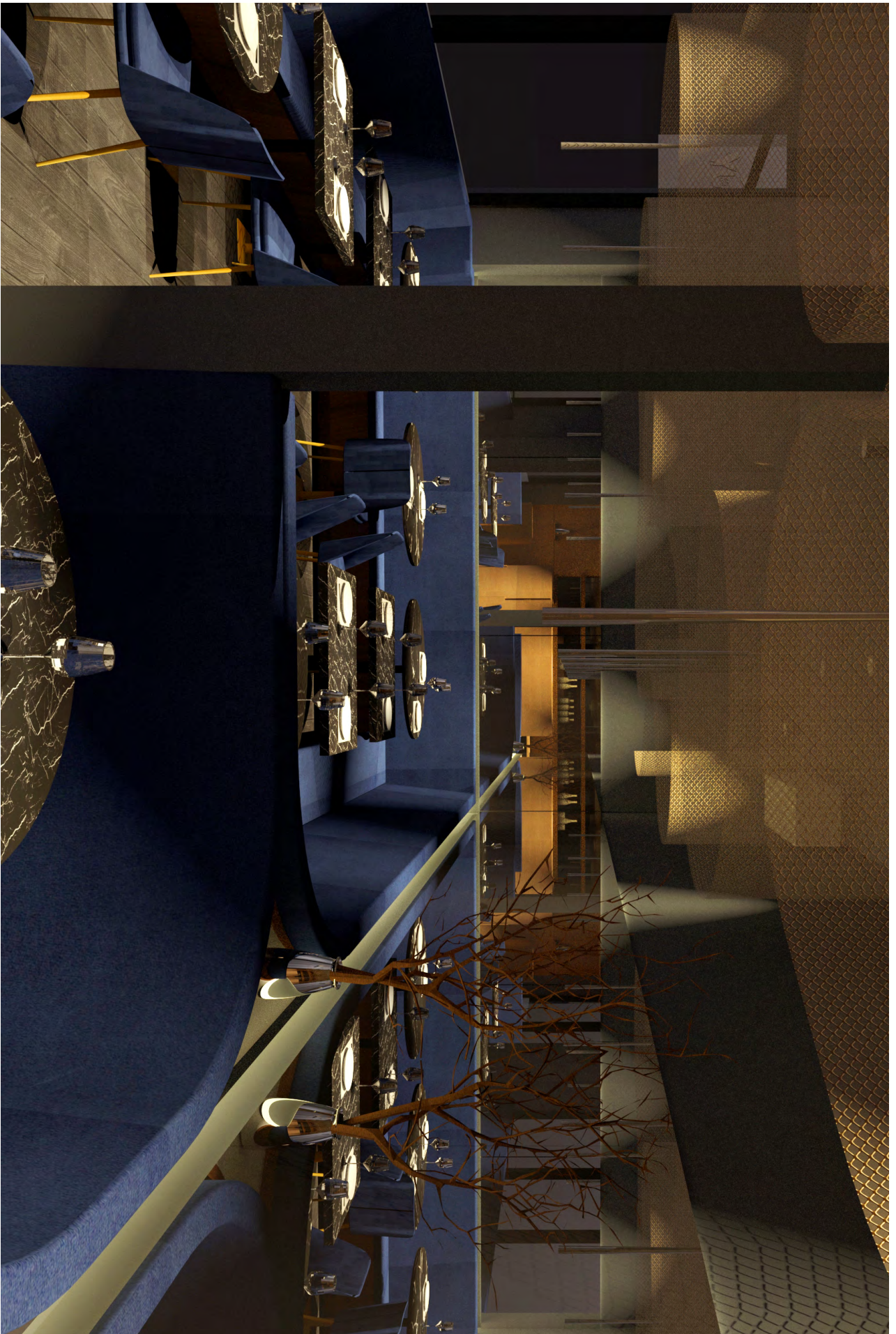
**2020. 03. 08**



