



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 Application Questionnaire**

Please bring the following items to the meeting:

**NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.**

- Photographs of the inside and outside of the premise.
- 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 your proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar. (petition provided)
- Letter of notice of proposed business to block or tenant association if one exists. E-mail the CB3 office at [info@cb3manhattan.org](mailto:info@cb3manhattan.org) for help to find block associations.
- 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
- upgrade of an existing liquor license
- sale of assets

Today's Date: \_\_\_\_\_

**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.**

Type of license: Liquor, Wine and Beer Is location currently licensed?  Yes  No

If alteration, describe nature of alteration: \_\_\_\_\_

Previous or current use of the location: Restaurant

Corporation and trade name of current license: The China Bull Noodle Shop LLC/ Yunnan Kitchen DBA

**APPLICANT:**

Premise address: 79 Clinton Street, New York, NY 10002

Cross streets: Between Rivington St & Delancey St

Name of applicant and all principals: Erika Chou, Natalie Chou, Alice Chou, Joshua Mak, Joseph Mak

Trade name (DBA): Yunnan Kitchen

**PREMISE:**

Type of building and number of floors: Residential with commercial ground floor, 6 stories

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 certificate  
of occupancy for back or side yard intended for commercial use?  Yes  No

Indoor Certificate of Occupancy LNO Use Group #6 Outdoor Certificate of Occupancy \_\_\_\_\_

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

Zoning designation (check zoning using map: <http://gis.nyc.gov/doitt/nycitymap/> - please give  
specific zoning designation, such as R8 or C2):  
R7A

Is this premise wheel chair accessible?  Yes  No

**PROPOSED METHOD OF OPERATION:**

What type of establishment will this be (i.e.: restaurant, bar, performance space, club, hotel)?  
Restaurant

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) Sunday-Thursday 11:30AM-12:00AM; Friday-Saturday 11:30AM-2:00AM

Number of tables? 15 Number of seats at tables? 45

How many stand-up bars/ bar seats are located on the premise? 8

(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 bar in the back of dining room, 14' long

Any food counters?  Yes  No If Yes, describe: Dinner service available at bar

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?  Yes  No If yes, describe type of food and submit a menu  
Yes, regional Chinese cuisine

What are the hours kitchen will be open? Sunday-Monday 11:30AM-11:30PM; Fri-Sat 11:30AM-1:00AM

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

How many employees will there be? 17

Do you have or plan to install  French doors  accordion doors or  windows?

Will you agree to close any doors and windows at 10:00 P.M. every night?  Yes  No

Will there be TVs/monitors?  Yes  No (If Yes, how many?) \_\_\_\_\_

Will premise have music?  Yes  No

If Yes, what type of music?  Live musician  DJ  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: 6 small wall mounted speakers

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

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans.

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

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

Do you  have or  plan to install sound-proofing?

**APPLICANT HISTORY:**

Has this corporation or any principal been licensed previously?  Yes  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 Bar, Restaurant, 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? 5 on same block

How many licensed establishments are within 500 feet? 5

Is premise within a 500 foot radius of 3 or more establishments with OP licenses?  Yes  No

How many On-Premise (OP) liquor licenses are within 500 feet? 9

Is premise within 200 feet of any school or place of worship?  Yes  No

If there is a school or place of worship within 200 feet of your premise on the same block, submit a block plot diagram or area map showing its location in proximity to your premise and indicate the distance and name and address of the school or house of worship.

**COMMUNITY OUTREACH:**

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 with sufficient time for them to respond to your notice.** You may contact the Community Board at [info@cb3manhattan.org](mailto:info@cb3manhattan.org) for any contact information.

**Please 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).

# ATTENTION RESIDENTS & NEIGHBORS

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Company/DBA Name and Contact Number for Questions

**Plans to open a**

\_\_\_\_\_ (Please choose)

Bar/Restaurant/Club/Grocery/Liquor Store/Wholesaler,  
Please indicate if there will be a Sidewalk Café or Backyard Garden

**at the following location**

\_\_\_\_\_ Street Number and Street Name

**This establishment is seeking a license to serve**

\_\_\_\_\_ Beer & Wine or Beer/Wine & Liquor

**There will be an opportunity for public comment on**

**Monday, October 15, 2012 at 6:30PM  
JASA/GREEN Residence at 200 East 5th Street  
(at corner of Bowery)**

\_\_\_\_\_ Applicant Contact Information

**At COMMUNITY BOARD 3  
SLA & DCA Licensing Committee Meeting  
info@cb3manhattan.org - www.cb3manhattan.org**

## Petition to Support Proposed Liquor License

Date: \_\_\_\_\_

The following undersigned residents of the area support the issuance of the following liquor license (indicate the type of license such as full-liquor or beer-wine) Full-liquor

to the following applicant/establishment (company and/or trade name) Yunnan Kitchen

