

1 **Business License & Permits Committee**

Item #: 2

2

3 November 6, 2013

4

5 Dennis Rosen

6 Chairman

7 New York State Liquor Authority

8 80 S. Swan Street, 9<sup>th</sup> Floor

9 Albany, New York 12210

10

11 **Re: As In NYC**

12 *734 10<sup>th</sup> Avenue (50)*

13

14 Dear Chairman Rosen:

15

16 Manhattan Community Board 4 (MCB4) recommends denial of an On-Premise Liquor License for As in  
17 NYC – 734 10<sup>th</sup> Avenue (50), unless the following stipulations, agreed to by the applicant, are part of  
18 the method of operation for this establishment with a capacity of 74 people, with 8 tables with 40 seats,  
19 and 1 stand up bar with 12 seats.

20

21

22 A signed copy of the questionnaire and stipulations are enclosed.

23

24 Sincerely,

25

Corey Johnson  
Chair

Paul Seres  
Co-Chair  
Business License & Permits  
Committee

Lisa Daglian  
Co-Chair  
Business License & Permits  
Committee

26

# Manhattan Community Board 4

# Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT		DOING BUSINESS AS (DBA)		
Benjamin Pratt		As Is NYC		
STREET ADDRESS		CROSS STREETS		
734 10 <sup>th</sup> Avenue		50 <sup>th</sup> St. / 10 <sup>th</sup> Ave		
OWNER	NAME:	Jodi Richard	ATTORNEY	
	PHONE:	917 576 2242	NAME:	
	FAX:		Terrence Flynn Jr. Esq.	
MANAGER	NAME:	Benjamin Pratt	ATTORNEY	
	PHONE:	611 794 8625	PHONE:	
	FAX:		718 945 1600	
		LANDLORD	NAME:	
			PHONE:	
			FAX:	
DESCRIPTION OF BUSINESS				
Establishment Type:	<input checked="" type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization – Members Only) <input type="radio"/> Other (Explain): _____			
Method of Operation:	<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): _____			
License Type:	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
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 of establishment?	Atera	
		What is/was the address of the establishment?	77 Worth St.	
		What were the dates the applicant was involved with this former premise?	2012 - Present	
	<input type="radio"/> Transfer	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	<input type="radio"/> YES	<input type="radio"/> NO
		If alterations or operational changes are being made, please attach the plans to this form.		
	<input type="radio"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
Please describe the nature of the alterations and attach the plans				

**OPERATIONAL ISSUES**

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS	Operation	4-2	4-2	4-2	4-2	4-2	4-2	4-2
	Music	↓	↓	↓	↓	↓	↓	↓
	Kitchen	↓	↓	↓	↓	↓	↓	↓

OCCUPANCY	INDOOR				BAR			OUTSIDE	
	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 Bars	Number of Seats	Number of Tables
	74	70	8	40	0	1	12	n/a	n/a

How many floors are there? What is the capacity for each floor? (please respond in space provided)	<input checked="" type="radio"/> 1-2	3-4	5+
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)	YES	<input checked="" type="radio"/> NO	N/A
Will applicant have bottle service?	YES	<input checked="" type="radio"/> NO	N/A
Will you be hosting private parties and promotional events?	<input checked="" type="radio"/> YES	NO	N/A
Will outside promoters be used?	YES	<input checked="" type="radio"/> NO	N/A
Will the security plan submitted be implemented?	<input checked="" type="radio"/> YES	NO	N/A
Will State certified security personnel be used?	YES	<input checked="" type="radio"/> NO	N/A
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	<input checked="" type="radio"/> YES	NO	N/A
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)	YES	<input checked="" type="radio"/> NO	N/A
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	YES	<input checked="" type="radio"/> NO	N/A
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)	YES	NO	<input checked="" type="radio"/> N/A
Will applicant provide contact information to neighbors and respond to complaints that arise?	<input checked="" type="radio"/> YES	NO	N/A

If you plan to have music, what type(s)?  BACKGROUND  LIVE MUSIC  DJ

**BUILDING DESIGN**

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.	<input checked="" type="radio"/> YES	NO	N/A
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="radio"/> YES	NO	N/A
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)	<input checked="" type="radio"/> YES	NO	N/A

OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	<input checked="" type="radio"/> N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	<input checked="" type="radio"/> N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	<input checked="" type="radio"/> YES	NO	N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	<input checked="" type="radio"/> N/A

LOCATION & ZONING			
Primary Zoning District:	Overlay (If Applicable):		
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	<input checked="" type="radio"/> NO	N/A
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	<input checked="" type="radio"/> NO	N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A
Are your plans filed with DOB?	YES	<input checked="" type="radio"/> NO	N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1		
	# 2		
	# 3		

ADDITIONAL STIPULATIONS: (Office Use Only)

→ Windows will be closed at all times.

