Manhattan Community Board 4 (All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME			DOING BUSINESS AS (DBA)								
SHINN WEST LLC											
STREET ADDRESS				CROSS STREETS ZIP CODE					:		
525 W 53RD	ST		BTW 9TI	H AND	10TH	AVE		10019			
OWNER	NAME:	LIAN WENJIE		NAME:	N/A						
(Attach a list of all the people that will be associated/listed	PHONE:	917 238 9665	ATTORNEY. REPRESENT		PHONE:						
with the license)	EMAIL:	CONTACT@SHINNWEST.COM			EMAIL:						
Owner	NAME:	Linda Wang			NAME:	TACON	NIC P	ARTNERS			
MANGER	PHONE:	3476155031	LANDLORD		PHONE:	PHONE: 212.704.3837					
	EMAIL:	lindaw@umehg.com			EMAIL:	aschwa	artz@	tacon.com			
APPLICATION	ON TYP	E (<u>X</u> Liquor License	_		Unenclo	osed Si	idev	valk Cafe	2)		
	Has applicant	t owned or managed a similar business?			Œ)s		NO			
⋈ New	What is/was t	he name and address of establishment?		SHINN WEST, 525 W				W 53RD ST, NEW YORK NY 10019			
	What were th	e dates applicant was involved with this former premi	se?	APPLICANT CURRENTLY OWNS ANOTHER SUSHI RESTAURANT.							
○ Corp	What is the lie	cense# and expiration date?							_		
Change/Class Change/Removal	Is applicant n		YE	es		NO					
Change/Acmovar	If alterations of	or operational changes are being made, please descr	ibe/list all change	S.							
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 & Ci	der			⋘ Wine/B	Beer & Cider		
ECT A DA ICHIA CEN		 ∅ Restaurant	Night Club () Hotel	O 8	Bar/Taverr	n	O Ca	tering Establishment		
TYPE Adult Entertainment Wine Ba			ar 🔘 Dar	nce Club	O Spo	orts Bar	0	Club (Fratem	al Organization – Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?			YES	0	IN API	PROXIMA	ATELY	ONE MON	тн		
Is the 500 Foot Rul On-Premise liquor I establishment and	YES	0									
		? If yes, please attach a diagram of the that trigger the rule.	YES	100							
Has applicant/owne Location of Alcohol		CB4 Policy Regarding Concentration and stablishments?	©	NO							

OPERATIO	NAL DE	ΓAILS (*Cl	osing time wil	l be wł	nen e	stablishme	nt is va	cated of	all p	oatrons)				
		MONDAY	TUESDAY		WE	EDNESDAY	THURSDAY		FRIDAY		SATURDAY		SI	JNDAY
HOURS*	Operation	2PM - 1030PM	2PM - 1030PM		2PM	1 - 1030PM	2PM - 1030PM		2PI	M - 1030PM	2PM	1 - 1030PM	2PM ·	1030PM
(Indoor Only)	Kitchen	12PM - 10:30PM	12PM - 10:30PM	1	12P	PM - 10:30PM	12PM -	10:30PM	12F	PM - 10:30PM	12PM - 10:30PM		12PM	- 10:30PM
	Music	BACKGROUND	BACKGROUND		BAG	CKGROUND	BACKG	ROUND	ВА	CKGROUND	BACKGROUND		BACK	GROUND
If you plan to hav (Circle all that ap		type(s)?	BACIGRO	UND	L	IVE MUSIC		DJ	J	UKE BOX		KAI	RAOKE	
						OCCUP	ANCY							
Capacity (Certificate of Occupancy)			Maximum # of Persons Occupying Premises (Including Employees)	Num of Tal	bles	Number of Seats	Number of Service Only Bars		ice Number of Stand-Up Bars		-			
INSIDE			32	2		26								
OUTSIDE (Other than sidewalk café)														
DCA APPROVED UNENCLOSE SIDEWALK CAFÉ	ID													
How many floors	are there? Wh	nat is the capaci	y for each floor?	•			1 FLO	OR						
How frequently w	vill the owner(s) be at the estab	lishment?				2 - 3 TIMES A WEEK							
Will there be dan	cing?						YES	10						
Will applicant hav	ve bottle or tab	le service for be	verage alcohol?				VE3	NO	GU	ESTS CAN C	RDE	R ALCOHOL '	WITH T	HEIR MEAL
Will applicant be	hosting private	e; promotional o	corporate even	ts?			VE3	NO						
Will outside prom	oters be used	on a regular bas	sis? If yes please	e descri	be.		YES	100						
Will applicant hav	ve a security p	lan? If, yes plea	se attach.				YES	100						
Will security plan	be implement	ed?					YES	10						
Will State certifie	d security pers	onnel be used?					YES	100						
Will New York Nightlife Association and NYPD Best Practices be followed?							YES	100						
Does applicant agree to notify MCB4 prior to making changes to its method of operation?						YO	NO							
Will applicant be using delivery bicycles? If yes, how many?						YES	10							
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	10						
Where will delive	ry bicycles be	stored during the	e day when not i	n use?			_							

