



THE CITY OF NEW YORK
 MANHATTAN COMMUNITY BOARD 3
 59 East 4th Street - New York, NY 10003
 Phone (212) 533-5300
 www.cb3manhattan.org - mn03@cb.nyc.gov

Alysha Lewis-Coleman, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations

I, Arnold Gamberg, as a qualified representative of Black Rose Holdings LLC, located at 159 East Houston Street, New York, NY agree to the following stipulations:

- I will operate a full-service restaurant, specifically a (type of restaurant) Irish gourmet restaurant, or I will operate a _____, with a kitchen open and serving food during all hours of operation OR with less than a full-service kitchen but serving food during all hours of operation OR Other _____
- My hours of operation will be 4:00 P.M. to 4:00 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 OR My sidewalk café hours will be _____
 - I will employ a doorman/security personnel: security guards Fridays and Saturdays from 8:00 P.M. to 4:00 A.M.
 - I will install soundproofing, _____
 - I will close any front or rear façade doors and windows at 10:00 P.M. every night or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances, or during unamplified live performances or televised sports. I will have a closed fixed façade with no open doors or windows except my entrance door will close by 10:00 P.M. or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances, or during unamplified live performances or televised sports.
 - I will not have DJs, live music, promoted events, any event at which a cover fee is charged, scheduled performances, more than _____ DJs 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 or for any physical alterations of any nature without first coming before CB 3.
 - I will not seek a change in class to a full on-premises 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 unlimited drink specials, including boozy brunches, with food.
 - I will not have a happy hour or drink specials with or without time restrictions OR I will have happy hour and it will end by 8:00 P.M.
 - I will not have wait lines outside. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
 - I will conspicuously post this stipulation form beside my liquor license inside of my business.
 - Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.
- Name: ARNOLD GAMBERG Phone Number: 516 286 2387
- I will: post signs on the façade of the business asking patrons to be quiet and respectful of neighbors

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

Signed

Arnold Gamberg

Dated

05/07/20

Sworn to this

7th day of May 2020

[Signature]

Notary Public

Terrence h. Flynn, Jr.
 Notary Public State of New York
 No. 02FL6084183
 Qualified in Queens
 Commission Expires Dec. 02, 2020



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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 proposed location.
Notice of proposed business to block or tenant association if one exists.
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:

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: FULL LIQUOR

If alteration, describe nature of alteration:

Previous or current use of the location: BAR

Corporation and trade name of current license: 159 HUNTINGTON HOLDINGS INC. DBA/ THE LATE LATE

APPLICANT:

Premise address: 159 E. HOUSTON ST, NEW YORK NY 10002

Cross streets: HOUSTON ST. + ALLEN ST.

Name of applicant and all principals: BLACK ROSE HOLDINGS

JACOB RILEY, JAMES MORRISSEY, ARNOLD GAMBERG

Trade name (DBA):

PREMISE:

Type of building and number of floors: MIXED USE (6)

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? 133

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): _____

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) 7 DAYS
4pm - 4am

Number of tables? 15 Number of seats at tables? 90

How many stand-up bars/ bar seats are located on the premise? 13

(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): _____

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

What are the hours kitchen will be open? 4pm - CLOSE

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

How many employees will there be? 15

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

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: _____

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) _____

FRI/SAT 8pm - CLOSE

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? 2

How many On-Premise (OP) liquor licenses are within 500 feet? 1

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.
6. I will not participate in pub crawls or have party buses come to my establishment.
7. I will not have a happy hour. Or Happy hour will end by 8pm.
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.

