



JEFFREY LEFRANCOIS
Chair

JESSE R. BODINE
District Manager

September 27, 2023

Lily Fan
Chair
New York State Liquor Authority
80 S. Swan Street, Suite 900
Albany, New York 12210

**Re: West 615 Enterprises Inc
d/b/a Crab Hero
615 9th Avenue
New York, NY 10036**

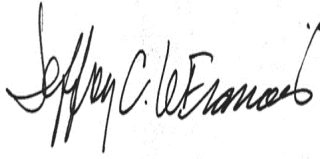
Dear Chair Fan:

Manhattan Community Board 4 (MCB4) at its September 6th Full Board meeting voted, by a vote of 41 in favor, 0 opposed, 0 abstaining, and 0 present but not eligible, to recommend approval for indoor seating only for **West 615 Enterprises Inc d/b/a Crab Hero 615 9th Avenue**. This recommendation for approval *does not* extend to any outdoor seating, which represents a change from the attached stipulation form.

Subsequent to the August 8, 2023 meeting of the MCB4's Business Licenses & Permits Committee at which the stipulations were discussed, MCB4 learned that the NYC Department of Transportation has stopped accepting new applications for sidewalk and/or roadway seating under the temporary Open Restaurants program and that no new approvals will be issued until the regulations for the permanent outdoor dining program have been finalized. Accordingly, MCB4 urges the NYSLA not to approve any new licensing for sidewalk or roadway seating until those permanent regulations are in effect.

Thank you for your attention and cooperation with this application.

Sincerely,



Jeffery LeFrançois
Chair



Burt Lazardin
Co-Chair
Business Licenses &
Permits Committee



Frank Holozubiec
Co-Chair
Business Licenses & Permits
Committee

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)			
West 615 Enterprises Inc		Crab Hero			
STREET ADDRESS		CROSS STREETS	ZIP CODE		
615 9th Avenue		W 43rd Street , W 44th Street	10036		
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME:	JIADONG YANG	NAME:	ARELIA TAVERAS	
	PHONE:	201-539-1206	PHONE:	518-763-5400	
	EMAIL:	crabhero2023@gmail.com	EMAIL:	arelia@nybusinesslicensing.com	
MANAGER	NAME:		LANDLORD	NAME:	NINTH AVENUE REALTY LLC
	PHONE:			PHONE:	917-444-9777
	EMAIL:			EMAIL:	
APPLICATION TYPE (<input checked="" type="checkbox"/> Liquor License <input type="checkbox"/> Unenclosed Sidewalk Cafe)					
<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?		YES	<input checked="" type="checkbox"/> NO	
	What is/was the name and address of establishment?				
	What were the dates applicant was involved with this former premise?				
<input type="radio"/> Corp Change/Class Change/Removal	What is the license # and expiration date?				
	Is applicant making any alterations or operational changes?		YES	NO	
	If alterations or operational changes are being made, please describe/list all changes.				
<input type="radio"/> 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 checked="" type="checkbox"/> Liquor/Wine/Beer & Cider <input type="checkbox"/> Beer & Cider <input 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, Aprox Date: August 8, 2023
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="checkbox"/> 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="checkbox"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?			<input checked="" type="checkbox"/> 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	
	Operation	11:30 am - 12am 11:30 am - 10:00 pm	11:30 am - 12am 11:30 am - 10:00 pm	11:30 am - 12am 11:30 am - 10:00 pm	11:30 am - 12am 11:30 am - 10:00 pm	11:30 am - 12am 11:30 am - 10:00 pm	12:00 pm - 12am 12:00 pm - 11:00 pm	12:00 pm - 12am 12:00 pm - 11:00 pm	12:00 pm - 12am 12:00 pm - 10:00 pm
	Kitchen	10:30 am - 12am 10:30 am - 9:30 pm	10:30 am - 12am 10:30 am - 9:30 pm	10:30 am - 12am 10:30 am - 9:30 pm	10:30 am - 12am 10:30 am - 9:30 pm	10:30 am - 12am 10:30 am - 9:30 pm	11:00 am - 12am 11:00 am - 10:30 pm	11:00 am - 12am 11:00 am - 10:30 pm	11:00 am - 12am 11:00 am - 9:30 pm
	Music	11:30 am - 12am 11:30 am - 9:30 pm	11:30 am - 12am 11:30 am - 9:30 pm	11:30 am - 12am 11:30 am - 9:30 pm	11:30 am - 12am 11:30 am - 9:30 pm	11:30 am - 12am 11:30 am - 9:30 pm	12:00 pm - 12am 12:00 pm - 10:30 pm	12:00 pm - 12am 12:00 pm - 10:30 pm	12:00 pm - 12am 12:00 pm - 9:30 pm

