

APPLICATION FOR CONDITIONAL USE OR SIMILAR USE PERMIT

1. TYPE OF PERMIT REQUESTED, check one below:

Conditional Use Permit
if checked, identify type below:

new permit

modification of existing permit

Similar Use Permit - complete form except
for items below which have an asterisk and
only pertain to a conditional use permit

2. DATE: 3/8/2020

3. LOCATION FOR WHICH PERMIT IS REQUESTED:

1 Bond Street, Great Neck, NY, 11021
Street Address

Section, Lot & Block (if known)

4. NATURE OF REQUESTED APPLICATION, complete one below as applicable:

New Business

To operate a learning Center.

Modification of Existing Permit

To modify an existing permit to _____

5. NAME OF BUSINESS, if known:

GPS Academy Great Neck Inc.

For official Village use only - applicant do not write in this area

Date Received: _____ Case Number Assigned: _____

Date Advertised: _____ Hearing Date: _____

Board Action Taken [circle]: approved/denied on _____

APPLICATION FOR CONDITIONAL USE OR SIMILAR USE PERMIT (CONT'D.)

6. APPLICANT'S NAME, ADDRESS, & TELEPHONE NO.:
(Lessee)

Lawrence Yan
Name
223-15 57th Ave 1 FL.
Street address
Bayside NY 11364
City, State, Zip Code
(917) 302-2597 Lawrence.Yan2@hotmail.com.
Telephone Number / EMAIL

7. DOCUMENTATION NEEDED TO ACCOMPANY APPLICATION -
* Attach photocopy of lease or letter of intent from
landlord.

8. APPLICANT'S REPRESENTATIVES & CONTACTS, if applicable:

Attorney: N/A self Lawrence Yan
Name
36-25 Main St. 2PL
Street address
Flushing NY 11354
City, State, Zip Code
(917) 302-2597
Telephone Number

Architect: N/A

Name

Street Address

City, State, Zip Code

Telephone Number

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* 9. PROPOSED HOURS OF OPERATION OF BUSINESS:
(List hours proposed to be open to the public)

Monday to Thursday	<u>12:00 - 8:00PM</u>
Friday	<u>12:00 - 8:00PM</u>
Saturday	<u>9:00 AM - 6:00 PM</u>
Sunday	<u>9:00 AM - 6:00 PM</u>

* 10. TYPE OF ENTERTAINMENT, check if any are being requested and include days of the week that entertainment will be provided:

- No live music, only recorded background (soft) music, which is permitted
- Live music for _____
- Dancing for _____
- Other _____

Are video games proposed? NO YES - if checked, explain number and location proposed:

* 11. ALCOHOLIC BEVERAGES TO BE SERVED:

- None
- Beer and Wine. If checked, explain status of permit:

- Full License. If checked, explain status of permit:

12. SIGN AND FACADE CHANGES - The applicant intends to make the following, check if applicable:

- facade changes (a facade permit from the Board of Trustees is required prior to any construction)
- awning (a sign permit is required from the Board of Trustees before an awning is erected)
- signage (a sign permit is required from the Board of Trustees in advance of placement of any advertising material)

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13. LENGTH OF STREET FRONTAGE -

A. if interior lot: ~~NA~~
_____ feet along _____
number of road name

B. if corner lot or thru lot:
381 feet along Bond Street.
number of primary road
461 feet along North Station Plaza
number of secondary road

Indicate source of calculations for #13: Site measurement

14. TYPE OF MANAGEMENT - The business is proposed to be managed as follows, check one below:

- owner managed
 franchise - with employee as manager

Is/are the manager(s) responsible for operating additional facilities elsewhere?

- NO
 YES, explain nature of duties at other locations:

What prior experience or training does the owner/manager have in operating a facility as proposed?

- No previous experience
 Previous experience, explain:

Have experience in operating a similar facility at flushing for 9 years.

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15. EMPLOYEES - What is the expected number of employees?

3 full-time employees

2 part-time employees

16. EMPLOYEE PARKING - Does the applicant intend to purchase parking permits in the municipal garage for these employees? (Inquire at Village Hall 9-4:45 PM daily.)

