



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

Jamie Rogers, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations for Administrative Approval

I, _____, as a qualified representative of _____, located at _____, New York, NY, agree to the following stipulations:

1. I will operate a full-service restaurant, specifically a (type of restaurant) Thai Restaurant
 Kitchen open and serving food every night during all hours of operation.
2. My hours of operation will be:
Mon 11 AM TO 11 PM ; Tue 11 AM TO 11 PM ; Wed 11 AM TO 11 PM ;
Thu 11 AM TO 11 PM ; Fri 11 AM TO 11 PM ; Sat 11 AM TO 11 PM ; Sun 11 AM TO 11 PM ;
 (I understand opening is "no later than" specified opening hour, & all patrons are to be cleared from business at specified closing hour.)
3. I will not use outdoor space for commercial use.
4. I will operate my sidewalk café no later than _____.
5. I will employ a doorman/security personnel on the following days: _____.
6. I will or have already installed soundproofing.
7. 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.
8. 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 _____.
9. I will play ambient recorded background 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 unlimited drink specials with food.
14. I will not have a happy hour OR I will have happy hour and it will end by _____.
15. I will not have wait lines outside. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
16. I will conspicuously post this stipulation form beside my liquor license inside of my business.
17. 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: Pantipa Veerapornphimon Phone Number: 347-593-5114

18. I will: _____

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

Signed Pantipa

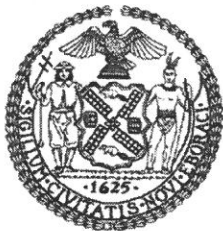
Dated 01/20/2017

ELLEN LEE
 Notary Public, State of New York
 No. 01LE6109987
 Qualified in Queens County
 Commission Expires May 24, 2020

Sworn to this 20th day of January ~~2016~~ 2017

Notary Public Ellen Lee

1/20/2017



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Community Board 3 Liquor License Application Questionnaire

Today's Date: 01/18/2017

APPLICANT

1. Name of applicant and principle(s): CHOKDEE NYC INC, PANTIPA VEERAPORNPHIMON (PRES)
2. Premise address: 349 E 12TH ST, NEW YORK, NY 10003
3. Cross streets: ON E 12TH ST, BETWEEN 1ST & 2ND AVENUES
4. Trade name (DBA): THAI TERMINAL
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: N/A
7. Is location currently licensed? Yes No
8. Type of license: RESTAURANT WINE, SERIAL # 1264114
9. Previous or current use of the location: RESTAURANT
10. Corporation and trade name of current location: THAI TERMINAL INC
11. Type of building and number of floors: BRICK, 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? 72 PER LNO
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/doitt/nycitymap/> - please give specific zoning designation, such as R8 or C2): _____
15. How many licensed establishments are within 1 block? 20
16. How many On-Premise (OP) liquor licenses are within 500 feet? 74-16 GRAND AVE
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: FULL SERVICE RESTAURANT, CLOSE AT 11PM
19. Will any other business besides food or alcohol service be conducted at premise? Yes No
20. If yes, please describe what type: N/A
21. What are the proposed days/hours of operation (specify days/hours each day and hours of outdoor space if applicable):
12 PM - 11 PM, 7 DAYS 22. Total number of table: 10 23. Total number of seats: 30

24. How many stand-up bars/ bar seats are located on the premise? NONE (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? 11 AM TO 11 PM
28. What type of food is available for sale? THAI FOOD
29. Will a manager or principal always be on site? Yes No If yes, which? PRINCIPAL
30. How many employees will there be? 4-6
31. Do you have or plan to install French doors accordion doors or windows? NONE
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 Jukebox
 DJ Tapes/CDs/iPod
34. If other type, please describe: _____
35. What will be the music volume? Background (quiet) Entertainment level N/A
36. Please describe your sound system: N/A
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? N/A
39. How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? N/A
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? N/A
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): BEYOND THAI KITCHEN INC
45. Address: 133 W 3RD ST, NEW YORK, NY 10012 **47.** Community Board # 2
46. Dates of operation: 08/2014 TO 09/2016
47. Has any principal had work experience similar to the proposed business? Yes No If yes, explanation of experience or resume. WORKED AT THAI TERMINAL FOR OVER A YEAR
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.