

Manhattan Community Board 4

NYS Liquor License/DOT Dining Out Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME		DOING BUSINESS AS (DBA)	
QINGYUN INC		DONG BEI RESTAURANT & BAR	
STREET ADDRESS		CROSS STREETS	ZIP CODE
367 W 36TH ST		Between Eighth & Ninth Avenue	10018
Applicant <small>(Attach a list of all individuals that will be listed/associated with the license)</small>	NAME: Ruien Chen	ATTORNEY/ REPRESENTATIVE	NAME: Weitao Chen
	PHONE: 516-468-5332		PHONE: 718-766-2567
	EMAIL: qtusa001@gmail.com		EMAIL: chen@faan.com
MANAGER	NAME: KAI YAN	LANDLORD	NAME: 36TH HY LLC
	PHONE: 201-423-5900		PHONE: (212)-730-1111
	EMAIL: kaiytj@gmail.com		EMAIL: justin@gorjian.nyc
APPLICATION TYPE (<u> </u> <i>New York State Liquor License</i> <u> </u> <i>Dept. of Transportation Dining Out</i>)			
<input checked="" type="checkbox"/> 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?	Yunqi Inc., dba OK Asian Food Express 231 Jericho Tpke, New Hyde Park, New York 11040	
	What were the dates applicant was involved with this former premise?	03/11/2025	
<input type="checkbox"/> 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="checkbox"/> Alteration	What is the current license # and expiration date?		
	Please list/describe the nature of all the changes and attach the plans:		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input checked="" type="checkbox"/> Liquor/Wine/Beer & Cider <input type="checkbox"/> Beer & Cider <input type="checkbox"/> Wine/Beer & Cider		
ESTABLISHMENT TYPE	<input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Club (Fraternal Organization – Members Only)		
Has applicant filed with the SLA? If yes, when? If no, when does applicant plan to file?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Applicant plans t file with SLA on 09/16/2025.
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.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	See Attached diagram and public interest statement.
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.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="checkbox"/> YES	<input 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	11am-11pm	11am-11pm	11am-11pm	11am-11pm	11am-12pm	11am-12pm	11am-10pm
	Outdoors	N/A						
	Kitchen	11am-11pm	11am-10pm	11am-10pm	11am-10pm	11am-10pm	11am-10pm	11am-9pm
	Music (indoors)	N/A						

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	25	25	8	20	1	1	4
OUTSIDE <i>(Rooftop/Rear Yard/Patio/Terrace /Garden; within the premises)</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A
DOT Dining Out: Sidewalk Cafe	N/A	N/A	N/A	N/A	N/A		
DOT Dining Out: Roadway	N/A	N/A	N/A	N/A	N/A		

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

Hired manager managed

Will there be dancing?

YES NO

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

YES NO

Will applicant be hosting private promotional or corporate events?

YES NO

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

YES NO

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

YES NO Standard restaurant management procedures, ID checks for alcohol service.

Will security plan be implemented?

YES NO

Will State certified security personnel be used?

YES NO

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

YES NO

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

YES NO

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

YES 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	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?	Outside the resaurant		
Where will applicant store its garbage containers when not in use?	Outside the restaurant.		
Where will applicant lay out garbage containers and at what time?	Outside the restaurant after 10pm		

LOCATION & ZONING

Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES <input checked="" type="checkbox"/>	NO	Within the Special Hudson Yards District.
Does the building have a Certificate of Occupancy ("C of O") or a Letter of No Objection?	YES <input checked="" type="checkbox"/>	NO	
Is a Public Assembly permit required?	YES	NO <input checked="" type="checkbox"/>	
Are your plans filed with DOB?	YES	NO <input checked="" type="checkbox"/>	
What is the zoning designation for this location?	M1-5		

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	HKNA (incl. Dog Run) Kathleen Treat	
	# 2	West 36th Street Frank Stroch	
	# 3	CHDC (incl. Bob's & bird parks) Joe Restuccia, Ryan Marcano, Bill Kelley	
	# 4	Hudson Yards Hell's Kitchen Alliance Bob Benfatto, Patty Gouris	
	# 5	Highline537, No Contact person. Only email provided.	
When did applicant post the notice that was provided?	08/28/2025		
Where did applicant post the notice that was provided?	Windows of establishment and on any light poles on the block.		
Please provide dates when applicant met with the groups listed above.	Reached out on 08/21/2025. No Response yet.		
Who was your contact person at each group you met with?	KAI YAN		
Will applicant provide a cell phone number to neighbors and respond to complaints that arise? If yes, please provide.	YES <input checked="" type="checkbox"/>	NO	201-423-3940
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
1ST FL	Restaurant	25	See operation of hours on page 2	8	20	1	1/4	Recorded mussic

