

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME <i>Zeren LLC</i>		DOING BUSINESS AS (DBA) <i>Kahve Coffee</i>	
STREET ADDRESS <i>667 10th Ave</i>		CROSS STREETS <i>46th St & 47th St</i>	ZIP CODE <i>10036</i>
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: <i>EROL Zeren & Hector De Marchena</i>	ATTORNEY/ REPRESENTATIVE	NAME: <i>ROSA m Sanchez</i>
	PHONE: <i>305-458-9940</i>		PHONE: <i>646 619 1166</i>
	EMAIL: <i>erolzeren@gmail.com</i>		EMAIL: <i>ROSA@ROSA m Sanchez.com</i>
MANAGER	NAME:	LANDLORD	NAME: <i>500 West 47th Street LLC</i>
	PHONE:		PHONE:
	EMAIL:		EMAIL:
APPLICATION TYPE (Check One)			
<input checked="" type="radio"/> New	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?	<i>Kahve 774 9th Ave.</i>	
	What were the dates applicant was involved with this former premise?	<i>2012 (premise does not have a liquor license)</i>	
<input type="radio"/> Transfer	What is the prior license # and expiration date?		
	Is applicant making any alterations or operational changes?	<input type="radio"/> YES	<input type="radio"/> NO
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input type="radio"/> Alteration	What is the current license # and expiration date?		
	<i>Please list/describe the nature of all the changes and attach the plans:</i>		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input type="radio"/> Liquor/Wine/Beer	<input type="radio"/> Beer	<input checked="" type="radio"/> Wine & Beer
ESTABLISHMENT TYPE	<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 <i>(CAFE)</i> <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	<i>Attach CB mtg</i>
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.	YES	<input checked="" 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	

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

HOURS* (Indoor Only)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	6 AM - 1 AM	6 AM - 1 AM	6 AM - 1 AM	6 AM - 2 AM	6 AM - 1 AM	6 AM - 1 AM	6 AM - 1 AM
	Kitchen	6 AM - 12 AM	6 AM - 12 AM	6 AM - 12 AM	6 AM - 12 AM	6 AM - 12 AM	6 AM - 12 AM	6 AM - 12 AM
	Music	6 AM - 1 AM	6 AM - 1 AM	6 AM - 1 AM	6 AM - 1 AM	6 AM - 1 AM	6 AM - 1 AM	6 AM - 1 AM
If you plan to have music, what type(s)? (Circle all that apply)			<input checked="" type="checkbox"/> BACKGROUND	<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> DJ	<input type="checkbox"/> JUKE BOX	<input type="checkbox"/> 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
INSIDE	40	40	3	15	0	2	6
OUTSIDE (Other than sidewalk café)	0						
SIDEWALK CAFÉ	N/A						

How many floors are there? What is the capacity for each floor?
ground F1 and Basement

How frequently will the owner(s) be at the establishment?
7 days a week

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

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 N/A

Where will delivery bicycles be stored during the day when not in use?
N/A

LOCATION & ZONING

Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Clinton
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	LNO to be Applied for
Is a Public Assembly permit required?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Are your plans filed with DOB?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	

Community Notification/Relations

NOTIFICATION: 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	Please see Attached Rider
	# 2	
	# 3	
	# 4	
	# 5	
Please provide dates when applicant met with the groups listed above.		January 5 th to meet w/ Elke Fears
Who was your contact person at each group you met with?		Elke Fears
When did applicant post the notice that was provided?		12/21/15
Where did applicant post the notice that was provided?		along 10 th Ave Btw 46 th & 47 th St
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.		<input checked="" type="radio"/> YES <input type="radio"/> NO 305 915 1740
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		<input checked="" type="radio"/> YES <input type="radio"/> NO

Tim	Tanner	West 45th Street BA	tangoatanner@gmail.com
Chana	Widawski	West 45th Street (b. 9th/12th)	chanawid@gmail.com
Allison	Tupper	West 46th Street (8th Ave to 12th Ave)	AllisonTupper@verizon.net
Steve	Fanto	West 46 Street Block Asscoaition (8th Ave to 12th Ave)	stephenfanto@gmail.com
Phil	Kassen	West 47th/48th Streets	
Elke	Fears	West 47th/48th Streets	efearshk@earthlink.net
Larry	Roberts	West 47th/48th Streets	larrymichaelroberts@gmail.com

BUILDING DESIGN

State the name and type of business previously located in the space.				Coffee Shop			
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="radio"/> NO				
Do you plan any changes to the existing façade? If yes, please describe.		YES	<input checked="" type="radio"/> NO				
Will applicant have a vestibule within the establishment?		YES	<input checked="" type="radio"/> NO				
Will applicant use a storm enclosure?		YES	<input checked="" type="radio"/> 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="radio"/> YES	NO				
Will applicant comply with the NYC noise code?		<input checked="" type="radio"/> YES	NO				
Will the establishment have any of the following: (circle all that apply)		N/A		FRENCH DOORS	GARAGE DOORS	WINDOWS THAT CAN BE OPENED	
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?		YES	NO	N/A			
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?		YES	NO	N/A			
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="radio"/> 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?		YES	NO	N/A			
Will the kitchen exhaust system extend to the roof?		YES	<input checked="" type="radio"/> NO				
Will the establishment have an illuminated sign?		YES	NO	undecided			
Will the establishment have a canopy extending over the sidewalk?		YES	NO	undecided			
Where will the air conditioner be located? What type is it?		in the window @ the front					
When was the air conditioner installed?		4 years ago					

