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THE CITY OF NEW YORK  
 MANHATTAN COMMUNITY BOARD NO. 3  
 59 East 4th Street - New York, NY 10003  
 Phone: (212) 533-5300 - Fax: (212) 533-3659  
 www.cb3manhattan.org - info@cb3manhattan.org

Dominic Pisciotta, Board Chair

Susan Stetzer, District Manager

**Community Board 3 Liquor License Application Questionnaire**

Please complete and return (with requested diagram) to the Community Board office by fax or email. In addition, bring **6 copies (double sided)** plus supporting material requested to the meeting. Failure to complete and return this form on time will result in your item being placed at the end of the agenda. **Application must be complete to be heard, including petitions and all items on check list below. Use N/A for answer if appropriate.**

Conspicuously display the enclosed posters on the outside of your establishment for 7 days prior to the meeting. Bring a photo with a newspaper showing date as proof of the posting.

Check which you are applying for: ☐ new liquor license ☐ upgrade of an existing liquor license  
☐ alteration of an existing liquor license ☒ transfer of an existing liquor license

If applying for transfer, you must bring letter from current owner confirming that you are buying business.

Type of license: restaurant wine Is location currently licensed? ☒ Yes ☐ No

If alteration, describe nature of alteration: \_\_\_\_\_

Previous or current use of the location: Japanese Restaurant

Corporation and trade name of current/previous license: \_\_\_\_\_

**APPLICANT:**

Name of applicant and all principals: OEC! International, Inc.

Fumi Shibata, Gaku Shibata, Christy Rupert Shibata

Trade name (DBA): Yopparai

Premises address: 151 Rivington St.

Between what streets: Clinton and Suffolk St.

**PREMISES:**

Type of building and number of floors: 4 story brick

Prior use of premises: Japanese restaurant - Sushi Uo

Any outside area or sidewalk cafe used for the sale or consumption of alcoholic beverages? (includes roof & yard) ☐ Yes ☒ No If Yes, describe and show on diagram: \_\_\_\_\_

Does premises have a valid Certificate of Occupancy and all appropriate permits? ☐ Yes ☒ No

Do you plan to apply for Public Assembly permit? ☐ Yes ☒ No

letter of  
no objection

Zoning designation: mixed use Maximum number of persons that can legally occupy the premises? 74 Number of tables? 5 Number of seats at tables? 14

#### BARS:

How many \*stand-up bars/ bar seats are located on the premises (and how many seats)?

One (Doubles as food service bar)

How many service bars? None

\* Describe all bars (length, shape and location): \_\_\_\_\_

Any food counters? ☐ Yes ☒ No If Yes, describe: \_\_\_\_\_

\* A stand up bar is any bar or counter (whether seating or not) over which a member of the public can order, pay for and receive an alcoholic beverage.

#### KITCHEN:

Does premises have a ☒ full kitchen or ☐ food preparation area? (If any, show on diagram)

Is food available for sale? ☒ Yes ☐ No If yes, describe type of food and submit a menu Japanese noodles, rice, tofu, fish, grilled meats (see menu)

#### PROPOSED METHOD OF OPERATION:

What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.) Japanese restaurant

Will any other business besides food or alcohol service be conducted at said premises? ☐ Yes ☒ No

If yes, details: \_\_\_\_\_

What are the proposed days/hours of operation? (Specify days and hours each day) Tuesday - Thursday

6:00 pm - 2:00 am; FRI 6:00 pm - 2:00 am SAT 12:00 pm - 2:00 am

Will the business employ a manager? ☒ Yes ☐ No Sun 12:00 pm - 10:00 pm

How many employees? 4-8 employees

Will there be security personnel? ☐ Yes ☒ No (If Yes, how many?) \_\_\_\_\_

Do you ☐ have or ☐ plan to install ☐ French doors, ☐ accordion doors, or ☐ windows? ☒ none of these

Will there be TV's? ☐ Yes ☒ No (If Yes, how many?) \_\_\_\_\_

Will premises have music? ☒ Yes ☐ No

If Yes, what type of music? Explain in detail: Background music - jazz, soft pop

Type of music/entertainment: ☐ Live musician ☐ Live DJ ☐ Juke box ☒ Tapes/CDs  
Volume level: ☒ Background (quiet) ☐ Entertainment level

Do you ☒ have or ☐ plan to install sound-proofing? Please describe your sound system: \_\_\_\_\_

Sound proofed ceiling and floors existing

Will you host ☐ promoted events, ☐ scheduled performances or ☐ any event at which a cover fee is charged?  
N/A

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? ☐ Yes ☒ No If "Yes" please attach plans.

