## Manhattan Community Board 4 (All Fields Must Be Completed)

| CORPORATION NAM   | ME            |   | DOING BUSINESS AS (DBA)                        |                          |                |               |                                 |  |  |  |
|---|---------------|---|--|--------------------------|----------------|---------------|---------------------------------|--|--|--|
| GLUR LLC  |               |   | GLUR   |                          |                |               |                                 |  |  |  |
| STREET ADDRESS  | CROSS STREE   | ETS   |  |                          |                |               |                                 |  |  |  |
| 144 W 19th Stree  | t New Yo      | ork, NY   | 6&7th Ave                                      |                          |                | 10011         |                                 |  |  |  |
| Applicant   | NAME:         | Issaraporn Weerakongsuwan                         |  |                          | NAME:          |               |                                 |  |  |  |
| (Attach a list of all<br>individuals that will  | PHONE:        | 5157890818  | ATTORNEY/<br>REPRESENTA                        |                          | PHONE:         |               |                                 |  |  |  |
| be listed/associated<br>with the license)   | EMAIL:        | glurnyc@gmail.com                                 |  |                          | EMAIL:         |               |                                 |  |  |  |
|   | NAME:         | Chad Than   |  |                          | NAME:          |               |                                 |  |  |  |
| MANAGER   | PHONE:        | 5157890818  | LANDLORD                                       |                          | PHONE:         |               |                                 |  |  |  |
|   | EMAIL:        | glurnyc@gmail.com                                 |  | -                        | EMAIL:         |               |                                 |  |  |  |
| APPLICATIO  | ON TYP        | E ( New York State Liqu                           | or License                                     | X                        | Dept. of Tra   | nsportatio    | n Dining Out )                  |  |  |  |
|   | Has applica   | ant owned or managed a similar business?          |  |                          | YES            | NO            |                                 |  |  |  |
| O New   | What is/wa    | s the name and address of establishment?          |  |                          |                |               |                                 |  |  |  |
|   | What were     | the dates applicant was involved with this form   | er premise?                                    |                          |                |               |                                 |  |  |  |
| O Corp  | What is the   | license # and expiration date?                    |  |                          |                |               |                                 |  |  |  |
| Change/Class  | Is applican   | t making any alterations or operational changes   | ?  |                          | YES            | NO            |                                 |  |  |  |
| Change/Method of<br>Operation<br>Change/Removal   | If alteratior | as or operational changes are being made, pleas   | e describe/list all c                          | changes.                 |                |               |                                 |  |  |  |
| X Alteration  | What is the   | current license # and expiration date?            |  | #1318849 Exp: 10/31/2025 |                |               |                                 |  |  |  |
|   | Please list/o | describe the nature of all the changes and attach | he plans:<br>Adding an outdoor/sidewalk dining |                          |                |               |                                 |  |  |  |
| METHOD OF   | OPER          | ATION   |  |                          |                |               |                                 |  |  |  |
| TYPE OF ALCOH   | OL            | Liquor/Wine/Beer & Cider                          | Ов   | eer & Ci                 | der            | 🗭 Wine/B      | eer & Cider                     |  |  |  |
|   |               | 🗭 Restaurant 🔿 Cabaret 🔿                          | Night Club                                     | ) Hotel                  | O Bar/Tavern   | O Cat         | tering Establishment            |  |  |  |
| ESTABLISHMENT<br>TYPE O Adult Entertainment O Wine E                                    |               |   | ar 🔿 Danc                                      | e Club                   | O Sports Bar O | Club (Fratema | al Organization – Members Only) |  |  |  |
| Has applicant filed with the SLA? If yes, when? If no, when doe applicant plan to file? |               |   | YES  | NO                       | NA             |               |                                 |  |  |  |
| Is the 500 Foot Ru  | YES           | NO  |  |                          |                |               |                                 |  |  |  |
| of the On-Premise<br>radius of the establ   |               |   | NO   |                          |                |               |                                 |  |  |  |
| Is the 200 Foot Ru<br>of the schools and  | YES           | NO  |  |                          |                |               |                                 |  |  |  |
| the establishment.  |               | -   |  |                          | NO             |               |                                 |  |  |  |
|   |               | MCB4 Policy Regarding<br>of Alcoholic-Serving     | YES  | NO                       | YES            |               |                                 |  |  |  |

