

Manhattan Community Board 4

Liquor License/Sidewalk Cafe Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME		DOING BUSINESS AS (DBA)			
SUSHI YOLO NYC INC.					
STREET ADDRESS		CROSS STREETS		ZIP CODE	
348 W 57TH ST, NEW YORK, NY 10019					
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME:	TIANYAN PAN	ATTORNEY/ REPRESENTATIVE	NAME:	
	PHONE:	646-886-0206		PHONE:	
	EMAIL:	patriotpan@gmail.com		EMAIL:	
MANAGER	NAME:		LANDLORD	NAME:	VENDOME COMMERCIAL, L.L.C.
	PHONE:			PHONE:	212-873-9200
	EMAIL:			EMAIL:	
APPLICATION TYPE (<input checked="" type="checkbox"/> <i>Liquor License</i> _____ <i>Unenclosed Sidewalk Cafe</i>)					
<input checked="" type="checkbox"/> New	Has applicant owned or managed a similar business?		YES	NO	Yes
	What is/was the name and address of establishment?		TAKUMI NYC CORP. ADDRESS: 181 ESSEX ST, NEW YORK, NY 10002		
	What were the dates applicant was involved with this former premise?		06/30/2021		
<input type="checkbox"/> Corp Change/Class Change/Removal	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 type="checkbox"/> Alteration	What is the current license # and expiration date?				
	<i>Please list/describe the nature of all the changes and attach the plans:</i>				
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?			YES	NO	NO, plan to file after community board meeting
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	NO	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	NO	NO
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?			YES	NO	YES

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	1PM-10PM	1PM-10PM	1PM-10PM	1PM-10PM	1PM-11PM	1PM-11PM	1PM-10PM
	Kitchen	1PM-10PM	1PM-10PM	1PM-10PM	1PM-10PM	1PM-11PM	1PM-11PM	1PM-10PM
	Music	1PM-10PM	1PM-10PM	1PM-10PM	1PM-10PM	1PM-11PM	1PM-11PM	1PM-10PM

If you plan to have music, what type(s)?
(Circle all that apply)

BACKGROUND	LIVE MUSIC	DJ	JUKE BOX	KARAOKE
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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	50	50	0	12	1	0	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? 1 FLOOR, Capacity 50

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

Will there be dancing? YES NO NO

Will applicant have bottle or table service for beverage alcohol? YES NO YES

Will applicant be hosting private; promotional or corporate events? YES NO NO

Will outside promoters be used on a regular basis? If yes please describe. YES NO NO

Will applicant have a security plan? If, yes please attach. YES NO NO

Will security plan be implemented? YES NO NO

Will State certified security personnel be used? YES NO NO

Will New York Nightlife Association and NYPD Best Practices be followed? YES NO YES

Does applicant agree to notify MCB4 prior to making changes to its method of operation? YES NO YES

Will applicant be using delivery bicycles? If yes, how many? YES NO 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?

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
Floor 1	Normal Operating	50	1PM-10PM	0	12	1	0	Recorded Music

LOCATION & ZONING

Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	NO
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	YES
Is a Public Assembly permit required?	YES	NO	NO
Are your plans filed with DOB?	YES	NO	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	HKNA (incl. Dog Run) / Kathleen Treat	
	# 2	Hudson Yards Hell's Kitchen Alliance / Bob Benfatto	
	# 3	West 36th Street / Frank Strock	
	# 4	West 43rd Street Block Association / Natalie Frazier	
	# 5	West 47th/48th Streets Block Association / Larry Roberts	
Please provide dates when applicant met with the groups listed above.	06/17/2023		
Who was your contact person at each group you met with?	Kathleen Treat, Chair		
When did applicant post the notice that was provided?	05/29/2023		
Where did applicant post the notice that was provided?	Front Window		
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	YES	NO	Yes, 646-886-0206
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	YES	NO	Yes

BUILDING DESIGN			
State the name and type of business previously located in the space.	DON'T KNOW		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO	NO
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	NO
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	YES	NO	YES
Is the entrance ADA Compliant?	YES	NO	YES
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	NO
Will applicant have a vestibule within the establishment?	YES	NO	NO
Will applicant use a storm enclosure?	YES	NO	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	YES
Will applicant comply with the NYC noise code?	YES	NO	YES
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?	YES	NO	YES
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	YES
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	NO	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	YES
Will the establishment have a canopy extending over the sidewalk?	YES	NO	NO
Where will the air conditioner be located? What type is it?	Centre Air Conditioner located in the building		
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	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	NO	
Are the floorplans for the outdoor space(s) included?	YES	NO	
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	NO	
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 21 st and March 21 st , 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)

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
 July 26, 2023 full board meeting, with 36 members voting in favor
 of the recommendation, 0 members opposed, 1 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