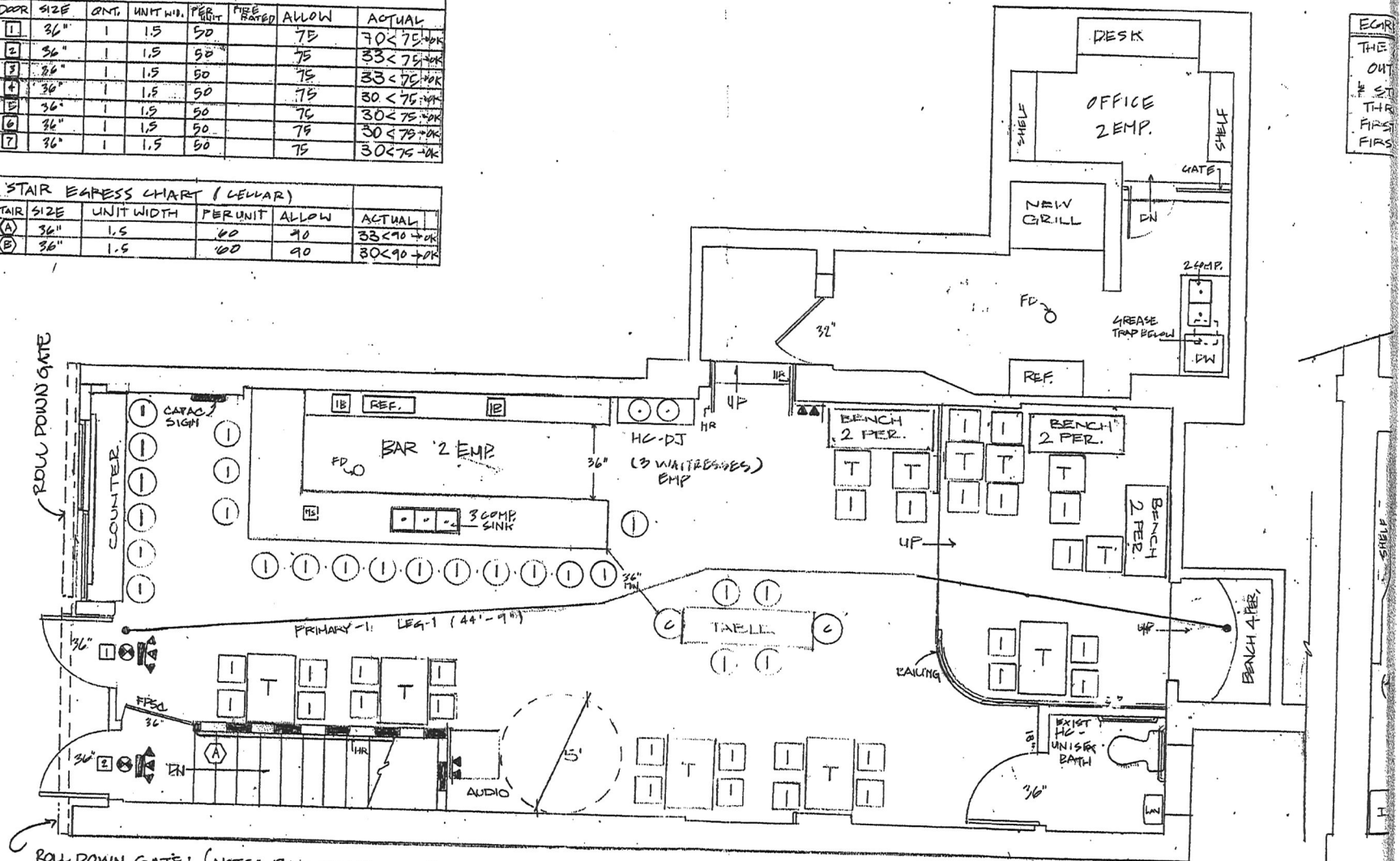
DOOR EGRESS CHART

DOOR	SIZE	QNT.	UNIT WID.	PER UNIT	FIRE RATED	ALLOW	ACTUAL
1	36"	1	1.5	50		75	70 < 75 OK
2	36"	1	1.5	50		75	33 < 75 OK
3	36"	1	1.5	50		75	33 < 75 OK
4	36"	1	1.5	50		75	30 < 75 OK
5	36"	1	1.5	50		75	30 < 75 OK
6	36"	1	1.5	50		75	30 < 75 OK
7	36"	1	1.5	50		75	30 < 75 OK

STAIR EGRESS CHART (CELLAR)

STAIR	SIZE	UNIT WIDTH	PER UNIT	ALLOW	ACTUAL
(A)	36"	1.5	40	40	33 < 40 OK
(B)	36"	1.5	40	40	30 < 40 OK

EAST HOUSTON ST.