|  |                    | MONDAY  | TUESDAY  | Y             | WEDNESD     | AY           | THU        | RSDAY                | I         | FRIDAY               | SA   | TURDAY                  | s       | JNDAY |
|--|--------------------|---|--|---------------|-------------|--------------|------------|----------------------|-----------|----------------------|------|-------------------------|---------|-------|
| HOURS  | Indoors            | 1130 - 10                                       | 10 1130 - 10 1130 - 10                           |               |             | 1130 - 10 11 |            | 11:                  | 30 - 10   | 1130 - 10            |      | 1130                    | - 10    |       |
| of   | Outdoors           |   |  |               |             |              | 4400       | 10                   |           |                      |      |                         |         |       |
| Operation  |                    | 1130-10   | 1130-10  |               | 1130-10     |              | 1130       | -10                  | 11        | 30-11                | 11.  | 30-11                   | 113     | J-10  |
|  | Kitchen            | 1130 - 10                                       | 1130 - 10  |               | 1130 - 10   |              | 1130 -     | - 10                 | 11:       | 30 - 10              | 113  | 0 - 10                  | 1130    | - 10  |
|  | Music<br>(indoors) | 1130-10   | 1130-10  |               | 1130-10     |              | 1130-10    |                      | 1130      | 0-10                 | 1130 | -10                     | 1130-10 | )     |
| If yes, what typ<br>(Circle all that a   |                    |   | BACKGRO  | UND           | LIVE MU     | SIC          | ]          | DJ                   | J         | UKE BOX              |      | KA                      | RAOKI   | 2     |
|  | <u>appiy)</u>      |   |  |               | OCCUPAN     | CY           |            |                      |           |                      | I    |                         |         |       |
|  | Pu<br>Ce           | ipacity<br>rsuant to<br>rtificate of<br>cupancy | Maximum<br>Occupancy<br>(Including<br>Employees) | Num<br>of Tal |             |              |            | mber of<br>e-Only Ba | rs        | Number<br>Stand-Up l |      | Number of<br>at Stand-U |         |       |
| INSIDE   | 74                 |   | 27   | 9             | 19          |              | 0          | )                    |           | 1                    |      | 3                       |         |       |
| OUTSIDE  |                    |   |  |               |             |              |            |                      |           |                      |      | -                       |         |       |
| (Rooftop/Rear<br>Yard/Patio/Terr<br>/Garden; withir<br>the premises)   |                    |   |  |               |             |              |            |                      |           |                      |      |                         |         |       |
| DOT Dining<br>Out: Sidewal<br>Cafe   |                    |   |  | 2             | 4           |              |            |                      |           |                      |      |                         |         |       |
| DOT Dining (<br>loadway  | Out:               |   |  |               |             |              |            |                      |           |                      |      |                         |         |       |
| How frequent   | ly will the ow     | mer(s) be at the                                | establishment?                                   | <br>?         |             |              |            |                      |           |                      |      |                         |         |       |
| Will there be  |                    |   |  |               |             | 1            | 00%        |                      |           |                      |      |                         |         |       |
| Will applicant   |                    | or table service                                | for alcohol bev                                  | erages        | other than  |              | YES<br>YES | NO                   | NO        |                      |      |                         |         |       |
| wine?<br>Will applican   | t he hosting p     | rivate promotio                                 | nal or corporate                                 | e event       | ·s?         |              | YES        | NO                   | NO        |                      |      |                         |         |       |
|  |                    |   |  |               |             | -            | YES        | NO                   | NO        |                      |      |                         |         |       |
| Will outside promoters be used on a regular basis? If yes, please describe.<br>Will applicant have a security plan? If yes, please attach. |                    |   |  |               |             | -            | YES        | NO                   | NO        |                      |      |                         |         |       |
|  |                    |   | Preuse attacil.                                  |               |             |              | YES        | NO                   | NO        |                      |      |                         |         |       |
| Will security plan be implemented?   Will State certified security personnel be used?  |                    |   |  |               | -           | YES          | NO         | NA                   |           |                      |      |                         |         |       |
|  |                    | ssociation and                                  |  | actices       | be followed | ?            | YES        | NO                   | NA        |                      |      |                         |         |       |
|  | -                  | ify MCB4 prior                                  |  |               |             | -            | YES        | NO                   | NA<br>YES | ;                    |      |                         |         |       |
| Will applicant   |                    | very bicycles?                                  | If yes, how ma<br>arked when pic                 |               |             |              | YES        | NO                   | NO        |                      |      |                         |         |       |