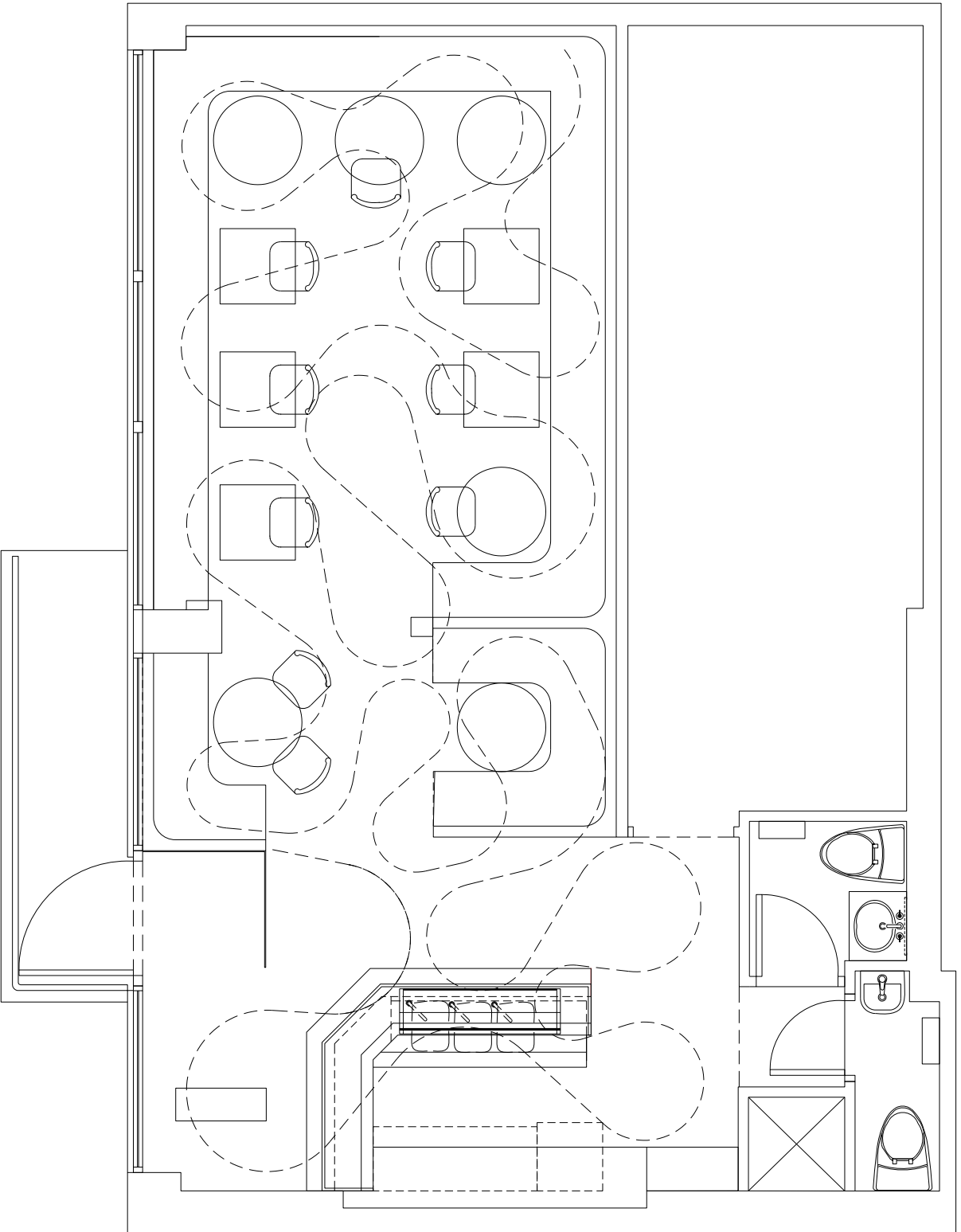






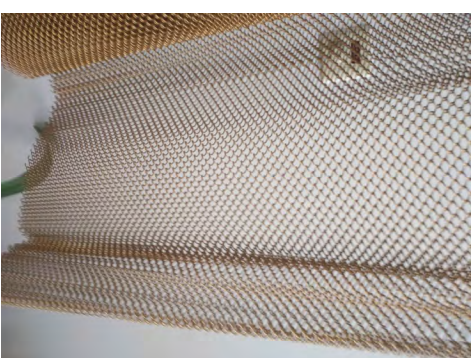
