

# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License Stipulations Application

<b>CORPORATION NAME</b>		<b>DOING BUSINESS AS (DBA)</b>	
Chaufa Inc		Chaufa Inc	
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>	<b>ZIP CODE</b>
698-700 9th Avenue		8th Ave and 9th Ave 47th / 48th	10036
<b>OWNER</b> <small>(Attach a list of all the people that will be associated listed with the license) *see attached in email</small>	<b>NAME:</b> Juttana Rimreartwate	<b>ATTORNEY/ REPRESENTATIVE</b>	<b>NAME:</b> Anthony Caraballo
	<b>PHONE:</b> 718-687-9394		<b>PHONE:</b> 718-875-2929
	<b>EMAIL:</b> moonabon@hotmail.com		<b>EMAIL:</b> anthony@cblservices.com
<b>MANAGER</b>	<b>NAME:</b> same	<b>LANDLORD</b>	<b>NAME:</b> 358 W48th St LLC
	<b>PHONE:</b>		<b>PHONE:</b> 718-854-2300
	<b>EMAIL:</b>		<b>EMAIL:</b>
<b>APPLICATION TYPE (Check One)</b>			
<input checked="" type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
	What is/was the name and address of establishment?	see attached in email	
	What were the dates applicant was involved with this former premise?		
<input type="radio"/> <b>Transfer</b>	What is the prior license # and expiration date?		
	Is applicant making any alterations or operational changes?	<input type="radio"/> YES	<input type="radio"/> NO
	If alterations or operational changes are being made, please describe/list all changes.		
<input type="radio"/> <b>Alteration</b>	What is the current license # and expiration date?		
	Please list/describe the nature of all the changes and attach the plans:		
<b>METHOD OF OPERATION</b>			
<b>TYPE OF ALCOHOL</b>	<input checked="" type="radio"/> Liquor/Wine/Beer <input type="radio"/> Beer <input type="radio"/> Wine & Beer		
<b>ESTABLISHMENT TYPE</b>	<input checked="" type="radio"/> Restaurant <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input type="radio"/> Bar/Tavern <input type="radio"/> Catering Establishment <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Club (Fraternal Organization – Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	YES	<input checked="" type="radio"/> NO	
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	<input checked="" type="radio"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	

Juttana Rimreartwate Licenses

Active

- 1. Premises** QITME Inc DBA QI  
**Address** 675 8<sup>th</sup> Ave, New York, NY 10036  
**Years** 2011 – Present  
**Serial Number** 1251058
- 2. Premises** QIWILL Inc  
**Address** 176 N 9<sup>th</sup> St, Brooklyn, NY 11211  
**Years** 2012 - Present  
**Serial Number** 1265520

Inactive

- 1. Premises** Spice 199 Inc DBA Spice  
**Address** 199 8<sup>th</sup> Ave, New York, NY 10011  
**Years** 1999 – 2015  
**Serial Number** 1100286
- 2. Premises** Lychee Inc DBA Lychee  
**Address** 126 St Marks Place, New York, NY 10009  
**Years** 2000 – 2012  
**Serial Number** 1112451
- 3. Premises** Rice Avenue Inc DBA Rice Avenue  
**Address** 72-19 Roosevelt Avenue, Jackson Heights, NY 11372  
**Years** 2003-2011  
**Serial Number** 1137696
- 4. Premises** Tai Gourmet Inc DBA Vendor  
**Address** 1407 2<sup>nd</sup> Avenue, New York, NY 10021  
**Years** 2004-2007  
**Serial Number** 1152796
- 5. Premises** Room Service II Inc DBA Room Service II  
**Address** 166 8<sup>th</sup> Avenue, New York, NY 10011  
**Years** 2006 - 2014  
**Serial Number** 1177404
- 6. Premises** QI Curry Corp  
**Address** 31 W 14<sup>th</sup> Street, New York, NY 10011  
**Years** 2009-2015  
**Serial Number** 1235205
- 7. Premises** Bangkok Palace II Inc DBA Spice  
**Address** 1411 2<sup>nd</sup> Avenue, New York, NY 10021  
**Years** 2012 – 2013  
**Serial Number** 1029801

