

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME <i>Thang Soak Corporation</i>		DOING BUSINESS AS (DBA) <i>Noodles Thai Kitchen</i>	
STREET ADDRESS <i>830 8th Avenue</i>		CROSS STREETS <i>54th Street</i>	ZIP CODE <i>10019</i>
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: <i>Waraphang Worachida</i>	ATTORNEY/ REPRESENTATIVE	NAME: <i>James Lam</i>
	PHONE: <i>646-207-8899</i>		PHONE: <i>646-207-8899</i>
	EMAIL: <i>noodles9ave@gmail.com</i>		EMAIL: <i>james1987@gmail.com</i>
MANAGER	NAME: <i>Theraphon Lashutkittiwat</i>	LANDLORD	NAME: <i>360 West 25th Street LP</i>
	PHONE: <i>929-293-3382</i>		PHONE: <i>212-764-0700</i>
	EMAIL:		EMAIL: <i>info@sihamgt.com</i>
APPLICATION TYPE (Check One)			
<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
	What is/was the name and address of establishment?	<i>8 Rio 8110 Broadway Elmhurst NY 11375</i>	
	What were the dates applicant was involved with this former premise?	<i>2014 to 2016</i>	
<input type="radio"/> Transfer	What is the prior license # and expiration date?		
	Is applicant making any alterations or operational changes?	<input type="radio"/> YES	<input type="radio"/> NO
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input type="radio"/> Alteration	What is the current license # and expiration date?		
	<i>Please list/describe the nature of all the changes and attach the plans:</i>		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input type="radio"/> Liquor/Wine/Beer <input type="radio"/> Beer <input checked="" type="radio"/> Wine & Beer		
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/owner filed with the SLA? If yes, when? If no, when do you plan to file?	YES	<input checked="" type="radio"/> NO	<i>2/14/2017</i>
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement.	YES	<input checked="" type="radio"/> NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	<input checked="" type="radio"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	

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

HOURS* (Indoor Only)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	11:30 a.m. to 11:00 p.m.	11:30 a.m. to 11:00 p.m.	11:30 a.m. to 11:00 p.m.	11:30 a.m. to 11:00 p.m.	11:30 a.m. to 11:00 p.m.	11:30 a.m. to 11:00 p.m.	11:30 a.m. to 11:00 p.m.
	Kitchen	11:30 a.m. to 10:30 p.m.	11:30 a.m. to 10:30 p.m.	11:30 a.m. to 10:30 p.m.	11:30 a.m. to 10:30 p.m.	11:30 a.m. to 10:30 p.m.	11:30 a.m. to 10:30 p.m.	11:30 a.m. to 10:30 p.m.
	Music	N/A	N/A	N/A	N/A	N/A	N/A	N/A

If you plan to have music, what type(s)? (Circle all that apply)

BACKGROUND
 LIVE MUSIC
 DJ
 JUKE BOX
 KARAOKE

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 Stand-Up Bar
INSIDE	35	27	11	21	1	N/A	N/A
OUTSIDE (Other than sidewalk café)	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SIDEWALK CAFE							

How many floors are there? What is the capacity for each floor?

Ground floor only 35 capacity

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

6 days a week

Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?

YES NO

Will applicant have bottle or table service for beverage alcohol?

YES NO

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

YES NO

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

Will applicant be using delivery bicycles? If yes, how many?

YES NO one

Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law?

YES NO

Where will delivery bicycles be stored during the day when not in use?

Store front

LOCATION & ZONING		
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO
Are your plans filed with DOB?	YES	<input checked="" type="radio"/> NO

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	West 46th Street Block Association
	# 2	West 46th Street Block Association
	# 3	Flats Tenants Association
	# 4	Midtown North Pct Council
	# 5	50/51 Street Block Association
Please provide dates when applicant met with the groups listed above.		
Who was your contact person at each group you met with?		
When did applicant post the notice that was provided?		
Where did applicant post the notice that was provided?		Linda Ashley / Steve Tanta / Karen Nightengale / Steve Beliba / J.D. Nasir
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	<input checked="" type="radio"/> YES	NO
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	<input checked="" type="radio"/> YES	NO

