Manhattan Community Board 4 (All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

- San Control -		DOING RUSINESS AS (DRA)					
TABER	u N	DMU INC	TABER	uN	OML		
STREET ADDRESS			CROSS STREETS	1.50	12	ZIF CODE	
124 W25th ST.			64 AJE -	-7th	AUE	10	0001
OWNER (Attach a list of all) by people that will be associated hand with the Reense;	NAME	CHAINARUT WONG HAMLA	i	NAME:	Mich	HAEL K	LELLY
	PHONE-	929 334-5225	ASTORTS Y/ REPRESENTAIVE	PHONE	914	632	6036
	EMAIL:	ZUZOO_WURK@HOTMIL	com	EMAIL	KOLLY	MUK 130	6 @ GMAIL. COM
1 F 5 1	NAME	WONGKAMLA!	Tel II	NAME:	24-12	6 W 25	STREET LLC
MANAGER	PRONE:	20200 - WOLK @	LANDLORD	PHONE:	217	239	- 8785
APPLICATION	120500000	E (Liquor License		Linancia	sed Sic	lewalk Cafe	
AFFLICATI	NAME OF TAXABLE PARTY.	owned or managed a smilar business?		(XES	\ T	NO NO	
● New	What is leas the name and address of establishment?			KOHO	Ku	Ku RAN	MEN CLC NY NY
	What ware the dates applicant was involved with this former premise?			11/2023 - ARESENT OP WHE # 183744			
Corp	What is the Rounes ≠ and coorealism case?						
Change/Class	is applicant making any obsertions or operational changes?			YES		NO	
Change/Removal	f aterations	or operational changes are being made, pilease day	tobefor all changes				
Alteration	What is the o	unen license if and expression date?					
O von annua	Please ket/di	oscribe the neture of all the changes and attach the p	itaris	11			
METHOD O	F OPER	ATION		18180	287		
TYPE OF ALCOI	ног	O Liquor/Wine/Beer & Cider	○ Beer &	Cider		Wines	Seer & Cider
ESTABLISHMEN TYPE	vī	Restaurant O Cabanet O Adult Entertainment O Wine	Night Club O Ho		ar/Tavem Sear (alering Establishment ale Organization Members Only)
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?			(VES)	5	1291	24	
On-Premise liquor establishment and	license esta the Public Ir	n? If yes, please attach a diagram of the ablishments within a 500 ft, radius of your nterest Statement.		~			
		that trigger the rule.	VES (SO)			
Has applicant/own Location of Alcoho		ICBA Policy Regarding Concentration an Establishments?	° (5) ×0				

HOURS* Operation		MONDAY	TUESDA	Y	WEDNESDA	Y 3303	THURSDAY		FRIDAY		ODAY SATUR		ATURDAY SU		NDAY
		on 11 Am -	Li Am 11 Pm	-	LI PM	- 11	1344 — 944		↑m – Pm		tun —	11.4	341 DW/		
(Indoor Only)	Kitcher	11 Am -	LI PM	-	LL FOR		4m — Pm	IL	Am -	11	AM -		AM -		
	Music	11 Am -	- LI AM	-	- 16 700		fur -	A	A-4 -	4	Am -	11 Am -			
It' you plan to l	nave murie,	Vhat type(s)?	II PVA		LIVEMES	The Part of the Pa	u pm		jk.m	ii An			II AM		
(Citeie all that	apply)		Lavence	in No.		70	D)	31	KE BOX	-	KA	RADKE			
		Shur Esp			occ	IPANCY.	NO B		B8 /		EME				
		Capacity Certificate of Occupancy)	Maximum # of Persons Occupying Premises (Including Employers)	Number of Table	les of Sent		er of Surviv My Burs	ur.	Number Stand-Up i		Number of at Stand-Up				
INSIDE		30	20	1	11		ı		0		0				
OUTSIDE (Other than stdewalk cuft)		<u> </u>	+				_		2		_				
DCA APPROVEI UNENCLO SIDEWALI CAFÉ	SED	-	-	-											
How many floo	ors are there	What is the capac	ity for each floor	2		2	Ist	FLA	- 30		Basar		_		
How frequently	will the own	er(s) be at the esta	blishment?			1	AIL	1							
Will there be d	landing?					YES	60								
Will applicant	have bottle o	r table service for b	everage alcoholi	9.		YES	(0)								
WII applicant	be nosting p	ivale; promotional	or corporate eve	nts7		YES	(00)								
Will outside pr	omotera be	ised on a regular b	ssis? If yes pleas	se describ	it,	YES	(80)								
Will applicant	have a secu	ity plan? If, yes ple	ase attach.			YES	(6)								
Will security p	an be imple	mented?				VES	(50)								
Will State certified security personnel be used?				YES	6										
Will New York Nightlife Association and NYPD Best Practices be followed?				VES	(NO)										
Does applicant agree to notify MCS4 prior to making changes to its method of operation?					(VES)	NO									
Will applicant be using delivery bicycles? If yes, how many?					YES	(00)									
Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear aftire clearly noting name as described by NYC Law?				VES	NO.	b	NIA	5							
Where will delivery bicycles be stored during the day when not in use?				1											