## **Chaufa Inc Principals**

**Juttana Rimreartwate**

**Bopitk Mohkttong**

**Yanyong Limleartvate**

**OPERATIONAL DETAILS (\*Closing time will be when establishment is vacated of all patrons)**

HOURS* <i>(Indoor Only)</i>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	←	11:30am	11:30pm	→	11:30am-12:30am		11:30-11:30
	Kitchen	←	11:30am	1:00pm	→	11:30am-12am		11:30-11:00pm
	Music	←	11:30am-11:30pm	→		11:30am-12:30pm		11:30-11:30

If you plan to have music, what type(s)? (Circle all that apply)

BACKGROUND     LIVE MUSIC     DJ     JUKE BOX     KARAOKE

**OCCUPANCY**

	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Stand-Up Bar
<b>INSIDE</b>	74	74	19	54	0	1	8
<b>OUTSIDE</b> <i>(Other than sidewalk café)</i>							
<b>SIDEWALK CAFÉ</b>							

How many floors are there? What is the capacity for each floor?      1 floor; 74

How frequently will the owner(s) be at the establishment?      Every day

Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?      YES    NO

Will applicant have bottle or table service for beverage alcohol?      YES    NO

Will you be hosting private; promotional or corporate events?      YES    NO

Will outside promoters be used on a regular basis? If yes please describe.      YES    NO

Will you have a security plan? If, yes please attach.      YES    NO

Will security plan be implemented?      YES    NO

Will State certified security personnel be used?      YES    NO

Will New York Nightlife Association and NYPD Best Practices be followed?      YES    NO

Will applicant be using delivery bicycles? If yes, how many?      YES    NO      2

Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law?      YES    NO

Where will delivery bicycles be stored during the day when not in use?      bike rack on side of premises

LOCATION & ZONING			
Is this a Special District? if yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Clinton
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Pending
Is a Public Assembly permit required?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are your plans filed with DOB?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

Community Notification/Relations			
<b>NOTIFICATION:</b> List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted	# 1	N/A	
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.	Pending		
Who was your contact person at each group you met with?	N/A		
When did applicant post the notice that was provided?	06/22/2016		
Where did applicant post the notice that was provided?	front of premises		
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	718-687-9394
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

<b>BUILDING DESIGN</b>			
State the name and type of business previously located in the space.			
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	<input checked="" type="checkbox"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="checkbox"/> NO	
Will applicant have a vestibule within the establishment?	YES	<input checked="" type="checkbox"/> NO	
Will applicant use a storm enclosure?	YES	<input checked="" type="checkbox"/> NO	
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	<input checked="" type="checkbox"/> YES	NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/> YES	NO	
Will the establishment have any of the following: (circle all that apply)	<b>FRENCH DOORS</b>	<b>GARAGE DOORS</b>	<b>WINDOWS THAT CAN BE OPENED</b>
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	<input checked="" type="checkbox"/> YES	NO	
Will applicant close all windows, French doors, garage doors by 11 PM Friday and Saturday and 10 PM on all other days even if no music or amplified sound is played inside the establishment?	<input checked="" type="checkbox"/> YES	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	<input checked="" type="checkbox"/> NO	
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?	<input checked="" type="checkbox"/> YES	NO	
Will the kitchen exhaust system extend to the roof?	<input checked="" type="checkbox"/> YES	NO	
Will the establishment have an illuminated sign?	YES	<input checked="" type="checkbox"/> NO	
Will the establishment have a canopy extending over the sidewalk?	YES	<input checked="" type="checkbox"/> NO	
Where will the air conditioner be located? What type is it?	on the roof; central AC		
When was the air conditioner installed?	installed by previous owner		

<b>OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFE</b>			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are the floorplans for the outdoor space(s) included?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will there be no amplified music, as per the law?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant agree to train staff to encourage a peaceful environment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

**OUTDOOR ITEMS – SIDEWALK CAFÉ**

Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant be applying for a sidewalk café now or in the future?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will applicant mark the perimeter of the café on the sidewalk?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will the sidewalk café not provide standing space for drinking or smoking?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will all furniture be stored inside between December 21 <sup>st</sup> and March 21 <sup>st</sup> , and any other day when it rains or snows?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will applicant use umbrellas?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
If construction or construction protection has reduced the sidewalk width, will applicant always maintain an 8 foot clear path of sidewalk between the perimeter of the café and the closes obstruction including construction barricades?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A