Address of premises: 79 Clinton Street, New York, NY 10002

This business will be a: (circle)      **Bar**      **Restaurant**      **Other:** \_\_\_\_\_

The hours of operation will be:  
Sunday-Thursday 11:30AM - 12:00AM; Friday-Saturday 11:30AM-2:00AM

**PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area.**

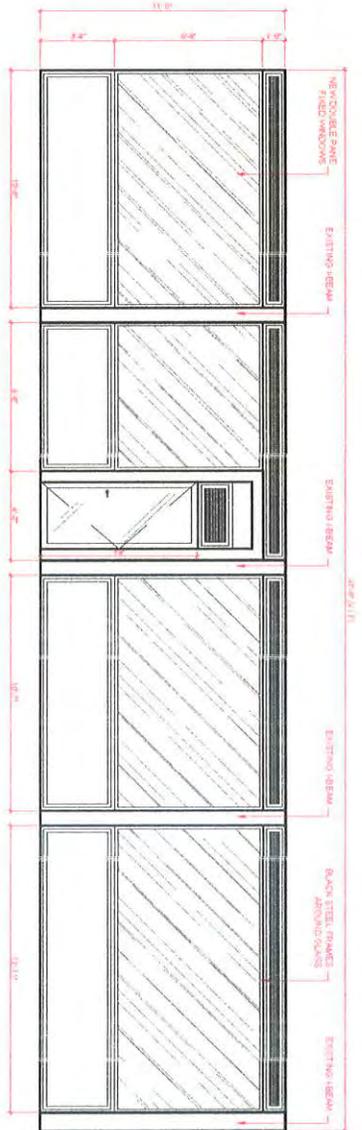
**Other information regarding the license:**

Name	Signature	Address

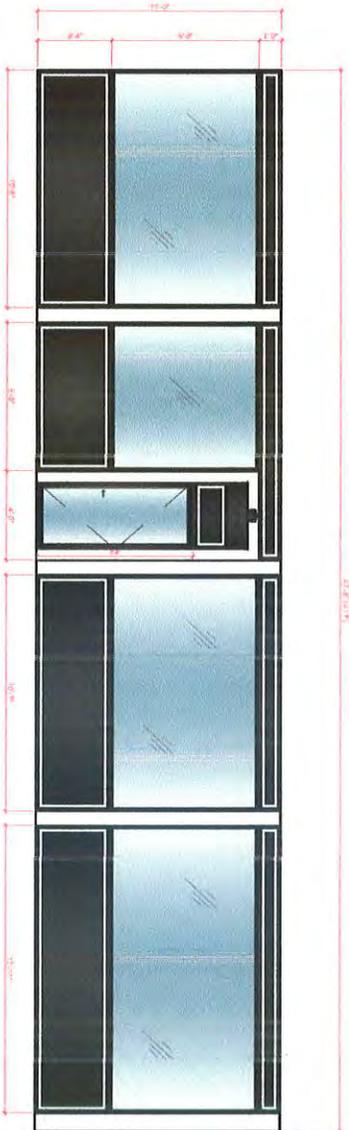
*The China Bull Noodle Shop LLC  
dba Yunnan Kitchen*

**79 CLINTON STREET**

79 CLINTON STREET  
NEW YORK, NY 10002



1 FRONTAL ELEVATION  
SCALE: 3/8"=1'-0"



2 FRONTAL ELEVATION  
SCALE: 3/8"=1'-0"

REVISION NUMBER	DATE	BY	JOB NUMBER

<b>S I G M A</b>	
247 West 35th Street, Suite 701 New York, NY 10018 Tel: 212.246.1580	
DO NOT SCALE PLANS CONTRACTOR TO VERIFY WORK ARCHITECT OF ANY MATERIAL VARIATIONS BETWEEN FIELD CONDITIONS AND EXISTING CONDITIONS AS INDICATED IN CONTRACT DOCUMENTS.	