ROLL DOWN GATE! (NOTE: ROLL DOWN TO BE LOCKED IN OPEN POSITION DURING OCCUPANCY!)

FIRST FLOOR PLAN

SCALE: 1/4" = 1'-0"

FIRST FLOOR OCCUPANCY

744 ÷ 12 = 62 PER.
+ 8 EMP.
TOTAL → 70 PER.

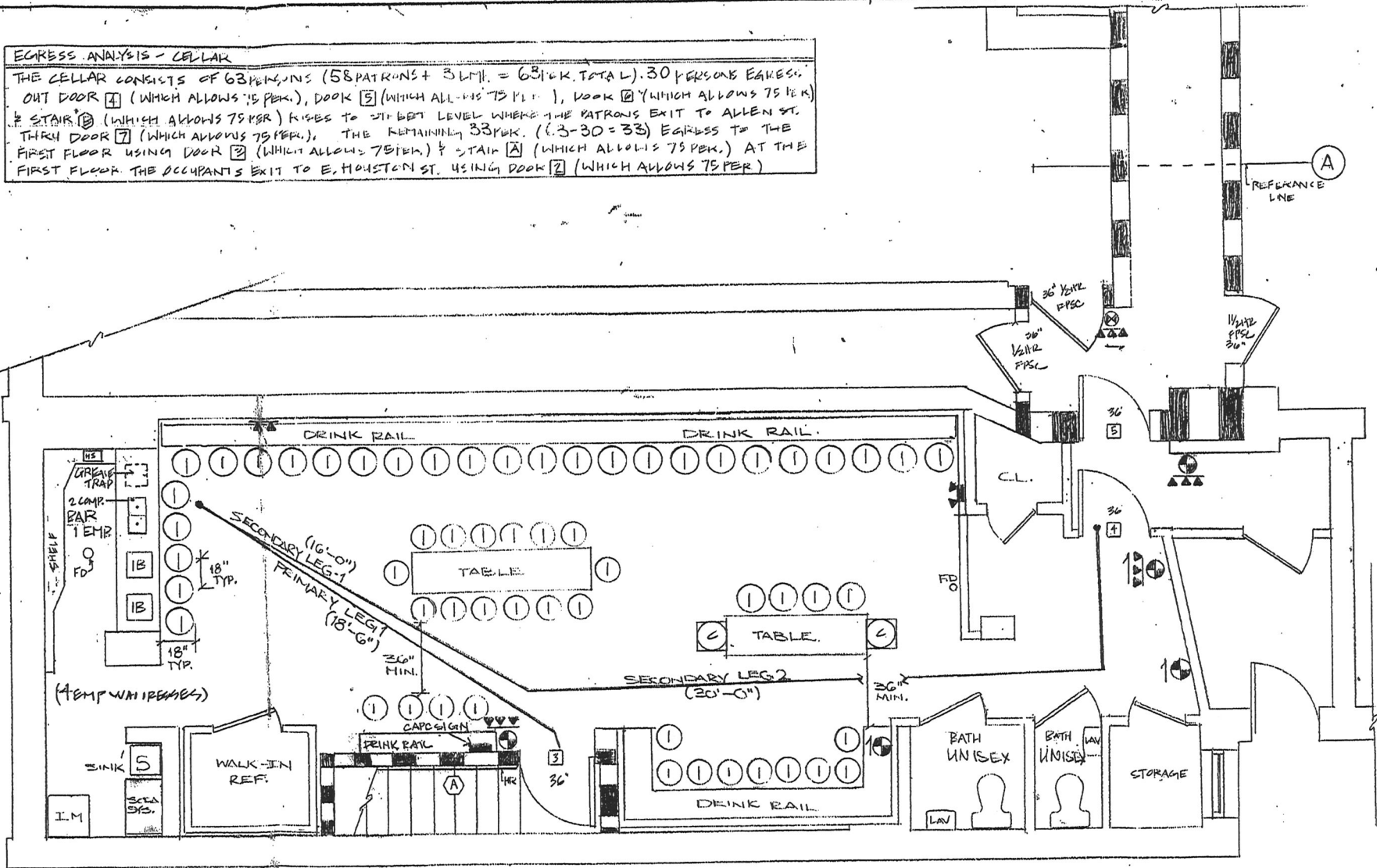
TRAVEL DISTANCE CHART

EGRESS ANALYSIS: FIRST FLOOR

EGRESS
THE
OUT
ST
THR
FIRST
FIRS

EGRESS ANALYSIS - CELLAR

THE CELLAR CONSISTS OF 63 PERSONS (58 PATRONS + 5 EMP.). 30 PERSONS EGRESS OUT DOOR 4 (WHICH ALLOWS 15 PER.), DOOR 5 (WHICH ALLOWS 75 PER.), DOOR 6 (WHICH ALLOWS 75 PER.) & STAIR B (WHICH ALLOWS 75 PER.) RISES TO 2ND FLOOR WHERE THE PATRONS EXIT TO ALLEN ST. THROUGH DOOR 7 (WHICH ALLOWS 75 PER.). THE REMAINING 33 PER. (63-30=33) EGRESS TO THE FIRST FLOOR USING DOOR 2 (WHICH ALLOWS 75 PER.) & STAIR A (WHICH ALLOWS 75 PER.) AT THE FIRST FLOOR THE OCCUPANTS EXIT TO E. HOUSTON ST. USING DOOR 2 (WHICH ALLOWS 75 PER.)



CELLAR FLOOR PLAN

SCALE: 1/4" = 1'-0"

3 LAYERS
5/8" GYP BOARD
PULPH STAIR

CELLAR'S OCCUPANCY	
696	÷ 12 = 58 PER.
	+ 5 EMP.
TOTAL → 63 PER	

CE
SCALE

BAR AND
RESTAURANT
150 E HOUSTON ST. NYC

SHEBEEN CHIC

FOOD
SERVED DAILY
12PM - 230PM
530PM - 10PM

A REAL IRISH EXPERIENCE YOU'RE HOME AWAY FROM HOME