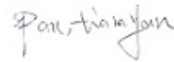
APPLICANT AGREEMENT WITH THE COMMUNITY

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 →

TIANYAN PAN

PRINT NAME OF APPLICANT



SIGNATURE OF APPLICANT

06/24/2023

DATE

HELITAX INC

136-68 ROOSEVELT AVE SUITE 902
FLUSHING, NEW YORK 11354
TEL (718) 608-6068

May 11, 2023

Manhattan Community Board No. 4
424 W. 33rd Street, Suite 580
New York, New York 10001

Re: SUSHI YOLO NYC INC.
348 W 57TH ST, NEW YORK, NY 10019
30 Day Advanced Notice for On Premises License

Dear Agent:

We represent the above-referenced entity which intends to file an application with the New York State Liquor Authority for a new On-Premises Liquor license.

Please consider this letter formal notice of our intention to file the application described above and add this matter to the State Liquor Authority Licensing Committee meeting agenda. Please contact our office by phone or e-mail (admin@helitax.com) with any questions concerning this application.

Very truly yours,



HELITAX INC

Enclosure: 30 Day Advanced Notice



OFFICE USE ONLY

Original Amended Date _____

Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice Sent:

1a. Delivered by:

Manhattan Community Board 4

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:
For premises outside the City of New York:

New Application Removal Class Change

For premises in the City of New York:

New Application New Application and Temporary Retail Permit Temporary Retail Permit Removal

Class Change Method of Operation Corporate Change Renewal Alteration

RECEIVED

Date: 5/18/23

Time: 12pm

By: Janine

For **New** and Temporary Retail Permit applicants, answer each question below using all information known to date
 For **Renewal** applicants, answer all questions
 For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s)
 For **Corporate Change** applicants, attach a list of the current and proposed corporate principals
 For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation
 For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type
 For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

3. Name of Municipality or Community Board:

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , NY Zip Code:

9. Business Telephone Number of applicant/ Licensee:

10. Business E-mail of Applicant/Licensee:

11. Type(s) of alcohol sold or to be sold: Beer & cider Wine, Beer & Cider Liquor, Wine, Beer & Cider

12. Extent of Food Service: Full Food menu; full kitchen run by a chef/cook Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment:

Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke

14. Method of Operation: (check all that apply) Live Music (give details i.e., rock bands, acoustic, jazz, etc.):

Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment

Video/Arcade Games Third Party Promoters Security Personnel

Other (specify):

15. Licensed Outdoor Area: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
(check all that apply) Sidewalk Cafe Other (specify): _____

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

16. List the floor(s) of the building that the establishment is located on:

17. List the room number(s) the establishment is located in within the building, if appropriate:

18. Is the premises located within 500 feet of three or more on-premises liquor establishments? Yes No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:

21. Does the applicant or licensee own the building in which the establishment is located? Yes (if YES, SKIP 23-26) No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name:

23. Building Owner's Street Address:

24. City, Town or Village: State: Zip Code:

25. Business Telephone Number of Building Owner:

Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice

26. Representative/Attorney's Full Name:

27. Representative/Attorney's Street Address:

28. City, Town or Village: State: Zip Code:

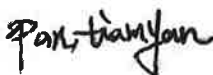
29. Business Telephone Number of Representative/Attorney:

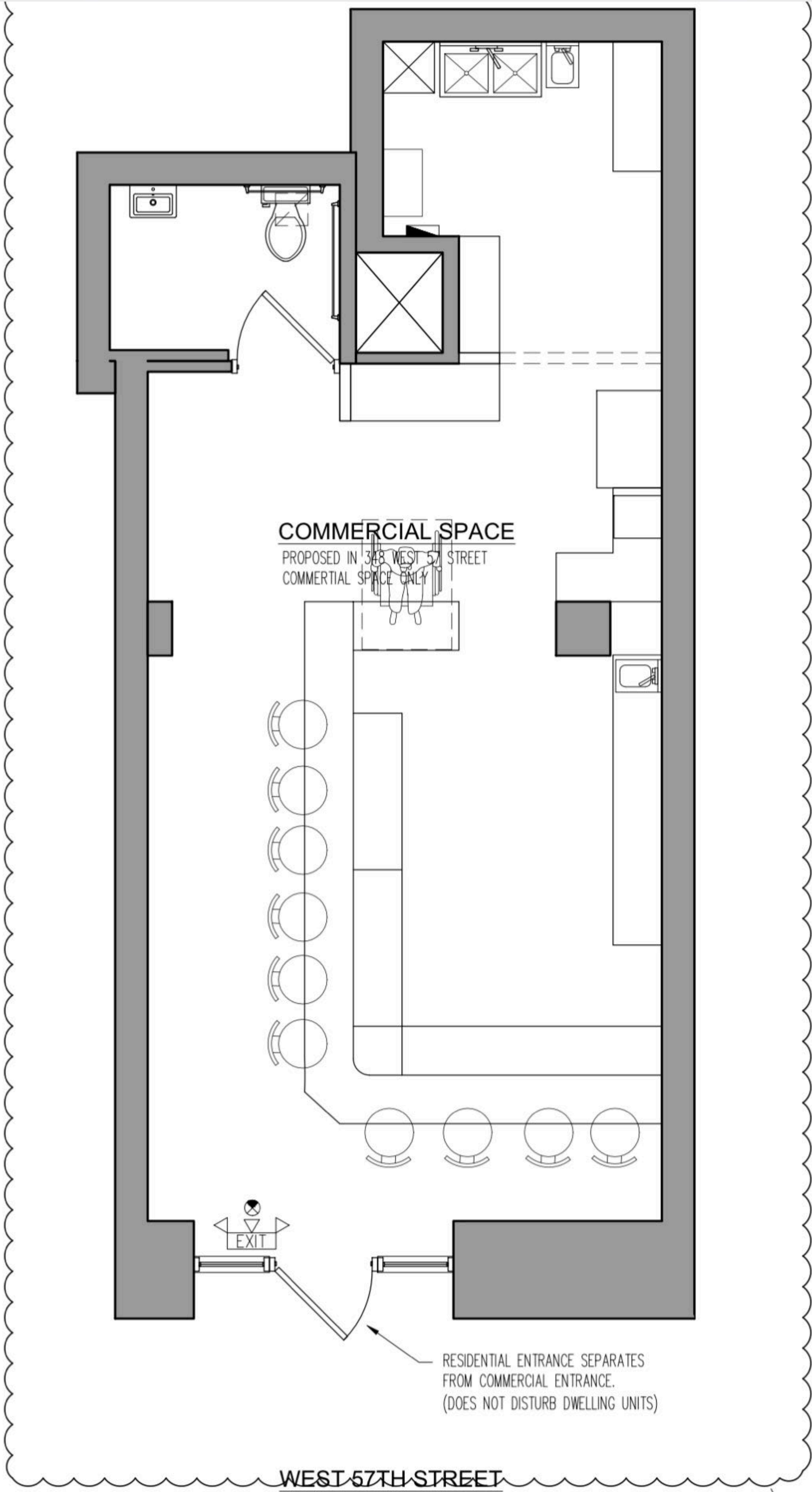
30. Business E-mail Address of Representative/Attorney:

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: Title:

Principal Signature: 



1ST FLOOR TENANT PROTECTION PLAN

SCALE: 1/4" = 1'-0"



SUSHI YOLO NYC INC

SUSHI YOLO NYC INC offers the best fish selections and seasonal ingredients sourced locally and internationally.