DATE	SCALE
12/26/21	3/8"=1'-0"
DRAWN BY	DRAWING NUMBER
PROJECT NUMBER	E-05
PROJECT NAME	- HALL



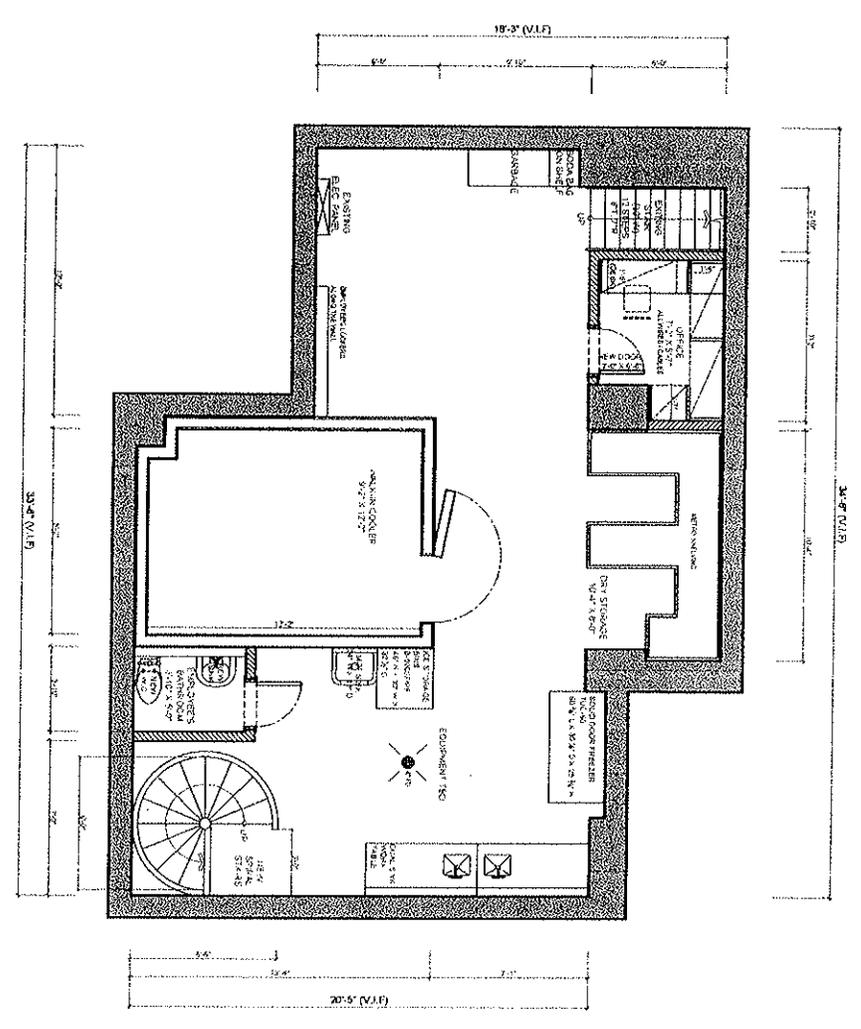
**LEGENDS**

- Existing Architectural Wall To Remain
- New Partition / Wall  
3 1/2" metal stud @ 16" O.C. CD/D  
#20 GYP. board to be applied, sanded,  
prime & painted
- Door / Partition
- Hidden Line
- Recesses
- Door Number / Type  
- see tag, C-01
- Partition Type  
- see notes below
- Elevation number  
- see notes below
- Steel number
- Partition Type  
Steel number
- M/WK number  
Steel number  
- see notes below  
- see tag, C-01
- Section number  
Steel number

*The China Ball Noodle Shop LLC  
dbr Yunnan Kitchen*

**79 CLINTON STREET**

79 CLINTON STREET  
NEW YORK, NY 10002



1 PROPOSED FLOOR PLAN - BASEMENT  
SCALE 3/8"=1'-0"

REVISION NUMBER	DATE	BY / FOR NUMBER

**SIGMA**  
247 West 28th Street, Suite 201  
New York, NY 10001  
Tel: (212) 201-5200 Fax: (212) 219-2801

DO NOT SCALE PLANS  
CONTRACTORS TO PROVIDE/VERIFY ARCHITECT  
DIMENSIONS AND CONDITIONS SHOWN  
INDICATED IN CONTRACT DOCUMENTS.

DRAWN BY: \_\_\_\_\_ DATE: 11/12/2011 SCALE: 3/8"=1'-0"  
CHECKED BY: \_\_\_\_\_ DRAWN BY: \_\_\_\_\_  
PROJECT NUMBER: 00000 PROJECT NUMBER: A-02-2