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
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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	74	45	7	28	0	1	8
OUTSIDE <i>(Other than sidewalk café)</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DCA APPROVED UNENCLOSED SIDEWALK CAFÉ	N/A	N/A	N/A	N/A	N/A		

How many floors are there? What is the capacity for each floor? 2

How frequently will the owner(s) be at the establishment? During all hours of operation

Will there be dancing?	YES	<input checked="" type="checkbox"/> NO
Will applicant have bottle or table service for beverage alcohol?	YES	<input checked="" type="checkbox"/> NO
Will applicant be hosting private; promotional or corporate events?	YES	<input checked="" type="checkbox"/> NO
Will outside promoters be used on a regular basis? If yes please describe.	YES	<input checked="" type="checkbox"/> NO
Will applicant have a security plan? If, yes please attach.	<input checked="" type="checkbox"/> YES	NO
Will security plan be implemented?	<input checked="" type="checkbox"/> YES	NO
Will State certified security personnel be used?	YES	<input checked="" type="checkbox"/> NO
Will New York Nightlife Association and NYPD Best Practices be followed?	<input checked="" type="checkbox"/> YES	NO
Does applicant agree to notify MCB4 prior to making changes to its method of operation?	<input checked="" type="checkbox"/> YES	NO
Will applicant be using delivery bicycles? If yes, how many?	YES	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> NO N/A
Where will delivery bicycles be stored during the day when not in use?	N/A	

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 Floor	Dining Area, Kitchen Bar	54	11:30am - 12am	7	28	0	1	yes
Basement	Storage, office, prep. area	20	11:30am - 12am	0	0	0	0	no

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Manhattan
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Is a Public Assembly permit required?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are your plans filed with DOB?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 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	Hudson Tenants Association (HTA)	
	# 2	Manhattan Community Board 5	
	# 3	HK49-53 Block Alliance	
	# 4	West Side Neighborhood Alliance	
	# 5	Midtown North Pct. Council	
Please provide dates when applicant met with the groups listed above.		Email sent on 7/12/2023	
Who was your contact person at each group you met with?		Peggy Chain, Nelly Gonzalez, Steve Belida, Leah James, John Mudd	
When did applicant post the notice that was provided?		7/11/2023	
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.		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO 201-539-1206
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

BUILDING DESIGN			
State the name and type of business previously located in the space.	Sushiva		
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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Change the sign only
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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	change sign only
Will applicant have a vestibule within the establishment?	YES	<input type="checkbox"/> NO	
Will applicant use a storm enclosure?	YES	<input 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?	YES	<input type="checkbox"/> NO	n/a
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	<input type="checkbox"/> NO	n/a.
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	<input checked="" type="checkbox"/> YES	<input 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	Yes
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?	YES	<input type="checkbox"/> NO	
Where will the air conditioner be located? What type is it?	Dining Room , Central Air		
When was the air conditioner installed?	Over 10 years		

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

DCA APPROVED UNENCLOSED SIDEWALK CAFÉ

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

ADDITIONAL STIPULATIONS: (Office Use Only)