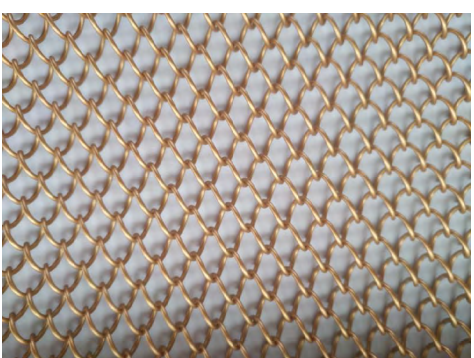
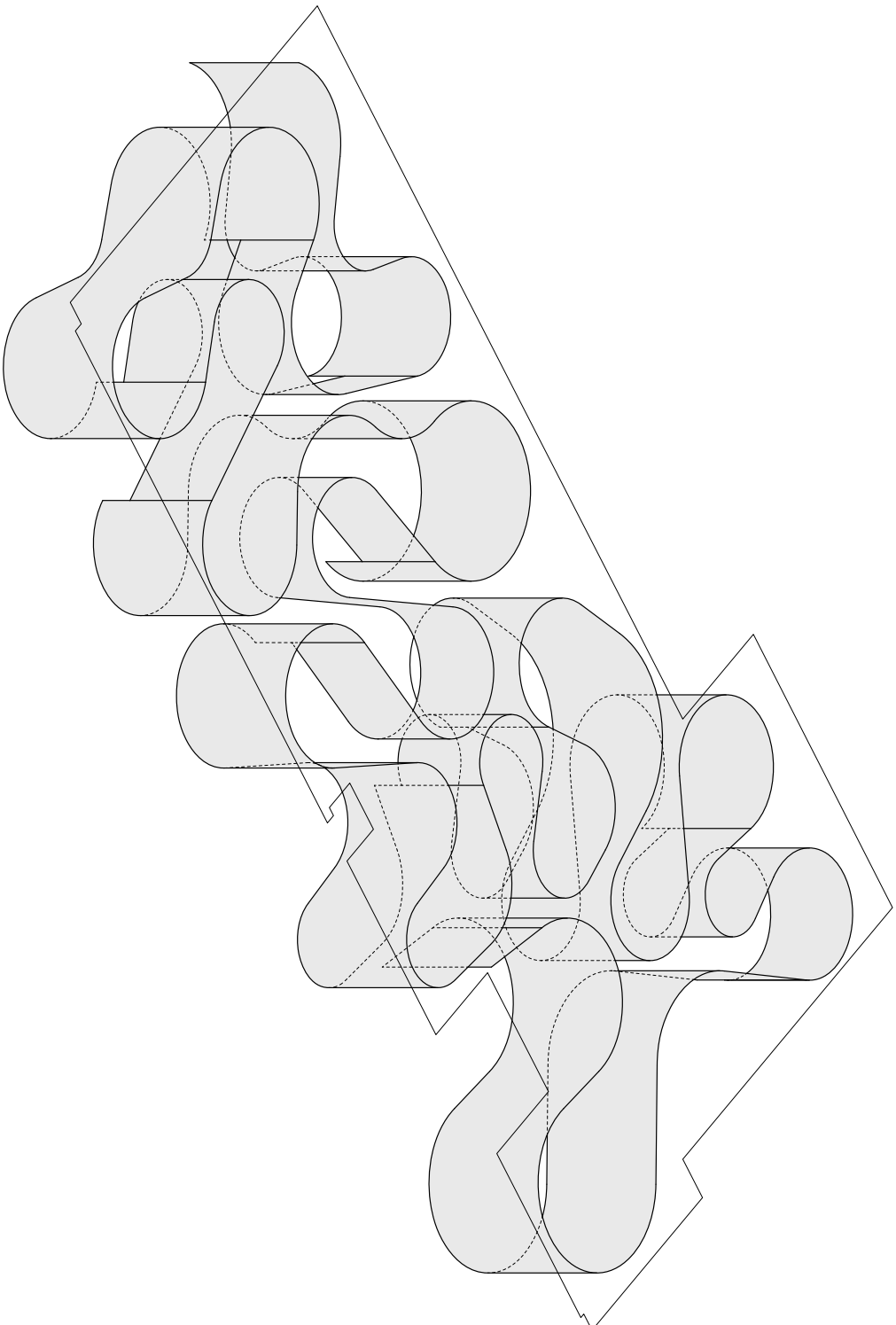


