

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)		
Amazing Sushi Inc.		Kiku		
STREET ADDRESS		CROSS STREETS		
235 9th Avenue, New York, NY 10001		West 24 Street & West 25 Street		
OWNER	NAME:	Fen Chen Chen	ATTORNEY	
	PHONE:	212-627-3660	NAME:	
	FAX:		PHONE:	
MANAGER	NAME:	Wen Hua Zhu	LANDLORD	
	PHONE:	212-627-3660	NAME:	
	FAX:		PHONE:	
			Elaine Gorlechan	
			212-251-7786	
			FAX:	
DESCRIPTION OF BUSINESS				
Establishment Type:	<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): _____			
Method of Operation:	<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): _____			
License Type:	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
APPLICATION TYPE (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 #?	1246547	
		What is the expiration date on the prior license?	09/30/2015	
		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

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS	Operation	11AM-11PM	11AM-11PM	11AM-11PM	11AM-11PM	11A-11:30PM	11:30A-11:30P	11:30A-11P
	Music	11AM-11PM	11AM-11PM	11AM-11PM	11AM-11PM	11A-11:30P	11:30A-11:30P	11:30A-11P
	Kitchen	11AM-11PM	11AM-11PM	11AM-11PM	11AM-11PM	11A-11:30P	11:30A-11:30P	11:30A-11P

OCCUPANCY	INDOOR				BAR			OUTSIDE	
	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
	LNO/74	70	12	21	0	0	0	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"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5+	
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?	YES	<input checked="" type="radio"/> 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	
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	
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?	<input checked="" type="radio"/> YES	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
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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.).	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	<input checked="" type="radio"/> N/A	

LOCATION & ZONING

Primary Zoning District:	R8A	Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> 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.	YES	NO	<input checked="" type="radio"/> N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A
Are your plans filed with DOB?	YES	<input checked="" type="radio"/> 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: _____		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1		
	# 2		
	# 3		

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

ADDITIONAL STIPULATIONS: (Office Use Only)


no other change to method of operation
FW

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

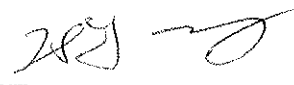

Lisa Daglian
CB4 BLP Committee Co-Chair


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

12/10/13
DATE

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

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

(Page 1 of 2 of Form)

1. Date Notice was Sent: (mm/dd/yyyy)

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License
 New Application Renewal Alteration Corporate Change

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. License Serial Number, if not New Application: Expiration Date, if not New Application:

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 Fax Number of Applicant/Licensee:

11. Business E-mail of Applicant/Licensee:

**For New applicants, provide description below using all information known to date.
 For Alteration applicants, attach complete description and diagram of proposed alteration(s).
 For Current Licensees, set forth approved Method of Operation only.
 Do Not Use This Form to Change Your Method of Operation.**

12. Type(s) of Alcohol sold or to be sold: ("X" One) Beer Only Wine & Beer Only Liquor, Wine & Beer

13. Extent of Food Service: ("X" One) Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef) Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)

14. Type of Establishment: ("X" all the apply)
 Recorded Music Live Music Disc Jockey Juke Box Karaoke Bar Stage Shows
 Patron Dancing (small scale) Cabaret, Night Club (Large Scale Dance Club) Catering Facility
 Capacity of 600 or more patrons Topless Entertainment Restaurant Hotel
 Recreational Facility (Sports Facility/Vessel) Club (e.g. Golf Club/Fraternal Org.) Bed & Breakfast
 Seasonal Establishment

15. Licensed Outdoor Area: ("X" all the apply)
 None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
 Sidewalk Cafe Other (specify):