BUILDING DESIGN			
State the name and type of business previously located in the space.	Noodles Thai Kitchen - Thai Restaurant.		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Noodles Thai Kitchen Inc.
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="radio"/> NO	
Will applicant have a vestibule within the establishment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant use a storm enclosure?	YES	<input checked="" type="radio"/> NO	
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	YES	<input checked="" type="radio"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="radio"/> YES	<input type="radio"/> 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="radio"/> YES	<input type="radio"/> NO	
Will applicant close all windows, French doors, garage doors by 11 PM Friday and Saturday and 10 PM on all other days even if no music or amplified sound is played inside the establishment?	<input checked="" type="radio"/> YES	<input type="radio"/> 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="radio"/> NO	
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	<input type="radio"/> NO	
Will the kitchen exhaust system extend to the roof?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the establishment have an illuminated sign?	YES	<input checked="" type="radio"/> NO	
Will the establishment have a canopy extending over the sidewalk?	YES	<input checked="" type="radio"/> NO	
Where will the air conditioner be located? What type is it?	Roof -		
When was the air conditioner installed?	2005		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Are the floorplans for the outdoor space(s) included?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	<input type="radio"/> YES	<input type="radio"/> NO	N/A.
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	<input type="radio"/> YES	<input type="radio"/> NO	N/A.
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will there be no amplified music, as per the law?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	N/A.
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant agree to train staff to encourage a peaceful environment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	

OUTDOOR ITEMS – SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant be applying for a sidewalk café now or in the future?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	<input type="radio"/> YES	<input checked="" type="radio"/> NO	N/A.
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	N/A.
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	N/A.
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk café?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant mark the perimeter of the café on the sidewalk?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	N/A.
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	N/A.
Will the sidewalk café not provide standing space for drinking or smoking?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	N/A.
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	<input type="radio"/> YES	<input type="radio"/> NO	↓
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input type="radio"/> YES	<input type="radio"/> NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	<input type="radio"/> YES	<input type="radio"/> NO	
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	<input type="radio"/> YES	<input type="radio"/> NO	
Will applicant use umbrellas?	<input type="radio"/> YES	<input type="radio"/> 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?	<input type="radio"/> YES	<input type="radio"/> NO	

ADDITIONAL STIPULATIONS: (Office Use Only)

To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

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

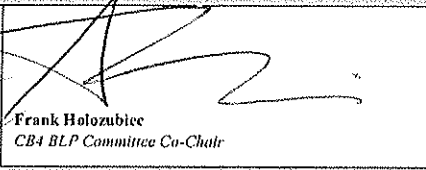
To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

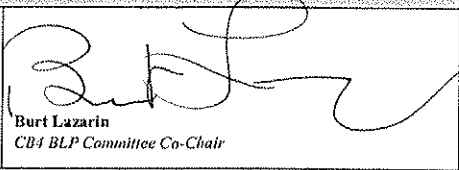
Manhattan Community Board 4 (MCB4) recommends:

Denial unless all stipulations agreed to by applicant/owner are part of the method of operation
 Denial Approval

CB4 REPRESENTATIVES


Nelly Gonzalez
CB4 Assistant District Manager

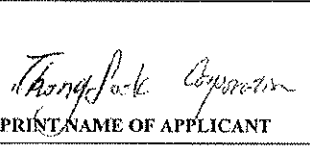

Frank Holozubiec
CB4 BLP Committee Co-Chair


Burt Lazarin
CB4 BLP Committee Co-Chair

APPLICANT AGREEMENT WITH THE COMMUNITY

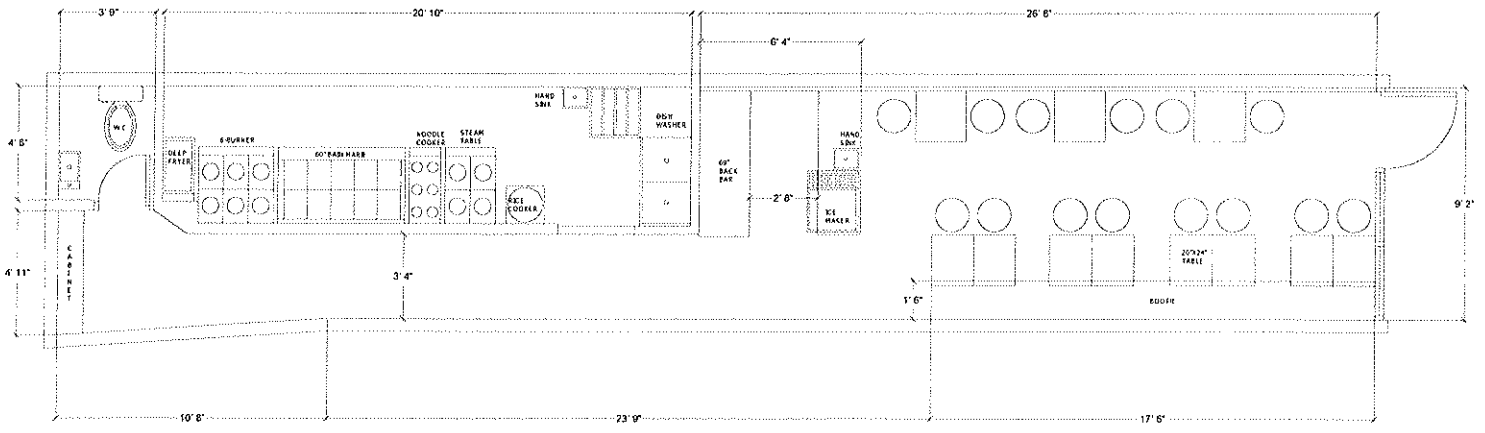
Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of 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 and applicant. These stipulations supersede any oral statements or representations in connection with this application.

