

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 Stipulations

I, Jiao Shi, as a qualified representative of Gen Group Corp located at 112 Eldridge Street, New York, NY agree to the following stipulations:

- I will operate a full-service restaurant, specifically a (type of restaurant) Asian Fusion Ramen with a kitchen open and serving food to within 11 hour(s) of closing 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.)

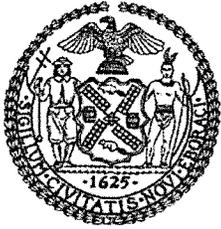
- I will not use outdoor space for commercial use.
- I will operate my sidewalk café no later than _____
- I will employ a doorman/security personnel on the following days: _____
- I will install soundproofing, Heavy duty wall-board
- I will close any front or rear facade doors and windows at 10:00 P.M. every night or during any amplified performances, including but not limited to DJs, live music and live nonmusical performances. I will not have French doors or windows and doors will be closed by _____
- 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 a happy hour. I will have happy hour and it will end by _____
- I will not have wait lines outside. A There will be a staff person outside to monitor sidewalk crowds and ensure no loitering. as needed
- I will conspicuously post this stipulation form beside my liquor license inside of my business.
- Residents may contact the manager/owner at the following phone number. Any complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: Jiao Shi Phone Number: (347) 305-8776

17. I will: _____

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

Signed [Signature]
 Sworn to this 27th day of April 2015 [Signature]
 Howard S. Levine, Notary Public, Reg. 02LE5078411, Expiration July 17, 2015, 11/23/15



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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 proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar. (petition provided)
- Notice of proposed business to block or tenant association if one exists. You can find community groups and contact information on the CB 3 website:
http://www.nyc.gov/html/mancb3/html/communitygroups/community_group_listings.shtml
- 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

Check if either of these apply:

- sale of assets upgrade (change of class) of an existing liquor license

Today's Date: April 24, 2015

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.

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

If alteration, describe nature of alteration: _____

Previous or current use of the location: Restaurant

Corporation and trade name of current license: N/A

APPLICANT:

Premise address: 112 Eldridge Street, NY, NY 10002

Cross streets: Grand St E Broome Street

Name of applicant and all principals: Gen Group Corp.

Principal = Jiao Shi

Trade name (DBA): _____

PREMISE:

Type of building and number of floors: Attached 6 story, Commercial 1st Fl (Ground level)

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 for any back or side yard use? Yes No What is maximum NUMBER of people permitted? _____
See attached DOB print-out and Landlord email

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

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): C4-4A

PROPOSED METHOD OF OPERATION:

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) Monday through Sunday 11am open 12:00 am close

Number of tables? 8 Total number of seats? 35

How many stand-up bars/ bar seats are located on the premise? No Stand up bar.
(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): Service Bar in kitchen

Does premise have a full kitchen? Yes No? kitchen 3' x 3'

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
Asian Fusion Ramen Noodles

What are the hours kitchen will be open? 11am - 12am

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

How many employees will there be? 6

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

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

Will premise have music? Yes No ambient

If Yes, what type of music? Live musician DJ Juke box Tapes/CDs/iPod
If other type, please describe ambient recorded
What will be the music volume? Background (quiet) Entertainment level
Please describe your sound system: 2 Small speakers mounted for ambient low level music
Will you host any promoted events, scheduled performances or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed and how often? No

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans. (Please do not answer "we do not anticipate congestion.")

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

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

Do you have sound proofing installed? Yes No Heavy duty dry wall material dampens sound
If not, do you plan to install sound-proofing? Yes No

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously? Yes No
If yes, please indicate name of establishment: Northern Liquor Depot, INC
Address: 73-04 Northern Blvd, Jackson Heights, NY Community Board # 3
Dates of operation: July 2012 - Present

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: 6 [1 beer; 3 OP; 1 RW; 1 package store]
How many On-Premise (OP) liquor licenses are within 500 feet? 18

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

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. Also 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).

We are including the following questions to be able to prepare stipulations and have the meeting be faster and more efficient. Please answer per your business plan; do not plan to negotiate at the meeting.

1. I agree to close any doors and windows at 10:00 P.M. every night?
2. 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 ___
3. I will play ambient recorded background music only.
4. I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.
5. I will not seek a change in class to a full on-premise liquor license. Or my business plan is to seek an upgrade at a later date. *without notifying*
6. I will not participate in pub crawls or have party buses come to my establishment. *CB3*
7. I will not have a happy hour. Or Happy hour will end by _____.
8. I will not have wait lines outside. There will be a staff person outside to monitor sidewalk crowds and ensure no loitering.
9. Residents may contact the manager/owner at the following phone number. Any complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

ATTENTION RESIDENTS & NEIGHBORS

GEN GROUP CORP. (347) 305-8776

Company/DBA Name and Contact Number for Questions

Plans to open a

Sushi Restaurant

(Please choose) Bar/Restaurant/Club and indicate if there will be a Sidewalk Café or Backyard Garden

at the following location

112 Eldridge Street, Ground Floor, NY, NY

Building Number and Street Name (Address)