pace loor	Description/Lise of Space	Capacity	Haurs	# of Tables	# of Scate	# of Service Only Bare	# of Stand-Up Bars/Scets at Bar	Mutie
KT FUL	KITCHEN COUNTER SEATING RESTROOM	30		COUNTER	ţ(4	0	Yes
Встиг	STOMES			0	0	0	0	No

LOCATION & ZONING		
Is this a Special District? If yes, is it Clinton, West Chelses or Hudson Yards?	VES (NO	
Oces the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	VES NO	
is a Public Assembly permit required?	YES (NO	
Are your plans filed with DOB?	(YES) NO	

Community Notification/Rela	tions				
NOTIFICATION:	# 1				
List all block associations; lenant associations, co-op boards or condo boards of residential buildings; and	#2				
community groups that applicant has notified regarding its application. For	#3				
each please list both the organization and individual you contacted	#4				
	#5				
Please provide dates when applicant met	with the groups listed above.	EMAILED	ENTI	eur cust	
Who was your contact person at each gro	up you met with?				
When cid applicant post the notice that wa	as provided?	6/3/2	4		
Where did applicant post the notice that w	as provided?	FRONT WINDOW + SIGN POSTS			
Will applicant provide owner cell phone number to neighbors and respond complaints that arise? Please provide number in space provided		to VES) NO	929 334-5225	
Will applicant Inform the Community Boar provide a hyperlink to applicants jobs with	(VES) No			

BUILDING DESIGN	-				David Maria
State the name and type of business previously located in the space.	SIL	U IT	THE	PAMINI -	RESTANDANT
Has a figure-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	(80)			
Co you plan any changes to the existing façade? If yes, please describe.	YES	(NO)			
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	(YES)	NO			
s the entrance ADA Compliant?	(vis	NO			
Do you plan any changes to the existing façade? If yes, please describe.	YE5	60			
All applicant have a vestibule within the establishment?	YES	(60)			
Will applicant use a storm enclosure?	YES	(NO)			
Does applicant agree to keep the sidewalk clear of all terms or obstructions, such as sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	(3)	NO			
Will applicant comply with the NYC noise code?	(YES)	NO .			-7.
Will the establishment have any of the following: (circle all that apply)	FRENCH DOOR		s G	ARAGE DOORS	WENDOWS CHAFT 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?	VEN	NO	JIA		1100
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	MA		
Has applicant obtained an accustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YEN	(80)			
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?	(ii)	NO	Ŧ	f HECCS!	sawy
Will the kitchen exhaust system extend to the roof?	YES	NO	NI	4 - 5454	1 ONLY
Will the establishment have an illuminated sign?	YES	(NO)			7
Will the establishment have a canopy extending over the sidewalk?	YES	(NO)			
Where will the air conditioner be located? What type is it?	G	XISTI/	14		
When was the air conditioner installed?	UNKAOWN				

