

# Manhattan Community Board 4

# Liquor License Stipulations Application

(All Fields Must Be Completed)

<b>CORPORATION NAME</b>		<b>DOING BUSINESS AS (DBA)</b>	
Roy and Silo's Corp		Restaurant	
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>	<b>ZIP CODE</b>
243 West 14th Street		14th Street and 8th Ave	10011
<b>OWNER</b> <i>(Attach a list of all the people that will be associated/listed with the license)</i>	<b>NAME:</b> Roy and Silo's Corp	<b>ATTORNEY/ REPRESENTAIVE</b>	<b>NAME:</b> Daniel Szalkiewicz
	<b>PHONE:</b> (212) 706-1007		<b>PHONE:</b> (212) 706-1007
	<b>EMAIL:</b> daniel@lawdss.com		<b>EMAIL:</b> daniel@lawdss.com
<b>MANAGER</b>	<b>NAME:</b> Michael Doyle	<b>LANDLORD</b>	<b>NAME:</b> Shalimar Management
	<b>PHONE:</b> (914) 261-5099		<b>PHONE:</b> (212) 534-3939
	<b>EMAIL:</b> mgdoyle001@gmail.com		<b>EMAIL:</b> rentals@shalimarmgmt.com
<b>APPLICATION TYPE (Check One)</b>			
<input checked="" type="checkbox"/> <b>New</b>	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?	Scallywag's Irish Pub and Restaurant 508 9th Ave New York, NY	
	What were the dates applicant was involved with this former premise?		
<input type="checkbox"/> <b>Transfer</b>	What is the prior license # and expiration date?		
	Is applicant making any alterations or operational changes?	<input type="radio"/> YES	<input type="radio"/> NO
	If alterations or operational changes are being made, please describe/list all changes.		
<input type="checkbox"/> <b>Alteration</b>	What is the current license # and expiration date?		
	Please list/describe the nature of all the changes and attach the plans:		
<b>METHOD OF OPERATION</b>			
<b>TYPE OF ALCOHOL</b>	<input checked="" type="checkbox"/> Liquor/Wine/Beer	<input type="checkbox"/> Beer	<input type="checkbox"/> Wine & Beer
<b>ESTABLISHMENT TYPE</b>	<input checked="" type="checkbox"/> Restaurant	<input type="checkbox"/> Cabaret	<input type="checkbox"/> Night Club
	<input 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)		
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the establishments within 500 ft. of your primary entrance and the Public Interest Statement.	<input checked="" type="radio"/> YES	<input 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.	<input type="radio"/> 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* <i>(Indoor Only)</i>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	10:00 am-4:00 am						
	Kitchen	10:00 am-3:00 am						
	Music	10:00 am-2:00 am						

If you plan to have music, what type(s)? (Check all that apply)

BACKGROUND    
  LIVE MUSIC    
  DJ    
  JUKE BOX    
  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	
<b>INSIDE</b>	149	125	20 16	50 74	1	1	20 30	NE
<b>OUTSIDE</b> <i>(Other than sidewalk café)</i>								
<b>SIDEWALK CAFÉ</b>								

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

How frequently will the owner(s) be at the establishment? AN OWNER WILL BE ON PREMISES AT ALL TIMES

Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?	YES	<input checked="" type="radio"/>	
Will applicant have bottle or table service for beverage alcohol?	YES	<input checked="" type="radio"/>	
Will you be hosting private, promotional or corporate events?	YES	<input checked="" type="radio"/>	
Will outside promoters be used on a regular basis? If yes please describe.	YES	<input checked="" type="radio"/>	
Will you have a security plan? If, yes please attach.	<input checked="" type="radio"/>	NO	
Will security plan be implemented?	<input checked="" type="radio"/>	NO	
Will State certified security personnel be used?	<input checked="" type="radio"/>	NO	
Will New York Nightlife Association and NYPD Best Practices be followed?	<input checked="" type="radio"/>	NO	
Will applicant be using delivery bicycles? If yes, how many?	YES	<input type="radio"/>	
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	<input checked="" type="radio"/>	
Where will delivery bicycles be stored during the day when not in use?			