GROUND FLOOR PLAN

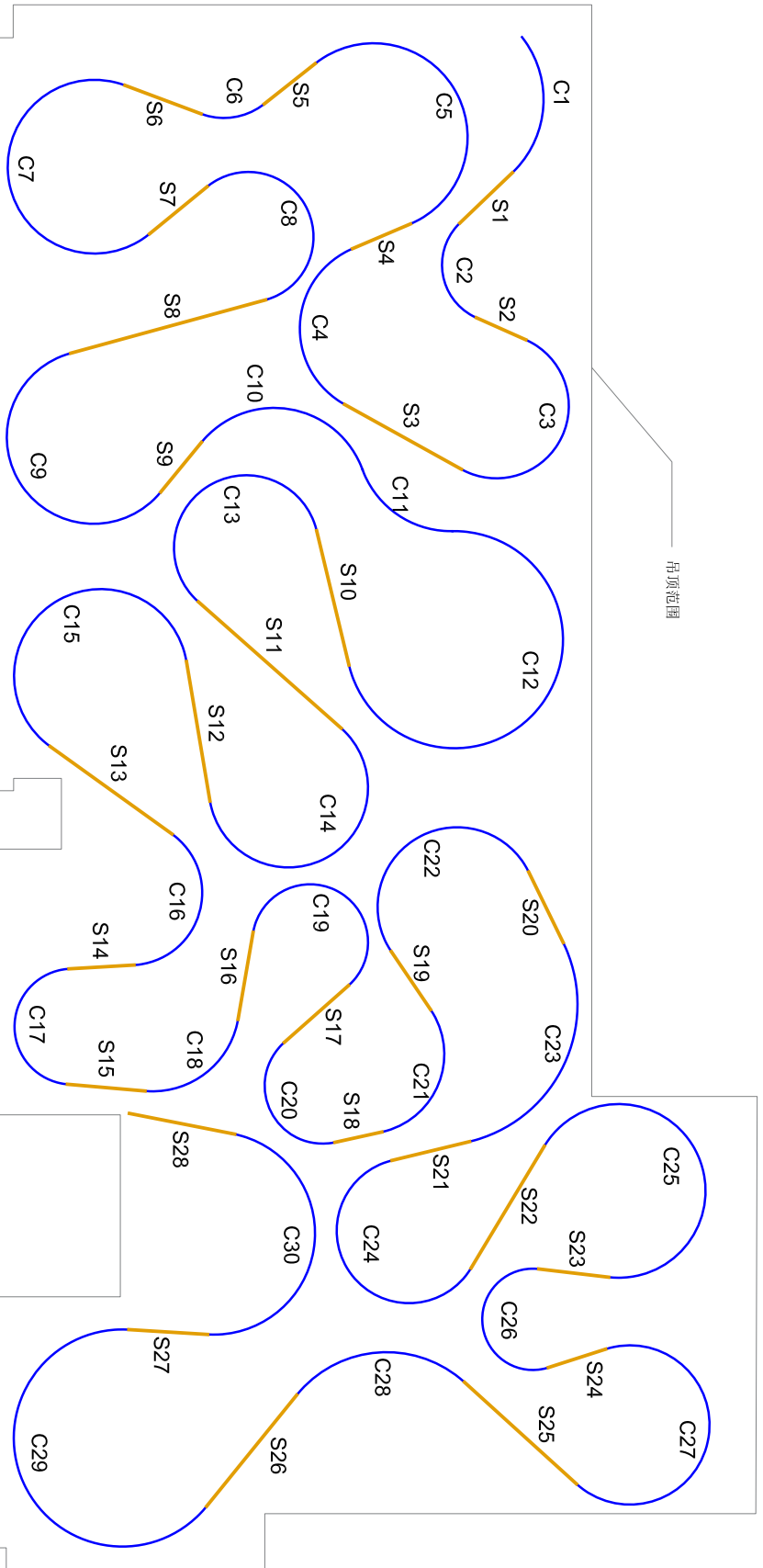




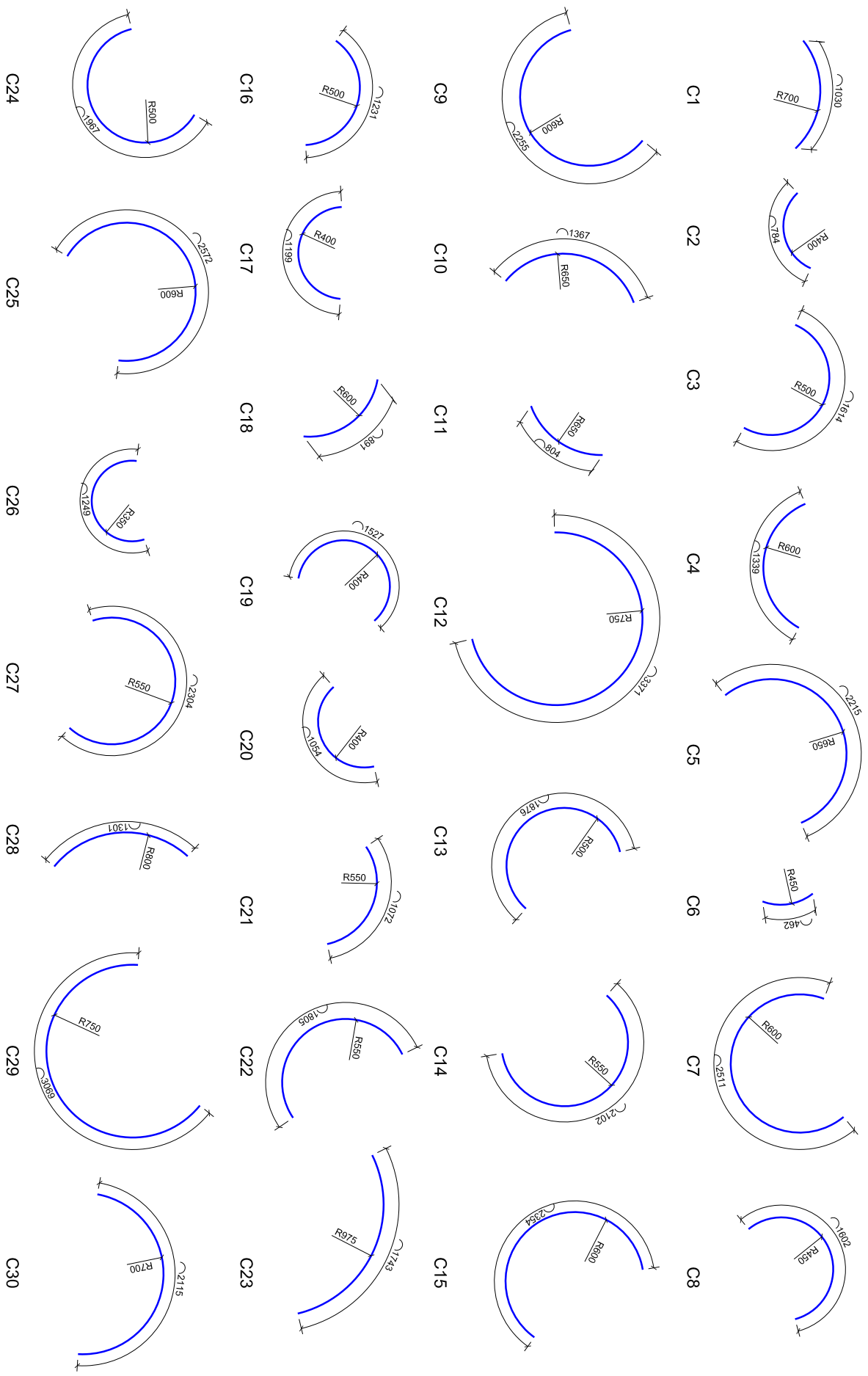
CEILING CASCADE COIL FEATURE DESIGN



CEILING CASCADE COIL FEATURE DESIGN

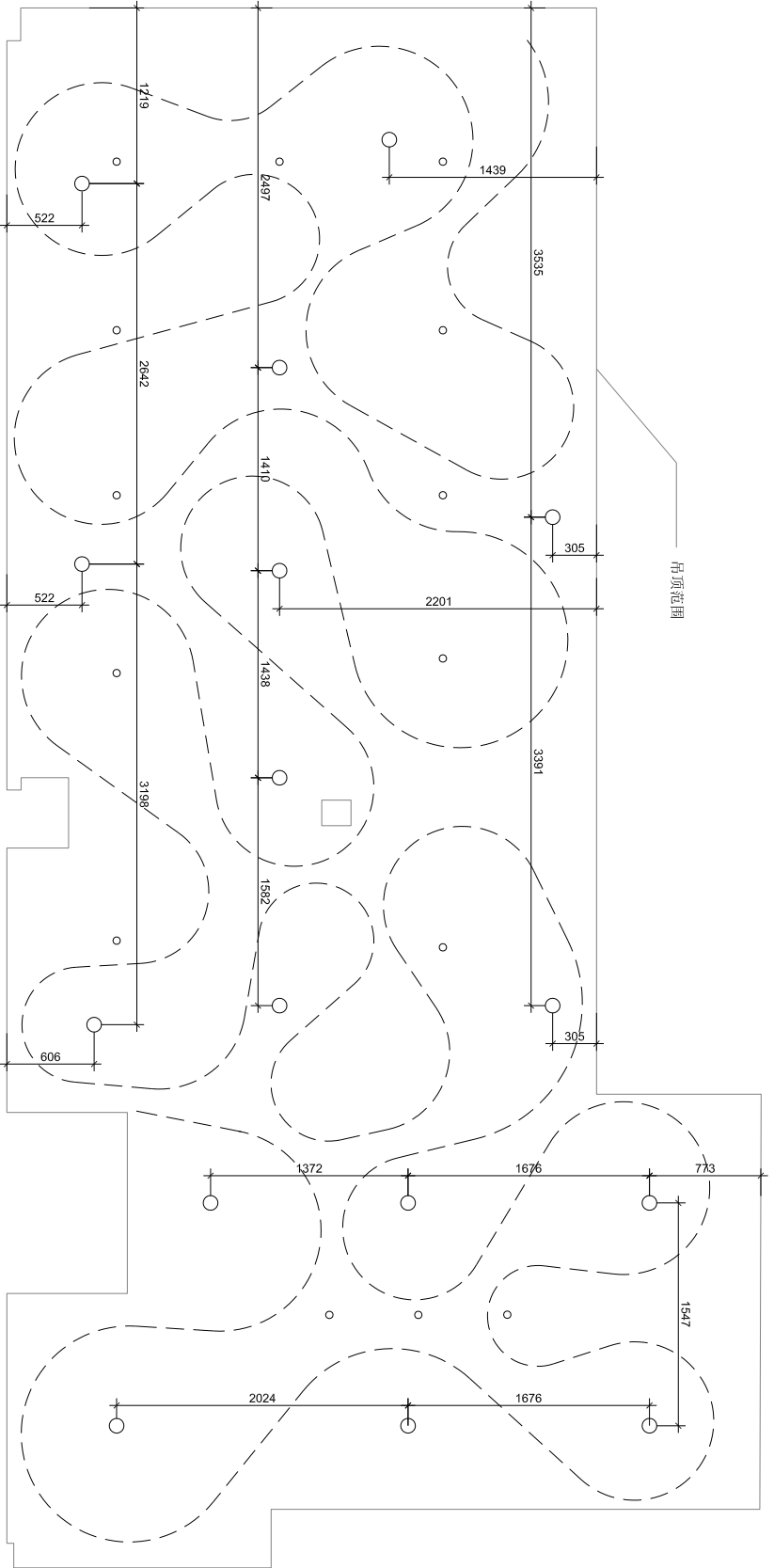


CEILING CASCADE COIL FEATURE DESIGN





REFLECTED CEILING PLAN - DOWNLIGHT