MULTPLE SPACES/FLORRS 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	0					
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	v@	NO					
Is a Public Assembly permit required?	YES	Ŋ					
Are your plans filed with DOB?	O s	NO					

Community Notification/Relations							
NOTIFICATION:	# 1	WE HAVE NOTIFIED EVERYONE ON THE BLOCK ASSOCIATION LIST PROVIDED.					
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	# 2						
	# 3						
each please list both the organization and individual you contacted	# 4						
	# 5						
Please provide dates when applicant met with the groups listed above.		ups listed above.					
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?			ENTRANC	E DOOR	OF OUR	PREMISE.	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.)	©	0	WE CAN PROVIDE EMAIL.	
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?				YES	10		

BUILDING DESIGN					
State the name and type of business previously located in the space.					
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	100			
Do you plan any changes to the existing façade? If yes, please describe.	YES	100			
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	E	NO			
Is the entrance ADA Compliant?	©	NO			
Do you plan any changes to the existing façade? If yes, please describe.	YES	100			
Will applicant have a vestibule within the establishment?	E s	NO		HAVE A SMALL PRIVATE EN ON FLOORPLAN SUBM	DINING ROOM + KITCHEN AS IITTED TO THE DOB.
Will applicant use a storm enclosure?	YES	100			
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?	O s	NO			
Will applicant comply with the NYC noise code?	E s	NO			
Will the establishment have any of the following: (circle all that apply)	FREN	FRENCH DOOR		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?	©	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?	®	NO			
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	1 0			
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	Ø			
Will the kitchen exhaust system extend to the roof?	YES	Ø			
Will the establishment have an illuminated sign?	YES	100			
Will the establishment have a canopy extending over the sidewalk?	YES	NO			
Where will the air conditioner be located? What type is it?			•		
When was the air conditioner installed?					

OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	0	
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	©	
Are the floorplans for the outdoor space(s) included?	YES	(3)	
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & X Saturday and 10 PM on all other days?	YES	NO	WE WILL NOT HAVE OUTDOOR DINING.
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	WE WILL NOT HAVE OUTDOOR DINING.
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s) or on the sidewalk?	©	NO	
Will there be no amplified music, as per the law?	¥D	NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	WE WILL NOT HAVE OUTDOOR DINING.
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES	0	
Will applicant agree to train staff to encourage a peaceful environment?	©	NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	Ø	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	WE WILL NOT HAVE OUTDOOR DINING.
If open dining in the parking lane, will applicant agree to leave the sidewalk free of any furniture?	YES	NO	WE WILL NOT HAVE OUTDOOR DINING.
If open dining, will you comply with all NYC DOT guidelines?	YES	NO	WE WILL NOT HAVE OUTDOOR DINING.
If open dining, will the installation be year-round?	YES	NO	WE WILL NOT HAVE OUTDOOR DINING

DCA APPROVED UNENCLOSED SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	0	WE WILL NOT HAVE SIDEWALK CAFE.
Will applicant be applying for a sidewalk café now or in the future?	YES	0	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	0	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	YES	NO	WE WILL NOT HAVE SIDEWALK CAFE.
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	YES	NO	WE WILL NOT HAVE SIDEWALK CAFE.
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	NO	WE WILL NOT HAVE SIDEWALK CAFE.
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	YES	NO	WE WILL NOT HAVE SIDEWALK CAFE.
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	WE WILL NOT HAVE SIDEWALK CAFE.
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	WE WILL NOT HAVE SIDEWALK CAFE.
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	WE WILL NOT HAVE SIDEWALK CAFE.
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	WE WILL NOT HAVE SIDEWALK CAFE.
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	WE WILL NOT HAVE SIDEWALK CAFE.
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	1©	NO	
Will all furniture be stored inside between December 21st and March 21st, and any other day when it rains or snows?	Ó	NO	
Will applicant use umbrellas?	YES	0	
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	WE WILL NOT HAVE SIDEWALK CAFE.
If open dining is in the parking lane, will applicant agree to remove its sidewalk café?	YES	NO	WE WILL NOT HAVE SIDEWALK CAFE.

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.	