WF

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

Community Notification/Relations			
<b>NOTIFICATION:</b> 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.	# 1	Stanley Bulbach	
	# 2	Robert Boddington	
	# 3	Jim Jasper	
	# 4	Community Board 4	
	# 5	Bill Borock	
Please provide dates when applicant met with the groups listed above.			
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.	<input checked="" type="radio"/> YES	NO	(914) 261-5099
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicant's job openings webpage?	<input checked="" type="radio"/> YES	NO	

<b>BUILDING DESIGN</b>			
Will applicant have a vestibule within the establishment?	<input checked="" type="checkbox"/>		NE
Will applicant use a storm enclosure?	<input checked="" type="checkbox"/>	NO	ON PREVIOUS PERMIT
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants?	<input checked="" type="checkbox"/>	NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/>	NO	
Will the establishment have any of the following: (check all that apply)	<b>FRENCH DOORS</b>	<b>GARAGE DOORS</b>	<b>WINDOWS THAT CAN BE OPENED</b>
Will applicant close all windows, French doors, and garage doors when any music or amplified sound (including televisions) is played?	<input checked="" 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?	<input checked="" 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?	YES	<input checked="" type="checkbox"/>	
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="checkbox"/>	NO	
Will the kitchen exhaust system extend to the roof?	<input checked="" type="checkbox"/>	NO	
Will the establishment have an illuminated sign?	<input checked="" type="checkbox"/>	NO	
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="checkbox"/>	NO	
Where will the air conditioner be located? What type is it?			
When was the air conditioner installed?			

**OUTDOOR SPACE- OTHER THAN SIDEWALK CAFE**

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	NE
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 SPACE – 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	NE
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	NO	
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 <sup>st</sup> and March 21 <sup>st</sup> , and any other day when it rains or snows?	YES	NO	
Will applicant not 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

ALL ~~TO~~ ~~BE~~ ~~PROHIBITED~~ AND ALL  
LIVE MUSIC OR LIVE  
PERFORMANCES WILL CEASE

NO LATER THAN 2:00 AM &  
BACKGROUND MUSIC ONLY  
AFTER 2:00 AM.