- There will be no use of rear yard by patrons or staff
- Any door to rear yard will be used only for emergencies




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 September 6, 2023 full board meeting, with <u>41</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="radio"/> Denial unless all stipulations agreed to by applicant/owner are part of the method of operation</p> <p><input type="radio"/> Denial <input type="radio"/> Approval</p>
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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>SIGN HERE →</p>	<p>Jiadong Yang</p> <p>PRINT NAME OF APPLICANT</p>	 <p>SIGNATURE OF APPLICANT</p>	<p>07/12/2023</p> <p>DATE</p>
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OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> 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:

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:

Manhattan Community Board 4

New Application Removal Class Change

RECEIVED
Date: 7/5/23
Time: _____
By: 83

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

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: 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:

<input type="text" value="GREAT TASTING 615 INC"/>	<input type="text" value="1324243"/>
Name	Serial Number

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:

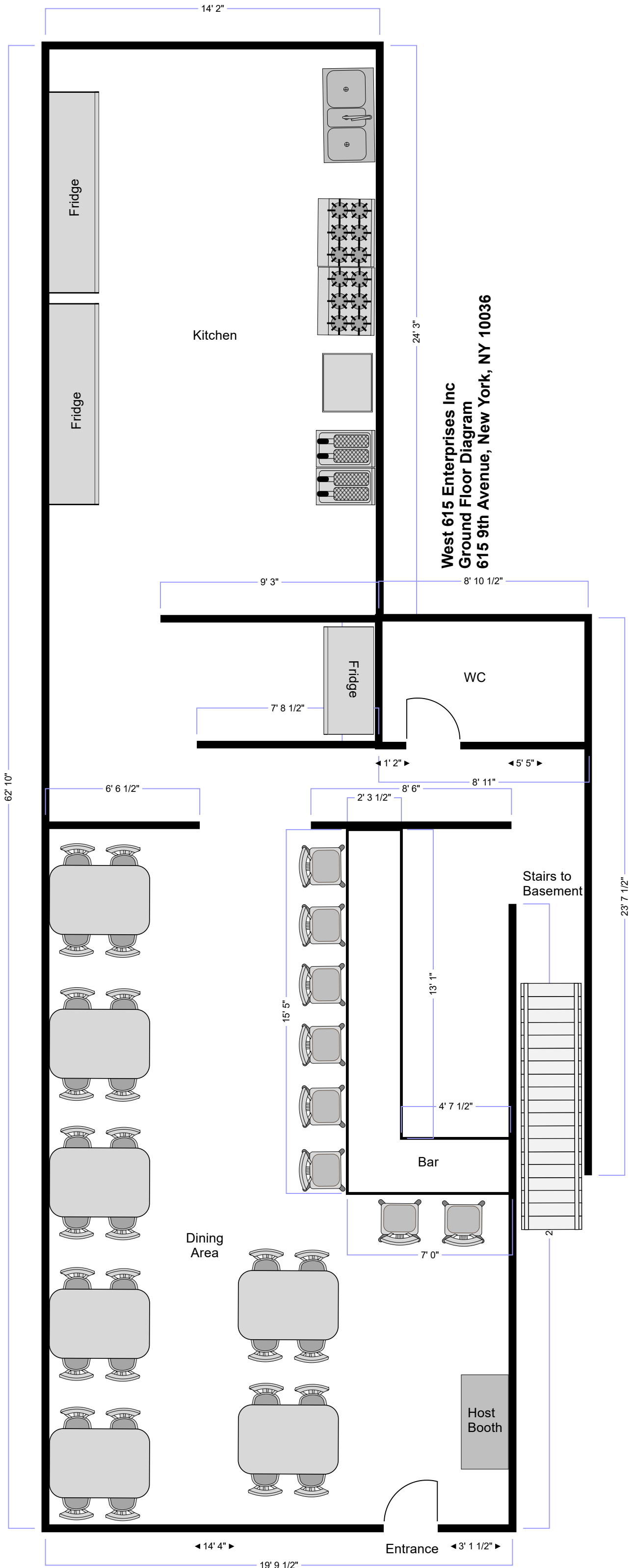
30. Business E-mail Address of Representative/Attorney:

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.

