

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)	
Zither Ridge LLC			
STREET ADDRESS		CROSS STREETS	ZIP CODE
319 W 35th Street, New York, NY		Between 9th & 8th Avenue	10001
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: Qiaoyu Ge	ATTORNEY/ REPRESENTAIVE	NAME:
	PHONE: 646-705-8228		PHONE:
	EMAIL: leo@nymayflower.com		EMAIL:
MANAGER	NAME: Tian Qiu	LANDLORD	NAME: H 317-319 LLC
	PHONE: 929-409-5617		PHONE: 646-705-8228
	EMAIL: compliance@nymayflower.com		EMAIL: fisher@nymayflower.com
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?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	What is/was the name and address of establishment?		Meiqiao, LLC /6127 186th St, Fresh Meadows, NY 11365
	What were the dates applicant was involved with this former premise?		2020 March - Present
<input type="radio"/> Corp Change/Class Change/Removal	What is the license # and expiration date?		
	Is applicant making any alterations or operational changes?		<input type="checkbox"/> YES <input type="checkbox"/> 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 type="radio"/> Liquor/Wine/Beer & Cider <input type="radio"/> Beer & Cider <input checked="" type="radio"/> 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Will file with SLA after the community board approved
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS* <i>(Indoor Only)</i>	Operation	7am-10pm	7am-10pm	7am-10pm	7am-10pm	7am-10pm	7am-10pm	7am-10pm
	Kitchen	7am-10pm	7am-10pm	7am-10pm	7am-10pm	7am-10pm	7am-10pm	7am-10pm
	Music	7am-10pm	7am-10pm	7am-10pm	7am-10pm	7am-10pm	7am-10pm	7am-10pm
If you plan to have music, what type(s)? (Circle all that apply)		<input checked="" type="checkbox"/> 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	53	53	20	43	0	0	0	
OUTSIDE <i>(Other than sidewalk café)</i>	0	0	0	0	0	0	0	
DCA APPROVED UNENCLOSED SIDEWALK CAFÉ	0	0	0	0				

How many floors are there? What is the capacity for each floor?	1	
How frequently will the owner(s) be at the establishment?	5-6 day a week	
Will there be dancing?	YES	<input checked="" type="checkbox"/> NO
Will applicant have bottle or table service for beverage alcohol?	<input checked="" type="checkbox"/> YES	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.	YES	<input checked="" type="checkbox"/> NO
Will security plan be implemented?	YES	<input checked="" type="checkbox"/> 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
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

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	Garment District
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	(pending)
Is a Public Assembly permit required?	<input checked="" type="checkbox"/> YES	<input 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		
	# 2		
	# 3		
	# 4		
	# 5		
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?			
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 type="checkbox"/> YES	<input type="checkbox"/> NO
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

BUILDING DESIGN			
State the name and type of business previously located in the space.	N/A, new building		
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="checkbox"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="checkbox"/> NO	
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	<input checked="" type="checkbox"/> YES	NO	
Is the entrance ADA Compliant?	<input checked="" type="checkbox"/> YES	NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="checkbox"/> NO	
Will applicant have a vestibule within the establishment?	YES	<input checked="" type="checkbox"/> NO	
Will applicant use a storm enclosure?	<input checked="" type="checkbox"/> YES	<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="checkbox"/> YES	NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/> YES	NO	
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?	<input checked="" type="checkbox"/> 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="checkbox"/> 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="checkbox"/> NO	Only background soft music
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	NO	
Will the kitchen exhaust system extend to the roof?	<input checked="" type="checkbox"/> YES	NO	
Will the establishment have an illuminated sign?	YES	<input checked="" type="checkbox"/> NO	
Will the establishment have a canopy extending over the sidewalk?	YES	<input checked="" type="checkbox"/> NO	
Where will the air conditioner be located? What type is it?	Dining room ceiling / Central air conditioning		
When was the air conditioner installed?	under construction		

OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ		NOT APPLICABLE	
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 checked="" type="checkbox"/> NO	
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	NOT APPLICABLE		
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 cafe?	<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)

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*

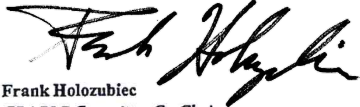
To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.


