

Manhattan Community Board 4

NYS Liquor License/DOT Dining Out Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME		DOING BUSINESS AS (DBA)	
Thirteen Water, LLC			
STREET ADDRESS		CROSS STREETS	ZIP CODE
336 W 30th St		Between 8th and 9th Ave	10016
Applicant <i>(Attach a list of all individuals that will be listed/associated with the license)</i>	NAME: See Attached	ATTORNEY/ REPRESENTATIVE	NAME:
	PHONE:		PHONE:
	EMAIL:		EMAIL:
MANAGER	NAME: Hailey Chen	LANDLORD	NAME: David Turner
	PHONE: 936-590-5705		PHONE: 212-594-0840
	EMAIL: business@thirteenwaterwest.com		EMAIL: david@davidturnerarchitects.com
APPLICATION TYPE (<input checked="" type="checkbox"/> <i>New York State Liquor License</i> <input type="checkbox"/> <i>Dept. of Transportation Dining Out</i>)			
<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?	Shinn East II, LLC. 208 E 7th St	
	What were the dates applicant was involved with this former premise?	Since September 2021	
<input type="radio"/> Corp Change/Class Change/Method of Operation 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="radio"/> Restaurant <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input type="radio"/> Bar/Tavern <input type="radio"/> Catering Establishment <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Club (Fraternal Organization – Members Only)		
Has applicant filed with the SLA? If yes, when? If no, when does applicant plan to file?	YES	<input checked="" type="checkbox"/> NO	After July board meeting
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 foot radius of the establishment and the Public Interest Statement.	YES	<input checked="" type="checkbox"/> NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship within a 200 foot radius of the establishment.	YES	<input checked="" type="checkbox"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	YES	<input checked="" type="checkbox"/> NO	

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

HOURS of Operation		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Indoors		2pm-10pm	2pm-10p	2pm-10pm	2pm-10pm	2pm-10pm	2pm-10pm
	Outdoors							
	Kitchen							
	Music (indoors)							

If yes, what type(s)?
(Circle all that apply)

BACKGROUND

LIVE MUSIC

DJ

JUKE BOX

KARAOKE

OCCUPANCY

	Capacity Pursuant to Certificate of Occupancy	Maximum Occupancy (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				18	1		
OUTSIDE <i>(Rooftop/Rear Yard/Patio/Terrace /Garden; within the premises)</i>							
DOT Dining Out: Sidewalk Cafe							
DOT Dining Out: Roadway							

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

Hailey Chen will be there 3-5x a week

Will there be dancing?

YES

Will applicant have bottle or table service for alcohol beverages other than wine?

NO

Beer

Will applicant be hosting private promotional or corporate events?

NO

Less than 3x a year

Will outside promoters be used on a regular basis? If yes, please describe.

YES

Will applicant have a security plan? If yes, please attach.

YES

Will security plan be implemented?

YES

Will State certified security personnel be used?

YES

Will New York Nightlife Association and NYPD Best Practices be followed?

NO

Does applicant agree to notify MCB4 prior to making changes to its method of operation?

NO

Will applicant be using delivery bicycles? If yes, how many? Please describe where delivery bicycles will be parked when picking up deliveries?

YES

Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly marked with the name as described by NYC Law?	YES	NO	N/A
Where will applicants' own delivery bicycles be parked when not making deliveries?	N/A		
If applicant is using third party delivery service, where will third party delivery bicycles park?	N/A		
Where will applicant store its garbage containers when not in use?	In backyard space		
Where will applicant lay out garbage containers and at what time?	After 10pm, in front		

LOCATION & ZONING

Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="checkbox"/> NO	
Does the building have a Certificate of Occupancy ("C of O") or a Letter of No Objection?	<input checked="" type="checkbox"/> YES	NO	
Is a Public Assembly permit required?	YES	<input checked="" type="checkbox"/> NO	
Are your plans filed with DOB?	<input checked="" type="checkbox"/> YES	NO	
What is the zoning designation for this location?	Commercial		