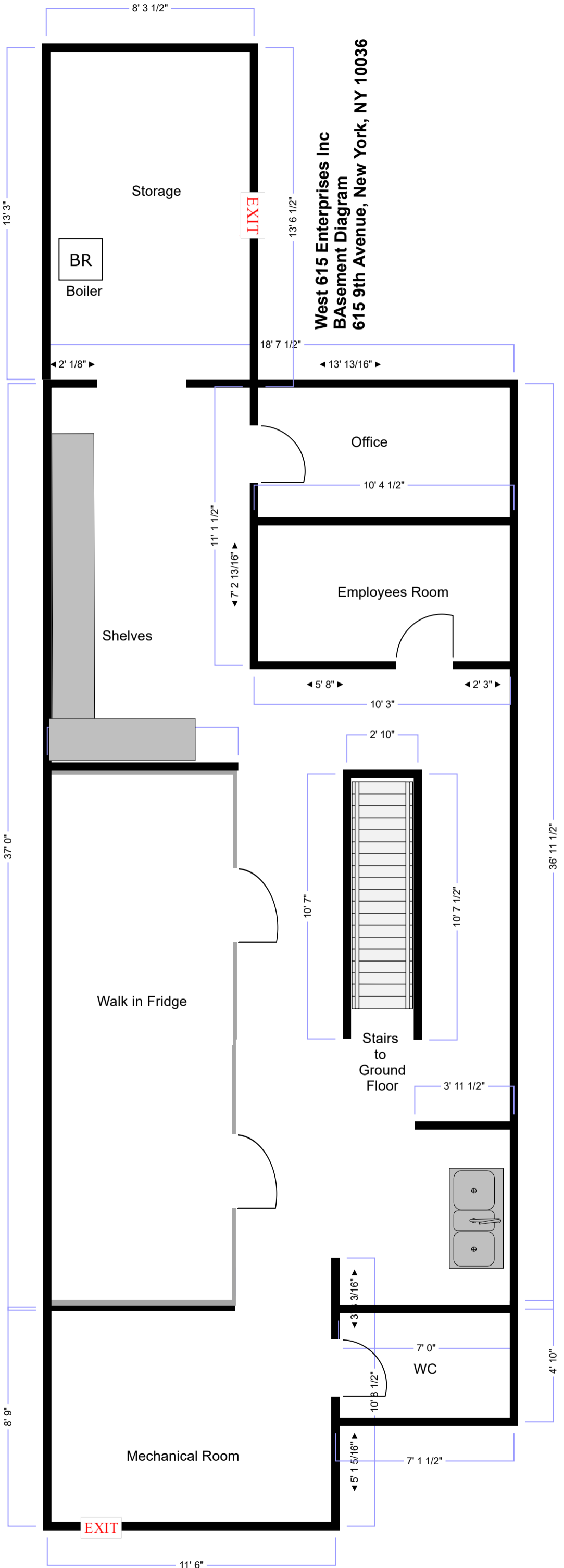
By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: Title:

Principal Signature: Arelia Taveras



West 615 Enterprises Inc
Basement Diagram
615 9th Avenue, New York, NY 10036



APPETIZER 头枱

- 葱香黄瓜/脆口黄瓜 Cucumber in Scallion Paste / chili sauce 11
蒜蓉茄子 Eggplant in garlic Sauce 11 !
农家木耳 Black fungus w. spicy sauce 11 !
莴笋金针菇 Lettuce & Enoki mushroom 12 !
炸薯条 French Fries 10
卤水毛豆 Steamed edamame 10
炸鸡翅 Chicken wings (6) 14
酱排骨 Honey roast ribs(4) 16
椒盐鱿鱼 Salt & pepper calamaris 18!