Manhattan Community Board 4 (MCB4) recommends:
 (MCB4's recommendation is based on a vote taken at its
 May 1, 2024 full board meeting, with 38 members voting in favor
 of the recommendation, 1 members opposed, 0 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 Lizarin
 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 →


 PRINT NAME OF APPLICANT


 SIGNATURE OF APPLICANT


 DATE

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:

New Application Removal Class Change

For premises in the City of New York:

New Application New Application and Temporary Retail Permit Renewal Alteration Removal
 Class Change Method of Operation Corporate Change



For **New** and Temporary Retail Permit applicants, answer each question below using all information known to date
 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:

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:

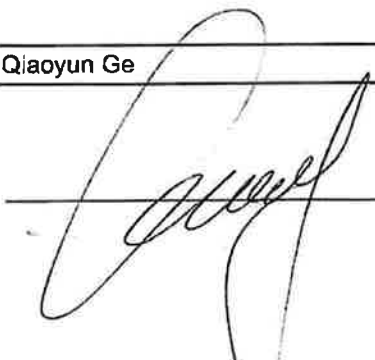
29. Business Telephone Number of Representative/Attorney:

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: 

New Application for Restaurant Wine & Temporary Permit- Zither Ridge LLC

MC

Mayflower Compliance

☺ ↶ ↷ ↸ 🗒️ ⋮

Bcc: kathleentreat123@gmail.com; mcgee79@aol.com; info@clintonhousing.org;
jrestuccia2@clintonhousing.org; rmarcano@clintonhousing.org; rjbenfatto@hyhkalliance.org;
pgouris@hyhkalliance.org; donna@donnalangman.com; excom@chekpeds.com;
HellsKBA@gmail.com; brianscottweber@gmail.com; cressidac@gmail.com

Fri 3/22/2024 11:53 AM

Re: Zither Ridge LLC.

319 W 35th Street
Ground Floor
New York, NY 1001

Restaurant Wine License

To whom it may concern,

On behalf of the above-mentioned applicant, you are advised our restaurant is currently preparing a new application and temporary permit for a "Restaurant Wine License". The application will be on the next Business licenses & Permits Committee Meeting(Manhattan Community Board 4):

Tuesday, April 9,2024
6:30pm
Zoom Webinar

Our operation hour is 7AM-10PM from Monday to Sunday, music(play background music), no outdoor seating.

If you should have any questions, or objections regarding the filing of this application, please feel free to contact our restaurant at compliance@nymayflower.com. Thanks.

Best regards,
Qiaoyu Ge

Zither Ridge Menu

Appetizers:

Edamame: Steamed soybeans sprinkled with sea salt.

Spring Rolls: Crispy rolls filled with vegetables and served with a sweet chili dipping sauce.

Gyoza: Pan-fried Japanese dumplings filled with pork or vegetables, served with a tangy soy-based dipping sauce.

Crispy Calamari: Tender calamari rings lightly battered and fried until golden brown, served with a spicy aioli.

Banh Mi Sliders: Mini Vietnamese baguette sandwiches filled with your choice of lemongrass chicken, pork belly, or tofu, topped with pickled vegetables and cilantro.

Scallion Pancakes: Savory Chinese pancakes made from a dough of flour, water, and chopped scallions, pan-fried until crispy and served with a soy dipping sauce.

Steamed Dumplings (Xiao Long Bao): Delicate dumplings filled with pork, ginger, and broth, steamed to perfection, and served with a black vinegar dipping sauce.

Peking Duck Rolls: Thin slices of roasted duck wrapped in delicate pancakes with hoisin sauce, cucumber, and green onions.

Soups and Salads:

Tom Yum Soup: Spicy Thai soup with lemongrass, lime leaves, chili peppers, mushrooms, and your choice of shrimp or chicken.

Miso Soup: Traditional Japanese soup made with miso paste, tofu, seaweed, and green onions.

