

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 Stipulations

I,	Soid	chiro Minami ,	as a qualified represent	ative of	Zund New York Inc.			
loca	ated a	at 84 East 10 th Street		, New `	York, NY agree to the following stipulations:			
١.	X	I will operate a full-service restaurant	specifically a (type of a	restaurant)	Ramen/Japanese			
2.		h a kitchen open and serving food to w hours of operation will be llam-			y night 🗵 during all hours of operation.			
2.	Iviy	My hours of operation will be 11am - 11pm 7 days a week						
	(I ui houi		ecified opening hour, an	nd all patro	ns are to be cleared from business at specified closing			
3.	X	I will not use outdoor space for comm	ercial use.					
4.		I will operate my sidewalk café no lat						
5.	□ I will employ a doorman/security personnel on the following days:							
6.	I will install soundproofing,							
7.								
8.					hich a cover fee is charged, 🛛 scheduled than private parties per			
9.	X	I will play ambient recorded backgrou	nd music only.					
10.	I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.							
11.	I will not seek a change in class to a full on-premise liquor license without first obtaining approval from CB 3.							
12.	I will not participate in pub crawls or have party buses come to my establishment.							
13.	□ I will not have a happy hour. □ Happy hour will end by							
14.	I will not have wait lines outside. There will be a staff person outside to monitor sidewalk crowds and ensure no loitering.							
15.	I will conspicuously post this stipulation form beside my liquor license inside of my business.							
16.	Residents may contact the manager/owner at the following phone number. Any complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.							
Nar	ne:	Soichiro Minami		Phone	Number: (646) 775-1953			
17.		will:						
	_							
I he	reby	y certify that the information provid	ed above is truthful an	nd accurate	e based upon my personal belief.			
	the	orothing /h		_	10,28,2014			
Sig	ned		1	T	Dated			
Swo	orn to	o this 28th day of Octo	2014	2	Notest Hublic, State of New York			
Cor	nmur	nity Board 3 requests that the SLA add	this stipulation to the l	icense of th	e above-ment Ouedhard Mile York County . 10 201. Commission Expires April 14, 2016			



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<u>Community Board 3 Liquor License Application Questionnaire</u></u>

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.
- **D** 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 proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar. (petition provided)
- Notice of proposed business to block or tenant association if one exists. You can find community groups and contact information on the CB 3 website:

http://www.nyc.gov/html/mancb3/html/communitygroups/community_group_listings.shtml

- □ 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
Check if either of these apply: all sale of assets	□ upgrade (change of class) of an existing	liquor license

Today's Date: <u>10/28/14</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.

Is location currently licensed? Type of license: Restaurant Wine

If alteration, describe nature of alteration: _____

Previous or current use of the location:	Vacant for approximately 7 years, Japanese Restaurant prior to that
Corporation and trade name of current	license: Zund New York Inc.

APPLICANT:

Premise address: 84 East 10th Street, New York NY 10003

Cross streets: 3rd Avenue; 4th Avenue

Name of applicant and all principals: Zund New York Inc, Soichiro Minami; Tatsuya Hashimoto

Trade name (DBA): Ramen Zundo-Ya

PREMISE:

Type of building and number of floors: 4 Story, 2 Floors retail, 2 Floors residential

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 for any back or side yard use? ■ Yes ■ No What is maximum NUMBER of people permitted? 74 Applicant will be obtaining a letter of no objection. Do you plan to apply for Public Assembly permit? ■ Yes ■ No What is the zoning designation (check zoning using map: <u>http://gis.nyc.gov/doitt/nycitymap/</u> - please give specific zoning designation, such as R8 or C2): C6-2A

PROPOSED METHOD OF OPERATION:

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) 11am- 11pm 7 days

Number of tables? <u>9</u> Number of seats at tables? <u>39</u>

How many stand-up bars/ bar seats are located on the premise? 1 bar/ 6 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): "L" shaped approximately 10 feet

Does premise have a full kitchen ■ Yes ■ No?

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

Is food available for sale? \blacksquare Yes \blacksquare No If yes, describe type of food and submit a menu

Ramen- See Menu

What are the hours kitchen will be open? 11am- 11pm

Will a manager or principal always be on site?
Yes Ves No If yes, which? Soichiro Minami

How many employees will there be? 10

Will there be TVs/monitors? 🗖 Yes 🛢 No (If Yes, how many?) _____

Will premise have music? Ves 🗖 No

If Yes, what type of music? Live musician DJ J Juke box Tapes/CDs/iPod

If other type, please describe _____

What will be the music volume?
Background (quiet)
Entertainment level Please describe your sound system: Bose 4 speaker satellite system

Will you host any promoted events, scheduled performances or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed and how often? No

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans. (Please do not answer "we do not anticipate congestion.") Applicant will take the phone number of people waiting and ask them not to wait outside. Will there be security personnel? 🗖 Yes 🔳 No (If Yes, how many and when)

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

Applicant will only play background music and will install soundproofing

Do you **D** have or **B** plan to install sound-proofing?

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously? **D** Yes **D** No

If yes, please indicate name of establishment: _____

Address: _____ Community Board #_____

Dates of operation:

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 □ No If Yes, please attach explanation of experience or resume.

Does any principal have other businesses in this area? □ Yes ■ No If Yes, please give trade name and describe type of business _____

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? <u>See attached SLA printout</u> How many On-Premise (OP) liquor licenses are within 500 feet? <u>N/A Restaurant Wine</u> Is premise within 200 feet of any school or place of worship? **D** Yes **E** No

COMMUNITY OUTREACH:

Please see the Community Board website to find block associations or tenant associations in the immediate vicinity of your location for community outreach. Applicants are encouraged to reach out to community groups. Also 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).

We are including the following questions to be able to prepare stipulations and have the meeting be faster and more efficient. Please answer per your business plan; do not plan to negotiate at the meeting.

- 1. I agree to close any doors and windows at 10:00 P.M. every night?
- 2. □ I will not have □ DJs, □ live music, □ promoted events, □ any event at which a cover fee is charged, □ scheduled performances, □ more than ____ DJs/ promoted events per ____, □ more than ____ private parties per ____.
- 3. **I** will play ambient recorded background music only.
- 4. **I** I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.
- 5. **I** I will not seek a change in class to a full on-premise liquor license. Or **I** my business plan is to seek an upgrade at a later date.
- 6. **I** I will not participate in pub crawls or have party buses come to my establishment.
- 7. I will not have a happy hour. Or Happy hour will end by _____
- 8. I will not have wait lines outside. There will be a staff person outside to monitor sidewalk crowds and ensure no loitering.
- 9. Residents may contact the manager/owner at the following phone number. Any complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

■ 八幡店