SALADS & SOUP

- 菜沙拉 Garden Salad 10
虾沙拉 Shrimp Salad 15
龙虾沙拉 Lobster Salad 26
蛤蜊汤 Clam Chowder 15
龙虾汤 Crab Meat Soup 18
海鲜豆腐汤 Seafood & Tofu soup 18

传统经典小炒 CLASSIC SIGNATURE DISH

- 家常炒菜花 Cauliflower w. pork belly 21 !
小鱼通心菜 Water spinach w. dried fish 22
莴笋炒腊肉 Stir fried bacon w. stem lettuce 22
农家小炒肉 Sliced pork w. long green pepper 22 !
小炒黑山羊 Stir fried black lamb 26
小炒孜然羊 Cumin lamb 26 !
水煮牛肉 Sichuan flavour beef 26 !
水煮鱼片 Sichuan flavour fish fillet 26 !
香辣花蛤 Spicy clams 28 !

舌尖上的招牌菜 CHEF SPECAIL

- 麻辣小龙虾 Spicy Crayfish 1 LB / 2 LB 20/38 !
烤排骨 Grilled spicy pork ribs 25 !
煎烤龙利鱼 Grilled fish fillet 28
煎烤龙虾尾 Grilled Lobster Tail 32

素菜 VEGETABLE

- 小炒野山菌 Mix of mushroom w. red chili 18!
尖椒炒豆皮 Sauteed Tofu w. hot green chili 18 !
干煸四季豆 Stir fried string beans w. minced pork 18
腐乳空心菜 Water spinach with fermented tofu sauce 20
蒜炒上海苗 Baby bok choy w. fresh garlic 18
麻婆豆腐 Mapo tofu w. minced pork 18 !
木耳炒莴笋 Stem lettuce w. Black fungus 18
豆角烧茄子 Eggplant w. string bean 18

主食 RICE & NODDLE

- 腊肠炒饭 Fried rice w. Sausage 16
干贝炒饭 Fried rice w. Scallop 18
小龙虾炒面 Fried noodle w. Crayfish 18
海鲜炒面 Fried noodle w. seafood 20
酸菜鱼米粉 Golden fish fillet rice noodle soup 18 !

特色風味香鍋 CLASSIC TASTY POT (CHOOSE AT LEAST 5 ITEMS)

Served with Sichuan peppercorn . Suggested portion: 5-6 items serve for 1 person, 6-10 items serve for 2-3 persons, 10 or more serve for 4 persons.

MEAT

- 肥牛 Fatty Beef \$7
牛肉 Beef \$7
牛百葉 Beef Tripe \$7
黃喉 Beef Aorta \$7
羊肉 Lamb \$7
午餐肉 Luncheon Pork \$6
小炒肉 Pork Belly \$6
鸡翅 Chicken Wings \$8
肥腸 Pork Intestine \$6
鹌鹑蛋 quail egg \$6

SEAFOOD

- 大蝦 Prawn \$9
蝦仁 baby Shrimp \$7
龍利魚片 Fish Fillets \$7
魷魚 Calamari \$7
花蛤 Clam \$7
青口 Mussel \$7
魚豆腐 fish cake \$6

VEGETABLES

- 大白菜 Napa Cabbage \$5
花菜 Cauliflower \$5
大豆芽 Bean Sprout \$5
上海苗 Baby Bokchoy \$5
白磨菇 white Mushroom \$5
王子菇 Oyster Mushroom \$5
白玉菇 white jade mushroom \$5
木耳 black fungus \$5
豆皮 Tofu skin \$5
大豆腐 tofu \$5
腐竹 Yuba \$5
土豆 Potato \$5
蓮藕 Lotus roots \$5
春筍 Bamboo Shoot \$5
海帶结 kelp knot \$5

Choice of the spicy level

!Mild

!!MEDIUM

!!!EXTRA SPICY