**ADDITIONAL STIPULATIONS: (Office Use Only)**

- Patron occupancy will be no more than 66 people. Revised patron number and floor plan will be submitted by 7/22
- Two doors on Ninth Ave will be kept closed at all times and used only for emergency exits

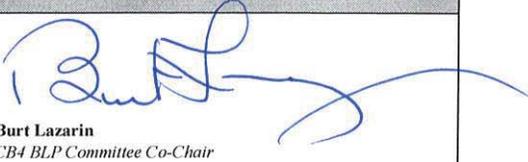
***To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.***

**ADDITIONAL STIPULATIONS: (Office Use Only), *Continued***

*To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.*

Manhattan Community Board 4 (MCB4) recommends:	<input checked="" type="radio"/> Denial unless all stipulations agreed to by applicant/owner are part of the method of operation <input type="radio"/> Denial <input type="radio"/> Approval
--	---

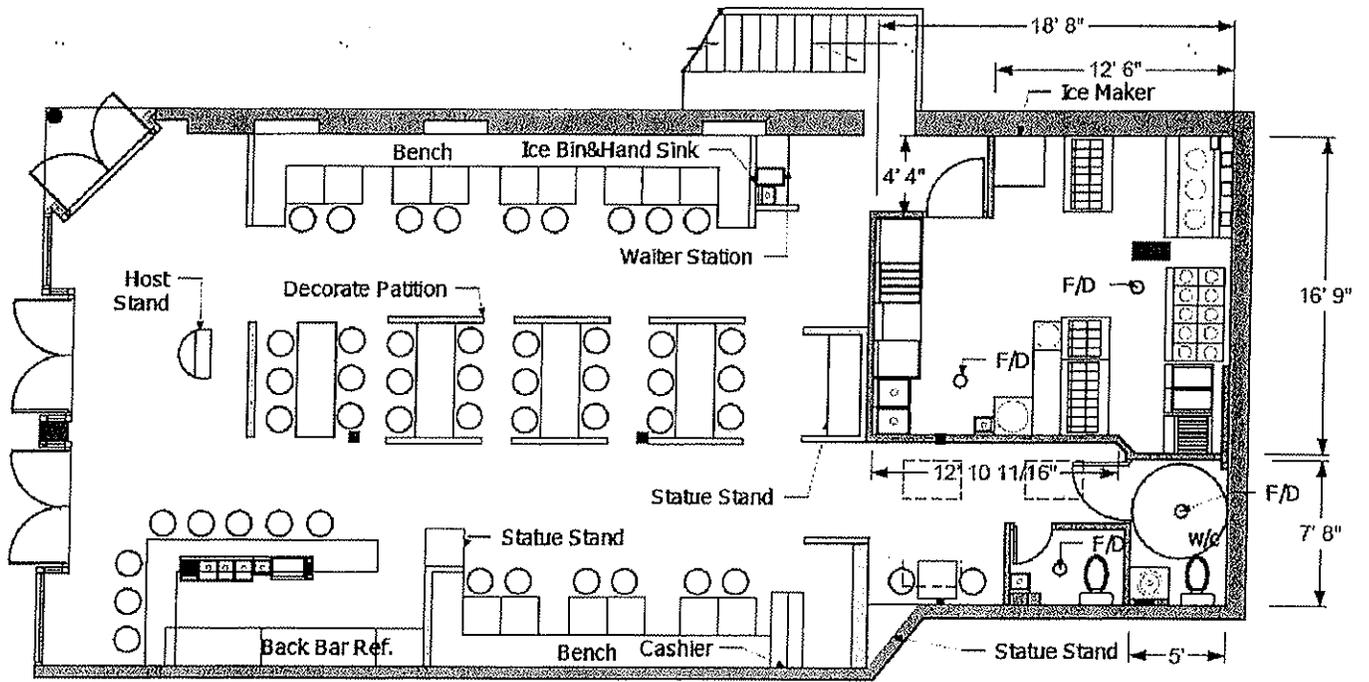
**CB4 REPRESENTATIVES**

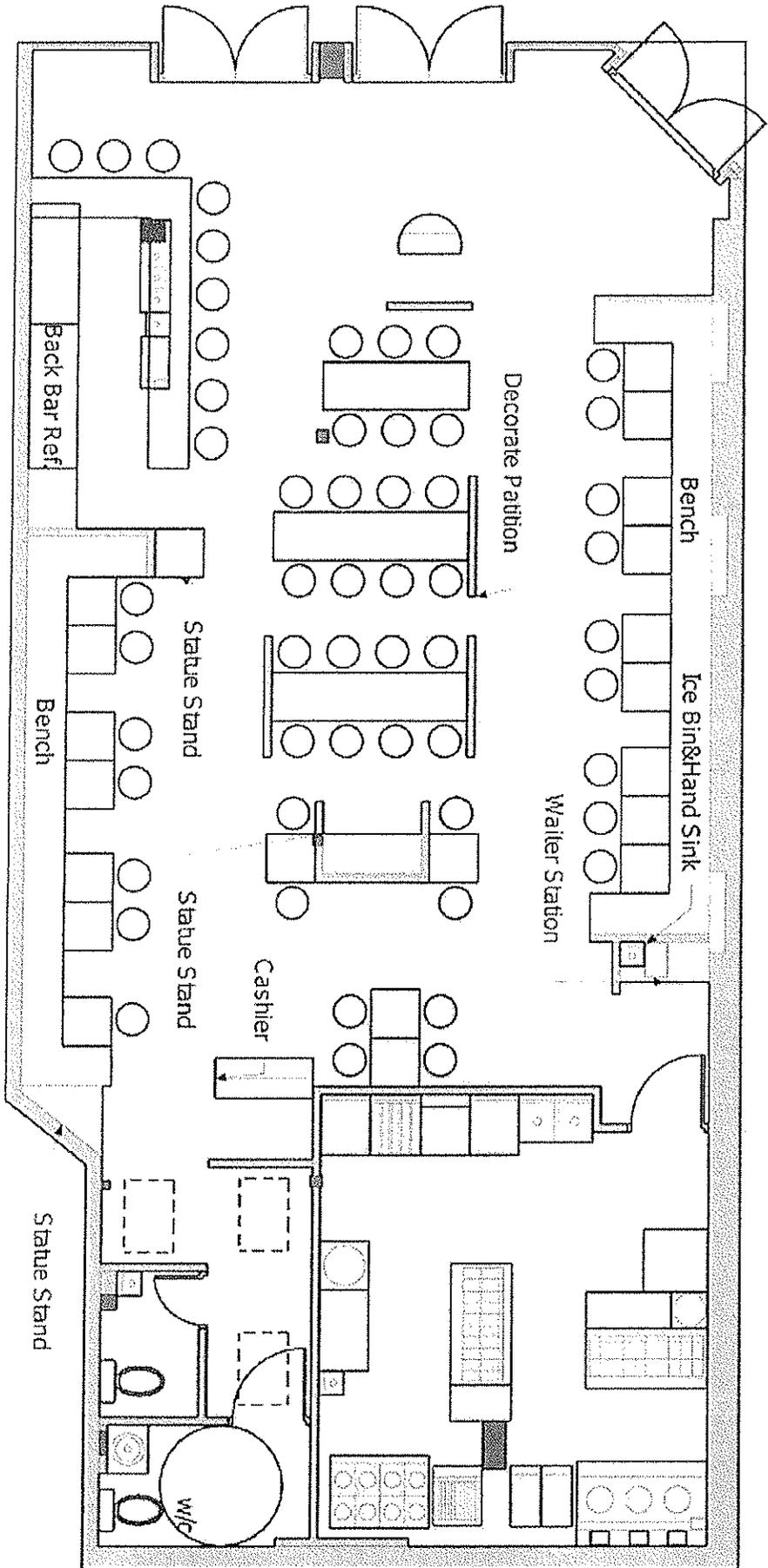
Nelly Gonzalez <i>CB4 Assistant District Manager</i>	 <b>Frank Holozubiec</b> <i>CB4 BLP Committee Co-Chair</i>	 <b>Burt Lazarin</b> <i>CB4 BLP Committee Co-Chair</i>
---	---	---

**APPLICANT AGREEMENT WITH THE COMMUNITY**

Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of operation of its liquor license. The stipulations in this application constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 and applicant. These stipulations supersede any oral statements or representations in connection with this application.