This establishment is seeking a license to serve

Beer & Wine

Beer & Wine or Beer/Wine & Liquor

There will be an opportunity for public comment on

Monday, May 18, 2015 at 6:30pm

Community Board 3 Office

59 East 4th Street (btwn 2nd Ave & Bowery)

Date/Time/Location

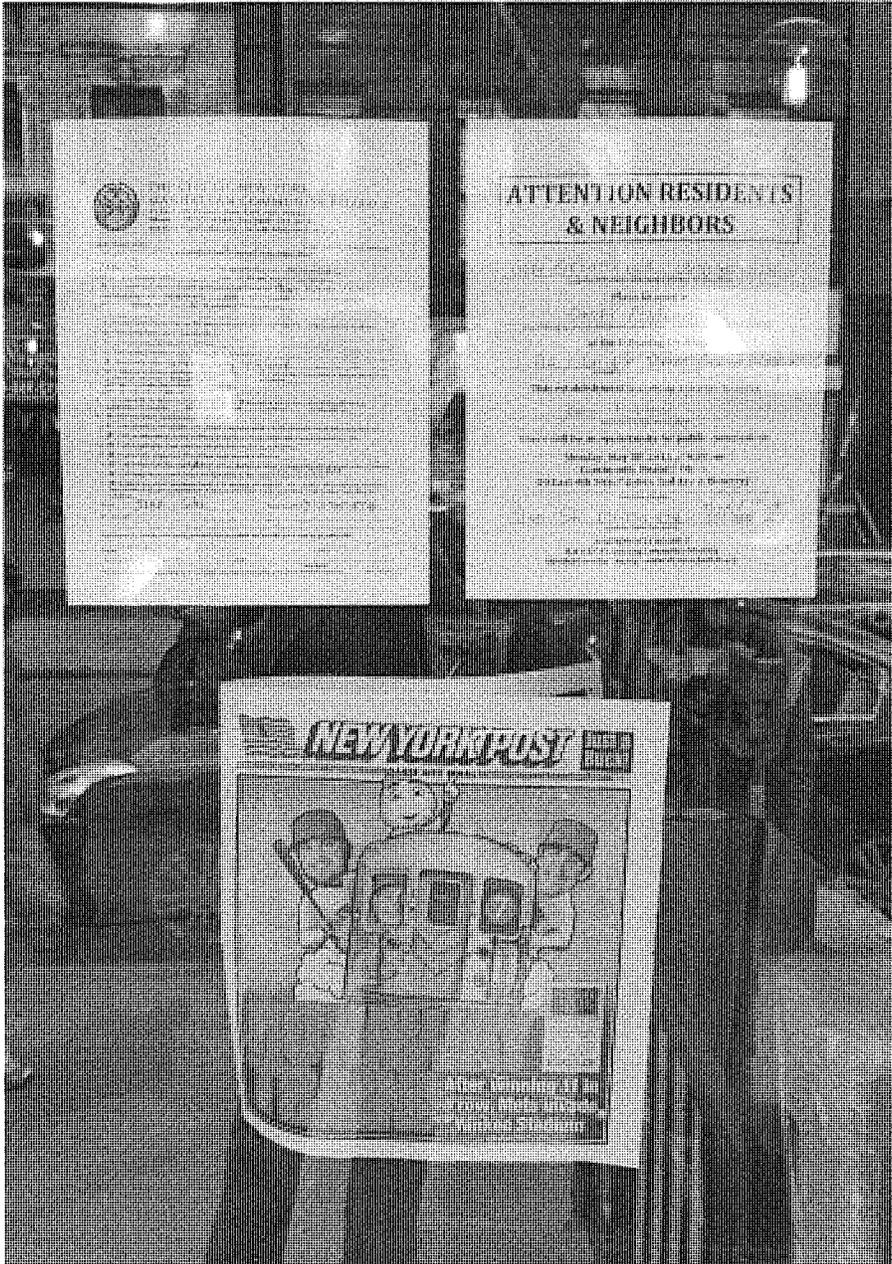
Jiao Shi (347) 305-8776 of Howard Levine (917) 584-3656

Applicant Contact Information

At COMMUNITY BOARD 3

SLA & DCA Licensing Committee Meeting

info@cb3manhattan.org - www.cb3manhattan.org



THE CITY OF NEW YORK DEPARTMENT OF ENVIRONMENTAL PROTECTION

Public Hearing on the Proposed 2014-2015 Fiscal Year Budget

The Department of Environmental Protection (DEP) is holding a public hearing on the proposed 2014-2015 fiscal year budget. The hearing will be held on Monday, May 20, 2014, at 10:00 a.m. at the DEP Regional Office, 29 East 64th Street, New York, NY 10022.

The hearing is open to the public and will be held in English and Spanish. The hearing will be held in a room that is accessible to people with disabilities. For more information, please call (212) 312-2000.