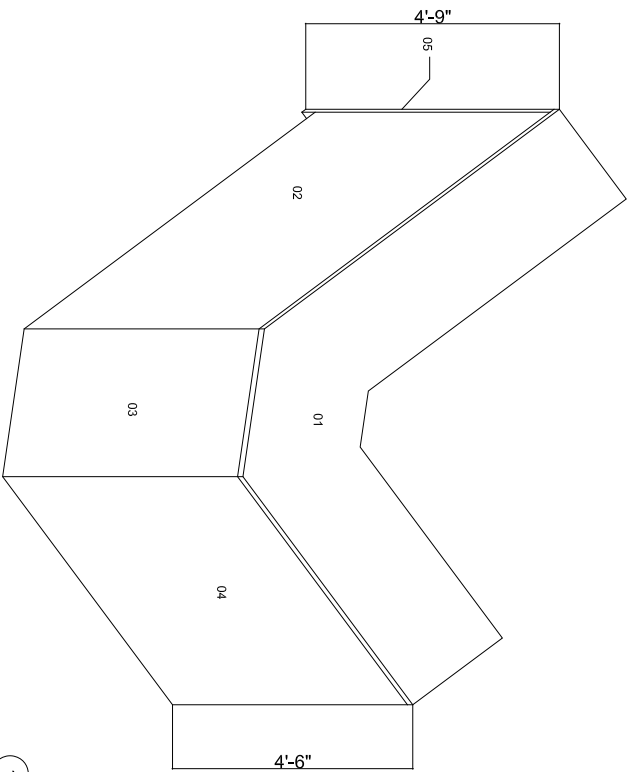


BAR RENOVATION DRAWING

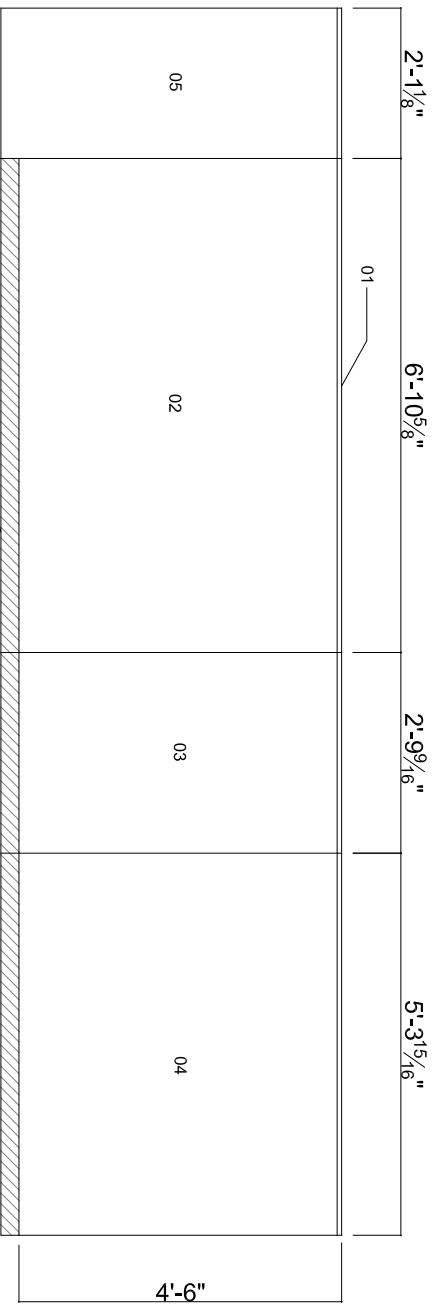
NOTE:  
 ALL DIMENSIONS ARE  
 ONLY FOR REFERENCES.  
 PLEASE COMPARE THE  
 DRAWINGS WITH  
 CURRENT SITE  
 CONDITIONS IN ADVANCE  
 ALL EXTRA STRUCTURES  
 AND MATERIALS SHOULD  
 BE IDENTIFIED AND  
 APPROPRIATE  
 ADD/CHANGE SHOULD  
 LET DESIGNER TO BE  
 AWARE OF

THERE ARE 11 PIECES OF  
 WOOD SURFACES IN  
 TOTAL, EACH ONE IS  
 LABELED ON DRAWINGS

注意：  
 所有标注尺寸仅供参考，请详  
 核前期比较图纸与现场实际情  
 况后出入  
 所有额外增加的支持结构相额  
 外的材料厚度/型号必须提前  
 知设计师知晓  
 共有11块木板需要制作，每个  
 木板已经在图纸上做好编号