<b>SIGN HERE</b> →	 <b>PRINT NAME OF APPLICANT</b>	<b>SIGNATURE OF APPLICANT</b>	7/12/16 <b>DATE</b>
--------------------	--	-------------------------------	------------------------





## MENU

### SOUP

Shrimp & Pork Wonton Soup - 6  
Chicken Rice or Noodle Soup \$6  
Bean Curd with Vegetable Soup \$6

### APPETIZER

General Tso Chicken Meatball - 9  
Sesame Chicken Wings 2 Ways - 9  
Pumpkin Tempura - 7  
Braised Duck Mini Tacos - 9  
Salt & Pepper Calamari Rings - 9

### DIM SUM

Mushroom Spring Roll - 7  
Crystal Shrimp Dumpling - 8  
Mushroom Dumplings - 7  
BBQ Pork Puff - 7  
Scallion Pancake - 7  
Chicken Dumpling - 8  
Vegetable Dumpling - 8

### NOODLE & RICE

Dan Dan Duck Ramen - 13  
Duck confit, egg, seaweed, scallion, mushroom, shishito  
Oink Oink Fried Rice - 14  
Black rice, shishito, carrots, green peas, pork belly, bacon, Chinese sausage, scallion, egg  
Vegetables Fried Rice - 13  
Asian vegetables, carrots, shallot, dark soy  
Spicy Singapore Laksa Noodle Soup - 13  
Egg noodle, shrimp, tofu, bean sprouts, egg, fish cake, cilantro  
Flank Steak Longevity Noodle - 15  
Asparagus, onion, cabbage, shiitake mushroom, carrots

### MEAT & SEAFOOD

Roasted Pork W. Basil Sauce - 14  
Tomato, onion, bell pepper, okra, string beans  
Broiled Char Sui Salmon - 19  
Asian slaw, edamame beans  
Braised Short Rib Curry - 17  
Crushed cashews  
Szechuan-Peppercorn Steak - 24