~~9 PM Sun - Thurs~~

~~10 PM Fri & Sat~~

~~And Any time amplified music or sound~~ (8)

→ Closed at 1 AM Sun - ~~Thurs~~ Weds

2 AM Thurs, Fri & Sat.

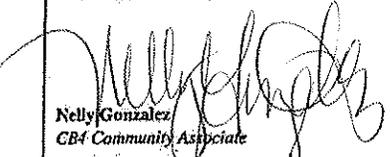
- Sound report to CB before full board  
  <sup>2</sup> implement recs.
- Attend 50/51 BA meetings at least  
  every other month / 1/2 times per year
- Respond to any neighborhood complaints  
  as they arise

BP

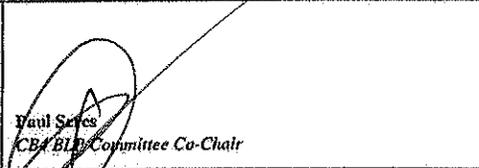
Manhattan Community Board 4 (MCB4) recommends:

Approval  Denial unless all agreed to by applicant is part of the method of operation  Denial

**CB4 REPRESENTATIVES**

  
 Nelly Gonzalez  
 CB4 Community Associate

  
 Lisa Daglian  
 CB4 BLP Committee Co-Chair

  
 Yaul Serec  
 CB4 BLP Committee Co-Chair

**APPLICANT AGREEMENT WITH THE COMMUNITY**

Pursuant to these stipulations, this applicant agrees to have these provisions incorporated in the method of operation of their liquor license. Additionally, the applicant agrees to the community agreements as the basis for the community supporting this application.

**SIGN HERE** →

  
 SIGNATURE OF APPLICANT

10/8/2013  
 DATE

1 **Business License & Permits Committee**

Item #: 3

2

3 November 6, 2013

4

5 Dennis Rosen

6 Chairman

7 New York State Liquor Authority

8 80 S. Swan Street, 9<sup>th</sup> Floor

9 Albany, New York 12210

10

11 **Re: RTC 18 Corp.**

12 *166 8<sup>th</sup> Avenue (18/19)*

13

14 Dear Chairman Rosen:

15

16 Manhattan Community Board 4 (MCB4) recommends denial of an On-Premise Liquor License for RTC  
17 18 Corp. – 166 8<sup>th</sup> Avenue (18/19), unless the following stipulations, agreed to by the applicant, are part  
18 of the method of operation for this establishment with a capacity of 74 people, with 12 tables with 41  
19 seats, and 1 stand up bar with 5 seats.

20

21

22 A signed copy of the questionnaire and stipulations are enclosed.

23

24 Sincerely,

25

Corey Johnson  
Chair

Paul Seres  
Co-Chair  
Business License & Permits  
Committee

Lisa Daglian  
Co-Chair  
Business License & Permits  
Committee

26

# Manhattan Community Board 4

(All Fields Must Be Completed)

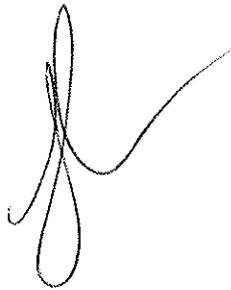
## Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)		
RTC 18 Corp.		N/A		
BUSINESS ADDRESS		PREMISE STREET #		
166 8th Avenue, New York, NY 10011		WEST 18 STREET&WEST 19		
OFFICER	NAME	Chi Yan Ng	ATTORNEY NAME	
	PHONE	917-572-6112	ATTORNEY PHONE	
	FAX		ATTORNEY FAX	
MANAGER	NAME	Thomas Ng	LANDLORD NAME	
	PHONE	646-773-1055	LANDLORD PHONE	
	FAX		LANDLORD FAX	
Establishment Type:		<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization – Members Only) <input type="radio"/> Other (Explain): _____		
Method of Operation:		<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): _____		
License Type:		<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer		
APPLICATION TYPE (check one)	<input type="radio"/> New	Has applicant owned or managed a similar business?	YES	NO
		What is/was the name of establishment?		
		What is/was the address of the establishment?		
		What were the dates the applicant was involved with this former premise?		
	<input checked="" type="radio"/> Transfer	What is the prior license #?	1177404	
		What is the expiration date on the prior license?	06/30/2014	
		Are you making any alterations or operational changes?	YES	<input checked="" type="radio"/> NO
		<i>If alterations or operational changes are being made, please attach the plans to this form.</i>		
	<input type="radio"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
<i>Please describe the nature of the alterations and attach the plans</i>				

Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	<input checked="" type="radio"/> N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	<input checked="" type="radio"/> N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	NO	<input checked="" type="radio"/> N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	<input checked="" type="radio"/> N/A

Primary Zoning District:	<b>C2-7A R8B</b>	Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO	N/A
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	NO	<input checked="" type="radio"/> N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Are your plans filed with DOB?	YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
Adjacent Buildings	<input checked="" type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
<b>NOTIFICATION:</b> What organizations / community groups have you notified regarding your application?	# 1		
	# 2		
	# 3		

will close windows at 10PM on  
Sun - Thurs > 11PM Fri \* Sat.