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	
When did applicant post the notice that was provided?	June 18th, 2024	
Where did applicant post the notice that was provided?	Front Window	
Please provide dates when applicant met with the groups listed above.		
Who was your contact person at each group you met with?		
Will applicant provide a cell phone number to neighbors and respond to complaints that arise? If yes, please provide.	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicant's jobs webpage?	YES	<input checked="" type="checkbox"/> NO

MULTIPLE SPACES/FLOORS 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	Dining	18-25	2pm-10pm	0	18	1	0	Background Recorded
Cellar	Storage	5-10	1pm-10pm	0	0	0	0	No

BUILDING DESIGN			
State the name and type of business previously located in the space.	N/A		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO <input checked="" type="checkbox"/>	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="checkbox"/>	
Has the applicant/owner(s) read MCB4 ADA Guidelines Memo?	<input checked="" type="checkbox"/>	NO	
Is the entrance ADA Compliant?	YES	<input checked="" type="checkbox"/>	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="checkbox"/>	
Will applicant have a vestibule within the establishment?	YES	<input checked="" type="checkbox"/>	
Will applicant use a storm enclosure?	YES	<input checked="" type="checkbox"/>	
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"/>	NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/>	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"/>	NO	
Will applicant close all windows, French doors, garage doors by 11 p.m. Friday and Saturday and 10 p.m. on all other days even if no music or amplified sound is played inside the establishment?	<input checked="" type="checkbox"/>	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"/>	
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	<input checked="" type="checkbox"/>	
Will the kitchen exhaust system extend to the roof?	YES	NO	N/A
Will the establishment have an illuminated sign?	YES	<input checked="" type="checkbox"/>	
Will the establishment have a pole-supporting canopy extending over the sidewalk?	YES	<input checked="" type="checkbox"/>	
Where will the air conditioner be located? What type is it?	HVAC Condenser Backyard		
When was the air conditioner installed?	Installed by Landlord prior to leasing		

OUTDOOR PRIVATE PROPERTY – ROOFTOP, REAR YARD, TERRACE

Has the applicant/owner(s) read MCB4 Rear Yard Rooftop Policy?	YES	NO ✓	
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck, gazebo? If yes, which one(s)?	YES	NO ✓	
Are the floorplans for the outdoor space(s) included?	YES	NO	N/A
Will applicant close and vacate the outdoor space(s) by 11 p.m. on Friday & Saturday and 10 p.m. on all other days?	YES	NO	N/A
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	N/A
Will applicant prohibit patrons from drinking in any outdoor space(s)?	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	N/A

DEPARTMENT OF TRANSPORTATION DINING OUT: SIDEWALK

Has the applicant read MCB4 Sidewalk Café Policy?	YES	<input checked="" type="checkbox"/> NO	N/A
Will applicant be applying for sidewalk seating now or in the future?	YES	<input checked="" type="checkbox"/> NO	
If you answered no to the question above, jump to the next page			
Did applicant submit an application and dimension site plan at scale to NYC Dept. of Transportation? Please attach a copy of application and plans.	YES	NO	
Will applicant close and vacate the sidewalk and roadway seating by 11 p.m. on Friday & Saturday and 10 p.m. on all other days?	YES	NO	
Will applicant respect trees and tree pits and insure the health of the tree?	YES	NO	
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	
Will applicant prohibit patrons from drinking in any outdoor space(s) or adjacent sidewalk?	YES	NO	
Will applicant permit NO wait lines or smoking outside?	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 there be a staff person responsible to ensure no loitering, noise or crowds outside?	YES	NO	
Will applicant agree not to use propane heaters?	YES	NO	
Will applicant agree to abide by all applicable fire codes, including not blocking fire escapes?	YES	NO	
Will the outdoor dining deposit its garbage in a container on the parking lane?	YES	NO	
Will the café have a 3 foot-wide serving aisle running the entire length of the sidewalk seating?	YES	NO	
Will the sidewalk seating have a platform?	YES	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	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	
Will the sidewalk seating block subway grate, utility hardware or Siamese water connection?	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 closes obstruction including construction barricades?			