BUILDING DESIGN			
State the name and type of business previously located in the space.	Zen Dim Sum, a Chinese restaurant.		
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	NO	<input checked="" type="checkbox"/>
Has the applicant/owner(s) read MCB4 ADA Guidelines Memo?	YES	NO	<input checked="" type="checkbox"/>
Is the entrance ADA Compliant?	YES	NO	<input checked="" type="checkbox"/>
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	<input checked="" type="checkbox"/>
Will applicant have a vestibule within the establishment?	YES	NO	<input checked="" type="checkbox"/>
Will applicant use a storm enclosure?	YES	NO	<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?	YES	NO	<input checked="" type="checkbox"/>
Will applicant comply with the NYC noise code?	YES	NO	<input checked="" type="checkbox"/>
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?	YES	NO	<input checked="" type="checkbox"/>
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	<input checked="" type="checkbox"/>
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	NO	<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	NO	<input checked="" type="checkbox"/>
Will the kitchen exhaust system extend to the roof?	YES	NO	<input checked="" type="checkbox"/>
Will the establishment have an illuminated sign?	YES	NO	An "OPEN" illuminated sign on window
Will the establishment have a pole-supporting canopy extending over the sidewalk?	YES	NO	<input checked="" type="checkbox"/>
Where will the air conditioner be located? What type is it?	On the roof of the building. Central air conditioner.		
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?	<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? 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	No outdoor spaces
Will applicant close and vacate the outdoor space(s) by 11 p.m. on Friday & Saturday and 10 p.m. on all other days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A. No outdoor spaces
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. No outdoor spaces
Will applicant prohibit patrons from drinking in any outdoor space(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A. No outdoor spaces
Will there be no amplified music, as per the law?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A. No outdoor spaces
If amplified sound is played inside the establishment, will windows and doors be closed?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant agree to post signs outside asking customers to respect the neighbors?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant agree to train staff to encourage a peaceful environment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants; apartments)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
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. No outdoor spaces

DEPARTMENT OF TRANSPORTATION DINING OUT: SIDEWALK

Has the applicant read MCB4 Sidewalk Café Policy?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant be applying for sidewalk seating now or in the future?	<input type="checkbox"/> 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.	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant respect trees and tree pits and insure the health of the tree?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
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	
Will applicant prohibit patrons from drinking in any outdoor space(s) or adjacent sidewalk?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant permit NO wait lines or smoking outside?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will there be no amplified music, as per the law?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will there be a staff person responsible to ensure no loitering, noise or crowds outside?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant agree not to use propane heaters?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant agree to abide by all applicable fire codes, including not blocking fire escapes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the outdoor dining deposit its garbage in a container on the parking lane?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the café have a 3 foot-wide serving aisle running the entire length of the sidewalk seating?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the sidewalk seating have a platform?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does applicant agree to keep the sidewalk clear of all items or obstructions, such as sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
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	
Will the sidewalk seating block subway grate, utility hardware or Siamese water connection?	<input type="checkbox"/> YES	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> 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)

- Applicant will obtain copies of any DEP Inspection Reports from fall & winter 2025, and will submit reports to MCB4
- Applicant will work with landlord to execute recommendations of report(s)
- Applicants western door will be for emergency use only; all customer access will be through eastern door only
- Garbage containers will be kept inside premises during the day

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.

ADDITIONAL STIPULATIONS: (Office Use Only), *Continued*

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 (MCB4) recommends:
 (MCB4's recommendation is based on a vote taken at its
 1/7/26 full board meeting, with 44 members voting
 in favor of the recommendation, 0 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



Wendy Gonzalez
 MCB4 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 representatives and applicant. These stipulations supersede any oral statements, representations, or prior iterations in connection with this application.

SIGN HERE →

Kai Yan

PRINT NAME OF APPLICANT



SIGNATURE OF APPLICANT

2025/8/28

DATE