

# THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003 Phone (212) 533-5300 www.cb3manhattan.org - info@cb3manhattan.org

A	yst	na Lewis-Coleman, Board Chair		Susan Stetzer, District Manager						
		Community Board 3 Liquor License Stipulations for	r Administra							
l, _ loc	ate	Share Cove as a qualified represent at 95 First Ave , 131 Ave A New	ntative of	Entity to be determined						
1.		I will operate a full-service restaurant, specifically a (type of restaurant)  Kitchen open and serving food every night during all hours of operation.								
2.										
(1)		erstand opening is no later than specified opening hour & all p								
3.	B									
4.		I will operate my sidewalk café no later than	######################################							
5.		I will employ a doorman/security personnel on the following								
6.		I will install soundproofing,								
7.	at pla	I will close any front or rear façade doors and windows 10:00 P.M. every night or when amplified sound is lying, including but not limited to DJs, live music and live nmusical performances.	window or when	Il have a closed fixed façade with no open doors or sexcept my entrance door will close by 10:00 P.M. amplified sound is playing, including but not limited we music and live nonmusical performances.						
8.	I will not have 図 DJs, 図 live music, 図 promoted events, 図 any event at which a cover fee is charged, 図 scheduled performances, 口 more than DJs/ promoted events per, 口 more than private parties per									
9.		I will play ambient recorded background music only.								
10.		I will not apply for an alteration to the method of operation or for any physical alterations of any nature without first coming before CB 3.								
11.	I will not seek a change in class to a full on-premises liquor license without first obtaining approval from CB 3.									
12.	B	I will not participate in pub crawls or have party buses come	to my estab	lishment.						
13.	X	I will not have unlimited drink specials, including boozy brune	ches, with fo	ood.						
14.										
15.	(X)	I will not have wait lines outside. $\square$ I will have a staff person	responsible	for ensuring no loitering, noise or crowds outside.						
16.	(X)	I will conspicuously post this stipulation form beside my liquo	or license in:	side of my business.						
	revi	Residents may contact the manager/owner at the number be sit the above-stated method of operation if necessary in orde	r to minimiz	e my establishment's impact on my neighbors.						
Nam	e: _	Shane Cover	Phone I	Number: 917.674.8956						
		will:								
l her	eby	certify that the information provided above is truthful and a	ccurate bas	red upon my personal belief.						
Signe	d		encestation.	Dated						
Swor	n to	this day of 2018	and the second of the second o							
				Notary Public						



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Alysha Lewis-Coleman, Board Chair

Sunday: 10am - 10pm

Susan Stetzer, District Manager

	Community Board 3 Liquor License Application Questionnaire							
	Today's Date: 05/01/2018							
	APPLICANT							
1	. Name of applicant and principle(s): Entity to be determined; Shane Covey							
2	2. Premise address: 131 Avenue A, New York, NY 10003							
3	ss streets: St. Mark's Place, East 9th Street							
4	Trade name (DBA): Upstate Project							
5	Check which you are applying to:  New liquor licence  Alteration of an existing license  Sale of assets							
6	. If alteration, describe nature of alteration: N/A							
7.	Is location currently licensed? Ves No							
8	Type of license: Beer/Wine							
9	9. Previous or current use of the location: Baci Wine Bar							
10	0. Corporation and trade name of current location: Magnetron LLC, dba Baci e Vendetta							
11.	. Type of building and number of floors: Residential and Commercial - 6 floors							
12.	Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? Yes No  12a. What is the permitted occupancy indoors and outdoors? 50							
13.	Do you plan to apply for Public Assembly permit? Yes No							
14.	What is the zoning designation (check zoning using map: <a href="http://gis.nyc.gov/doitt/nycitymap/">http://gis.nyc.gov/doitt/nycitymap/</a> -please give specific zoning							
	designation, such as R8 or C2): R7A, C1-5							
15.	How many licensed establishments are within 1 block? 26							
16.	How many On-Premise (OP) liquor licenses are within 500 feet? 17							
17.	Is premise within 200 feet of any school or place of worship? Yes No							
	PROPOSED METHOD OF OPERATION							
18.	Describe your method of operation: Full Service bakery and restaurant							
19.	Will any other business besides foodor alcohol service beconducted at premise? Yes No							
20.	If yes, please describe what type: N/A							
<b>21.</b> Mon	What are the proposed days/hours of operation (specify days/hours each day and hours of outdoor space if applicable: day to Saturday: 10am-12am  22. Total number of table: 10  23. Total number of seats: 40							

24.	How many stand-up bars/ bar seats are located on the premise? 1 bar, 11 seats (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 alcholic beverage.)						
25.	Describe all bars (length, shape, and location): One L-shaped bar 9' x 11"						
26.	Does premise have a full kitchen? Yes No						
27.	What are the hours kitchen will be open? during all hours of operation						
28.	What type of food is available for sale? American cafe cuisine						
29.	Will a manager or principal always be on site?						
30.	How many employees will there be? 16						
31.	Do you have or plan to install French doors accordion doors or windows?						
32.	Will there be TVs/monitors? Yes No (If Yes, how many?)						
33. W	Vill premise have music? Yes No 33a. If Yes, what type of music? Live Music Juke bo						
34.	If other type, please describe:						
35.	What will be the music volume?  Background (quiet)  Entertainment level						
36.	Please describe your sound system: 3 small speakers and iPad						
37.	Will you host any promoted events, scheduled performances or any event at which a cover fee is charged? Yes						
38.							
39.	How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment?Host or Hostess						
40.	Will there be security personnel? Yes V No 40a. If Yes, how many and when? N/A						
	How do you plan to manage noise inside and outside your business so neighbors will not be affected? Host						
<b>42.</b> Do	o you have sound proofing installed? Yes No 43. If not, do you plan to install sound-proofing? Yes No						
	APPLICANT HISTORY						
44.	Has this corporation or any principal been licensed previously? Yes No If yes, please indicate name of establishment(s): Please see attached						
45.	Address: Please see attached 47. Community Board #						
46.	Dates of operation: Please see attached						
47.	Has any principal had work experience similar to the proposed business? Ves No If yes, explanation of experience or resume.						
48.	Does any principal have other businesses in this area? Yes No If yes, give trade name and describe type of business:						
49.	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.						
O ATTS							

#### **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. We met with the block association

#### **Applicant History**

MARRY THE KETCHUP INC 2012-present Manhattan CB3	195 151 AVE	252	ОР	09/30/2018	License is Active
	345 E 6TH ST NEW YORK, NY 10003	252	ОР	10/31/2019	License is Active
	78 84 RIVINGTON ST NEW YORK, NY 10002	252	ОР	10/31/2018	License is Active