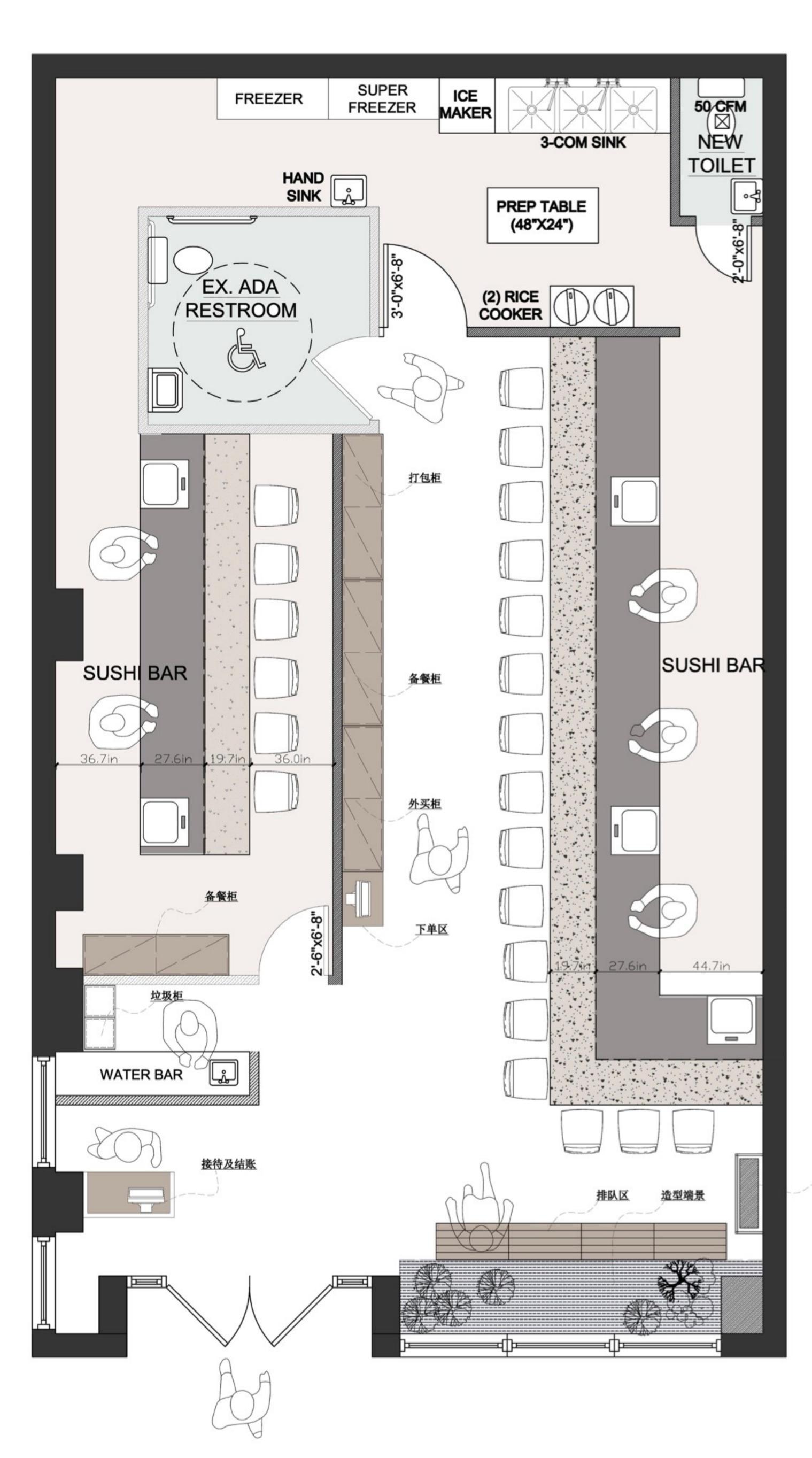
ADDITIONAL STIPULATIONS: (Office Use Only), Continued					
To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on					
pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.					

Manhattan Community Board 4 (MCB4) re (MCB4's recommendation is based on a vote April 4, 2023 full board meeting, with 36 of the recommendation, 0 members opposabstaining and 0 present but not eligible)	taken at its _ members voting in favor	Denial unless all stipulations agreed to by applicant/owner are part of the method of operation Denial Approval				
Nelly Gonzalez CB4 Assistant District Manager	Frank Holozubiec CB4 BLP Committee Co-Chair	Harli	Burt Lazarin CB4 BLP Committee Co-Chair			

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.

SIGN HERE CHOOL AND SIGN HERE OF APPLICANT 3/30/2



<u>omakase</u>

\$78pp

our signature omakase featuring chef's choice menu. all guests will automatically participate in this selection. features:

15 courses

*if you have any allergies or dietary. restrictions, please let the chef know.

<u>a la carte sushi</u>

please feel free to order supplemental sushi after the omakase.

+\$5 for maki instead	
unagi freshwater eel	\$7
hamachi yellowtail	\$6
sake salmon trout	\$6
hotate scallop	\$7
ikura salmon roe	\$8
akami tuna	\$7
madai sea bream	\$8
kinmedai golden red eye snapper	\$9
shim aji striped jack	\$7
botan ebi sweet shrimp	\$8
chu toro fatty tuna (+\$5 caviar)	\$11
otoro fatty tuna (+\$5 caviar)	\$13
a5 miyzaki wagyu	\$12
hokkaido uni (no maki)	\$20
<u>drinks</u>	
pot of tea	\$13
served hot genmaicha, green tea with brown rice mugicha, barley tea (no caffeine) konacha, green tea with matcha powder	
soft drinks	
sparkling water bottled water	\$ 5 \$ 5