A handwritten signature in black ink, consisting of a vertical line that loops at the bottom and extends to the right.

1 **Business License & Permits Committee**  
2

Item #: 4

3 November 6, 2013  
4

5 Dennis Rosen  
6 Chairman  
7 New York State Liquor Authority  
8 80 S. Swan Street, 9<sup>th</sup> Floor  
9 Albany, New York 12210  
10

11 **Re: Morning Star Restaurant**  
12 879 9<sup>th</sup> Avenue (57)  
13

14 Dear Chairman Rosen:  
15

16 Manhattan Community Board 4 (MCB4) recommends denial of an On-Premise Liquor License for  
17 Morning Star Restaurant – 879 9<sup>th</sup> Avenue (57), unless the following stipulations, agreed to by the  
18 applicant, are part of the method of operation for this establishment with a capacity of 55 people, with  
19 14 tables with 50 seats, and 1 service bar with 3-4 seats.  
20

21  
22 A signed copy of the questionnaire and stipulations are enclosed.  
23

24 Sincerely,  
25

26 Corey Johnson  
27 Chair

Paul Seres  
Co-Chair  
Business License & Permits  
Committee

Lisa Daglian  
Co-Chair  
Business License & Permits  
Committee

# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License Stipulations Application

<b>APPLICANT</b> MS RESTAURANT OWNERS LLC		<b>DOING BUSINESS AS (DBA)</b> MORNING STAR RESTAURANT		
<b>STREET ADDRESS</b> 879 9TH AVENUE, NEW YORK, NY 10019		<b>CROSS STREETS</b> CORNER OF 9TH AVENUE & 57TH STREET		
<b>OWNER</b>	<b>NAME:</b> COSTAS NESTOROS	<b>ATTORNEY</b>	<b>NAME:</b> STACEY WEISS	
	<b>PHONE:</b> 212-246-1593		<b>PHONE:</b> 212-521-0828	
	<b>FAX:</b> 212-246-1644		<b>FAX:</b>	
<b>MANAGER</b>	<b>NAME:</b> N/A	<b>LANDLORD</b>	<b>NAME:</b> 401-403 REALTY CORP.	
	<b>PHONE:</b>		<b>PHONE:</b> 914-741-6632	
	<b>FAX:</b>		<b>FAX:</b>	
<b>DESCRIPTION OF BUSINESS</b>				
<b>Establishment Type:</b>		<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization – Members Only) <input type="radio"/> Other (Explain): _____		
<b>Method of Operation:</b>		<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): _____		
<b>License Type:</b>		<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer		
<b>APPLICATION TYPE</b> (check one)	<input checked="" type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> <b>YES</b> <input type="radio"/> <b>NO</b>	
		What is/was the name of establishment?	MORNING STAR RESTAURANT	
		What is/was the address of the establishment?	879 NINTH AVENUE NEW YORK, NY 10019	
		What were the dates the applicant was involved with this former premise?	SINCE JUNE 1, 1989	
	<input type="radio"/> <b>Transfer</b>	What is the prior license #?	SERIAL #1260166	
		What is the expiration date on the prior license?	FEBRUARY 28, 2014	
		Are you making any alterations or operational changes?	<input type="radio"/> <b>YES</b>	<input type="radio"/> <b>NO</b>
		<i>If alterations or operational changes are being made, please attach the plans to this form.</i>		
	<input type="radio"/> <b>Alteration</b>	What is the current license #?		
		What is the expiration date on the current license?		
<i>Please describe the nature of the alterations and attach the plans</i>				

**OPERATIONAL ISSUES**

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>HOURS</b>	<b>Operation</b>	7am - 11 pm	7am - 11pm	7am-11pm	7am-11pm	7am-11pm	7am-11pm	7am-11pm
	<b>Music</b>	Radio	Radio	Radio	Radio	Radio	Radio	Radio
	<b>Kitchen</b>	7am - 11 pm	7am - 11pm	7am-11pm	7am-11pm	7am-11pm	7am-11pm	7am-11pm

<b>OCCUPANCY</b>	<b>INDOOR</b>				<b>BAR</b>			<b>OUTSIDE</b>	
	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 Bars	Number of Seats	Number of Tables
	55	55	14	50	1	0	3-4	0	0

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	3-4	5+	Only one floor street level
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)	YES	<input checked="" type="radio"/> NO	N/A	
Will applicant have bottle service?	YES	<input checked="" type="radio"/> NO	N/A	
Will you be hosting private parties and promotional events?	YES	<input checked="" type="radio"/> NO	N/A	
Will outside promoters be used?	YES	<input checked="" type="radio"/> NO	N/A	
Will the security plan submitted be implemented?	YES	NO	<input checked="" type="radio"/> N/A	
Will State certified security personnel be used?	YES	NO	<input checked="" type="radio"/> N/A	
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	YES	NO	<input checked="" type="radio"/> N/A	
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)	YES	<input checked="" type="radio"/> NO	N/A	
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	YES	NO	<input checked="" type="radio"/> N/A	Morning Star holds an enclosed sidewalk cafe license #0832749
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)	YES	NO	N/A	8 tables, 24 seats
Will applicant provide contact information to neighbors and respond to complaints that arise?	<input checked="" type="radio"/> YES	NO	N/A	
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?	YES	NO	<input checked="" type="radio"/> N/A	
If you plan to have music, what type(s)?	<b>BACKGROUND</b>	<b>LIVE-MUSIC</b>	<b>DJ</b>	

