

THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3 59 East 4th Street - New York, NY 10003 Phone: (212) 533-5300 - Fax: (212) 533-3659 www.cb3manhattan.org - info@cb3manhattan.org

Gigi Li, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

Please bring the following items to the meeting:

NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.

- **D** Photographs of the inside and outside of the premise.
- **G** Schematics, floor plans or architectural drawings of the inside of the premise.
- A proposed food and or drink menu.
- Petition in support of proposed business or change in business with signatures from residential tenants at location and in buildings adjacent to, across the street from and behind your proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar. (petition provided)
- □ Letter of notice of proposed business to block or tenant association if one exists. E-mail the CB3 office at **info@cb3manhattan.org** for help to find block associations.
- Photographs of proof of conspicuous posting of meeting with newspaper showing date.
- □ If applicant has been or is licensed anywhere in City, letter from applicable community board indicating history of complaints and other comments.

Check which you are applying for:

new liquor license

alteration of an existing liquor license
 corporate change

upgrade of an existing liquor licensesale of assets

Today's Date: <u>10/26/12</u>

If applying for sale of assets, you must bring letter from current owner confirming that you are buying business or have the seller come with you to the meeting.

| Type of license: On-Premise Liquor | | | Is locatio | on curr | ently licensed | ? 🗹 Y | es 🗖 No |
|-----------------------------------------------------|----------|----|------------|---------|----------------|-------|---------|
| If alteration, describe nature of alteration: | Adding | а | grill | and | removing | two | walls |
| Previous or current use of the location: <u>Res</u> | staurar | nt | / Kara | aoke | | | |
| Corporation and trade name of current licens | se: Fay' | S | Restau | ırant | 2 & Bar Ir | nc. | |

APPLICANT:

| Premise address: | 141 Chrystie Street, New York, NY 10002 | |
|-------------------|-------------------------------------------|---|
| Cross streets: | Chrystie street, btwn Broome and Delancey | |
| Name of applicant | t and all principals:Ming Cheung | |
| 11 | | _ |

Trade name (DBA): ______ Fay's Restaurant & Bar, Inc.

PREMISE:

Type of building and number of floors: <u>2 - Story Commercial Building</u>

| Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? | |
|----------------------------------------------------------------------------------------------------|--|
| (includes roof & yard) 🗖 Yes 🕵 No If Yes, describe and show on diagram: | |

Does premise have a valid Certificate of Occupancy and all appropriate permits, including certificate of occupancy for back or side yard intended for commercial use? Yes I No Indoor Certificate of Occupancy 295 Outdoor Certificate of Occupancy 0

Do you plan to apply for Public Assembly permit? Yes D No Zoning designation (check zoning using map: <u>http://gis.nyc.gov/doitt/nycitymap/</u> - please give specific zoning designation, such as R8 or C2):

Сб-ЗА

Is this premise wheel chair accessible? ▼Yes □ No

PROPOSED METHOD OF OPERATION:

What type of establishment will this be (i.e.: restaurant, bar, performance space, club, hotel)? Restaurant and Bar with rooftop deck and garden

Will any other business besides food or alcohol service be conducted at premise?
Yes No
If yes, please describe what type: ______

What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) 7 days a week 12pm - 4am

Number of tables? 28 Number of seats at tables? 146

How many stand-up bars/ bar seats are located on the premise? One bar, 10 seats

(A **stand up bar** is any bar or counter (whether with seating or not) over which a patron can order, pay for and receive an alcoholic beverage)

Describe all bars (length, shape and location): <u>18-foot rectangular bar in waiting</u> area Any food counters? **D** Yes **N** to If Yes, describe: _____

Does premise have a full kitchen Yes Do?

Does it have a food preparation area? Yes D No (If any, show on diagram)

Is food available for sale? Yes D No If yes, describe type of food and submit a menu Fusion Japanese

What are the hours kitchen will be open? 7 days a week 12pm - 2am Will a manager or principal always be on site? Yes D No If yes, which? <u>Manager</u> How many employees will there be? <u>Apprx 20:2Mngr, 3bartender, 1chef, 5kitchen</u>, 7waitress Do you have or plan to install D French doors D accordion doors or D windows? 2 security Will you agree to close any doors and windows at 10:00 P.M. every night? Yes D No Will there be TVs/monitors? Yes D No (If Yes, how many?) <u>1 or 2</u> Will premise have music? Yes D No If Yes, what type of music? Live musician DJ M Juke box Tapes/CDs/iPod If other type, please describe <u>occasional live DJ</u> What will be the music volume? D Background (quiet) Cntertainment level Please describe your sound system:

Will you host promoted events, scheduled performances or any event at which a cover fee is

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans.

| Will ther | e be security | personnel? | Ye | s 🗖 No (If Yes, how many and when) |
|-----------|---------------|------------|-----|------------------------------------|
| two | security | during | the | night |

How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans.