DEPARTMENT OF TRANSPORTATION DINING OUT: ROADWAY

Did applicant submit an application and dimension site plan at scale to NYC Dept. of Transportation? Please attach a copy of application and plans.	YES	NO	
If you answered no to the question above, jump to the next page			
Will the roadway structure extend on top of the curb or pedestrian refuge? By how much?	YES	NO	
Will the roadway structure have an ADA compliant ramp (not in the bike lane)?	YES	NO	
Will the roadway structure extend in the striped zone along the bike lane? By how much?	YES	NO	
Will the electric wires be brought over at the roof level?	YES	NO	
Will applicant dismantle and dispose of a shed that is no longer in use, along with its furniture?	YES	NO	
Will there be no music or amplifies sound in any outdoor seating, as per law?	YES	NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	
Will applicant close and vacate the sidewalk and roadway seating by 11 p.m. on Friday & Saturday and 10 p.m. on all other days?	YES	NO	
Will the Outdoor Dining Sidewalk & Roadway provide no standing space for drinking or smoking?	YES	NO	
Will the service and consumption of alcohol in the Outdoor Dining Sidewalk/Roadway only be via seated food service?	YES	NO	
Will applicant prohibit patrons from drinking in any outdoor space(s) or adjacent sidewalk?	YES	NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	
Will applicant permit NO wait lines or smoking outside?	YES	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	
Will applicant respect trees and tree pits and insure the health of the tree?	YES	NO	
Will applicant permit NO wait lines or smoking outside?	YES	NO	
Will there be a staff person responsible to ensure no loitering, noise or crowds outside?	YES	NO	
Will applicant agree not to use propane heaters?	YES	NO	
Will the outdoor dining deposit its garbage in a container on the parking lane?	YES	NO	

ADDITIONAL STIPULATIONS: (Office Use Only)

- This application does not extend to any outdoor space

To the extent any additional stipulation on pages 9 and 10 of this application conflicts with any response on pages 1 – 11 of this application, the stipulations on pages 9 and 10 control.

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Manhattan Community Board 4 (MCB4) recommends:
 (MCB4's recommendation is based on a vote taken at its
 July 24, 2024 full board meeting, with 40 members voting
 in favor of the recommendation, 40 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

MCB4 REPRESENTATIVES

 Nelly Gonzalez MCB4 Assistant District Manager	 Frank Holozubiec MCB4 BLP Committee Co-Chair	 Burt Lazarin MCB4 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 representatives and applicant. These stipulations supersede any oral statements, representations, or prior iterations in connection with this application.

<p>SIGN HERE →</p>	<p>Linda Wang</p> <p>PRINT NAME OF APPLICANT</p>	<p><i>Linda Wang</i></p> <p>SIGNATURE OF APPLICANT</p>	<p>06/18/2024</p> <p>DATE</p>
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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

Manhattan Community Board 4

RECEIVED

Date: 5/1/24

Time: _____

By: Janene P.

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): _____

16. List the floor(s) of the building that the establishment is located on: **BASEMENT FLOOR, CELLAR FLOOR**
17. List the room number(s) the establishment is located in within the building, if appropriate: **2**
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:
N/A Name **N/A** 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: **DAVID TURNER**
23. Building Owner's Street Address: **366 W 30TH ST**
24. City, Town or Village: **NEW YORK** State: **NY** Zip Code: **10001**
25. Business Telephone Number of Building Owner: **(212) 594-0840**