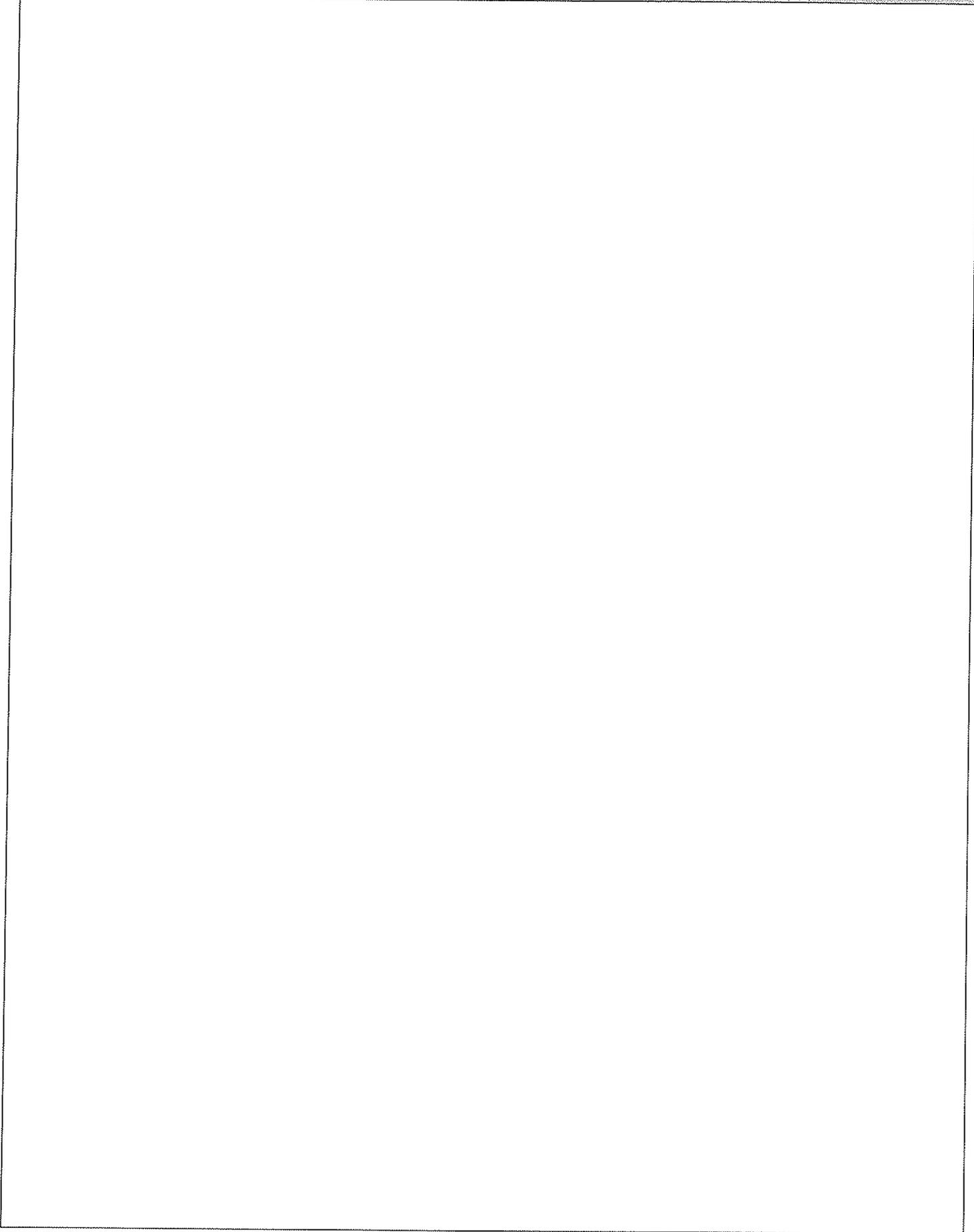
- WILL SUBMIT FLOOR PLAN  
POWER TO U/4, AS  
REQUIRED BY PUBLIC  
ASSEMBLY PERMIT.

