



CITY OF NEW YORK

**MANHATTAN COMMUNITY BOARD FOUR**

330 West 42<sup>nd</sup> Street, 26<sup>th</sup> floor New York, NY 10036  
tel: 212-736-4536 fax: 212-947-9512  
www.nyc.gov/mcb4

**COREY JOHNSON**  
Chair

**ROBERT J. BENFATTO, JR., ESQ.**  
District Manager

August 5, 2013

Dennis Rosen  
Chairman  
New York State Liquor Authority  
80 S. Swan Street, 9<sup>th</sup> Floor  
Albany, New York 12210

Re: 689 Jing Restaurant Inc.  
d/b/a AA Jing  
689 9<sup>th</sup> Avenue (47/48)

Dear Chairman Rosen:

Manhattan Community Board 4 (MCB4) recommends denial of a transfer for an On-Premise Liquor License for AA Jing at 689 9<sup>th</sup> Avenue (47/48) unless the following stipulations, agreed to by the applicant, are part of the method of operation for this establishment with a capacity of 74 people, and 25 tables with 60 seats.

A signed copy of the questionnaire and stipulations are enclosed.

Sincerely,

Corey Johnson  
Chair

[signed 7/31/13]  
Paul Seres  
Co-Chair  
Business License & Permits  
Committee

[signed 7/31/13]  
Lisa Daglian  
Co-Chair  
Business License & Permits  
Committee

# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License Stipulations Application

<b>APPLICANT</b> 689 Jing Restaurant Inc.		<b>DOING BUSINESS AS (DBA)</b> AA Jing		
<b>STREET ADDRESS</b> 689 9th Avenue, New York, NY 10036		<b>CROSS STREETS</b> W. 48th and W. 47th		
<b>OWNER</b>	<b>NAME:</b> Tan, Hua Yun	<b>ATTORNEY</b>	<b>NAME:</b> Nolan Cheng	
	<b>PHONE:</b> 646-338-5860		<b>PHONE:</b> 212-385-2122	
	<b>FAX:</b>		<b>FAX:</b> 212-385-2022	
<b>MANAGER</b>	<b>NAME:</b> N/A	<b>LANDLORD</b>	<b>NAME:</b> BFM Realty Associates	
	<b>PHONE:</b>		<b>PHONE:</b> 212-246-8169	
	<b>FAX:</b>		<b>FAX:</b> 212-265-7364	
<b>DESCRIPTION OF BUSINESS</b>				
<b>Establishment Type:</b>	<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization – Members Only) <input type="radio"/> Other (Explain): _____			
<b>Method of Operation:</b>	<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): _____			
<b>License Type:</b>	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
<b>APPLICATION TYPE</b> (check one)	<input type="radio"/> New	Has applicant owned or managed a similar business?	YES	NO
		What is/was the name of establishment?		
		What is/was the address of the establishment?		
		What were the dates the applicant was involved with this former premise?		
	<input checked="" type="radio"/> Transfer	What is the prior license #?	1215931	
		What is the expiration date on the prior license?	08/31/2013	
		Are you making any alterations or operational changes?	YES	<input checked="" type="radio"/> NO
		<i>If alterations or operational changes are being made, please attach the plans to this form.</i>		
	<input type="radio"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
<i>Please describe the nature of the alterations and attach the plans</i>				

**OPERATIONAL ISSUES**

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	11:30 am - 11:30 pm	11:30 am - 11:30 pm	11:30 am - 11:30 pm	11:30 am - 11:30 pm	12:00 noon - 11:30 pm	12:00 noon - 11:30 pm	11:30 am - 11:30 pm
	Music	11:30 am - 11:30 pm	11:30 am - 11:30 pm	11:30 am - 11:30 pm	11:30 am - 11:30 pm	12:00 noon - 11:30 pm	12:00 noon - 11:30 pm	11:30 am - 11:30 pm
	Kitchen	11:30 am - 11:30 pm	11:30 am - 11:30 pm	11:30 am - 11:30 pm	11:30 am - 11:30 pm	12:00 noon - 11:30 pm	12:00 noon - 11:30 pm	11:30 am - 11:30 pm

OCCUPANCY	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables
	74	70	25	60	N/A	N/A	N/A	N/A	N/A

How many floors are there? What is the capacity for each floor? (please respond in space provided)	<input checked="" type="radio"/> 1	<input type="radio"/> 2-4	<input type="radio"/> 5+	2 floors (Ground floor restaurant dining room and kitchen, basement for storage)					
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)	YES	<input checked="" type="radio"/> NO	N/A						
Will applicant have bottle service?	YES	<input checked="" type="radio"/> NO	N/A						
Will you be hosting private parties and promotional events?	<input checked="" type="radio"/> YES	NO	N/A						
Will outside promoters be used?	YES	<input checked="" type="radio"/> NO	N/A						
Will the security plan submitted be implemented?	YES	NO	<input checked="" type="radio"/> N/A						
Will State certified security personnel be used?	YES	NO	<input checked="" type="radio"/> N/A						
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	YES	NO	<input checked="" type="radio"/> N/A						
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)	<input checked="" type="radio"/> YES	NO	N/A	Bicycle rack already installed by DOT					
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	YES	<input checked="" type="radio"/> NO	N/A	No					
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)	YES	NO	<input checked="" type="radio"/> N/A						
Will applicant provide contact information to neighbors and respond to complaints that arise?	<input checked="" type="radio"/> YES	NO	N/A						
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?	YES	<input checked="" type="radio"/> NO	N/A						

If you plan to have music, what type(s)?	<input checked="" type="radio"/> BACKGROUND	<input type="radio"/> LIVE MUSIC	<input type="radio"/> DJ	Background					
--	---	----------------------------------	--------------------------	------------	--	--	--	--	--

**BUILDING DESIGN**

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.	<input checked="" type="radio"/> YES	NO	N/A						
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?	<input checked="" type="radio"/> YES	NO	N/A						
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)	<input checked="" type="radio"/> YES	NO	N/A						

OUTDOOR ITEMS				
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	N/A	
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	<input checked="" type="radio"/> N/A	
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	<input checked="" type="radio"/> N/A	
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	<input checked="" type="radio"/> N/A	
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	<input checked="" type="radio"/> YES	NO	<input checked="" type="radio"/> N/A	
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	<input checked="" type="radio"/> N/A	
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A	n/a

LOCATION & ZONING				
Primary Zoning District:		Overlay (If Applicable):		
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	N/A	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO	N/A	
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="radio"/> YES	NO	N/A	
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A	
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	NO	N/A	
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____			
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____			
<b>NOTIFICATION:</b> What organizations / community groups have you notified regarding your application?	# 1			
	# 2			
	# 3			

ADDITIONAL STIPULATIONS: (Office Use Only)

no other change to  
method of operation

vickyl

Manhattan Community Board 4 (MCB4) recommends:

Approval  Denial unless all agreed to by applicant is part of the method of operation  Denial

**CB4 REPRESENTATIVES**

Nelly Gonzalez  
CB4 Community Associate

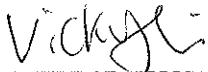
  
Lisa Daglan  
CB4 BLP Committee Co-Chair

  
Paul Seres  
CB4 BLP Committee Co-Chair

**APPLICANT AGREEMENT WITH THE COMMUNITY**

Pursuant to these stipulations, this applicant agrees to have these provisions incorporated in the method of operation of their liquor license. Additionally, the applicant agrees to the community agreements as the basis for the community supporting this application.

SIGN HERE →

  
SIGNATURE OF APPLICANT

DATE