**BUILDING DESIGN**

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.	YES	NO	<input checked="" type="radio"/> N/A
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	<input checked="" type="radio"/> N/A
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)	YES	NO	<input checked="" type="radio"/> N/A

OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	<input checked="" type="radio"/> N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	<input checked="" type="radio"/> N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	NO	<input checked="" type="radio"/> N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	<input checked="" type="radio"/> N/A

LOCATION & ZONING			
Primary Zoning District:	<b>MIXED</b>	Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO	N/A <i>Attached</i>
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="radio"/> YES	NO	N/A <i>Attached</i>
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A
Are your plans filed with DOB?	YES	NO	<input checked="" type="radio"/> N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
<b>NOTIFICATION:</b> What organizations / community groups have you notified regarding your application?	# 1	Community Board #4	
	# 2	Notice to be displayed on both 9th avenue and 57th street (copy attached)	
	# 3	Notices in daily and weekly newspapers per State Liquor Authority Specifications.	

2  
3 November 6, 2013

4  
5 Dennis Rosen  
6 Chairman  
7 New York State Liquor Authority  
8 80 S. Swan Street, 9<sup>th</sup> Floor  
9 Albany, New York 12210

10  
11 **Re: Esquire NYC – Gentleman’s Club**  
12 *622 W 47<sup>th</sup> Street (11/12)*

13  
14 Dear Chairman Rosen:

15  
16 Manhattan Community Board 4 (MCB4) recommends denial of an On-Premise Liquor License for  
17 Esquire NYC – Gentleman’s Club – 622 W 47<sup>th</sup> Street (11/12), unless the following stipulations,  
18 agreed to by the applicant, are part of the method of operation for this establishment:  
19

- 20
- 21 1) Hours of operation will be no earlier than 12:00 pm and no later than 4:00 am, 7 days per  
22 week.
  - 23 2) This will be a cabaret for performer dancing only.
  - 24 3) This establishment will have a capacity of no more than 480, of which no more than 420 will  
25 be patrons, 49 tables with 136 seats, 2 stand-up bars 2 with 26 seats. Esquire NYC agrees that  
26 this number will only be reached during occasional special events.
  - 27 4) There will be no use of any outdoor spaces (rooftop, patio or sidewalk café) for the sale or  
28 consumption of alcoholic beverages.
  - 29 5) The applicant will employ security personnel of 10 New York State licensed guards.
  - 30 6) The applicant agrees to follow the best practices as outlined by the New York Nightlife  
31 Association which was developed in cooperation with the New York City Police Department.
  - 32 7) The applicant agrees to no velvet rope waiting line as all arriving patrons will be housed inside  
33 the first floor of the establishment.
  - 34 8) All signage and lighting will be in accordance with NYC regulations.
  - 35 9) The applicant will not distribute advertisement fliers around the exterior of the establishment.
  - 36 10) The applicant will not use outside promoters.
  - 37 11) The applicant will proactively clean the sidewalk and area immediately outside of the  
38 establishment and club-related trash on neighboring properties on 47<sup>th</sup> Street between 11<sup>th</sup> and  
39 12<sup>th</sup> Avenues.
  - 40 12) The applicant agrees to regularly attend meetings of the Midtown North Precinct Community  
41 Council, the West 46<sup>th</sup> Street Block Association, and the West 47<sup>th</sup> / West 48<sup>th</sup> Streets Block  
42 Association as needed.

1 13) The applicant agrees to immediately apply with the City of New York for a taxi stand. The  
2 applicant will work closely with CB4's Transportation Committee to achieve this and to  
3 address other traffic concerns.

---

4  
5 A signed copy of the questionnaire and stipulations are enclosed.