Do you Whave or □ plan to install sound-proofing?

| 2 " | Homasote | Sound | Barrier(mo | odel#440 | OSB), | Entire | e Grou | und | Floor | and | Second |
|-----|--------------|-------|------------|----------|-------|--------|--------|-----|-------|------|--------|
| API | PLICANT HIST | FORY: | | | | Floor | will | be | sound | proc | ofed. |
| | _ | | | | _ | | | | | | |

Has this corporation or any principal been licensed previously? 🔂 es 🗖 No

If yes, please indicate name of establishment: **Existing Business**

Address: _____ Existing Business _____ Community Board #_3____

Dates of operation: 5/27/2010 to Now

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

Has any principal had work experience similar to the proposed business? Yes D No If Yes, please attach explanation of experience or resume.

Does any principal have other businesses in this area? Yes D No If Yes, please give trade name and describe type of business <u>Existing Business</u>

Has any principal had SLA reports or action within the past 3 years?
Yes No If Yes, attach list of violations and dates of violations and outcomes, if any.

Attach a separate 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-Premise (OP) licenses. Please label streets and avenues and identify your location. Use letters to indicate **B**ar, **R**estaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.

LOCATION:

| How many licensed establishments are within 1 block? 2 | |
|-------------------------------------------------------------------------|--------------------------------|
| How many licensed establishments are within 500 feet? <u>5</u> | |
| Is premise within a 500 foot radius of 3 or more establishments with | OP licenses? 🍽 Yes 🗖 No |
| How many On-Premise (OP) liquor licenses are within 500 feet? <u>4</u> | |
| Is premise within 200 feet of any school or place of worship? 🗖 Yes 🛚 | No |
| If there is a school or place of worship within 200 feet of your premis | se on the same block, submit a |
| block plot diagram or area map showing its location in proximity to | your premise and indicate the |
| distance and name and address of the school or house of worship. | |

COMMUNITY OUTREACH:

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 with sufficient time for them to respond to your notice.** You may contact the Community Board at info@cb3manhattan.org for any contact information.

Please use provided petitions, which 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).

ATTENTION RESIDENTS & NEIGHBORS

Fay's Restaurant & Bar

Company/DBA Name and Contact Number for Questions

Plans to open a

Restaurant

(Please choose)

Bar/Restaurant/Club/Grocery/Liquor Store/Wholesaler, Please indicate if there will be a Sidewalk Café or Backyard Garden

at the following location

141 Chrystie

Street Number and Street Name

This establishment is seeking a license to serve

Beer/Wine & Liquor

Beer & Wine or Beer/Wine & Liquor

There will be an opportunity for public comment on

<u>'''' 33B; 14234'''''</u> at 6:30PM JASA/GREEN Residence at 200 East 5th Street (at corner of Bowery)

Ming Cheung, 917-681-3900

Applicant Contact Information

At COMMUNITY BOARD 3 SLA & DCA Licensing Committee Meeting info@cb3manhattan.org - www.cb3manhattan.org

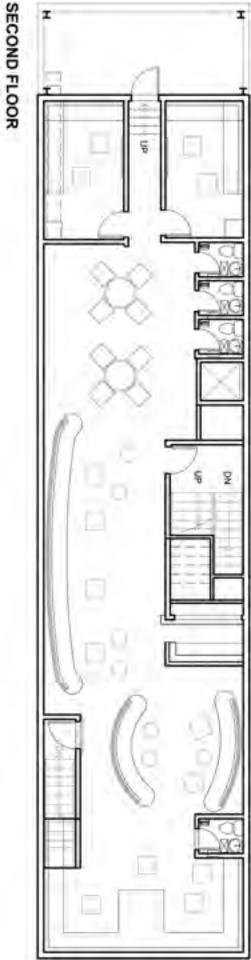
Petition to Support Proposed Liquor License

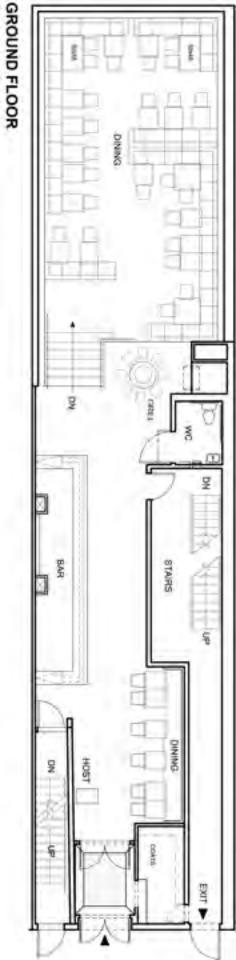
| Date: | 10/26/2012 |
|-----------|---------------------------------------------------------------------------------------------------------------|
| The foll | owing undersigned <u>residents</u> of the area support the issuance of the following liquor license (indicate |
| | e of license such as full-liquor or beer-wine) |
| to the fo | ollowing applicant/establishment (company and/or trade name) |
| I | Fay's Restaurant & Bar |
| Address | s of premises: 141 Chrystie |
| This bu | siness will be a: (circle) Bar Restaurant Other: |
| The hou | ars of operation will be: |

PLEASE NOTE: Signatures should be from <u>residents</u> of building, adjoining buildings, and within 2-block area.