SIGN HERE →


PRINT NAME OF APPLICANT


SIGNATURE OF APPLICANT

1-26-17
DATE





Noodles

THAI KITCHEN

828

BARBACON

GALLERY
ZELINSKY

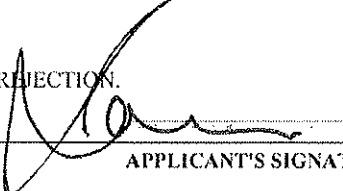
THAI KITCHEN

THAI KITCHEN

hair
FLIES

SMALLER
OR
LARGER
ONLY



APPLICATION FORM		
Location of Apartment: 830 9th Avenue New York NY 10019		
NAME: THONG SOOK CORPORATION	DOB:	SS#: 81-4531272
SPOUSE:	DOB:	SS#:
PRESENT ADDRESS: 830 9TH AVENUE NEW YORK NY 10019		
HOME PHONE #: 929-293-3382	WORK PHONE #: 646-668-7828	
RENT PAID:	LENGTH RESIDENCE:	
LANDLORD:	PHONE:	
LANDLORD ADDRESS:		
OTHER PERSONS TO OCCUPY THE APARTMENT:		
NAME:	AGE:	RELATIONSHIP:
NAME:	AGE:	RELATIONSHIP:
NAME:	AGE:	RELATIONSHIP:
OCCUPATION:	POSITION:	YEARS:
EMPLOYER:	ADDRESS:	
PHONE:	SALARY:	BONUS:
SUPERVISOR'S NAME AND TEL. #:		
OTHER INCOME:	SOURCE:	
BANK ACCOUNT/S #:	BRANCH:	
:	BRANCH:	
CHARGE ACCOUNTS & CREDIT CARDS:		
NAME:	ACCOUNT #:	
NAME:	ACCOUNT #:	
NAME:	ACCOUNT #:	
BUSINESS REFERENCES:		
NAME:	RELATIONSHIP:	PHONE:
NAME:	RELATIONSHIP:	PHONE:
DRIVER'S LICENSE #:	STATE:	
TYPE OF CAR:	YEAR:	PLATE:
ARE YOU A CITIZEN?		
WHOM SHALL WE NOTIFY IN CASE OF EMERGENCY?		
WHICH APARTMENT AND BUILDING ARE YOU APPLYING FOR?		
HOW DID YOU KNOW OF THIS APARTMENT?		
DO YOU KNOW ANYONE IN THIS BUILDING?		
EARLIEST DATE I WOULD LIKE TO MOVE IN:		
REASON FOR MOVING FROM PRESENT ADDRESS:		
DO YOU AUTHORIZE US TO RUN A CREDIT CHECK AND AGREE TO PAY THE COST?		
DO YOU HAVE ANY PETS? IF SO, WHAT KIND OF PET, HOW MANY & WHAT IS THE WEIGHT?		
<p>THE FILING OF THIS APPLICATION DOES NOT CONSTITUTE AN ACCEPTANCE BY THE LANDLORD OF THE APARTMENT BEING APPLIED FOR. THE APPROVAL OF THIS APPLICATION WILL BE GIVEN SOLELY AT THE LANDLORD'S DISCRETION. UNDER NO CIRCUMSTANCES WILL THE APARTMENT BE DEEMED RENTED TO THE APPLICANT UNTIL THERE HAS BEEN A NOTIFICATION OF ACCEPTANCE AND SIGNED LEASE BETWEEN THE TENANT AND LANDLORD HAVE BEEN EXECUTED.</p> <p>THE LANDLORD DOES NOT DISCRIMINATE BECAUSE OF RACE, CREED, COLOR OR SEX AND AN APPROVED APPLICATION IS IN NO WAY BASED UPON RACE, CREED, COLOR OR SEX.</p> <p>THE FACT THAT YOU MAY HAVE BEEN REFERRED TO US BY A REAL ESTATE BROKER DOES NOT CHANGE THESE CONDITIONS.</p> <p>PETS ARE ALLOWED ON A CASE-TO-CASE BASIS.</p> <p>A FAILURE TO ANSWER ALL QUESTIONS WILL RESULT IN REJECTION.</p>		
<u>11/29/16.</u>	DATE:	
		APPLICANT'S SIGNATURE
		CO-APPLICANT