YES, permits will be applied for

NO, arrangements for parking will be as follows:

17. CUSTOMER PARKING - Where are customers likely to park?

Indicate closest facilities Street Parking & drop off.

Indicate by checking below the proposed measures that the owner/manager proposes to help eliminate concerns of the Village regarding customers possibly double parking in front of the proposed establishment:

posting of a sign inside

availability of change for meters

refusal of service to double-parkers

other, explain _____

* 18. TYPE OF FOOD OPERATION - If a food establishment is proposed, indicate below the type of operation:

sit-down restaurant or service

fast-food/take-out restaurant or service

combination of both, explain:

N/A

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19. SIMILARITY TO ANOTHER EXISTING OPERATION - Is the operation proposed similar to any existing establishment(s) in the area?

NO

YES, list establishments of a similar nature in the Village:

* 20. PROPOSED MAXIMUM NUMBER OF PATRONS - If an eating/drinking area is proposed, indicate the maximum number of patrons to be served according to the fire code, which is a limit of 1 person for every 15 square feet:

- a. N/A sq. ft. of seating area proposed
b. N/A maximum permitted by fire code ($a \div 15$)
c. N/A maximum seating proposed (as shown on accompanying floor plan)

21. SKETCH PLANS - Attach a sketch of the proposed floor plan, including as applicable:

- a. entrances/exits for public access
b. emergency access only (secondary entr./exit.)
c. preparation area
d. retail space/customer area, including table and chair layout for any eating/drinking area
e. lavatory facilities, including for the handicapped, if required
f. garbage storage room

22. GARBAGE STORAGE AND REMOVAL - Indicate proposed method for garbage removal?

Garbage will be store in Storage Area (Mostly Paper & cups)

Indicate proposed frequency of pick-ups: 3 Times per Week

Indicate proposed days and hours for pick-ups:

Mon. Wed. Fri.

Indicate whether pick ups will be through front or rear door:

rear door

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Indicate the proposed location and size of area for garbage to be stored prior to pick up. (This area should be shown on the accompanying sketch plan of the proposed business.)

proposed location is: Storage Area

size of area, if indoor: 6x5

Refrigerated? : [] YES [✓] NO

size of container, if outdoor: N/A

Will any refuse be recycled and therefore will not be disposed of in the manner indicated above?

[] YES, and the types of waste(s) to be recycled and the methods of handling are as follows:

[✓] NO - if checked, indicate the non-recyclable and non-biodegradable wastes produced:

23. DELIVERIES - IN-COMING SUPPLY DELIVERIES - Indicate below the frequency, type and proposed hours for scheduled deliveries:

<u>Type of Deliveries</u>	<u>Frequency</u>	<u>Proposed Hours</u>
<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

The truck size used for most deliveries is: N/A

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* 26. PACKAGING - Indicate below the types and method of packaging for take-out food items, if a restaurant or food establishment is proposed:

<u>Take-Out Product</u>	<u>Method of Packaging Proposed</u>
<u>N/A</u>	<u>N/A</u>
<u> </u>	<u> </u>

AREA FOR ADDITIONAL COMMENTS OR FURTHER EXPLANATION OF ABOVE ITEMS:

APPLICATION FOR CONDITIONAL USE OR SIMILAR USE PERMIT (CONT'D)

CERTIFICATION

The undersigned hereby certifies that the foregoing statements and representations made in this application are true and accurate to the best of his or her knowledge. Furthermore, the applicant by signing this certification acknowledges that any material misrepresentation knowingly made with respect to this application may be grounds for denial or revocation of a conditional use or similar use permit issued based upon reliance of the information herein contained.

Certified as correct by: 
Signature of Applicant*

Applicant's printed name: Lawrence Yan
Print Applicant's Name

Representing: GPS Academy Great Neck Inc.
Business Name or Owner

Date Signed: March 6th 2020

- Applicant's signature must be an officer, director or owner of the business requesting the conditional or similar use permit.

The applicant must produce with this application, or at the time of the hearing, a notarized letter of intent to lease or an actual provisional lease.