| 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      | NA                 |
|---|------|---------|--------------------|
| Where will applicants' own delivery bicycles be parked when not making deliveries?  | NA   |         |                    |
| If applicant is using third party delivery service, where will third party delivery bicycles park?  | YES, | OUTS    | IDE ON THE ROADWAY |
| Where will applicant store its garbage containers when not in use?  |      |         |                    |
|   | BASE | MENT    |                    |
| Where will applicant lay out garbage containers and at what time?   |      |         |                    |
|   | OUTS | SIDE 10 | )PM                |

| LOCATION & ZONING   |     |    |     |
|---|-----|----|-----|
| Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?          | YES | NO | NO  |
| Does the building have a Certificate of Occupancy ("C of O") or a Letter of No Objection? | YES | NO | YES |
| Is a Public Assembly permit required?   | YES | NO | NA  |
| Are your plans filed with DOB?  | YES | NO | NA  |
| What is the zoning designation for this location?   |     |    |     |
|   | NA  |    |     |

| Community Notification/Relat  | ions               |                 |  |     |    |    |  |  |
|---|--------------------|-----------------|--|-----|----|----|--|--|
| NOTIFICATION:   | # 1                |                 |  |     |    |    |  |  |
| List all block associations; tenant<br>associations, co-op boards or<br>condo boards of residential                         | # 2                |                 |  |     |    |    |  |  |
| buildings; and community groups<br>that applicant has notified<br>regarding its application. For each,                      | # 3                |                 |  |     |    |    |  |  |
| please list both the organization<br>and individual you contacted.  | # 4                |                 |  |     |    |    |  |  |
|   | # 5                |                 |  |     |    |    |  |  |
| When did applicant post the notice that   | was prov           | ided?           | YES                                    |     |    |    |  |  |
| Where did applicant post the notice that  | t was prov         | vided?          | CORNERS OF 19TH AND 7TH AVE BOTH SIDES |     |    |    |  |  |
| Please provide dates when applicant me above.   | et with th         | e groups listed | NA                                     |     |    |    |  |  |
| Who was your contact person at each group you met with?   |                    |                 | NA                                     |     |    |    |  |  |
| Will applicant provide a cell phone nun<br>to complaints that arise? If yes, please p                                       | ighbors and respon | d               | YES                                    | NO  | NO |    |  |  |
| Will applicant inform the Community Board office of its job opening and/or provide a hyperlink to applicant's jobs webpage? |                    |                 |  | YES | NO | NO |  |  |

| MULTIPLE S  | SPACES/FLOO                  | RS BREAKD | OWN   |                |               |                               |  |       |
|-------------|------------------------------|-----------|-------|----------------|---------------|-------------------------------|--|-------|
| Space/Floor | Description/<br>Use of Space | Capacity  | Hours | # of<br>Tables | # of<br>Seats | # of<br>Service-<br>Only Bars | # of<br>Stand-Up<br>Bars/Seats at<br>Bar | Music |
|             |                              |           |       |                |               |                               |  |       |
|             |                              |           |       |                |               |                               |  |       |
|             |                              |           |       |                |               |                               |  |       |
|             |                              |           |       |                |               |                               |  |       |
|             |                              |           |       |                |               |                               |  |       |
|             |                              |           |       |                |               |                               |  |       |
|             |                              |           |       |                |               |                               |  |       |
|             |                              |           |       |                |               |                               |  |       |
|             |                              |           |       |                |               |                               |  |       |
|             |                              |           |       |                |               |                               |  |       |
|             |                              |           |       |                |               |                               |  |       |
|             |                              |           |       |                |               |                               |  |       |
|             |                              |           |       |                |               |                               |  |       |