Chef's Omakase
(14 courses)
\$95

Supplements

Toro Cavia	\$15
Uni Wagyu	\$20
Toro Cavia & Uni Truffle	\$25

Drinks Menus

Sake Jumai Daiginjo

	Glass	720ml
Sato	\$18	\$100
Dassai 39	\$18	\$100

Jumai Ginjo

Heaven Sake Blue	\$17	\$85
Kiseki No Osake	\$17	\$80

Jumai

Heaven Sake	\$14	\$60
Kunimare Ginpu	\$14	\$60

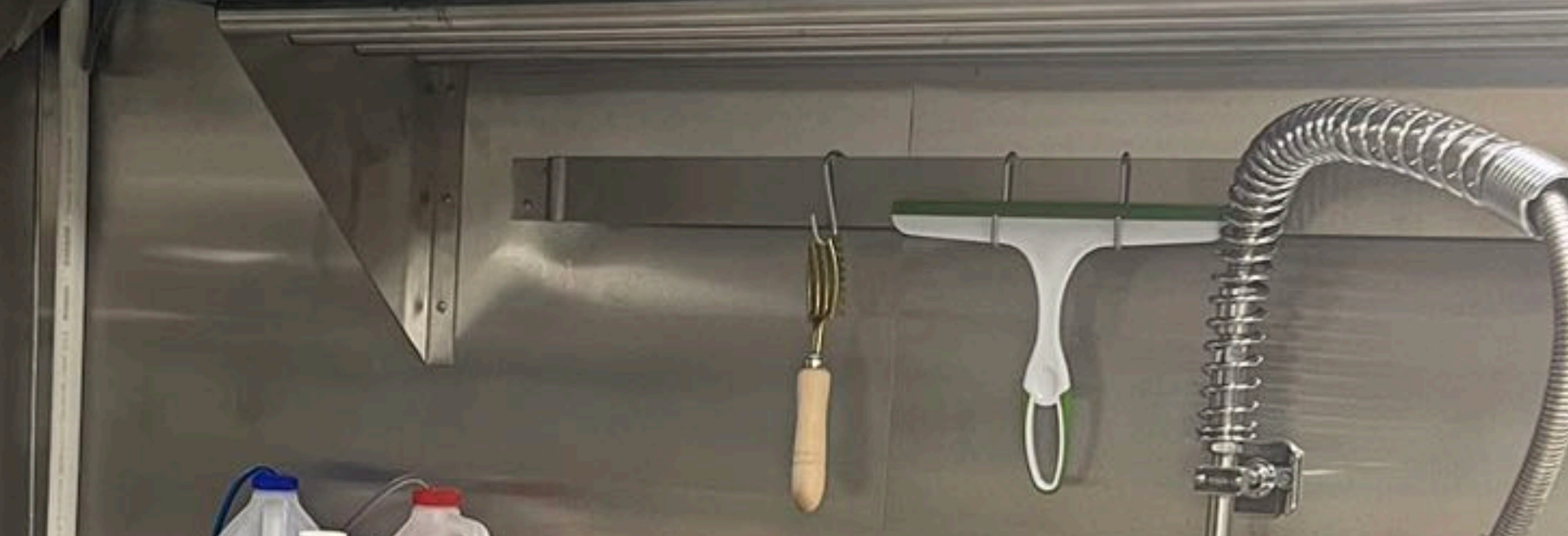
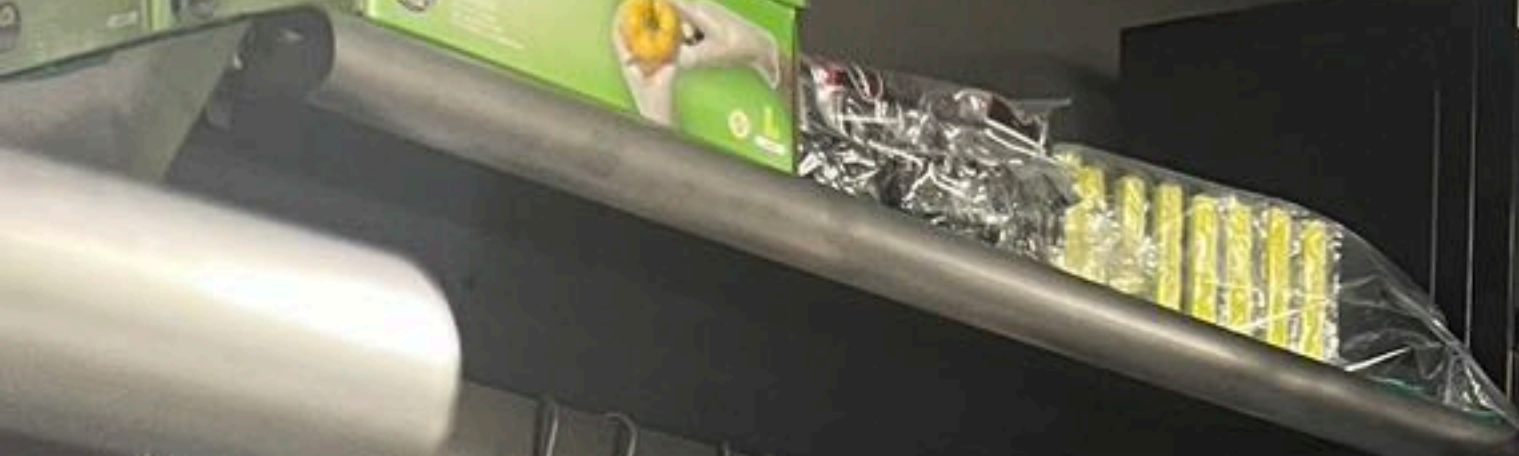
Wine

Strong Point	\$15	\$50
Domine D' ardhug	\$16	\$58
Blank Stare	\$19	\$80

Beer

	Bottle
Sapporo/Kirin	\$8





SUSHI YōLō

MERIDIAN

**RETAIL
SPACE
FOR
LEASE**

Ben Biberaj
703.434.1461

348





PLEASE DO NOT FLUSH
PERSONAL PRODUCTS, BABY WIPES, PAPER
TOWELS, TRASH OR CLOTHES IN THE TOILET
THANK YOU





EMPLOYEES MUST
WASH HANDS
BEFORE RETURNING TO WORK

EMPLOYEES MUST
WASH HANDS
BEFORE RETURNING TO WORK

Reynolds 910SC
EASY GLIDE™
SLIDE CUTTER
COUPE-PULLABLE
DRY-OLE

Reynolds 720
EASY GLIDE™
SLIDE CUTTER

Reynolds 914SC
EASY GLIDE™
SLIDE CUTTER

Logan



cooking Rice
990g Rice + 2 cups sushi Vinegar
870g water
1g mida