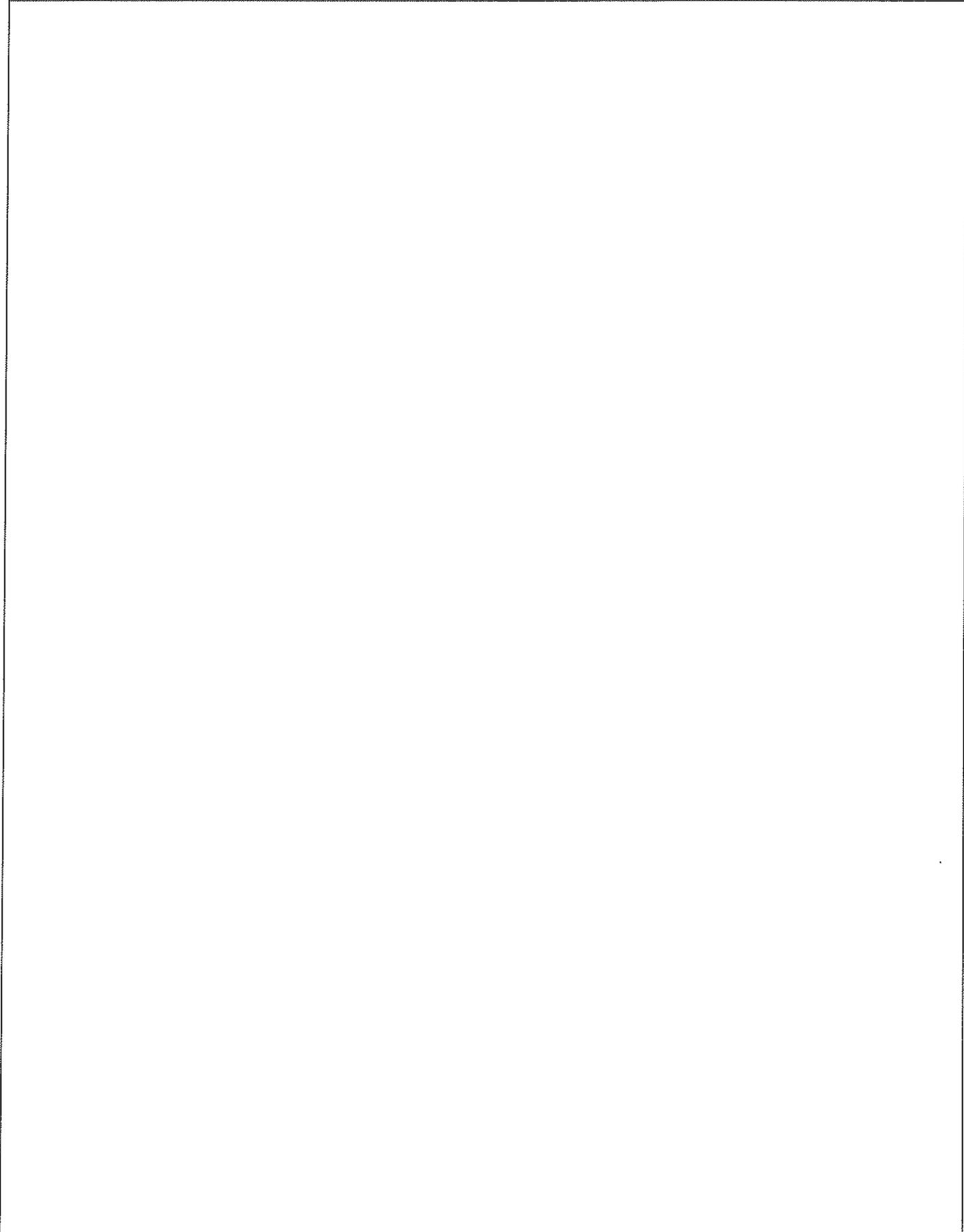
- THERE WILL BE NO  
USE OF ~~ANY~~ ANY REAR  
YARD SPACE AT ANY  
TIME, BY PERSONS OR  
~~CHANGING STAFF~~ STAFF,

- THIS <sup>APPLICATION</sup> ~~PERMIT~~ DOES NOT  
EXTEND TO ANY OUTDOOR  
SPACE OR SIDEWALK CAFE.

- WILL SUBMIT A SECURITY  
PLAN POWER TO U/4  
REFLECTING AT LEAST ONE  
SECURITY GUARD ON PREMISES  
~~ALL DAY LONG~~  
FROM 10:00 PM, TO CLOSING  
DAILY.