6  
7 Sincerely,

8  
9  
10 Corey Johnson  
Chair

Paul Seres  
Co-Chair  
Business License & Permits  
Committee

Lisa Daglian  
Co-Chair  
Business License & Permits  
Committee

11  
**DRAFT**

# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)		
Glen Bernardi - 622 West 47th LLC		Esquire NYC - Gentleman's Club		
STREET ADDRESS		CROSS STREETS		
622 West 47th St, New York, N.Y. 10036		11th + 12th Avenues		
OWNER	NAME:	Glen Bernardi	ATTORNEY	
	PHONE:	914 906-2792	NAME:	
	FAX:		BRUNO V. GIOFFE, JR.	
MANAGER	NAME:	SAME	PHONE:	
	PHONE:		FAX:	
	FAX:		622 W 47 LLC	
DESCRIPTION OF BUSINESS				
Establishment Type:	<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place <input type="radio"/> Beer <input checked="" type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only) <input checked="" type="radio"/> Other (Explain): <u>Topless Entertainment</u>			
Method of Operation:	<input type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input checked="" type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): _____			
License Type:	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
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 of establishment?	Sapphire East + West	
		What is/was the address of the establishment?	East 60th West 11th	
		What were the dates the applicant was involved with this former premise?	2008-2011 2006-2008	
	<input type="radio"/> Transfer	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	<input type="radio"/> YES	<input type="radio"/> NO
		If alterations or operational changes are being made, please attach the plans to this form.		
	<input type="radio"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
Please describe the nature of the alterations and attach the plans				

**OPERATIONAL ISSUES**

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	12pm - 4am						
	Music	"	"	"	"	"	"	"
	Kitchen	"	"	"	"	"	"	"

OCCUPANCY	INDOOR				BAR			OUTSIDE	
	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 Bars	Number of Seats	Number of Tables
	480	480 420	49	136	0	2	26	N/A	N/A

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	3-4	5+
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)	YES	NO	N/A
Will applicant have bottle service?	YES	NO	N/A
Will you be hosting private parties and promotional events?	YES	NO	N/A
Will outside promoters be used?	YES	NO	N/A
Will the security plan submitted be implemented?	YES	NO	N/A
Will State certified security personnel be used?	YES	NO	N/A
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	YES	NO	N/A
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)	YES	NO	N/A
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	YES	NO	N/A
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)	YES	NO	N/A
Will applicant provide contact information to neighbors and respond to complaints that arise?	YES	NO	N/A
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?	YES	NO	N/A

If you plan to have music, what type(s)? **BACKGROUND** **LIVE MUSIC** **DJ**

**BUILDING DESIGN**

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.	YES	NO	N/A
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
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)	YES	NO	N/A

*For 20*

OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Applicant will 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	<input type="radio"/> N/A

**LOCATION & ZONING**

Primary Zoning District:	<i>Commercial</i>		Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Is a Public Assembly permit required?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Are your plans filed with DOB?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	<i>Not yet</i>
Building Type	<input type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____			
Adjacent Buildings	<input type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____			
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	<i>Manhattan CB4</i>		
	# 2			
	# 3			

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

- Meet with Block Associations before full board
- Agree to April 2010 stipulations (attached)
- CFO / letter of no <sup>objection</sup> ~~harassment~~ per law.



1 **Business License & Permits Committee**

Item #: 6

2

3 November 6, 2013

4

5 Dennis Rosen

6 Chairman

7 New York State Liquor Authority

8 80 S. Swan Street, 9<sup>th</sup> Floor

9 Albany, New York 12210

10

11 **Re: 777 Theatre Bar**

12 *777 8<sup>th</sup> Avenue (47/48)*

13

14 Dear Chairman Rosen:

15

16 Manhattan Community Board 4 (MCB4) recommends denial of an On-Premise Liquor License for 777  
17 Theatre Bar – 777 8<sup>th</sup> Avenue (47/48), unless the following stipulations, agreed to by the applicant, are  
18 part of the method of operation for this establishment with a capacity of 200 people, with 147 seats, and  
19 1 stand up bar with 0 seats and 10 seats in the lobby.

20

21

22 A signed copy of the questionnaire and stipulations are enclosed.

23

24 Sincerely,

25

26

27

Corey Johnson  
Chair

Paul Seres  
Co-Chair  
Business License & Permits  
Committee

Lisa Daglian  
Co-Chair  
Business License & Permits  
Committee

28

# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License Stipulations Application

<b>APPLICANT</b> Marquee Merchandise		<b>DOING BUSINESS AS (DBA)</b> 777 Theatre Bar		
<b>STREET ADDRESS</b> 777 <sup>th</sup> Eighth Ave, 2 <sup>nd</sup> Floor New York, NY 10018		<b>CROSS STREETS</b> between 47 <sup>th</sup> + 48 <sup>th</sup> Street		
<b>OWNER</b>	<b>NAME:</b> Mathew Murphy <b>PHONE:</b> 212-529-5810 ext. 720 <b>FAX:</b> 212-529-4735	<b>ATTORNEY</b>	<b>NAME:</b> Jason Baruch <b>PHONE:</b> 212-840-6400 <b>FAX:</b> 212-840-6401	
	<b>NAME:</b> Mathew Murphy <b>PHONE:</b> 212-529-5810 ext. 720 <b>FAX:</b> 212-529-4735		<b>LANDLORD</b>	<b>NAME:</b> Roy Arias <b>PHONE:</b> 212-957-8358 <b>FAX:</b>
	<b>DESCRIPTION OF BUSINESS</b>			
<b>Establishment Type:</b>	<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only) <input checked="" type="checkbox"/> Other (Explain): <u>Theatre Lobby Bar (Beer + Wine Only)</u>			
<b>Method of Operation:</b>	<input type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input checked="" type="checkbox"/> Other (Explain): <u>Wine + Beer sold pre-show and at intermission of Off-Broadway Theatre</u>			
<b>License Type:</b>	<input checked="" type="checkbox"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input checked="" type="checkbox"/> Wine & Beer (Tavern Wine)			
<b>APPLICATION TYPE</b> (check one)	<input checked="" type="checkbox"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES <input type="radio"/> NO	
		What is/was the name of establishment?	Helen Hayes Theatre Bar	
		What is/was the address of the establishment?	240 West 44 <sup>th</sup> Street, NY	
		What were the dates the applicant was involved with this former premise?	May 2007 to present	
	<input type="radio"/> Transfer	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	<input type="radio"/> YES <input type="radio"/> NO	
		If alterations or operational changes are being made, please attach the plans to this form.		
	<input type="radio"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
Please describe the nature of the alterations and attach the plans				