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, belcomy, pavilion, tents, deck, gazebo or open dining in the parking lane? If yes, which one(s)?	VES	(NO)	
Are the floorplans for the outdoor space(s) included?	YES	NO NO	NA
Will applicant close and vacate the cutdoor 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 speco(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 enclasure, soundproofing tenants apartments)	VES	NO	
Will there be a lighting plan that allows early 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	200	- La

iss the applicant/owner(s) read MCB4 Sidewalk Café Policy?	(VES)	NO	
Will applicant be applying for a sidewalk safé now or in the future?	YES	(NO)	
s applicant in this application seeking to include a sidewalk café in its liquor iconse?	YES	©	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	VKS	(6)	
Will applicent close and vacate the sidewalk caté by 11 PM on Friday & Saturday and 10 PM on all other days?	YES	50	NI
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	200	
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	VES	N0	
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	
Will the service and consumption of algohol in the sidewalk café only be via seated food service?	YES	NO .	
Will the sidewalk calé 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?	VES	NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting heighbors?	YES	NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	
Will all furniture be stored inside between December 21st and March 21st, and any other day when it rains or snows?	y YES	NO	
Will applicant use umbreflas?	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 cafe and the closest obstruction including construction barricades?	VES	NO	
If open dining is in the parking lane, will applicant agree to remove its sidewalk café?	YES	NO	

TIONAL STIPULATIONS: (Office Use Only)	" and
extent any additional stipulation on pages 7 and 8 of this application conflicts with any respon	se on

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

Committee of the commit

2000

Manhattan Community Board 4 (MCB4) recommends (MCBF) recommendation is based on a with 15thm at its

July 24, 2024 40 ції не некультенціворі. О пенібелі окралет. О тистоого

shipsening and 0 consent but not alligable

CHARGE C MARKET

CB4 REPRESENTATIVES

APPLICANT AGREEMENT WITH THE COMMUNITY

Applicant agrees to these apputations as the basis for the community support of this apprication and advinowedges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these allipulations incorporated to the memory of operation of halliques exercise. The all purations in this explication constitute the entire agreement between MCB4 and applicant and may only be interest in writing signed by MCB4 and applicant. These stipulations suppressed any onal statements or representations a connection with this application

SIGN HERE .

Chaiwarut Wongkamlai

06/03/2024

PRINT SAME OF APPLICANT

MONSTERF OF APPEALANT

DATE

Manhattan Community Board 4 (MCB4) r (MCB4's recommendation is based on a votefull board meeting, with of the recommendation, members oppo- abstaining and present but not eligible)	Denial unless all stipulations agreed to by applicant/owner are part of the method of operation Denial O Approval						
CB4 REPRESENTATIVES							
Nelly Gonzalez CB4 Assistant District Manager	Frank Holozubiec CB4 BLP Committee Co-Chair		Burt Lazarin CB4 BLP Committee Co-Ch	air			
APPLICANT AGREEMENT WIT	TH THE COMMUNIT	Y					
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	RINT NAME OF APPLICANT	SIGNATURE O	F APPLICANT	DATE			