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

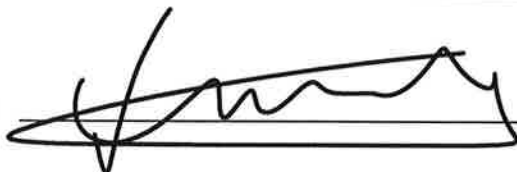
26. Representative/Attorney's Full Name: _____
27. Representative/Attorney's Street Address: _____
28. City, Town or Village: _____ State: _____ Zip Code: _____
29. Business Telephone Number of Representative/Attorney: _____
30. Business E-mail Address of Representative/Attorney: _____

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: **LINDA WANG** Title: **LLC MEMBER**

Principal Signature: _____



Applicant: Thirteen Water, LLC
Individuals Involved

Linda Wang

718 - 500 - 0129

hello@umehq.com

Hailey Chen

936 - 590 - 5705

yingyingchen1991@hotmail.com

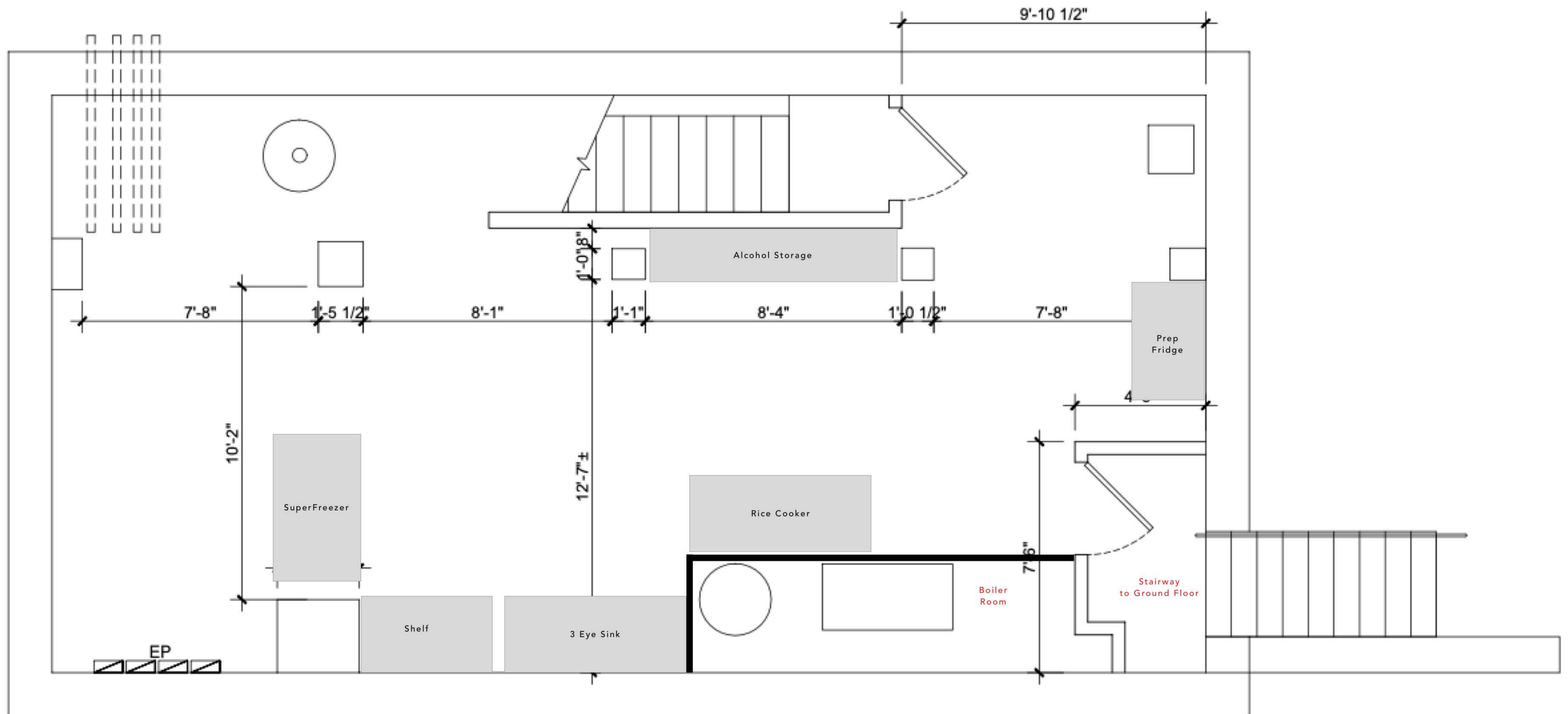
Omakase

madai
chu toro