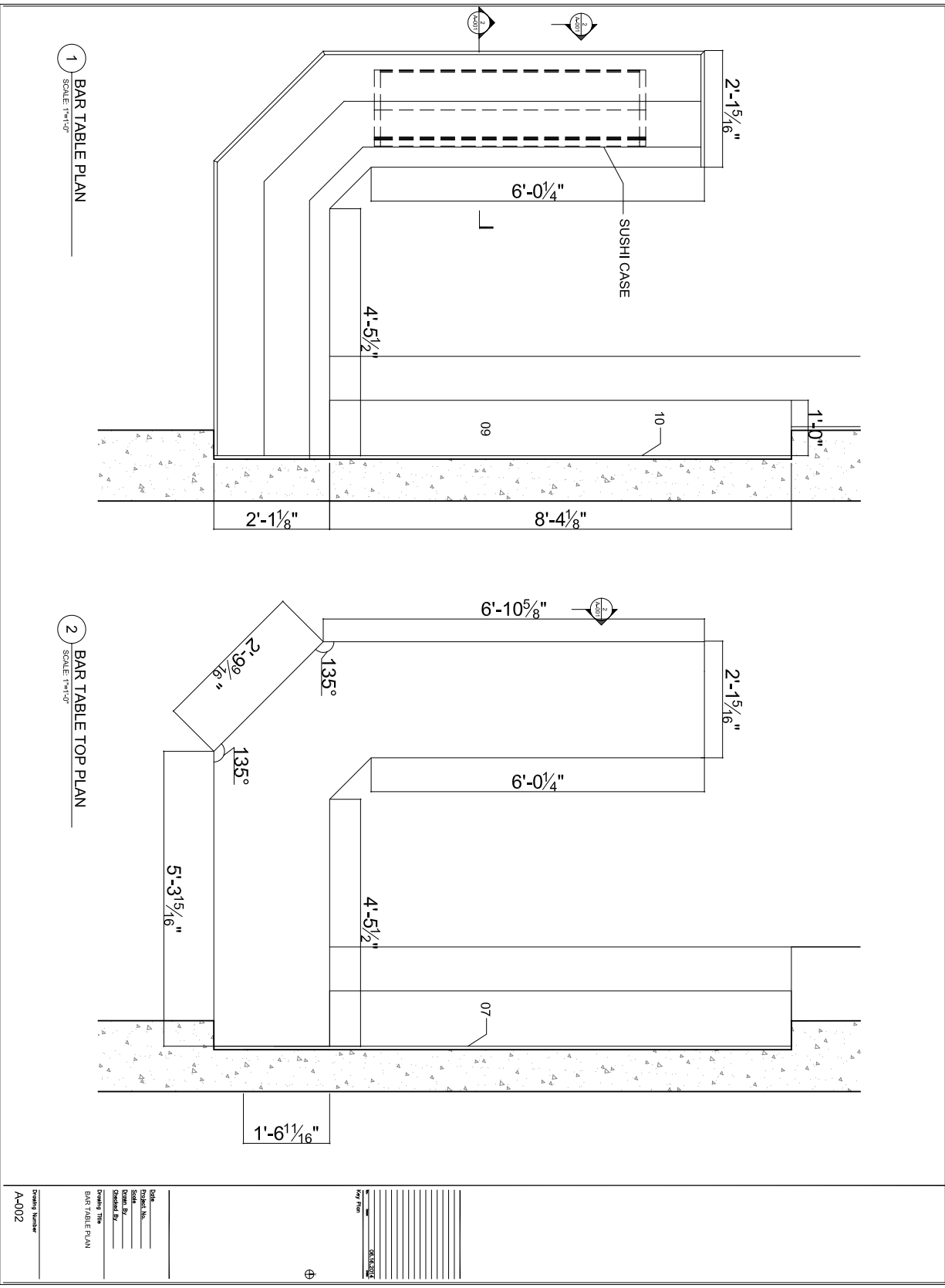


1 BAR TABLE CLADDING AXON  
 SCALE: 1"=1'-0"



2 BAR TABLE UNFOLDED ELEVATION (吧台外包展开立面)  
 SCALE: 1"=4'-0"

Project Name	
Client Name	
Design Date	
Design By	
Check By	
Project No.	
Drawing Title	BAR TABLE OVERVIEW
Drawing Number	A-001

