

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME		DOING BUSINESS AS (DBA)	
TB		TBD	
STREET ADDRESS		CROSS STREETS	ZIP CODE
161 west 23rd street		6th Avenue & 7th Avenue	10011
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME:	Edward Doran James Patrick Doran Tomas Lucas	Peggy Doran
	PHONE:	917-5739536 347-854-3275 917-734-6358	646-3847147
	EMAIL:	edoran10@gmail.com	
MANAGER	NAME:	Peggy Doran	
	PHONE:	9175739536	
	EMAIL:	edoran10@gmail.com	
ATTORNEY/ REPRESENTAIVE	NAME:	Terrence R Flynn	
	PHONE:	718-945-4807	
	EMAIL:	trflynnjr@gmail.com	
LANDLORD	NAME:	Jackie Lee	
	PHONE:	973-698-6382	
	EMAIL:		
APPLICATION TYPE (Check One)			
<input checked="" type="checkbox"/> New	Has applicant owned or managed a similar business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	What is/was the name and address of establishment?	The Globe 158 east 23rd street owner Turnmill 119 east 27th street owner	
	What were the dates applicant was involved with this former premise?	2008-present. Also worked in the Half King from 2000-2007	
<input type="checkbox"/> Transfer	What is the prior license # and expiration date?		
	Is applicant making any alterations or operational changes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input type="checkbox"/> 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 checked="" type="checkbox"/> Liquor/Wine/Beer <input type="checkbox"/> Beer <input type="checkbox"/> Wine & Beer		
ESTABLISHMENT TYPE	<input type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input checked="" type="checkbox"/> Bar/Tavern <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Club (Fraternal Organization – Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Plan on filing after the out come of board meeting <input checked="" type="checkbox"/>
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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

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

HOURS* <i>(Indoor Only)</i>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	11am -4am	11am-4am	11am-4am	11am-4am	11am-4am	11am-4am	11am-4am
	Kitchen	11am-12am	11am-12am	11am-12am	11am-12am	11am-12am	11am-12am	11am-12am
	Music							

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
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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	190	190			2	1	24
OUTSIDE <i>(Other than sidewalk café)</i>							
SIDEWALK CAFÉ							

How many floors are there? What is the capacity for each floor?

2

How frequently will the owner(s) be at the establishment?

DAILY {everyday}

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

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

LOCATION & ZONING

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

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		
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.			
Who was your contact person at each group you met with?			
When did applicant post the notice that was provided?			
Where did applicant post the notice that was provided?			
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	YES	NO	
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	YES	NO	

BUILDING DESIGN			
State the name and type of business previously located in the space.	Meridian 23, Suede		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Meridian 23, Suede
Do you plan any changes to the existing façade? If yes, please describe.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Storefront
Will applicant have a vestibule within the establishment?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant use a storm enclosure?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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 type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have any of the following: (circle all that apply)	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?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the kitchen exhaust system extend to the roof?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will the establishment have an illuminated sign?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Where will the air conditioner be located? What type is it?	Back Roof		
When was the air conditioner installed?			

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

ADDITIONAL STIPULATIONS: (Office Use Only)

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.

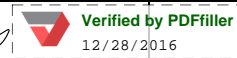
SIGN HERE



Edward Doran

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT



12/28/16

DATE