1647	1/0	1/1	1/ 1	١

IN CY W.D.L	State Liquor
-	Authority

	OFFICE	USE ONLY	
Original	Amended	Date	

49

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

1. Date Notice Sent:	04/25/2024 Certified Mail Return Receipt Requested
For premises outside	plication that will be filed with the Authority for an On-Premises Alcoholic Beverage License: the City of New York: Removal Class Change
For premises in the C	Z 11/211
New Application	New Application and Temporary Retail Permit
	Method of Operation O Corporate Change O Renewal O Alteration
For Renewal applicar For Alteration applicar For Corporate Chang For Removal applicar For Class Change app For Method of Opera Please include all of	rary Retail Permit applicants, answer each question below using all information known to date onts, answer all questions ants, attach a complete written description and diagrams depicting the proposed alteration(s) are applicants, attach a list of the current and proposed corporate principals onts, attach a statement of your current and proposed addresses with the reason(s) for the relocation oblicants, attach a statement detailing your current license type and your proposed license type ation Change applicants, although not required, if you choose to submit, attach an explanation detailing those changes adocuments as noted above. Failure to do so may result in disapproval of the application.
-	
3. Name of Municipality	y or Community Board: COMMUNITY BOARD 4
Applicant/Licensee	Information:
4. Licensee Serial Numb	per (if applicable): Expiration Date (if applicable):
5. Applicant or Licensee	Name: TABERU NOMU INC.
6. Trade Name (if any):	
7. Street Address of Est	ablishment: 124 WEST 25TH STREET
8. City, Town or Village:	NEW YORK , NY Zip Code: 10001
9. Business Telephone N	Number of applicant/ Licensee: (929)334-5225
10. Business E-mail of Ap	pplicant/Licensee: TABERUNOMONY@GMAIL.COM
11. Type(s) of alcohol so	ld or to be sold: O Beer & cider O Wine, Beer & Cider O Liquor, Wine, Beer & Cider
12. Extent of Food Service	ce: O Full Food menu; full kitchen run by a chef/cook O Menu meets legal minimum food requirements; food prep area require
13. Type of Establishmer	Restaurant (full kitchen and full menu required) 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 All (check all that app	

DIA-164 123 1202 1	OFFICE USE ONLY							
	Original An	mended Da	ate					
16. List the floor(s) of the building that	the establishment is loca	ted on: 1ST FL	OOR					
17. List the room number(s) the establ	ishment is located in with	in the building, if a	ppropriate:					
18. Is the premises located within 500	feet of three or more on-p	oremises liquor est	rablishments? • Yes	© No				
19. Will the license holder or a manage	er be physically present wi	thin the establish	ment during all hours of opera	ation? O Yes O No				
20. If this is a transfer application (an e	xisting licensed business i	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 l	ocated? Yes (if YES, SKI	(P 23-26) ③ No				
Owner of the Building in Which the Licensed Establishment is Located								
22. Building Owner's Full Name: 124	4-126 W 25 STREET	LLC						
23. Building Owner's Street Address:	124 WEST 25TH S	TREET						
24. City, Town or Village: NEW YO	RK		State: NEW YORK	Zip Code: 10001				
								
25. Business Telephone Number of Bu	liding Owner:							
			the Applicant in Connection The Establishment Identifie					
, ,pp.,,								
26. Representative/Attorney's Full Na	me: MICHAEL KELL	_Y						
27. Representative/Attorney's Street Address: 136 WAVERLY RD								
28. City, Town or Village: SCARSD	ALE		State: NY	Zip Code: 10583				
29. Business Telephone Number of Rep	oresentative/Attorney:	(914) 740-358	0					
30. Business E-mail Address of Represe	entative/Attorney: KEI	LLYMLK136@0	GMAIL.COM					
I am the applicant	or licensee holder or a	principal of the	legal entity that holds or is	applying for the license.				
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								
*			representations made in t roval of the application or I	this form will also be relied				
upon, and that rais	ic representations may	result in disapp	roval of the application of	Tevocation of the needse.				
By my signature,	i affirm - under Penalt	y of Perjury - tha	at the representations mad	e in this form are true.				
24 Dulintad Dulin attacks			Title: Lance					
31. Printed Principal Name: MICH	HAEL KELLY		Title: AUTHORIZ	ZED REPRESENTATIVE				
Principal Signature:								
		/						