Shaking Beef - 18

Wok charred. Tomato, red onion, bell pepper, roasted salt & pepper

Chicken Teriyaki - 15

Broccoli, asparagus

Steamed Prawns Green Curry -18

Eggplant, bell pepper, string beans, tofu, basil

Tamarind Crispy Whole Fish -20

Shishito pepper, candied pineapple, tomato, basil, bell pepper, onion

Pan-Roasted Duck Breast - 18

Mandarin sauce. Asian vegetables

New Zealand Rack Of Lamb - 23

Roasted garlic, rosemary, sesame seed soy jus

Classic Steam Fish Of The Day - 17

Green peas, asparagus, enoki, shiitake mushroom. Ginger soy

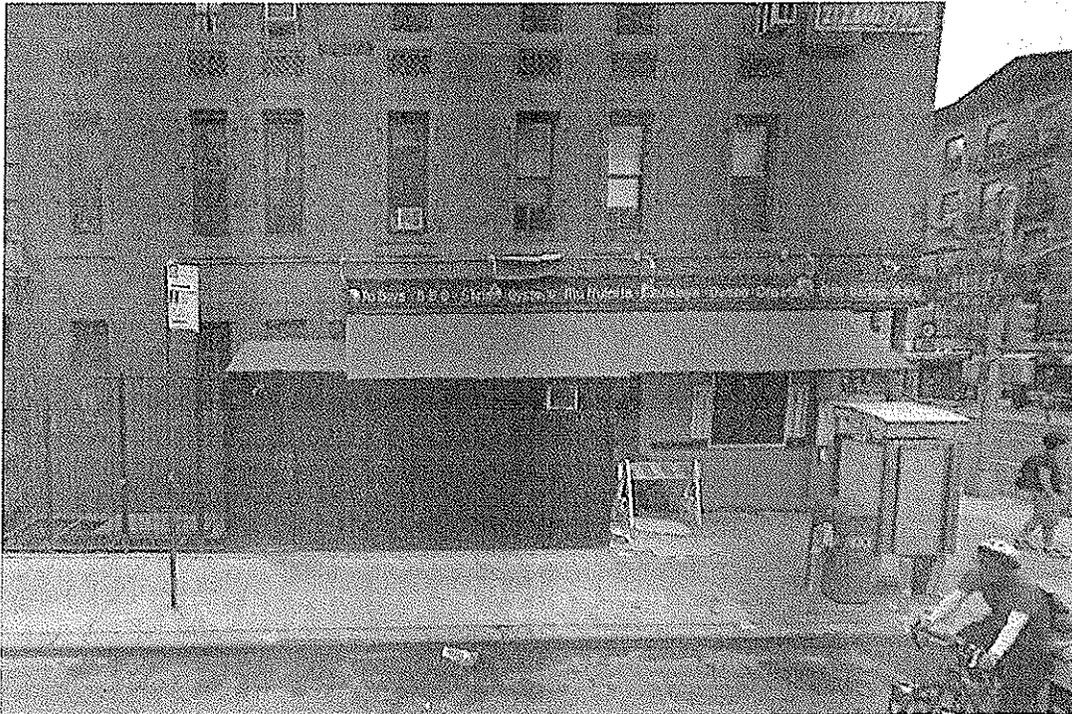
## SIDES

BLACK RICE - 3

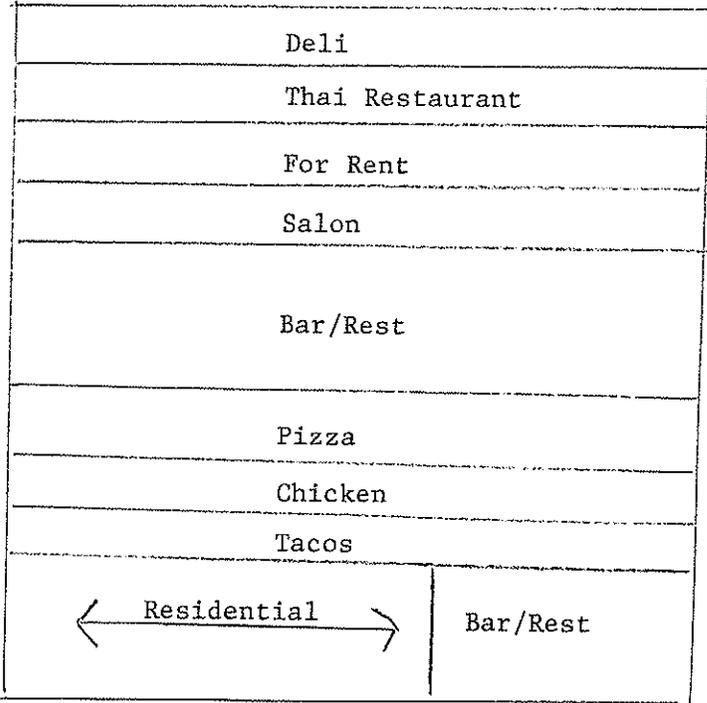
BROWN RICE - 2

JASMINE RICE - 2

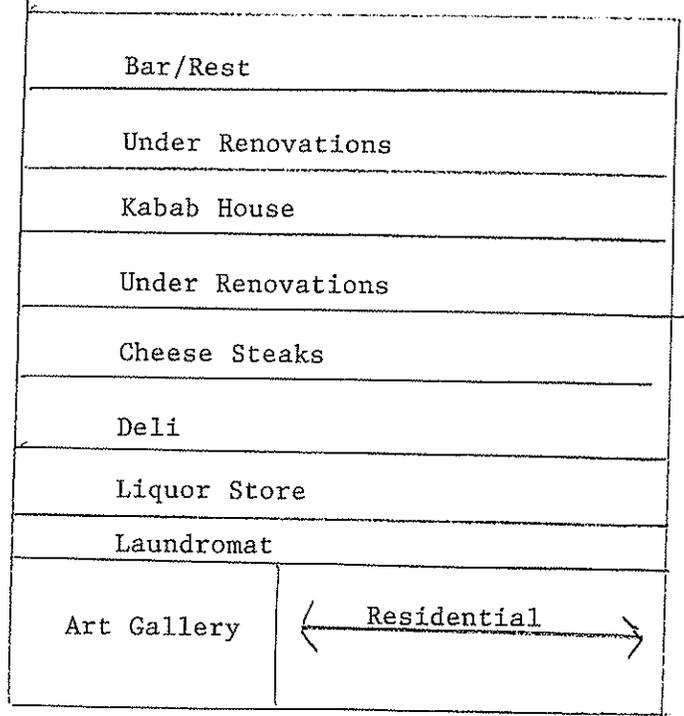
698-700 9<sup>th</sup> Ave, New York, NY 10036