N/A

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

OUTDOOR ITEMS – SIDEWALK CAFÉ

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

ADDITIONAL STIPULATIONS: (Office Use Only)

This application does not extend to any sidewalk cafe

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:

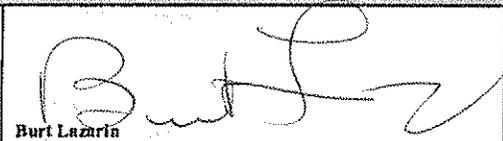
Denial unless all stipulations agreed to by applicant/owner are part of the method of operation

Denial Approval

CB4 REPRESENTATIVES

Nelly Gonzalez
CB4 Assistant District Manager


Frank Holozubiec
CB4 BLP Committee Co-Chair


Burt Lazarin
CB4 BLP Committee Co-Chair

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.

SIGN HERE



Erol D. Zeren
PRINT NAME OF APPLICANT


SIGNATURE OF APPLICANT

DATE 1/12/16

Menu

ZEREN LLC, DBA Kahve Coffee, 667 10th ave sample menu

*World wine menu, local craft beers

-Short descriptions of origin & taste profiles under each one

*Gourmet small plates

-specify gluten free options

- choose a few items to recommend a pairing of a specific wine or beer

Red wine

Rioja Tempranillo
Spain

Shiraz
South Africa

Sangiovese or Super Tuscan
Italy

Cabernet Sauvignon
Local- finger lakes?

Malbec
Argentina

Bordeaux
France

White wine

Sancerre
France

Reisling
Germany

Gruner Veltliner
Austria

Chardonnay or Chablis (unoacked chardonnay)
France

Local - finger lakes?

Pinot Blanc

Beer

1 seasonal on tap- local

Small plates

Avocado Toast
gluten free toast
avocado smash

Truffle Tots
Truffle oil
Parmesean
Gluten free

Truffle Mac & Cheese
Gluten free
Gourmet cheeses

Breads and Pastries

cookies

chocolate chip

oatmeal raisin

dark chocolate toffee

mini-cookies

salted chocolate buckwheat cookie

malted granola cookie

brownies & blondies

chocolate chip brownie

black & white brownie

peanut butter brownie

walnut brownie

black & white blondie

peanut butter blondie

coconut walnut chocolate chip blondie

everything else

muffin

sprouted grain muffin

blueberry muffin

chocolate muffin (with brownie butter streusel)

croissant

traditional French-style croissant

almond croissant

pain au chocolat

traditional

pain au raisin brioche

rum-poached black currants, vanilla pastry cream

low fat parfaits

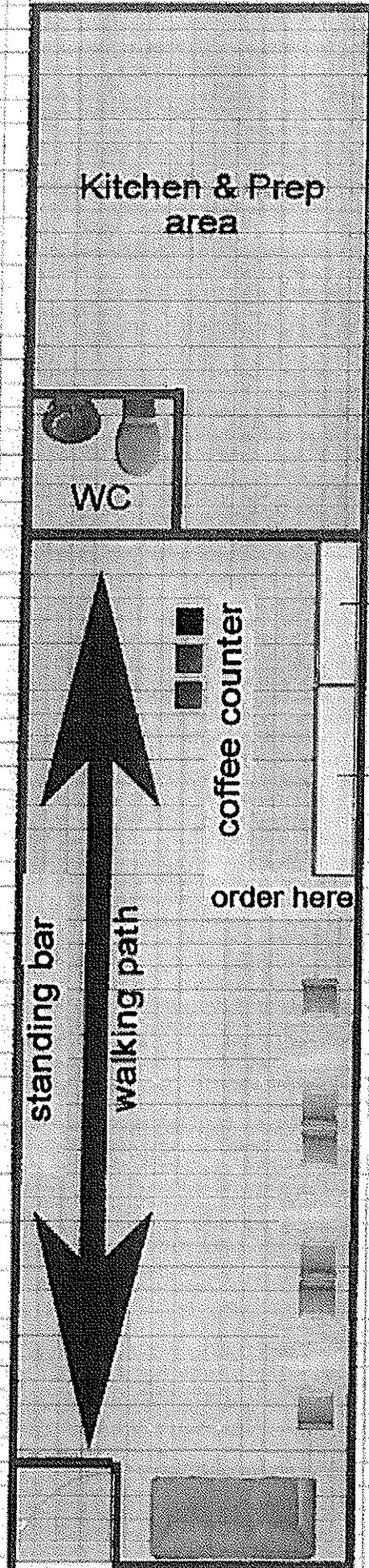
plain yogurt parfait

strawberry yogurt parfait

macaron

various flavors (seasonal)

Kahve-2 Floor Plan 12/28/15



espresso machine

wine, cups, coffee, etc.

order here