食べる

飲む

Sushu

Taberu

Nomu

MENU

炙り海鮮丼 Grilled seafood Donburi



カニづくし丼 Crab Donburi



煮あなご丼 Eel Donburi



炙りサーモンチーズ丼 Cheese grilled salmon Donburi



海鮮丼 Seafood Donburi



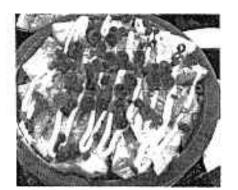
海鮮ちらし丼 Chirashi Donburi



マグロ&サーモン丼 Tuna & Salmon Donburi



炙りサーモン丼 Grilled salmon Donburi



サーモンいくら丼 Salmon ikura Donburi

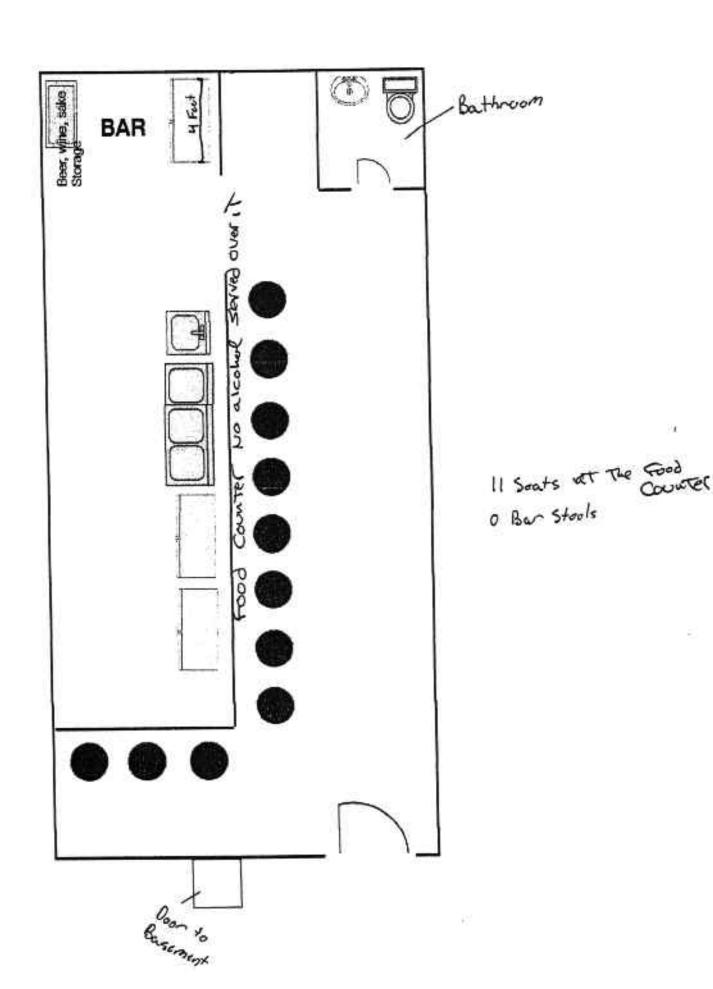


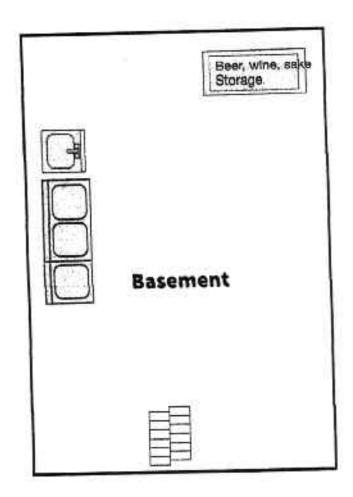
サーモンアポカド丼 Avocado salmon Donburi

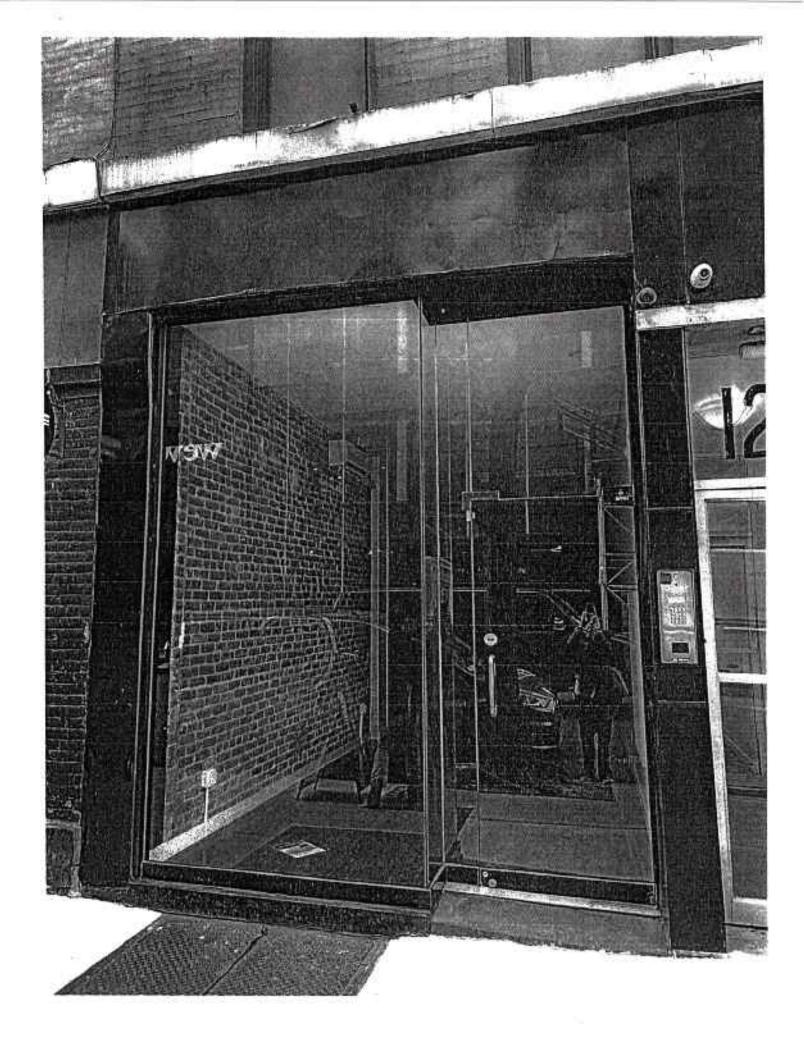


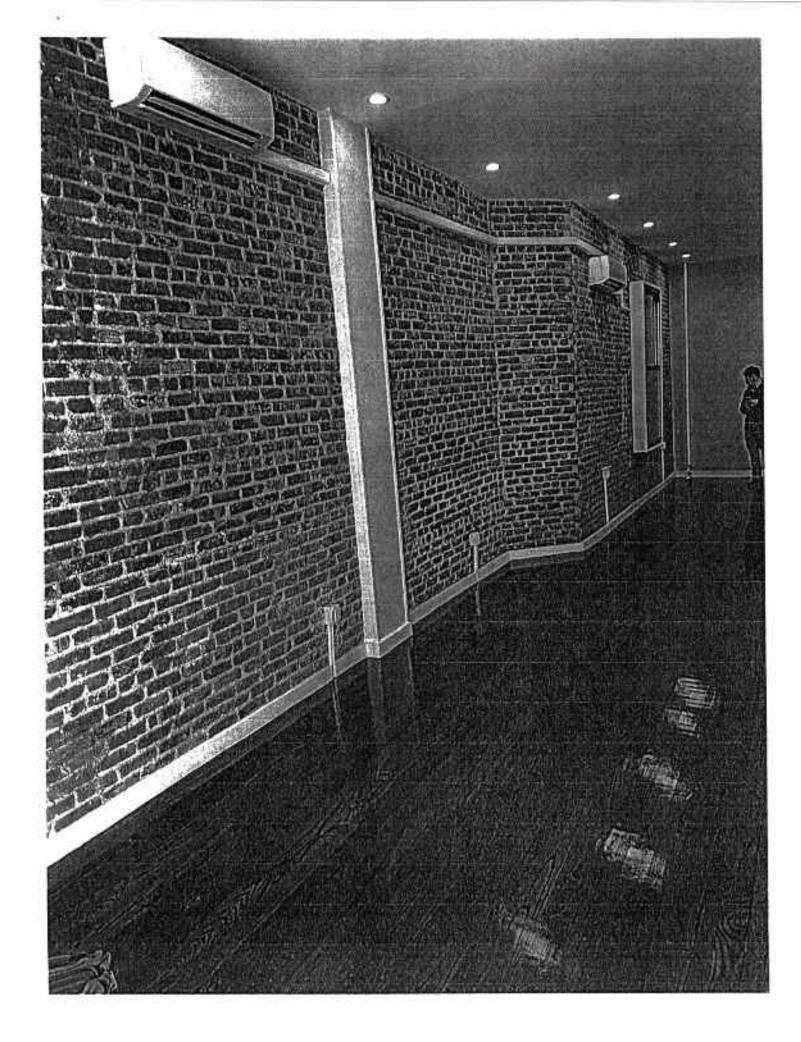
は甘エビ丼 Sweet shrimp Donburi











the city of new York

HOUSING AND DEVELOPMENT ADMINISTRATION

DEPARTMENT OF BUILDINGS

CERTIFICATE OF OCCUPANCY

BOROUGH AND PLAN

DATE DEC2 9 1978 NO. 75000

This certificate supersedes C.O. No. 59983

ZONING DISTRICT 1-6

TESS CERTIFIES that the most element mostly building premies located at 724 West 25th Etreet

High acq

10055

CONFIDENCE SUBSTANTIALLY TO THE APPROPEY PLANS AND SPECIFICATIONS AND TO THE SECURIFICATIONS OF ALL APPROPRIESE LAWS, RELES AND RECOLLATIONS FOR THE 25LS MAD OCCUPANCIES SPECIFIED YERSEN