Is this establishment wheel chair accessible? ☐ Yes ☒ No

Has this corporation or any principal been licensed previously? ☐ Yes ☒ No

If yes, please indicate name of establishment: \_\_\_\_\_

Address: \_\_\_\_\_ Community Board # \_\_\_\_\_

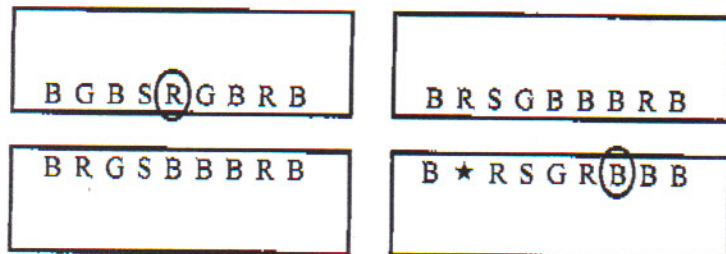
Dates: \_\_\_\_\_

If you answered "Yes" to the above question, please provide a letter from the community board indicating history of complaints or other comments.

Using the diagram below as an example, attach a separate similar diagram that indicates the location (name and address) and total number of establishments selling/serving beer, wine (B/W) or liquor (OP) for 2 blocks in each direction. Please indicate whether establishments have On-Premises (OP) licenses by circling the letter on diagram. Please label streets and avenues and identify your location near the middle of the diagram and indicate it with a [★]. Use the letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.

Bar (B)	Hotel	Restaurant (R)	Sidewalk Café (S)
OP ___ B/W ___	HL ___	OP ___ B/W ___	OP ___ B/W ___

Example:



*See Attached*

How many licensed establishments are within 1 block? \_\_\_\_\_

How many licensed establishments are within 500 feet? \_\_\_\_\_

How many within 500 feet are On-Premises (OP) liquor licenses? \_\_\_\_\_

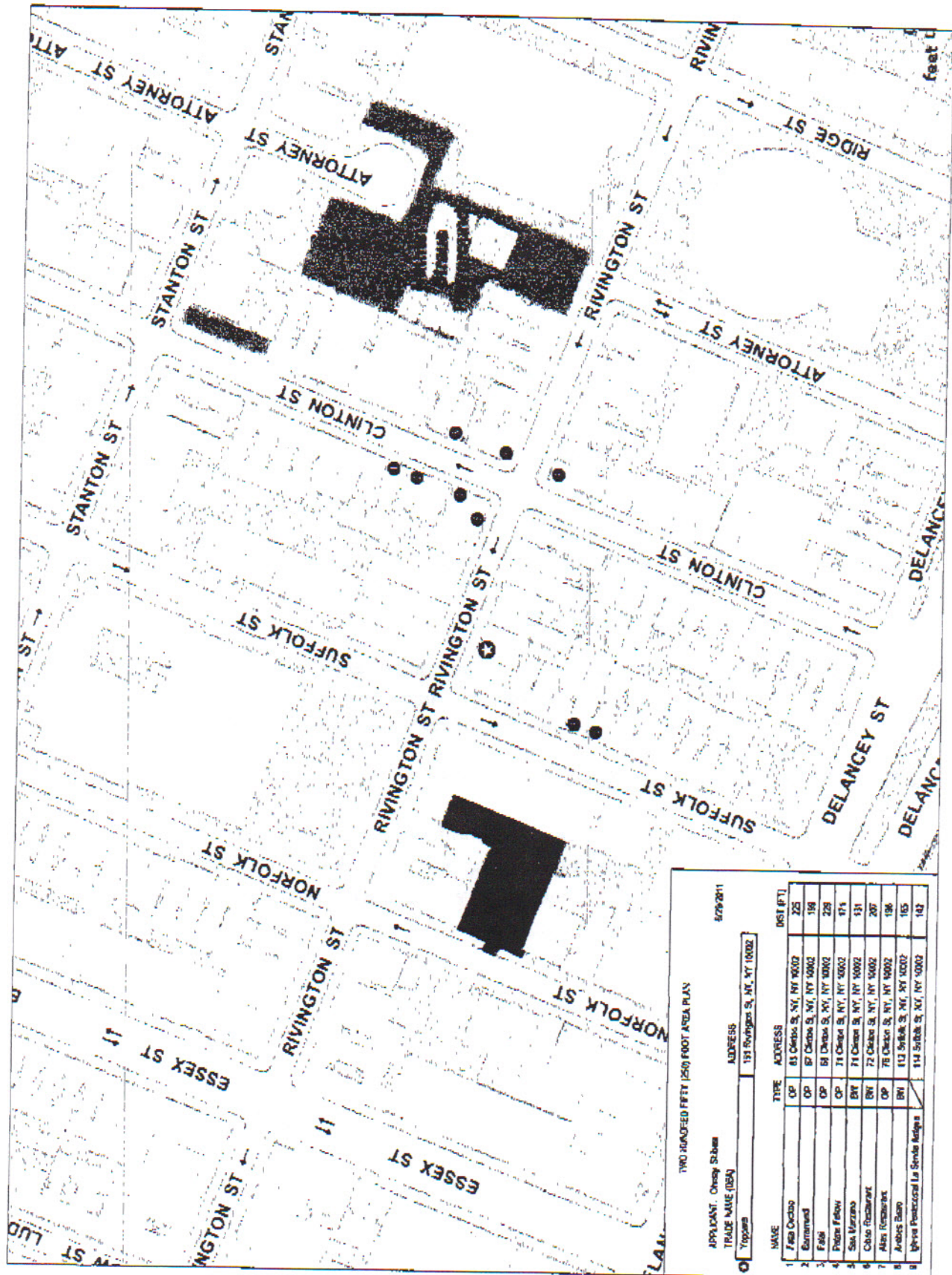
If there are block associations or tenant associations in the immediate vicinity of your location, you must contact them. **Please attach proof (copies of letters and poster) that you have advised these groups of your application. Petitions should clearly state the name, address, license for which you are applying, and the hours and method of operation of your establishment at the top of each page.** (Attach additional sheets of paper as necessary). You may contact the Community Board at [info@cb3manhattan.org](mailto:info@cb3manhattan.org) for any contact information that is on file.

#### **INFORMATION REGARDING NEARBY LOCATIONS:**

Premises is within a 500 foot radius of three or more establishments with OP license. ☐ Yes ☐ No

Premises is within 200 feet of any school or place of worship? ☐ Yes ☐ No

If there is a school place of worship within 200 feet of your premises on the same block, submit a block plot diagram or area map showing its location in proximity to your applicant premises (8 1/2" x 11") and indicate the distance and name and address.



TWO JOINED FIFTY (50) FOOT AREA PLAN

APPLICANT: Chesley Shale

5/29/2011

TRADE NAME (USA)

TOPGRAPH

NAME	TYPE	ADDRESS	DIST (FT)
1. East Octagon	OP	81 Clinton St, NY, NY 10002	225
2. Barnard	OP	87 Clinton St, NY, NY 10002	198
3. Felt	OP	88 Clinton St, NY, NY 10002	228
4. Prison Fellow	OP	71 Clinton St, NY, NY 10002	171
5. San Marino	BN	71 Clinton St, NY, NY 10002	131
6. Cuban Restaurant	BN	72 Clinton St, NY, NY 10002	207
7. Atlas Restaurant	OP	78 Clinton St, NY, NY 10002	198
8. Arches Bar	BN	113 Suffolk St, NY, NY 10002	165
9. Green Restaurant La Senda Italiana	BN	114 Suffolk St, NY, NY 10002	147