OPERATIONAL ISSUES										
HOURS <i>varies daily on slow</i>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation	7:30-9:30PM	7:30-9:30PM	1:30-3:30PM 7:30-9:30PM	7:30-9:30PM	7:30-9:30PM	7:30-9:30PM	1:30-3:30PM 7:30-9:30PM	7:30-9:30PM	
	Music	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
Kitchen	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
OCCUPANCY	Capacity (Certificate of Occupancy)	200	157	0	147	0	1	0	10	0
	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)									
	Number of Tables Number of Seats in theatre									
How many floors are there? What is the capacity for each floor? (please respond in space provided)					<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Only Lobby on 2 <sup>nd</sup> Floor		
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					YES	<input checked="" type="radio"/> NO	N/A			
Will applicant have bottle service?					YES	<input checked="" type="radio"/> NO	N/A			
Will you be hosting private parties and promotional events?					YES	<input checked="" type="radio"/> NO	N/A			
Will outside promoters be used?					YES	<input checked="" type="radio"/> NO	N/A			
Will the security plan submitted be implemented?					YES	NO	<input checked="" type="radio"/> N/A			
Will State certified security personnel be used?					YES	NO	<input checked="" type="radio"/> N/A			
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					YES	NO	<input checked="" type="radio"/> N/A			
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)					YES	<input checked="" type="radio"/> NO	N/A			
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					YES	<input checked="" type="radio"/> NO	N/A			
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					YES	NO	<input checked="" type="radio"/> N/A			
Will applicant provide contact information to neighbors and respond to complaints that arise?					<input checked="" type="radio"/> YES	NO	N/A			
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?					YES	NO	<input checked="" type="radio"/> N/A			
If you plan to have music, what type(s)?					<input checked="" type="radio"/> BACKGROUND	<input type="radio"/> LIVE MUSIC	<input type="radio"/> DJ	soft background music		
BUILDING DESIGN										
Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.					<input checked="" type="radio"/> YES	NO	N/A			
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	<input checked="" type="radio"/> N/A			
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.					YES	NO	<input checked="" type="radio"/> N/A			

OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	<input checked="" type="radio"/> N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	<input checked="" type="radio"/> N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	NO	<input checked="" type="radio"/> N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	<input checked="" type="radio"/> N/A

LOCATION & ZONING			
Primary Zoning District:	C6-4		Overlay (If Applicable):
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	NO	N/A Clinton - Perimeter Area (B)
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO	N/A
Is the 500 Foot Rule or 200 Foot Rule Triggerred? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	<input checked="" type="radio"/> NO	N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A
Are your plans filed with DOB?	YES	NO	<input checked="" type="radio"/> N/A
Building Type	<input type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
Adjacent Buildings	<input type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	notice placed in window at 777 Eighth Ave	
	# 2		
	# 3		

1 **Business License & Permits Committee**

**Item #: 7**

2

3 November 6, 2013

4

5 Dennis Rosen

6 Chairman

7 New York State Liquor Authority

8 80 S. Swan Street, 9<sup>th</sup> Floor

9 Albany, New York 12210

10

11 **Re: SAS Restaurant LLC**

12 807 8<sup>th</sup> Avneue (48/49)

13

14 Dear Chairman Rosen:

15

16 Manhattan Community Board 4 (MCB4) recommends denial of an On-Premise Liquor License for SAS  
17 Restaurant LLC – 807 8<sup>th</sup> Avenue (48/49), unless the following stipulations, agreed to by the applicant,  
18 are part of the method of operation for this establishment with a capacity of 74 people, with 20 tables  
19 with 68 seats, and 1 stand up bar with 12 seats.