PERMISSIBLE USE AND OCCUPANCY

D.C.	75 H	no bi et moss stalling	2010HG SWILING SWEDTHERD VIEWS	SUILDING CODE HABITABLE ROCKS	ARCHART.	Auctions 600f 600f 600f masser mour	substimination as little
ir	0.5.				6		Doiler room, storago, recreation room,
	130	52.	1	2	12 & 2		Cating a Brinking Setab- TisRient without restric- tion (Use Group [12] and 1 07ass "A" apartment. Store
	40		2	4	2		THO (2) Closs "A" aport-
	40		Į.	4	2		Two (2) Class "A" apart- monts.
	40		2	4	2		Two (2) Utass "A" apart-
	40		2	4	2		two (2) Glass "A" opart- cents.
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		20097	ant act	310			10-090

OPEN SPACE USES

INTERT-FARCHE MAGES LONDING MERRYL CHROSE (DEC., MIDNE)

NO CHANGES OF USE OR OCCUPANCY SHALL BE MADE UNLESS A NEW AMENDED CERTIFICATE OF OCCUPANCY IS OBTAINED

THIS CONTINUATE OF OCCUPANCY IS ISSUED AMPLES TO PONTINE LIMITATION CONDITIONS AND SPECIFICATIONS NOTED ON THE REVENUE

MACH, NAMED IN POSTOR

OF THE CENTER OF THE COLUMN TO THE COLUMN THE PROPERTY OF THE COLUMN THE C