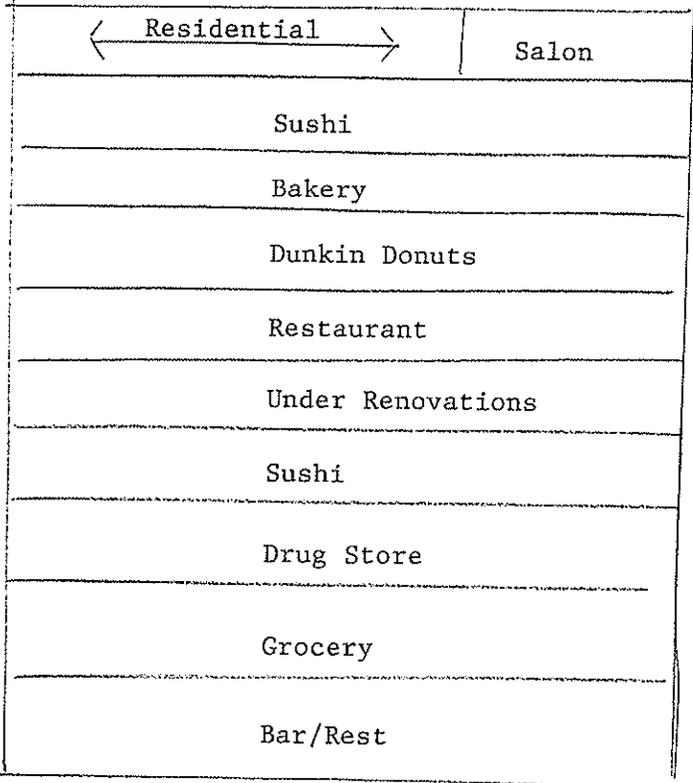
49th Street



49th Street

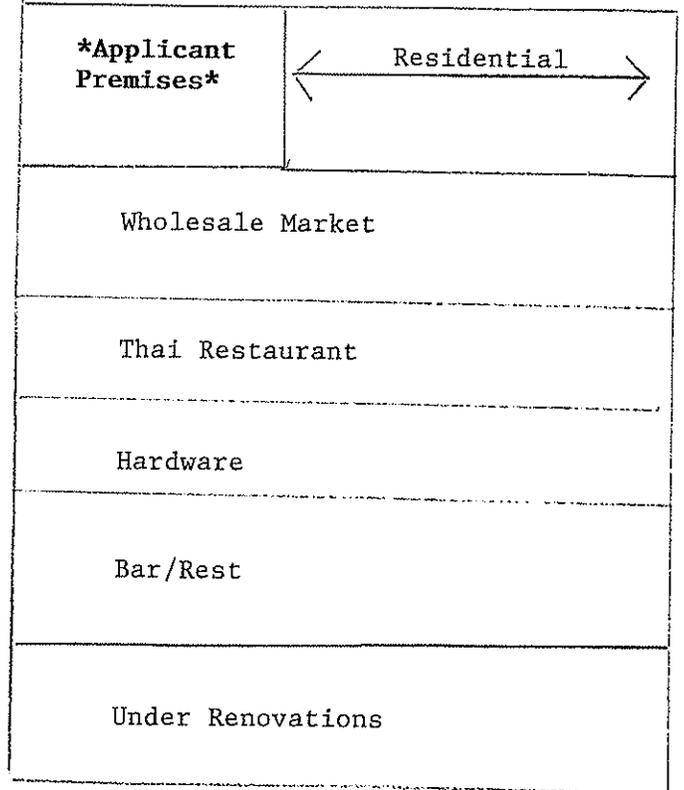


48th Street



48th Street

9TH AVENUE



8TH AVENUE

47th Street

47th Street

Chaufa Inc  
 698-700 9th Avenue  
 New York, NY 10036  
**Block Plot Diagram**

W 54th Street
Bar/Rest
Thai Rest
Bar/Rest
Bar/Rest
Bar/Rest
Vacant
Mexican Rest
Rest

W 53rd Street
Noodle Shop
Bar/Rest
Pizza
Bicycles
Mexican Rest
Pizza
Nail Salon
Kabobs
Bar/Rest
Bar/Rest
Deli
Deli

W 52nd Street
Health Care Bld
Hardware
Deli
Sushi
Bar/Rest
Empanadas
Check Cash
Bar/Rest

W 51st Street

W 54th Street
Parking Lot
Bar/Rest
Bar/Rest

W 53rd Street
<b>*Applicant Premises*</b>
Ice Cream
Laundromat
Hair Salon
Thai Rest
Pita Grill
Subway
Thai Rest
Smoke Shop
Cleaners

W 52nd Street
Hardware
Bar/Rest
Coffee
Framing
Bar/Rest
Bar/Rest
Hummus
Thai Rest
Burgers
Kababs
Indian Rest
Mexican Rest

W 51st Street

Chaufa Inc  
 798 9th Avenue  
 New York, NY 10036  
**Block Plot Diagram**

NEW YORK STATE LIQUOR AUTHORITY  
500-FOOT HEARING QUESTIONNAIRE

PLEASE COMPLETE THIS FORM BEFORE ENTERING THE HEARING ROOM

**I. APPLICANT'S BUSINESS**

1. Applicant's Name: Chaufa Inc  
Doing Business As (d/b/a): Chaufa Inc.
2. Has premises opened for business?  No  Yes – When: \_\_\_\_\_
3. Type of Business (e.g. Restaurant, Bar, Catering Hall): Restaurant  
Type of food served (e.g. Mexican, Italian, pub food): Asian Thai