ATTENTION RESIDENTS & NEIGHBORS

Public Hearing on the Proposed 2014-2015 Fiscal Year Budget

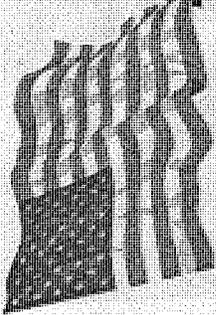
The City of New York is holding a public hearing on the proposed 2014-2015 fiscal year budget. The hearing will be held on Monday, May 20, 2014, at 10:00 a.m. at the City Hall, 100 City Hall Plaza, New York, NY 10007.

The hearing is open to the public and will be held in English and Spanish. The hearing will be held in a room that is accessible to people with disabilities. For more information, please call (212) 312-2000.

NEW YORK POST



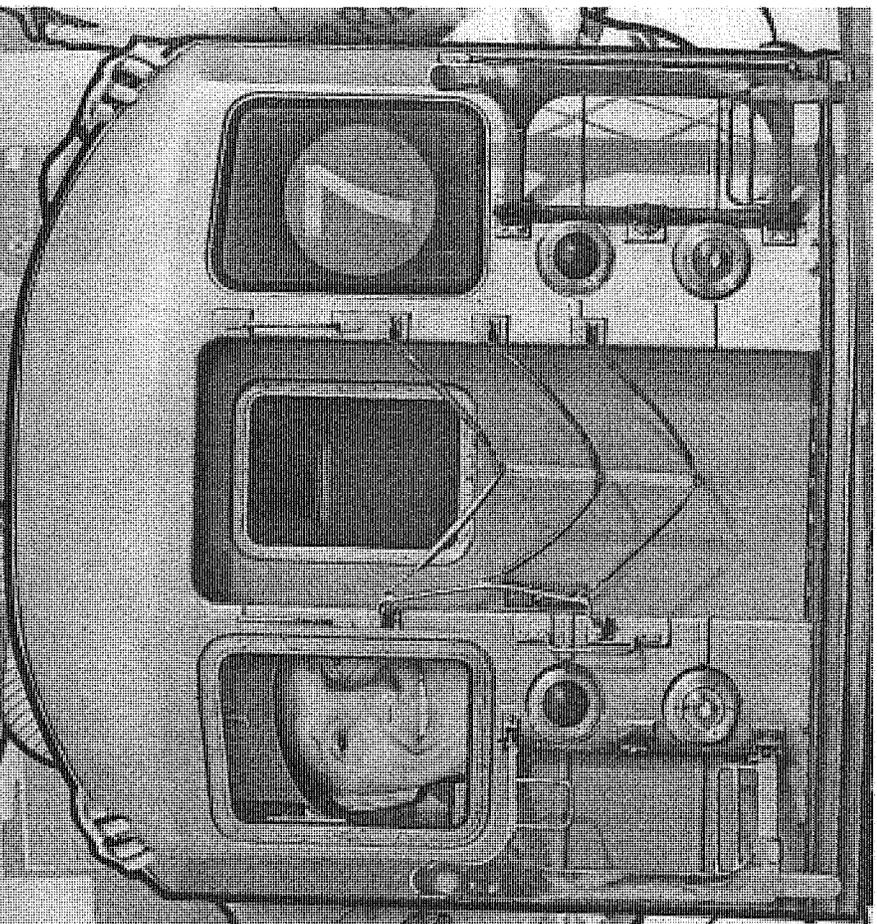
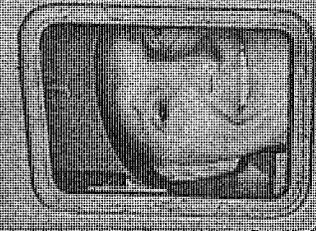
NEW YORK POS



nyjpos.com

SPORTS EXTRA

FRIDAY, APRIL 24, 2015 / Cover \$6 / Weather: P. 4x





[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings

C of O PDF Listing for Property

Premises: 112 ELDRIDGE STREET MANHATTAN

BIN: 1005431 Block: 413 Lot: 4

Download the [Adobe Acrobat Reader](#) if you are unable to open the PDF files

To report a problem with any of these images, please use the [CO Image Problem Form](#)

THERE ARE NO CERTIFICATES OF OCCUPANCY ON FILE FOR THIS ADDRESS

[Back](#)

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.

Howard Levine

From: Howard Levine
Sent: Monday, April 27, 2015 3:34 PM
To: Howard Levine
Subject: FW: 112 Eldridge Street

From: Jim Wong [mailto:jim_wong@aafe.org]
Sent: Friday, April 24, 2015 3:14 PM
To: Howard Levine
Subject: RE: 112 Eldridge Street

Hi Howard

I asked my supervisor. She said there is no c/o for 112 Eldridge Street because this is the OLD building.

Thanks
Jim

From: Howard Levine
Sent: Friday, April 24, 2015 2:32 PM
To: jim_wong@aafe.org
Subject: 112 Eldridge Street

Please provide a copy of the c/o.

Thank you,