Asian Chicken Salad: Mixed greens topped with grilled chicken, mandarin oranges, crispy wonton strips, and a sesame ginger dressing.

Soba Noodle Salad: Cold buckwheat noodles mixed with julienned vegetables and a soy-ginger dressing, garnished with sesame seeds, and sliced green onions.

Hot and Sour Soup: Spicy and tangy Chinese soup made with tofu, mushrooms, bamboo shoots, and a variety of spices and seasonings.

Main Courses:

Korean BBQ Beef Tacos: Marinated Korean-style beef bulgogi served in soft corn tortillas with kimchi slaw and spicy aioli.

Thai Green Curry: Creamy coconut milk-based curry with bamboo shoots, bell peppers, Thai eggplant, and your choice of chicken, shrimp, or tofu, served with jasmine rice.

General Tso's Chicken: Crispy fried chicken tossed in a sweet and spicy sauce, served with steamed broccoli and white rice.

Sushi Burrito: A large sushi roll wrapped in seaweed and filled with sushi rice, sashimi-grade fish, avocado, cucumber, and spicy mayo, served with wasabi and soy sauce for dipping.

Pad Thai: Stir-fried rice noodles with egg, bean sprouts, green onions, and crushed peanuts in a tamarind sauce, with your choice of chicken, shrimp, or tofu.

Kung Pao Chicken: Stir-fried chicken with peanuts, bell peppers, and dried chili peppers in a spicy, tangy sauce.

Mapo Tofu: Spicy Sichuan dish featuring soft tofu cubes and minced pork cooked in a flavorful sauce made from fermented black beans, chili oil, and Sichuan peppercorns.

Beef with Broccoli: Tender slices of beef stir-fried with broccoli florets in a savory brown sauce.

Szechuan Shrimp: Juicy shrimp stir-fried with garlic, ginger, and Sichuan peppercorns in a spicy, aromatic sauce.

Sweet and Sour Pork: Crispy pork pieces coated in a tangy sweet and sour sauce with bell peppers, onions, and pineapple chunks.

Egg Fried Rice: Fluffy white rice stir-fried with scrambled eggs, peas, carrots, and green onions.

Desserts:

Matcha Green Tea Cheesecake: Creamy cheesecake infused with Japanese matcha green tea, served with a drizzle of raspberry sauce.

Mochi Ice Cream: Japanese rice cakes filled with assorted flavors of ice cream, such as green tea, mango, and red bean.

Coconut Tapioca Pudding: Creamy coconut milk tapioca pudding topped with fresh mango slices and toasted coconut flakes.

Fried Banana Spring Rolls: Crispy spring rolls filled with caramelized bananas and served with a scoop of vanilla ice cream.

Black Sesame Seed Balls: Sweet glutinous rice balls filled with black sesame paste and coated in sesame seeds, served warm.

Wine/Beverage:

White Wines:

Chateau Changyu Chardonnay (China)

Riesling, Mosel (Germany)

Sauvignon Blanc, Marlborough (New Zealand)

Pinot Grigio, Veneto (Italy)

Red Wines:

Great Wall Cabernet Sauvignon (China)

Malbec, Mendoza (Argentina)

Merlot, Bordeaux (France)

Shiraz, Barossa Valley (Australia)

Rosé:

White Zinfandel, California (USA)

Chaoyang Pink (China)

Sparkling:

Chandon Brut (California, USA)

Prosecco, Veneto (Italy)

Great Wall Champagne (China)

Chinese Spirits:

Baijiu - Erguotou

Maotai (Moutai)

Fenjiu

Luzhou Laojiao

Imported Beers:

Tsingtao (China)

Asahi (Japan)

Tiger Beer (Singapore)

Singha (Thailand)

Domestic Beers:

Snow Beer (China)

Harbin Beer (China)

Yanjing Beer (China)

Soft Drinks:

Chinese Herbal Tea

Lychee Soda

Jasmine Green Tea

Chrysanthemum Tea

Coca-Cola, Sprite, Fanta



319 W 35th STREET
Crosscity Construction LLC
FOR MORE INFORMATION, PLEASE VISIT
www.crosscity.com