



MANHATTAN COMMUNITY BOARD NO. 3

59 East 4th Street - New York, NY 10003

Phone: (212) 533-5300 - Fax: (212) 533-3659

www.cb3manhattan.org - info@cb3manhattan.org

Dominic Pisciotta, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

Please complete and return (with requested diagram) to the Community Board office by fax or email. In addition, bring 6 copies (double sided) plus supporting material requested to the meeting. Failure to complete and return this form on time will result in your item being placed at the end of the agenda. Application must be complete to be heard, including petitions and all items on check list below. Use N/A for answer if appropriate.

Conspicuously display the enclosed posters on the outside of your establishment for 7 days prior to the meeting. Bring a photo with a newspaper showing date as proof of the posting.

Check which you are applying for: new liquor license upgrade of an existing liquor license
 alteration of an existing liquor license transfer of an existing liquor license

If applying for transfer, you must bring letter from current owner confirming that you are buying business.

Type of license: RW Is location currently licensed? Yes No

If alteration, describe nature of alteration: N/A

Previous or current use of the location: _____

Corporation and trade name of current/previous license: _____

APPLICANT:

Name of applicant and all principals: Ichibantei LLC

Trade name (DBA): Ichibantei

Premises address: 401 E. 13th St, New York, NY 10009

Between what streets: Between 1st Avenue and Avenue A

PREMISES:

Type of building and number of floors: 1 floor building

Prior use of premises: _____

Revised: June 2011

RECEIVED 09-29-'11 15:25 FROM-

TO- 110 William Street P0001/0008

yard) Yes No If Yes, describe and show on diagram: _____

Does premises have a valid Certificate of Occupancy and all appropriate permits? Yes No

Do you plan to apply for Public Assembly permit? Yes No

Zoning designation: _____ Maximum number of persons that can legally occupy the premises? 19 Number of tables? 3 Number of seats at tables? 18

BARS:

How many *stand-up bars/ bar seats are located on the premises (and how many seats)? 18

How many service bars? 1

Describe all bars (length, shape and location): 2 Counter table, 32ft long, L shape

Any food counters? Yes No If Yes, describe: Same as above

* A stand up bar is any bar or counter (whether seating or not) over which a member of the public can order, pay for and receive an alcoholic beverage.

KITCHEN:

Does premises have a full kitchen or food preparation area? (If any, show on diagram)

Is food available for sale? Yes No If yes, describe type of food and submit a menu Japanese food (no raw food)

PROPOSED METHOD OF OPERATION:

What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.) Restaurant

Will any other business besides food or alcohol service be conducted at said premises? Yes No

If yes, details: _____

What are the proposed days/hours of operation? (Specify days and hours each day) Seven days from 5:30 PM to 11:30 PM

Will the business employ a manager? Yes No

How many employees? Four employees

Will there be security personnel? Yes No (If Yes, how many?) _____

Do you have or plan to install French doors, accordion doors, or windows? none of these

Will there be TV's? Yes No (If Yes, how many?) 1

Revised: June 2011

RECEIVED 09-29-'11 15:25 FROM-

TO- 110 William Street P0002/0008

Will premises have music? Yes No

If Yes, what type of music? Explain in detail: Radio and CDs All type of music

Type of music/entertainment: Live musician Live DJ Juke box Tapes/CDs

Volume level: Background (quiet) Entertainment level

Do you have or plan to install sound-proofing? Please describe your sound system: N/A

No Will you host promoted events, scheduled performances or any event at which a cover fee is charged?

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? Yes No If "Yes" please attach plans.

Is this establishment wheel chair accessible? Yes No

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

If yes, please indicate name of establishment: _____

Address: _____ Community Board # _____

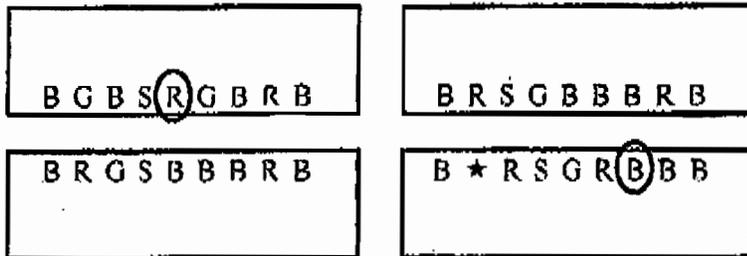
Dates: _____

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

Using the diagram below as an example, attach a separate similar 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-Premises (OP) licenses by circling the letter on diagram. Please label streets and avenues and identify your location near the middle of the diagram and indicate it with a [★]. Use the letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.

Bar (B)	Hotel	Restaurant (R)	Sidewalk Café (S)
OP ___ B/W ___	HL ___	OP ___ B/W ___	OP ___ B/W ___

Example:



How many licensed establishments are within 1 block? 6

How many licensed establishments are within 500 feet? 19

How many within 500 feet are On-Premises (OP) liquor licenses? 8

Revised: June 2011

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. Petitions should 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). You may contact the Community Board at info@cb3manhattan.org for any contact information that is on file.

INFORMATION REGARDING NEARBY LOCATIONS:

Premises is within a 500 foot radius of three or more establishments with OP license. Yes No

Premises is within 200 feet of any school or place of worship? Yes No

If there is a school place of worship within 200 feet of your premises on the same block, submit a block plot diagram or area map showing its location in proximity to your applicant premises (8 1/2" x 11") and indicate the distance and name and address.

CONTACT INFORMATION

Applicant's telephone number: 347-586-3547 E-mail: ruth@ichibantei.jp

Contact Name: Ruth Koga
 Attorney Representative Other

Telephone number: 347-586-3547 E-mail: ruth@ichibantei.jp

Please provide contact information for residents/Community Board and confirm that if complaints are made, you will act immediately to resolve any problems.

Contact person: Ruth Koga Phone: 347-586-3547

Address: 401 E. 13th st New York, NY 10009

E-mail: ruth@ichibantei.jp

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

Name: Ruth Koga

Signature: R. Koga

Date: 09/23/2011

Revised: June 2011