20

21

22 A signed copy of the questionnaire and stipulations are enclosed.

23

24

25

Sincerely,

Corey Johnson  
Chair

Paul Seres  
Co-Chair  
Business License & Permits  
Committee

Lisa Daglian  
Co-Chair  
Business License & Permits  
Committee

26

# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License Stipulations Application

APPLICANT <b>SAS Restaurants LLC</b>		DOING BUSINESS AS (DBA) <b>TIBD</b>		
STREET ADDRESS <b>807 8th Ave., New York, NY</b>		CROSS STREETS <b>48th and 49th Sts.</b>		
OWNER	NAME: <b>Steven Katsaros</b>	Rep. ATTORNEY	NAME: <b>Michael Szejda</b>	
	PHONE: <b>917-450-0781</b>		PHONE: <b>212-474-9835</b>	
	FAX: <b>NA</b>		FAX: <b>212-474-9836</b>	
MANAGER	NAME: <b>None</b>	LANDLORD	NAME: <b>300 West 44th St. LLC</b>	
	PHONE:		PHONE: <b>(516) 833-7000</b>	
	FAX:		FAX: <b>NA</b>	
<b>DESCRIPTION OF BUSINESS</b>				
Establishment Type:	<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only) <input type="radio"/> Other (Explain): _____			
Method of Operation:	<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): _____			
License Type:	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
APPLICATION TYPE <i>(check one)</i>	<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 of establishment?	<b>Gracie's Corner Rest.</b>	
		What is/was the address of the establishment?	<b>352 E. 86th St., NY, NY</b>	
		What were the dates the applicant was involved with this former premise?	<b>1966 - present</b>	
	<input type="radio"/> Transfer	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	<input type="radio"/> YES	<input type="radio"/> NO
		<i>If alterations or operational changes are being made, please attach the plans to this form.</i>		
	<input type="radio"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
<i>Please describe the nature of the alterations and attach the plans</i>				

**OPERATIONAL ISSUES**

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS	Operation	24/day	24/day	24/day	24/day	24/day	24/day	24/day
	Music	—	—	—	—	—	—	—
	Kitchen	24/day	24/day	24/day	24/day	24/day	24/day	24/day

OCCUPANCY	INDOOR				BAR			OUTSIDE	
	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 Bars	Number of Seats	Number of Tables
	74	74	20	68	0	1	12	0	0

How many floors are there? What is the capacity for each floor? (please respond in space provided)	<input checked="" type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5+	ground + basement
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)	YES	<input checked="" type="radio"/> NO	N/A	
Will applicant have bottle service?	YES	<input checked="" type="radio"/> NO	N/A	
Will you be hosting private parties and promotional events?	YES	<input checked="" type="radio"/> NO	N/A	
Will outside promoters be used?	YES	<input checked="" type="radio"/> NO	N/A	
Will the security plan submitted be implemented?	YES	<input checked="" type="radio"/> NO	N/A	
Will State certified security personnel be used?	YES	NO	<input checked="" type="radio"/> N/A	
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	<input checked="" type="radio"/> YES	NO	N/A	
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)	YES	<input checked="" type="radio"/> NO	N/A	
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	YES	NO	<input checked="" type="radio"/> N/A	
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)	YES	NO	<input checked="" type="radio"/> N/A	
Will applicant provide contact information to neighbors and respond to complaints that arise?	<input checked="" type="radio"/> YES	NO	N/A	
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?	<input checked="" type="radio"/> YES	NO	N/A	

If you plan to have music, what type(s)?	NA.	BACKGROUND	LIVE MUSIC	DJ
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**BUILDING DESIGN**

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.	YES	NO	<input checked="" type="radio"/> N/A
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	<input checked="" type="radio"/> N/A
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)	<input checked="" type="radio"/> YES	NO	N/A

OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	<input checked="" type="radio"/> N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	<input checked="" type="radio"/> N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	NO	<input checked="" type="radio"/> N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	<input checked="" type="radio"/> N/A

LOCATION & ZONING			
Primary Zoning District:		Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	<input checked="" type="radio"/> NO	N/A
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="radio"/> YES	NO	N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A
Are your plans filed with DOB?	YES	NO	<input checked="" type="radio"/> N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
<b>NOTIFICATION:</b> What organizations / community groups have you notified regarding your application?	# 1	NONE	
	# 2		
	# 3		

1 **Business License & Permits Committee**

**Item #: 8**

2

3 November 6, 2013

4

5 Dennis Rosen

6 Chairman

7 New York State Liquor Authority

8 80 S. Swan Street, 9<sup>th</sup> Floor

9 Albany, New York 12210

10

11 **Re: S. Scotty Enterprises Inc. d/b/a Toloache**

12 *802 9<sup>th</sup> Avenue (53)*

13

14 Dear Chairman Rosen:

15

16 Manhattan Community Board 4 (MCB4) recommends denial of an On-Premise Liquor License for  
17 Morning Star Restaurant – 879 9<sup>th</sup> Avenue (57), unless the following stipulations, agreed to by the  
18 applicant, are part of the method of operation for this establishment with a capacity of 150 people, with  
19 34 tables with 126 seats, and 2 stand-up bars seating 18.