COPY

BEGINNING at a point on the	dance		side of hest 25th Street		
distant.	2751	fret.	trum the corner formed by the intersection of		
Avenue of	nmericas		and heat 25th Street		
running thence WAST. 25!			fret: theser #05/5/1 58*-9**		-100
hence Worst 25'			int; these BOTS 98*= 38		_lest
fience		11 11	feet; thence		_fret
hence	11		feet thence	100.41	feet
n the point or place of beginning.					
NUMBER ALT. No. 749/78 EATE OF C	DAMETION 32/2	18/7 HEIGHT	8 CONSTRUCTION CLASSIFICATION (C7 2.55 3-11 ort	-F 11	epro
lass "A" Lultiple Dw	eTTing				
THE PERSONNEL PROPRESSION AND THE	SUBBURE SYSTEM	100	REQUIRED AND HERE INSTALLED IN COMPLIANCE WITH A	MI DAN	t tawn
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TARD HYDRANT SYSTEM	_	-	adidment's payments sustain scar-firm in		-
PRIVATE HYDRANT SYSTEM		-			
STANDIPPE FIRE TELEPHONE AND					
SMOKE SCHOOLSON					
FIRE ALARM AND SERVE TREET, W		-			
SASITARY DRAINAGE DIS	COMBINED	0			
MITATIONS OF RESTRICTIONS.					

2.91

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