| BUILDING DESIGN  |      |         |  |
|--|------|---------|--|
| State the name and type of business previously located in the space.   | GLUR | REST    | AURANT                                     |
| Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.   | YES  | NO      | YES. GLUR                                  |
| Do you plan any changes to the existing façade? If yes, please describe.   | YES  | NO      | NO   |
| Has the applicant/owner(s) read MCB4 ADA Guidelines Memo?  | YES  | NO      | YES  |
| Is the entrance ADA Compliant?   | YES  | NO      | YES  |
| Do you plan any changes to the existing façade? If yes, please describe.   | YES  | NO      | NO   |
| Will applicant have a vestibule within the establishment?  | YES  | NO      | NO   |
| Will applicant use a storm enclosure?  | YES  | NO      | NA   |
| Does applicant agree to keep the sidewalk clear of all items or<br>obstructions, such as sandwich boards, sidewalk signs, freestanding<br>menus and plants, as per the law?  | YES  | NO      | YES  |
| Will applicant comply with the NYC noise code?   | YES  | NO      | YES  |
| Will the establishment have any of the following: (circle all that apply)  | FREN | CH DOOR | RS GARAGE DOORS WINDOWS THAT CAN BE OPENED |
| Will applicant close all windows, French doors, garage doors when<br>any music or amplified sound (including televisions) is played inside<br>the establishment?   | YES  | NO      | YES  |
| 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?                                  | YES  | NO      | YES  |
| Has applicant obtained an acoustical report from a certified sound<br>engineer to assess potential noise disturbance to the neighboring<br>residents and buildings?  | YES  | NO      | NA   |
| Will applicant follow the recommendations of a certified sound<br>engineer to mitigate potential noise disturbance to the neighboring<br>residents and buildings, including placing speakers on the floor of the<br>establishment? | YES  | NO      | NA   |
| Will the kitchen exhaust system extend to the roof?  | YES  | NO      | YES  |
| Will the establishment have an illuminated sign?   | YES  | NO      | NO   |
| Will the establishment have a pole-supporting canopy extending over the sidewalk?  | YES  | NO      | NA   |
| Where will the air conditioner be located? What type is it?  | BACK | YARD -  | - MINI SPLIT                               |
| When was the air conditioner installed?  | 2019 |         |  |

| OUTDOOR PRIVATE PROPERTY – ROOFTOP, REAR YARD, TERRACE   |     |    |     |  |  |  |  |
|--|-----|----|-----|--|--|--|--|
| Has the applicant/owner(s) read MCB4 Rear Yard Rooftop Policy?   | YES | NO | YES |  |  |  |  |
| Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck, gazebo? If yes, which one(s)? | YES | NO |     |  |  |  |  |
|  |     |    | NA  |  |  |  |  |
| Are the floorplans for the outdoor space(s) included?  | YES | NO | YES |  |  |  |  |
| 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 | YES |  |  |  |  |
| Will the service and consumption of alcohol in any outdoor space<br>only be via seated food service?                                   | YES | NO | YES |  |  |  |  |
| Will applicant prohibit patrons from drinking in any outdoor space(s)?   | YES | NO | YES |  |  |  |  |
| Will there be no amplified music, as per the law?  | YES | NO | YES |  |  |  |  |
| If amplified sound is played inside the establishment, will windows and doors be closed?   | YES | NO | NA  |  |  |  |  |
| Will applicant agree to post signs outside asking customers to respect the neighbors?  | YES | NO | YES |  |  |  |  |
| Will applicant agree to train staff to encourage a peaceful environment?   | YES | NO | YES |  |  |  |  |
| 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 | YES |  |  |  |  |

