

# Manhattan Community Board 4

# Liquor License/Sidewalk Cafe Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME		DOING BUSINESS AS (DBA)	
Mahmuran mom Inc.			
STREET ADDRESS		CROSS STREETS	ZIP CODE
230 7th Avenue Ny Ny		Between 24th & 25th	10011
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME:	NAME:	James Lam
	PHONE:	ATTORNEY/ REPRESENTATIVE	PHONE:
	EMAIL:		EMAIL:
	macharvabe Prem Wong Siri		646-207-8989
	347-824-3797		james17676@gmail.com
	mahmuranmom@gmail.com		
MANAGER	NAME:	LANDLORD	NAME:
	PHONE:		PHONE:
	EMAIL:		EMAIL:
			230 7th Avenue LLC
			917-428-5714
APPLICATION TYPE ( <input checked="" type="checkbox"/> Liquor License <input type="checkbox"/> Unenclosed Sidewalk Cafe )			
<input checked="" type="checkbox"/> 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?	Tamsang Thai Kitchen 331 Lexington Ave New York	
	What were the dates applicant was involved with this former premise?	08/2018	
<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="radio"/> YES	<input type="radio"/> 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="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	9/10/2022
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 Alcoholic-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	11:00 am - 11:30 pm	11 p.m.					
	Kitchen	11:00 am - 11:00 pm	11 p.m.					
	Music	N/A.						
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 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	30	20	10	15	0	0	0
OUTSIDE (Other than sidewalk cafe)	N/A.						
DCA APPROVED UNENCLOSED SIDEWALK CAFE	N/A.						

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

How frequently will the owner(s) be at the establishment? **Yes, at least five days per 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 **1**

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? ~~Store~~ stored indoors

**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
Ground	Kitchen/ Dining	20	10	10	15	0	0	N/A
Basement	Storage.							

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?	YES	<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	Council Chelsea Block Association
	# 2	100 West 22nd Street Block Association
	# 3	100 West 19th/20th/21st/22nd Street Block Association
	# 4	100 West 25th Street Block Association
	# 5	100 West 26th Street Block Association.
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?		9/3/2022
Where did applicant post the notice that was provided?		outside store front window
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    347. 824. 3797
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 <input type="radio"/> NO

**BUILDING DESIGN**

State the name and type of business previously located in the space.	<i>Restaurant.</i>		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	<input checked="" type="radio"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="radio"/> NO	
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	<input checked="" type="radio"/> YES	NO	
Is the entrance ADA Compliant?	<input checked="" type="radio"/> YES	NO	
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?	<input checked="" type="radio"/> YES	NO	
Will applicant use a storm enclosure?	<input checked="" type="checkbox"/>	<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="radio"/> YES	NO	
Will applicant comply with the NYC noise code?	<input checked="" type="radio"/> YES	NO	
Will the establishment have any of the following: (circle all that apply) <i>N/A</i>	<b>FRENCH DOORS</b>	<b>GARAGE DOORS</b>	<b>WINDOWS THAT CAN BE OPENED</b>
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	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	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?	<input checked="" type="radio"/> YES	NO	
Will the kitchen exhaust system extend to the roof?	<input checked="" type="radio"/> YES	NO	<i>Existing Exhaust System</i>
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?	<i>split Unit</i>		
When was the air conditioner installed?	<i>Existing when lease signed.</i>		

OUTDOOR ITEMS - OTHER THAN 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, gazebo or open dining in the parking lane? 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 checked="" type="radio"/> NO	
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	<del>N/A</del> All outdoor seating will be closed & vacated by 10 p.m. nightly
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	<input type="radio"/> YES	<input checked="" type="radio"/> 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="radio"/> YES	<input type="radio"/> NO	
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 checked="" type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant agree to train staff to encourage a peaceful environment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
If open dining in the parking lane, will applicant agree to leave the sidewalk free of any furniture?	<input type="radio"/> YES	<input type="radio"/> NO	N/A.
If open dining, will you comply with all NYC DOT guidelines?	<input type="radio"/> YES	<input type="radio"/> NO	N/A.
If open dining, will the installation be year-round?	<input type="radio"/> YES	<input type="radio"/> NO	N/A.

**DCA APPROVED UNENCLOSED 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 type="radio"/> YES	<input checked="" type="radio"/> NO	
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 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 type="radio"/> YES	<input type="radio"/> NO	NA. All outdoor seating will be closed & vacated by 10 p.m. nightly
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	NA.
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk café?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant mark the perimeter of the café on the sidewalk?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will the sidewalk café not provide standing space for drinking or smoking?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	<input type="radio"/> YES	<input checked="" type="radio"/> 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?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
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 type="radio"/> YES	<input checked="" type="radio"/> NO	
If open dining is in the parking lane, will applicant agree to remove its sidewalk café?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	

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

- All outdoor seating will be closed & vacated by 10 p.m. nightly

***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.***

<p>Manhattan Community Board 4 (MCB4) recommends:          (MCB4's recommendation is based on a vote taken at its          October 6, 2022 full board meeting, with <u>37</u> members voting in favor          of the recommendation, <u>0</u> members opposed, <u>0</u> members          abstaining and <u>0</u> present but not eligible)</p>	<p><input checked="" type="checkbox"/> Denial unless all stipulations agreed to by applicant/owner are part of the method of operation  <input type="checkbox"/> Denial   <input type="checkbox"/> Approval</p>
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**CB4 REPRESENTATIVES**

<p>          Nelly Gonzalez          CB4 Assistant District Manager</p>	<p>          Frank Holozubiec          CB4 BLP Committee Co-Chair</p>	<p>          Burt Lazarin          CB4 BLP Committee Co-Chair</p>
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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>MACHARVADEE          PREMWONGSTRI          PRINT NAME OF APPLICANT</p>	<p>          SIGNATURE OF APPLICANT</p>	<p>09-07-2022          DATE</p>
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