hamachi
salmon tomato
tuna truffle
shima aji
ikura
botan ebi
hotate
otoro uni caviar
uni
toast
handroll

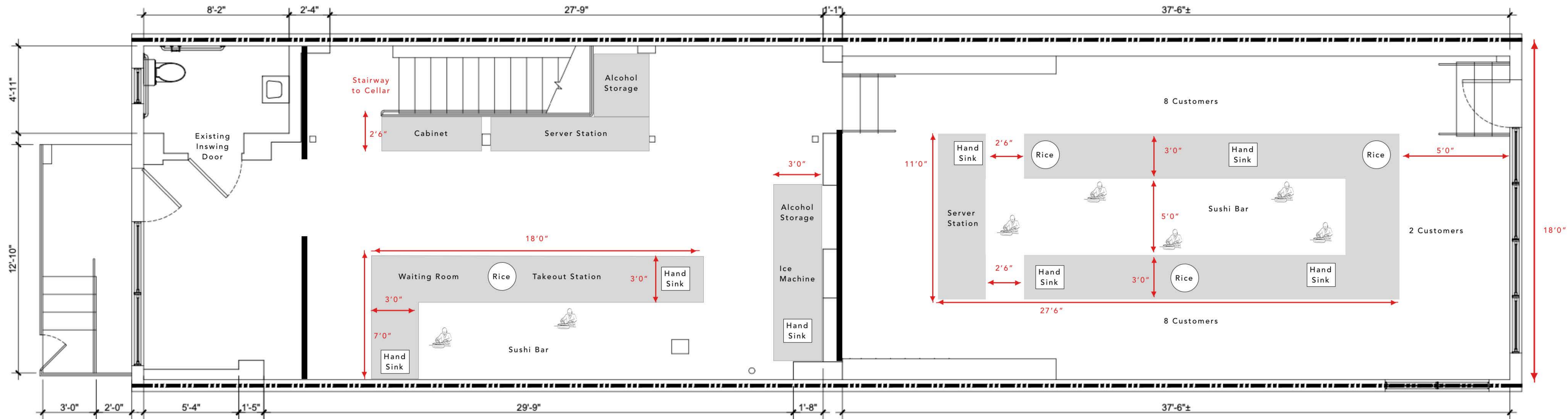
\$75 pp | 13 courses

Add Ons

<i>madai</i>	\$6
<i>chu toro</i>	\$10
<i>hamachi</i>	\$7
<i>salmon tomato</i>	\$10
<i>shima aji</i>	\$8
<i>ikura</i>	\$8
<i>botan ebi</i>	\$8
<i>hotate</i>	\$6
<i>otoro uni caviar</i>	\$18
<i>uni</i>	\$12
<i>toast</i>	\$18
<i>toro handroll</i>	\$12
<i>scallop uni</i>	\$15
<i>a5 wagyu</i>	\$18
Layers (hamachi, tomato, shishito pepper, chu toro, truffle)	\$25
salmon ikura fried leeks	\$12
tuna truffle	\$10
wagyu foie gras	\$20
shiro ebi	\$10
hirame	\$6



Cellar Floor,
 Thirteen Water, LLC
 366 W 30th St



Ground Floor,
 Thirteen Water, LLC
 366 W 30th St