| DEPARTMENT OF TRANSPORATION DINING OUT: SI  | DEWA | ALK |     |
|---|------|-----|-----|
| Has the applicant read MCB4 Sidewalk Café Policy?   | YES  | NO  | YES |
| Will applicant be applying for sidewalk seating now or in the future?   | YES  | NO  | YES |
| 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  | YES |
| 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  | YES |
| Will applicant respect trees and tree pits and insure the health of the tree?   | YES  | NO  | YES |
| Will the service and consumption of alcohol in any outdoor space only be via seated food service?   | YES  | NO  | YES |
| Will applicant prohibit patrons from drinking in any outdoor space(s) or adjacent sidewalk?   | YES  | NO  | YES |
| Will applicant permit NO wait lines or smoking outside?   | YES  | NO  | YES |
| Will there be no amplified music, as per the law?   | YES  | NO  | YES |
| If amplified sound is played inside the establishment, will windows and doors be closed?  | YES  | NO  | NA  |
| Will there be a staff person responsible to ensure no loitering, noise or crowds outside?   | YES  | NO  | YES |
| Will applicant agree not to use propane heaters?  | YES  | NO  | YES |
| Will applicant agree to abide by all applicable fire codes, including not blocking fire escapes?  | YES  | NO  | YES |
| Will the outdoor dining deposit its garbage in a container on the parking lane?   | YES  | NO  | NO  |
| Will the café have a 3 foot-wide serving aisle running the entire length of the sidewalk seating?   | YES  | NO  | YES |
| Will the sidewalk seating have a platform?  | YES  | NO  | NO  |
| Does applicant agree to keep the sidewalk clear of all items or obstructions, such as sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?   | YES  | NO  | YES |
| Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?   | YES  | NO  | YES |
| Will the sidewalk seating block subway grate, utility hardware or Siamese water connection?   | YES  | NO  | NO  |
| If construction or construction protection has reduced the sidewalk width, will<br>applicant always maintain an 8-foot clear path of sidewalk between the<br>perimeter of the café and the closes obstruction including construction<br>barricades? |      |     | NA  |

| DEPARTMENT OF TRANSPORATION DINING OUT: RC  | DADW | AY |    |
|---|------|----|----|
| 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 | NO |
| f 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 now 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 |    |
| Vill applicant prohibit patrons from drinking in any outdoor space(s) or adjacent idewalk?  | YES  | NO |    |
| f amplified sound is played inside the establishment, will windows and doors be losed?  | 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 s sandwich boards, sidewalk signs, freestanding menus and plants, as per the aw? | 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)

- All sidewalk obstructions placed by applicant will be removed

- Applicant will not place any tables or chairs on curbside of sidewalk

- DOT Dining Sidewalk Cafe will be limited to 2 tables no large than 14" by 14" with 2 chairs at each table. Those tables and chairs will be placed against the building facade, extending no further than 3' from building facade.

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.

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.

| Manhattan Community Board 4 (Megaring (MCB4's recommendation is based on a December 4, 2024 full board meeting, which in favor of the recommendation, _0_m members abstaining and _0_present b   | a vote taken at its<br>ith 42 members voting<br>nembers opposed, 0 | Denial unless all stipulations agreed to by applicant/owner are part<br>of the method of operation<br>O Denial O Approval |   |                 |  |  |  |  |
|--|--|---|---|-----------------|--|--|--|--|
| MCB4 REPRESENTATIVES   |  |   |   |                 |  |  |  |  |
| Nelly Gonzalez<br>MCB4 Assistant District Manager  | Frank Holozubiec<br>MCB4 BLP Committee Co-Chair                    | hyli  | Burt Lazarin<br>MCB4 BLP Committee Co-C | Thair           |  |  |  |  |
| APPLICANT AGREEMENT WI   | 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 representatives and applicant. These stipulations supersede any oral statements, representations, or prior iterations in connection with this application. |  |   |   |                 |  |  |  |  |
| SIGN HERE $\rightarrow$  | issava poto weevakings<br>PRINT NAME OF APPLICANT                  | C.  | F APPLICANT                             | 11/3/24<br>DATE |  |  |  |  |

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