4. Certificate of Occupancy obtained?  No  Yes – Maximum Occupancy: \_\_\_\_\_
5. Seating Inside: Number of tables: 20 Number of seats at tables: 75-90  
Number of bars: 1 Number of stools at bar(s): 1
6. Outdoor area?  No  Yes – Type? (e.g. Backyard, Sidewalk Café): \_\_\_\_\_  
Number of tables outside: \_\_\_\_\_ Number of seats outside: \_\_\_\_\_

**II. ENTERTAINMENT**

7. Will music be played?  No  Yes – Type? (e.g. Recorded, Band): Recorded
8. Will dancing be permitted?  No  Yes – Cabaret license obtained? \_\_\_\_\_
9. Number of TV's in the premises? 0 Will sports be shown?  No  Yes  N/A

**III. COMMUNITY IMPACT**

10. Number of on-premises licensed establishments within 500 feet: 17
11. Available Parking:  Parking Lot  Garage  Other: Street Parking
12. Is public transportation nearby?  No  Yes – Describe: Subway and bus stops nearby
13. Has Applicant made efforts to minimize noise?  No  Yes – Explain at Hearing

**IV. STATE LIQUOR AUTHORITY VIOLATIONS**

14. If Applicant is a corporate entity, number of Principals: 3
15. Has Applicant or Principal(s) been charged with any violations by the New York State Liquor Authority?  No  Yes – Explain at Hearing

**V. COMMUNITY BOARD**

16. Did Applicant meet with the Community Board?  No  Yes – When? \_\_\_\_\_
17. Did Applicant agree to any Stipulations?  No  Yes – Provide a copy at Hearing

Your Name: Anthony L. Caraballo

Signature: \_\_\_\_\_

Date: 6/21/2016