## Manhattan Community Board 4 (All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME			DOING BUSINESS AS (DBA)						
DD Soup Dump	ling Inc.		DD Soup Dumpling						
STREET ADDRESS				CROSS STREETS			ZIP CODE		
690 9th Avenue			West 47th	& 48th	Street			10036	
OWNER	NAME:	Shu Dong			NAME:	James	s Wan	ng	
(Attach a list of all the people that will be associated/listed	PHONE:	(212)300-7509	ATTORNEY REPRESEN		PHONE:	(212)2	219-30	070	
with the license)	EMAIL:	daviddong168@gmail.com			EMAIL:	j.y.wa	ng.ny	/@gmail	.com
	NAME:	Shu Dong			NAME:	Upper	East	Side De	velopment Corp.
MANAGER	PHONE:	(212)300-7509	LANDLORI	)	PHONE:				
	EMAIL:	daviddong168@gmail.com			EMAIL:				
APPLICATION	ON TYP	E ( <u>√</u> Liquor License	-		Unencl	osed Si	idewo	alk Cafe	?)
	Has applicant	owned or managed a similar business?			(YI		I	NO	
⊗ New	What is/was t	he name and address of establishment?		Soup Dumpling House Inc.					
	What were the	e dates applicant was involved with this former prem	ise?		321 42nd Street, New York, NY 10036				
Corp	What is the lie	cense # and expiration date?							
Change/Class Change/Removal	ls applicant m	YES				NO			
Change/Removal	If alterations of	or operational changes are being made, please descr	ribe/list all chang	es.					
Alteration	What is the co	urrent license # and expiration date?							
Alteration	Please list/de	scribe the nature of all the changes and attach the pl	ans:						
METHOD O	F OPER	ATION							
TYPE OF ALCOH	IOL	C Liquor/Wine/Beer & Cider	0	Beer & C	ider		Ć	∑ Wine/B	leer & Cider
ECT ADI ICHMEN	Night Club	O Hotel	0	Bar/Taverr	n	O Ca	tering Establishment		
ESTABLISHMENT TYPE				ince Club	O Spo	orts Bar	O c	lub (Fratem	al Organization – Members Only)
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?				NO	after	commu	nity b	oard me	eting
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.				NO					
Is the 200 Foot Rul schools and houses		? If yes, please attach a diagram of the that trigger the rule.	YES	NO					
Has applicant/owne		CB4 Policy Regarding Concentration and stablishments?	YES	NO					

OPERATI(	UNAL DE	TAILS (*C	Closing time wil	I be wl	nen e	stablishme	nt is vac	cated of	all p	patrons)				
	MONDAY TUESDAY WEDNESDAY		THUI	RSDAY	FRIDAY		SATURDAY		SI	JNDAY				
HOURS*	Operation	11A-12A	11A-12A		114	A-12A	11A-12A 1		11A-12A 11A		11 <i>A</i>	11A-12A 11A-		12A
(Indoor Only)	Kitchen	11A-12A	11A-12A		11 <i>A</i>	A-12A	11A-1	2A	11	IA-12A	11 <i>A</i>	12A	11A-	12A
	Music	11A-10P	11A-10P		11 <i>A</i>	A-10P	11A-1	10P 1		1A-10P	A-10P 11A		11A-10P 11A-	
If you plan to hat (Circle all that a		at type(s)?	BACKGRO	UND	L	IVE MUSIC	1	DJ	JUKE BOX		KA	RAOKE		
						OCCUP	ANCY							
	(Cer	apacity rtificate of ecupancy)	Maximum # of Persons Occupying Premises (Including Employees)	Num of Ta		Number of Seats		er of Servio	ce	Number Stand-Up l		Number of at Stand-U		
INSIDE	74		70	15		60	1			0		0		
OUTSIDE (Other than sidewalk café)	N/A													
DCA APPROVED UNENCLOSI SIDEWALK CAFÉ	ED N/A													
How many floors	s are there? W	/hat is the capac	city for each floor?	)			1 floo	r, 74						
How frequently	will the owner	s) be at the esta	ablishment?				full time							
Will there be da	ncing?						YES	NO						
Will applicant ha	ave bottle or ta	ble service for b	everage alcohol?				YES	NO						
Will applicant be	e hosting priva	te; promotional	or corporate even	ts?			YES	NO						
Will outside pror	noters be use	d on a regular b	asis? If yes please	e descri	be.		YES	NO NO						
Will applicant ha	ave a security	plan? If, yes ple	ase attach.				YES	NO	sec	curity cam	era			
Will security plan							YES	NO						
Will State certific	ed security pe	rsonnel be used	?				YES	<u>00</u>						
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	2							
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?						will staff	YES	NO						
Where will delive	ery bicycles be	e stored during t	he day when not i	n use?			f <del>ront o</del>	fstore	,	Baseme	nt			

MULTPLE 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	(N)	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	
Is a Public Assembly permit required?	YES	NO	
Are your plans filed with DOB?	YES	NO	

Community Notification/Relations									
NOTIFICATION:	# 1	sent email by th	sent email by the listing provide from MCB4						
List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and	# 2								
community groups that applicant has notified regarding its application. For	# 3								
each please list both the organization and individual you contacted	# 4								
	# 5								
Please provide dates when applicant met wi	th the gro	ups listed above.	wait the	answer	from t	hem			
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.			1	YES	NO				
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?				YES	NO				

BUILDING DESIGN				
State the name and type of business previously located in the space.	Pozzo	Vivo,	Restaurant	
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO	Pozzo Vivo	
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO		
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	YES	NO		
Is the entrance ADA Compliant?	YES	NO		
Do you plan any changes to the existing façade? If yes, please describe.	YES	(2)		
Will applicant have a vestibule within the establishment?	YES	NO		
Will applicant use a storm enclosure?	YES	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?	YES	NO		
Will applicant comply with the NYC noise code?	YES	NO		
Will the establishment have any of the following: (circle all that apply)	FRENCH DOOR		S 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?	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?	(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	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	NO		
Will the kitchen exhaust system extend to the roof?	YES	NO		
Will the establishment have an illuminated sign?	YES	NO		
Will the establishment have a canopy extending over the sidewalk?	YES	NO		
Where will the air conditioner be located? What type is it?	Proof			
When was the air conditioner installed?	not s	ure		

OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	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)?	YES	(SO)	
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	
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	(2)	
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?	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 21st and March 21st, 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)						
- For any outdoor sidewalk seating there will be a clearance of 8 feet from fire hydrant in front of premises						
- There will be no platform placed on sidewalk						
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						
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Manhattan Community Board 4 (MCB4 (MCB4's recommendation is based on a von November 2, 2022 full board meeting, with of the recommendation, omembers op abstaining and omega present but not eligible	o) recommends: ote taken at its 43 members voting in favor posed, 0 members	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	, li	Burt Lazarin CB4 BLP Committee Co-Cha	air S				
APPLICANT AGREEMENT W	ITH 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	Shu Dong PRINT NAME OF APPLICANT	by James War SIGNATURE O	ngon behalf Shu Dong F APPLICANT	10/04/2022 DATE				

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