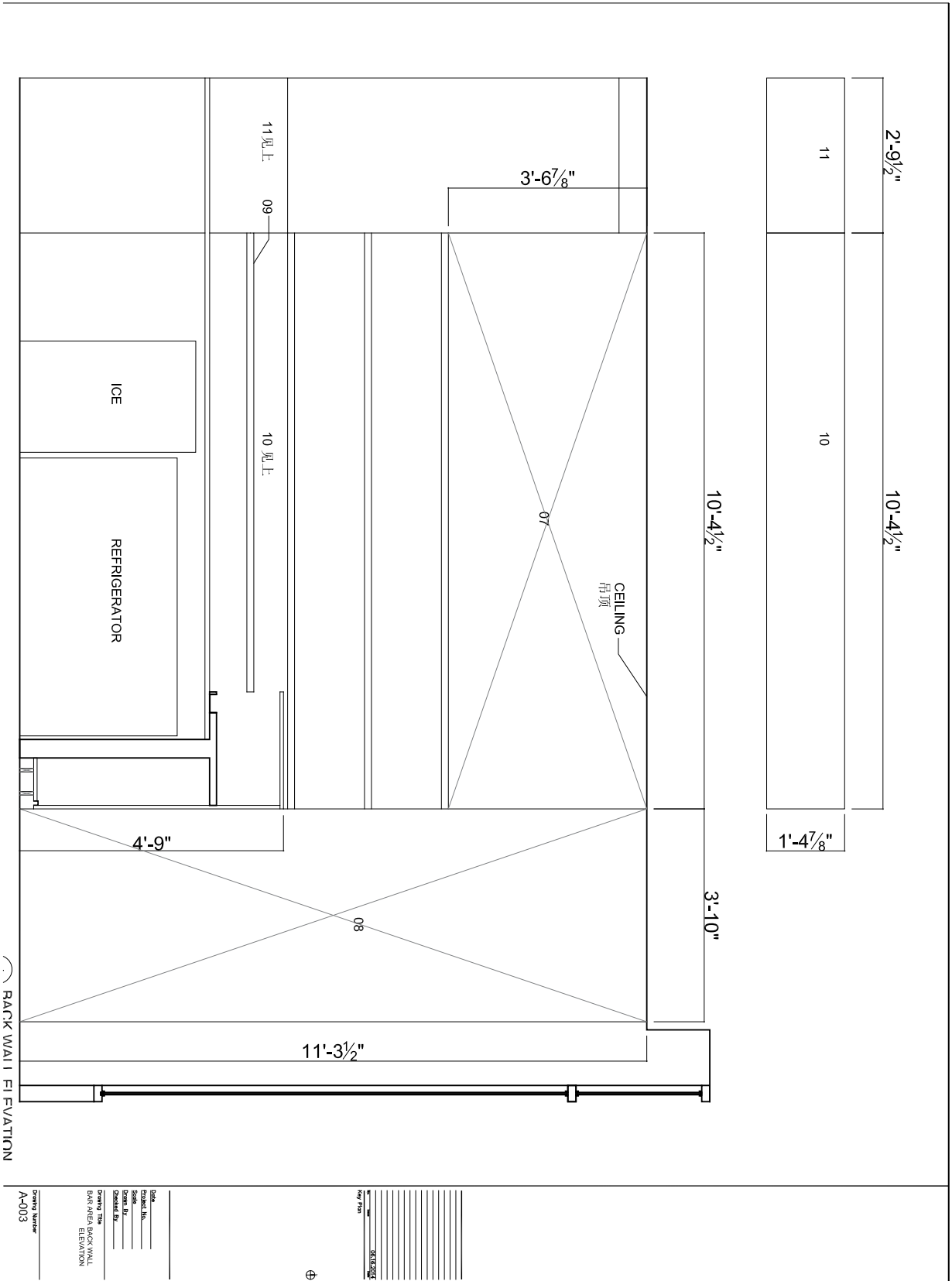


1 BAR TABLE PLAN  
SCALE: 1/4"=1'-0"

2 BAR TABLE TOP PLAN  
SCALE: 1/4"=1'-0"

Title: _____ Project No.: _____ Scale: _____ Drawing No.: _____ Drawing Title: BAR TABLE PLAN	Drawing Number: A-002
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BAR RENOVATION DRAWING



BARCK WAI | ELEVATION

Date: \_\_\_\_\_  
 Project No.: \_\_\_\_\_  
 Scale: \_\_\_\_\_  
 Drawn By: \_\_\_\_\_  
 Checked By: \_\_\_\_\_  
 Creating This DRAWING FOR ARCHITECTURAL ELEVATION

Drawing Number  
 A-003



IKEBANA-ZEN

646-885-7566

401 WEST 53RD STREET, NEW YORK, NY 10019

10AM TO MIDNIGHT

## Sushi & Sashimi Omakase

Salad  
sashimi / Toast tataki  
Soup  
Nikiri Sushi(9)  
Gunkan Sushi(5)  
Dessert

88

## Kappo omakase

Salad  
Sashimi  
Chawanmushi  
Agemono Tempura  
Smoked fish  
Soup  
Nikiri sushi(12)  
Dessert

108

# A La-carte

Fluke	5	Aji	7
Madai	7	Sayori	9
Kinmedai	9	Shrimp	6
Ocean trout	6	Squid	7
King salmon	7	Sea Scallops	6
Smoked salmon	8	Oyster	7
Shimaaji	7	Salmon Roe	7
kanpachi	7	Eel	8
Buri	8	Uni (ca)	9
Lean tuna	6	Uni (me)	11
Chu-toro	10	Uni (jp)	13
O-toro	12	Wagyu	15
Spanish mackerel	6		

## Salmon flight 18

Ocean trout 6      king salmon 7      smoked salmon 8

## Jack flight 18

Shimaaji 7      kanpachi 7      buri 8

## Tuna flight 25

Lean tuna 6      chu-toro 10      O-toro 12

## Golden flight 58

Toro uni caviar golden flake 23

Wagyu uni caviar golden flake 25

Chop toro uni caviar golden flake 18