20

21

22 A signed copy of the questionnaire and stipulations are enclosed.

23

24

25 Sincerely,

26

27

Corey Johnson  
Chair

Paul Seres  
Co-Chair  
Business License & Permits  
Committee

Lisa Daglian  
Co-Chair  
Business License & Permits  
Committee

28

# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License Stipulations Application

<b>APPLICANT</b>		<b>DOING BUSINESS AS (DBA)</b>			
S. Scotty Enterprises, Inc.		Tobacco			
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>			
802 9th Ave. New York, NY 10019		53rd St.			
<b>OWNER</b>	<b>NAME:</b>	<b>ATTORNEY</b>	<b>NAME:</b>		
	<b>PHONE:</b>		<b>PHONE:</b>		
	<b>FAX:</b>		<b>FAX:</b>		
Jean Medina 917.566.2617. LOUIS SKIBAR / BRAN DIBIANI.		Charles B. Linn 914.949.4200.			
<b>MANAGER</b>	<b>NAME:</b>	<b>LANDLORD</b>	<b>NAME:</b>		
	<b>PHONE:</b>		<b>PHONE:</b>		
	<b>FAX:</b>		<b>FAX:</b>		
DANIEL ROSEN		Palazzo Realty 917.698.8545			
<b>DESCRIPTION OF BUSINESS</b>					
Establishment Type:	<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant				
Method of Operation:	<input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only)				
License Type:	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer				
<b>APPLICATION TYPE</b> (check one)	<input checked="" type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?		YES	NO
		What is/was the name of establishment?			
		What is/was the address of the establishment?			
		What were the dates the applicant was involved with this former premise?			
	<input type="radio"/> <b>Transfer</b>	What is the prior license #?			
		What is the expiration date on the prior license?			
		Are you making any alterations or operational changes?		YES	NO
		If alterations or operational changes are being made, please attach the plans to this form.			
	<input type="radio"/> <b>Alteration</b>	What is the current license #?			
		What is the expiration date on the current license?			
Please describe the nature of the alterations and attach the plans					

## OPERATIONAL ISSUES

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>HOURS</b>	<b>Operation</b>	11:30 AM 12:00 AM	11:30 AM 12:00 AM	11:30 AM 12:00 AM	11:30 AM 2:00 AM	11:30 AM 2:00 AM	11:30 AM 2:00 AM	11:30 AM 12:00 AM
	<b>Music</b>	BACKGROUND	BACKGROUND	BACKGROUND	BACKGROUND	BACKGROUND	BACKGROUND	BACKGROUND
	<b>Kitchen</b>	11:30 AM 12:00 AM	11:30 AM 12:00 AM	11:30 AM 12:00 AM	11:30 AM 2:00 AM	11:30 AM 2:00 AM	11:30 AM 2:00 AM	11:30 AM 12:00 AM

<b>OCCUPANCY</b>	INDOOR				BAR			OUTSIDE	
	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 Bars	Number of Seats	Number of Tables
	150	175	34	126	0	2	18	24	12

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	3-4	<del>5+</del>	
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)	YES	<del>NO</del>	N/A	
Will applicant have bottle service?	YES	<del>NO</del>	N/A	
Will you be hosting private parties and promotional events?	YES	<del>NO</del>	N/A	
Will outside promoters be used?	YES	<del>NO</del>	N/A	
Will the security plan submitted be implemented?	YES	<del>NO</del>	N/A	
Will State certified security personnel be used?	YES	NO	<del>N/A</del>	
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	<del>YES</del>	NO	N/A	
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)	<del>YES</del>	NO	N/A	
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	<del>YES</del>	NO	N/A	
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)	YES	NO	N/A	<i>not yet</i>
Will applicant provide contact information to neighbors and respond to complaints that arise?	<del>YES</del>	NO	N/A	
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?	<del>YES</del>	NO	N/A	

If you plan to have music, what type(s)?	<del>BACKGROUND</del>	LIVE MUSIC	DJ
--	-----------------------	------------	----

## BUILDING DESIGN

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.	<del>YES</del>	NO	N/A	
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?	<del>YES</del>	NO	N/A	
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)	<del>YES</del>	NO	N/A	

OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Applicant will 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	N/A

### LOCATION & ZONING

Primary Zoning District:		Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is the 500 Foot Rule or 200 Foot Rule Triggerred? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Is a Public Assembly permit required?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Are your plans filed with DOB?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A

*Clinton*

*not yet*

Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____

<b>NOTIFICATION:</b> What organizations / community groups have you notified regarding your application?	# 1	
	# 2	
	# 3	

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

- Garage doors/windows will be closed by 8:30PM Sun through Thurs and 9PM ~~Seven days a week.~~ Fridays and Saturdays.
- May revisit 6 months after opening.
- Garage doors/windows will be closed whenever amplified music is played. and heard from street
- no live music, no DJs.
- respond to community concerns as they arise.
- Does not include sidewalk cafe