**PICTURE OF the CURRENT LOCATION (façade including businesses on each side and two floors above)**

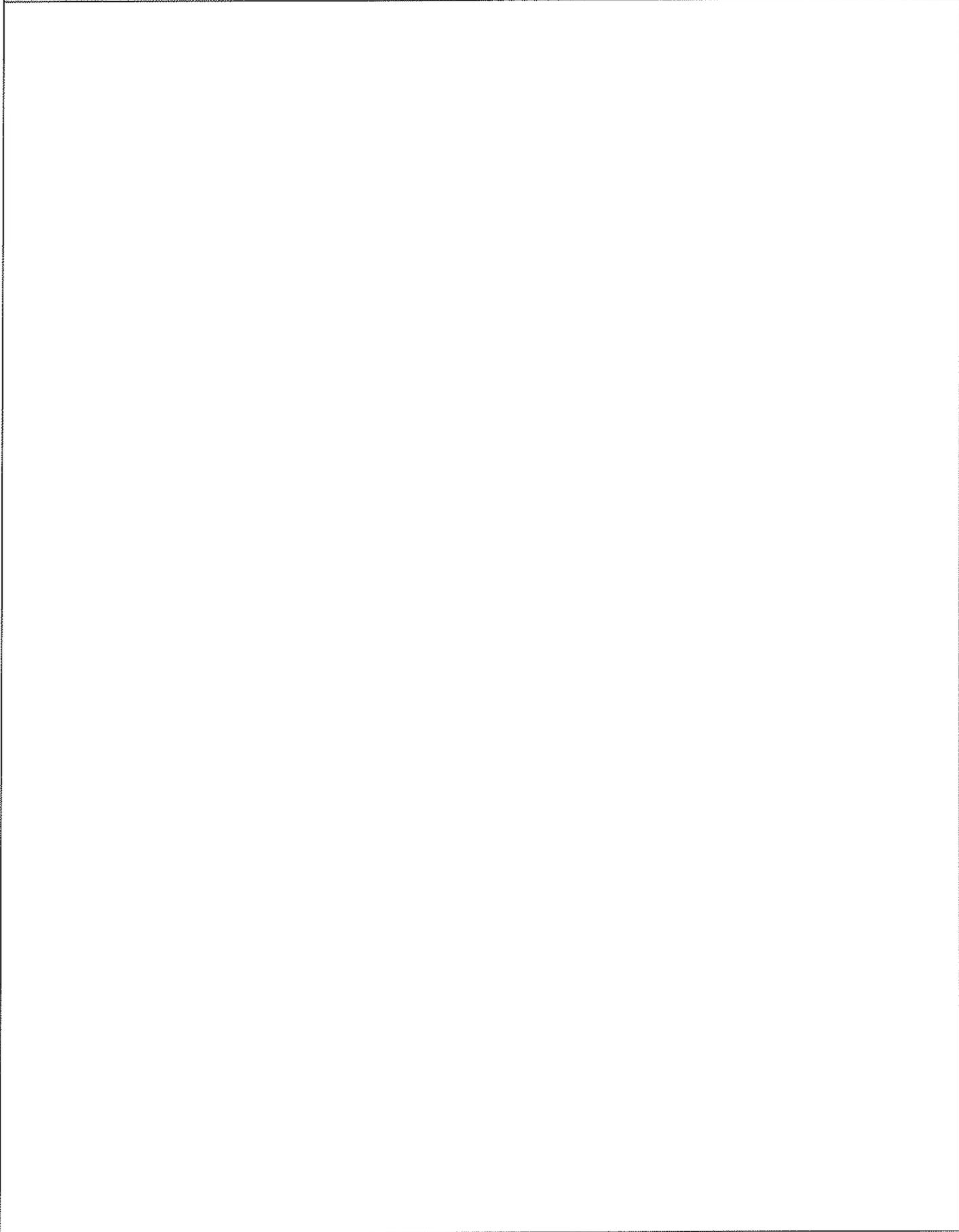




**FLOOR PLAN – OTHER FLOOR (if applicable)**

A large, empty rectangular box with a thin black border, intended for drawing a floor plan. The box occupies most of the page area below the header and above the footer.

**FLOOR PLAN – OTHER OUTDOOR SPACE (if applicable)**



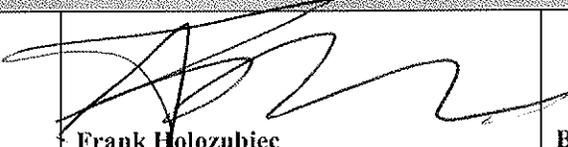
**Manhattan Community Board 4 (MCB4)  
recommends:**

Denial unless all stipulations above are agreed to by  
applicant and is part of the method of operation

Denial  Approval

**CB4 REPRESENTATIVES**

**Nelly Gonzalez**  
*CB4 Assistant District Manager*

  
**Frank Holozubiec**  
*CB4 BLP Committee Co-Chair*

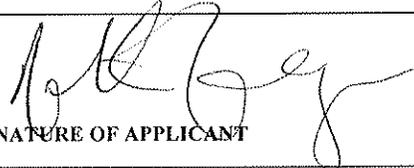
**Burt Lazarin**  
*CB4 BLP Committee Co-Chair*

**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 written stipulations above constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 and applicant. These written stipulations supersede any oral statements or representations in connection with this application.

**SIGN HERE**



  
SIGNATURE OF APPLICANT

DATE

10/13/15

NATHAN FINNEGAN