Other information regarding the license:

| Name | Signature | Address |
|------|-----------|---------|
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Chrystie 141 Menu

Snacks

Garlic Edamame organic soybean, roasted elephant garlic

Shitake Fries- Deep fried shitake strips with a yuzu truffle crème fresh

Shishito grilled spicy pepper, truffle salt, lemon

Senbei tempura green beans-spicy rice cracker battered green beans, truffle salt, lemon

Small plates

Tuna Tataki white asparagus, fresh heart of palm, avocado, tatsoi, citrus soy

Wagyu Gyoza kabocha purée and su-shoyu dipping sauce

Kuromitsu Glazed Pork Belly Lettuce Wraps palmito, frisée, micro cilantro

Foie Gras and Scallops nashi pear and truffle

Crudo and Raw Items

Shrimp ginger, garlic, soy

Yellowtail passion fruit, cucumber, cilantro

Albacore, sea salt, black truffle oil

Tuna yuzu soy, hickory oil, toasted garlic

Large plates

Miso-Marinated Chilean Sea Bass farmers'

market vegetables

Ishiyaki (4 oz min) hot stone, wagyu beef, dipping sauce, vegetable

Lobster- Lobster in a lobster dashi broth with ginger, scallion, ginseng

Country Tori niku- Jidori Chicken stuffed with sticky rice, edamame, Sendai Japanese mountain vegetables served in a hot stone pot with a herbal broth

Yaki Tori





Certificate of Occupancy

CO Number: 120484555T001

This certifies that the premises described herein conforms substantially to the approved plans and specifications and to the requirements of all applicable laws, rules and regulations for the uses and occupancies specified. No change of use or occupancy shall be made unless a new Certificate of Occupancy is issued. *This document or a copy shall be available for inspection at the building at all reasonable times.*

| Α. | Borough: Manhattan Address: 141 CHRYSTIE STREET | Block Number | | Certificate Type: | |
|----|----------------------------------------------------------------------|------------------------------|-----------------|----------------------|---------------|
| | Address. | Lot Number(s) | 27 | Effective Date: | 11/05/2012 |
| | Building Identification Number (BIN): 1005 | 5664 | A 14 I | Expiration Date: | 02/03/2013 |
| | | Building Type: | Altered | | |
| | This building is subject to this Building Cod | de: Prior to 1968 Code | | l | |
| | For zoning lot metes & bounds, please see | BISWeb. | | | |
| В. | Construction classification: | 3 (| Prior to 1968 C | ode designation) | |
| | Building Occupancy Group classification: | A-2 (| 2008 Code) | | |
| | Multiple Dwelling Law Classification: | None | | | |
| | No. of stories: 2 | Height in feet: 27 | | No. of dwelling unit | t s: 0 |
| C. | Fire Protection Equipment: None associated with this filing. | | | | |
| D. | Type and number of open spaces: None associated with this filing. | | | | |
| E. | This Certificate is issued with the following None | legal limitations: | | | |
| | Outstanding requirements for obtaining Fina | al Certificate of Occupan | cy: | | |
| | There are 9 outstanding requirements. Please re | efer to BISWeb for further o | letail. | | |
| | Borough Comments: None | | | | |

Borough Commissioner

and lli

Commissioner

DOCUMENT CONTINUES ON NEXT PAGE



Certificate of Occupancy

Page 2 of 2

CO Number:

120484555T001

| | Permissible Use and Occupancy | | | | | | | | |
|------------------|---------------------------------------------------------------------------------------------------------------|---------|----------------------------------------|---------------------------------|---------------------|------------------------------------|--|--|--|
| | All Building Code occupancy group designations below are 2008 designations. | | | | | | | | |
| Floor From To | Maximum persons permitted | lbs per | Building Code occupancy group | Dwelling or Rooming Units | Zoning use group | Description of use | | | |
| CEL | 5 | | A-2 | | 6 | EATING AND DRINKING ESTABLISHMENT. | | | |
| 001 | 144 | 120 | A-2 | | 6 | EATING AND DRINKING ESTABLISHMENT. | | | |
| 002 | 146 | 120 | A-2 | | 6 | EATING AND DRINKING ESTABLISHMENT. | | | |
| RESPECTF | RESPECTFULLY REQUEST TO SUPERSEDE PREVIOUS APPLICANT, NEW APPLICANT- EMANUELL TEHN-ADDY R.A END OF SECTION | | | | | | | | |

Borough Commissioner

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Commissioner 120484555/001 11/5/2012 5:38:54 PM

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