

## 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

Alysha Lewis-Coleman, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations for Administrative Approval

	,
i,_	as a qualified representative of Entity to be form by Annika Sunovik  Eated at
loc	cated at, New York, NY agree to the following stipulations:
1.	☐ I will operate a full-service restaurant, specifically a (type of restaurant)
2.	My hours of operation will be:
	Mon Ban to 11PM; Tue Ban to 11PM; Wed Ban to 11PM; Thu Ban to 11PM; Fri Ban to 11PM; Sat Ban to 11 PM; Sun Ban to 11PM.
,,	
	understand opening is no later than specified opening hour & all patrons are to be cleared from business at specified closing hour)
3.	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: ALL DAYS
6.	I will install 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.
8.	l 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 or for any physical alterations of any nature 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.
	I will not have unlimited drink specials, including boozy brunches, with food.
	I will not have a happy hour or drink specials with or without time limitations <u>OR</u> 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.
	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.
Nar	me: <u>LV RATURIL</u> Phone Number: 917 520 4960
18.	DIWIII: ANNIKA SUNDUIK. C/O "NOVOGIC PREMENUENE"
	A. M Imdrik 128 ESSEX ST. 1990 (0002
he	reby certify that the information provided above is truthful and accurate based upon my personal belief.
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Sign	and the state of t
Swc	orn to this S =_ day of
	Notary Public – State of New York NO. 01MO6133930 Qualified in Kings County My Commission Expires Sep 19, 2021



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<b>Community Board 3 Liquor License Application Questionnaire</b>		
Today's Date: AUGUSE 7th 2018		
APPLICANT		
1. Name of applicant and principle(s): ANN(KA. M. SUNDV/K.		
2. Premise address: 88 ECCEX CT		
3. Cross streets: DELANCEY AND BROOME STREETS.		
4. Trade name (DBA): NOR OIL PRESERVES		
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: RESTAURANT WINE		
9. Previous or current use of the location: NEW BUILD / PARKING LOT.		
10. Corporation and trade name of current location: ESSEX ST. MAKKET.		
11. Type of building and number of floors: COPCRETE   GLASS - 24 FICS.		
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?		
13. Do you plan to apply for Public Assembly permit? Yes No		
14. What is the zoning designation (check zoning using map: <a href="http://gis.nyc.gov/doitt/nycitymap/">http://gis.nyc.gov/doitt/nycitymap/</a> -please give specific zoning		
designation, such as R8 or C2):		
15. How many licensed establishments are within 1 block?		
16. How many On-Premise (OP) liquor licenses are within 500 feet?		
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: SCANDINAVIAN DELI.		
9. Will any other business besidesfoodor alcohol service beconducted 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:		
Monday to Monday  22. Total number of table: 0 23. Total number of seats: 3		

24.	How many stand-up bars/ bar seats are located on the premise?
	or counter, whether with seating or not, over which a patron can order, pay for, and receive an alcholic beverage.)
25.	Describe all bars (length, shape, and location): ONE BAR 4' IN LENGTH.
26.	Does premise have a full kitchen? Yes No
27.	What are the hours kitchen will be open? All MOURS PREMISES ARE OPEN
	What type of food is available for sale? SANOW (CHES & HOT EMRES
29.	Will a manager or principal always be on site? Yes No If yes, which? MANAGER
30.	How many employees will there be?
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?)
	7ill 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:
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?
40.	Will there be security personnel? Yes No 40a' If Yes, how many and when? ALL HOURS ONE
41.	How do you plan to manage noise inside and outside your business so neighbors will not be affected?
	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): WHITE SLAB PALACE
45.	Address: 77 OELANCEY STREET 47. Community Board # 3
46.	Dates of operation: 2008 - 2001
47.	Has any principal had work experience similar to the proposed business? Yes No If yes, explanation of experience or resume. PRINCIPAL OWED GOODWORLD BAR & WHITE SLAPS.
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.
COMMUN	ITY OUTREACH
	Community Board website to find block associations or tenant associations in the immediate vicinity of your location for
	utreach. Applicants are encouraged to reach out to community groups.

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