GOURMET TASTERS

Toasted Ham & Cheese Sandwich	\$6
Better Sausage & Chips	\$9
Baked Beans on Toast	\$5
Scrambled Eggs on Brown Bread	\$5
Fresh Scones with Jam	\$4
Irish Spud Potatoes w/ Butter	\$4

WHOLE SOME

GOODNESS

Shepard's Pie	\$18
Irish Beef Stew	\$10
Lamb Cutlets with Mint Sauce	\$15
Irish Beef Stew	\$18
Guinness Pie	\$18
Bangers and Mash	\$10
Bacon & Cabbage with Irish Kerrygold Butter	\$18

\$3.50

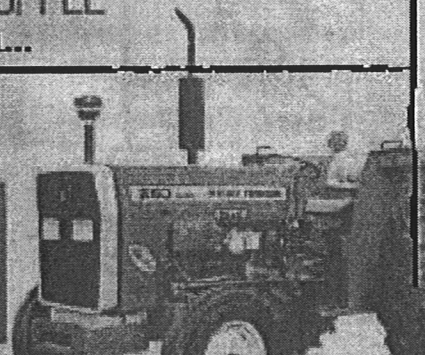
INTERNATIONAL TEA'S

Over 250 Tea's from all over the world

\$3.50

IRISH COFFEE

ah go on...



SENSIBLE AND RESPONSIBLE DRINKING IS ENCOURAGED AT ALL TIMES

BAR AND
RESTAURANT
159 E. HOUSTON ST. NYC

SHEBEEN CHIC

DRINKS
12PM - 230PM
530PM - 10PM

A REAL IRISH EXPERIENCE YOU'RE HOME AWAY FROM HOME

DRAUGHT BEER

\$5

Guinness
Magners
Brooklyn Pale Ale
Smithwicks

BOTTLED BEER

\$5

Peroni
Heineken
Hoegarden
Corona

COCKTAILS

\$9

Irish Rover
Celtic Goddess
Paddy Whacker
Baby Guinness
Galway Girl
The Rich RedHead

WINE

\$8

PER GLASS
Selection of
French, Italian
and Spanish fine
wines served with
cheese tasters



SENSIBLE AND RESPONSIBLE DRINKING IS ENCOURAGED AT ALL TIMES