



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

Jamie Rogers, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations for Administrative Approval

I, SIMON XI, as a qualified representative of 177 1ST AVE LLC ~~D/SA~~ LITTLE TONG <sup>NO. 24</sup>  
 located at 177 1ST AVE, New York, NY agree to the following stipulations: <sup>5/10/16</sup>

- I will operate a full-service restaurant, specifically a (type of restaurant) \_\_\_\_\_  
 Kitchen open and serving food every night during all hours of operation.
- My hours of operation will be 11:00 a.m./p.m. to 12:00 a.m. all days

(I understand opening is "no later than" specified opening hour, and all patrons are to be cleared from business at specified closing hour.)

- I will not use outdoor space for commercial use.
- I will operate my sidewalk café no later than \_\_\_\_\_
- I will employ a doorman/security personnel on the following days: \_\_\_\_\_
- I will install soundproofing, \_\_\_\_\_
- I will close any front or rear façade doors and windows at 10:00 P.M. every night or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances.  I will have a closed fixed façade with no open doors or windows except my entrance door will close by 10:00 P.M. or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances.
- 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 \_\_\_\_\_
- I will play ambient recorded background music only.
- I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.
- I will not seek a change in class to a full on-premise liquor license without first obtaining approval from CB 3.
- I will not participate in pub crawls or have party buses come to my establishment.
- I will not have unlimited drink specials with food.
- I will not have a happy hour.  I will have happy hour and it will end by \_\_\_\_\_
- I will not have wait lines outside.  I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
- I will conspicuously post this stipulation form beside my liquor license inside of my business.
- Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

18.  I will: operate a sidewalk café with four (4) tables and twelve (12) seats with hours of operation of 11:00 A.M. to 10:00 P.M. Sundays through Wednesdays and 11:00 A.M. to 11:00 P.M. Thursdays through Saturdays. I will extend an awning over the sidewalk café during its operating hours.

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed \_\_\_\_\_

12/15/2016  
 Dated \_\_\_\_\_

Sworn to this 15 day of December 2016

Notary Public



**JURAT WITH AFFIANT STATEMENT**

State of New York }  
County of New York } ss.

- See Attached Document (Notary to cross out lines 1-7 below)
- See Statement Below (Lines 1-7 to be completed only by document signer[s], not Notary)

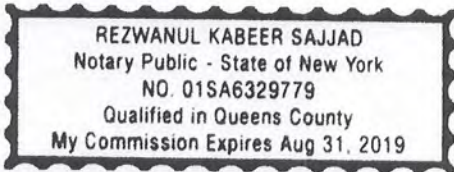
1  
2  
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Signature of Document Signer No. 1

Signature of Document Signer No. 2 (if any)

Subscribed and sworn to (or affirmed) before me  
this 15 day of December, 2016, by  
Date Month Year

Simon M X  
Name of Signer No. 1



Place Notary Seal/Stamp Above

Name of Signer No. 2 (if any)  
[Signature]  
Signature of Notary Public

Any Other Required Information  
(Residence, Expiration Date, etc.)

**OPTIONAL**

This section is required for notarizations performed in Arizona but is optional in other states. Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Community Board 3 Liquor License Stipulations for Administrative Approval  
Document Date: 12/15/2016 Number of Pages: 1

Signer(s) Other Than Named Above: \_\_\_\_\_



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**Community Board 3 Liquor License Application Questionnaire**

Today's Date: 12/28/2016

**APPLICANT**

1. Name of applicant and principle(s): 177 1st Ave LLC
2. Premise address: 177 First Avenue, New York, NY 10003
3. Cross streets: 10th and 11th streets
4. Trade name (DBA): Little Tong Noodle Shop
5. Check which you are applying to:  New liquor licence  Alteration of an existing license  Sale of assets
6. If alteration, describe nature of alteration: \_\_\_\_\_
7. Is location currently licensed?  Yes  No
8. Type of license: Beer and Wine
9. Previous or current use of the location: Restaurant
10. Corporation and trade name of current location: DY Schnitz LLC d/b/a Schnitz
11. Type of building and number of floors: Multi-unit, mixed use, 4 floors
12. Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use?  Yes  No **12a.** What is the permitted occupancy indoors and outdoors? 74 persons
13. Do you plan to apply for Public Assembly permit?  Yes  No
14. What is the zoning designation (check zoning using map: <http://gis.nyc.gov/doiit/nycitymap/> - please give specific zoning designation, such as R8 or C2): R7 with C1-5 Commercial Overlay
15. How many licensed establishments are within 1 block? Approximately 7
16. How many On-Premise (OP) liquor licenses are within 500 feet? 9
17. Is premise within 200 feet of any school or place of worship?  Yes  No

**PROPOSED METHOD OF OPERATION**

18. Describe your method of operation: Fast Casual Noodle Restaurant
19. Will any other business besides food or alcohol service be conducted at premise?  Yes  No
20. If yes, please describe what type: \_\_\_\_\_
21. What are the proposed days/hours of operation (specify days/hours each day and hours of outdoor space if applicable):  
11am - 12am Sun-Sat.      22. Total number of table: 8      23. Total number of seats: 20



24. How many stand-up bars/ bar seats are located on the premise? 0 (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.)
25. Describe all bars (length, shape, and location): n/a
26. Does premise have a full kitchen?  Yes  No
27. What are the hours kitchen will be open? All hours of open operation
28. What type of food is available for sale? various noodle dishes
29. Will a manager or principal always be on site?  Yes  No If yes, which? Principal
30. How many employees will there be? 10
31. Do you have or plan to install  French doors  accordion doors or  windows?
32. Will there be TVs/monitors?  Yes  No (If Yes, how many?) \_\_\_\_\_
33. Will premise have music?  Yes  No 33a. If Yes, what type of music?  Live Music  Juke box  
 DJ  Tapes/CDs/iPod
34. If other type, please describe: \_\_\_\_\_
35. What will be the music volume?  Background (quiet)  Entertainment level
36. Please describe your sound system: iPod with simple speakers
37. Will you host any promoted events, scheduled performances or any event at which a cover fee is charged?  Yes  No
38. If Yes, what type of events or performances are proposed and how often? \_\_\_\_\_
39. How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? not expected to impact traffic or pedestrian traffic
40. Will there be security personnel?  Yes  No 40a. If Yes, how many and when? \_\_\_\_\_ How
41. do you plan to manage noise inside and outside your business so neighbors will not be affected? Simple soundproofing
42. Do you have sound proofing installed?  Yes  No 43. If not, do you plan to install sound-proofing?  Yes  No

### APPLICANT HISTORY

44. Has this corporation or any principal been licensed previously?  Yes  No If yes, please indicate name of establishment(s): 439 3rd Ave LLC
45. Address: 439 3rd Avenue, New York, NY 47. Community Board # 6
46. Dates of operation: 1/2015 to present
47. Has any principal had work experience similar to the proposed business?  Yes  No If yes, explanation of experience or resume.
48. Does any principal have other businesses in this area?  Yes  No If yes, give trade name and describe type of business: \_\_\_\_\_
49. 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.

### 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.