

# Manhattan Community Board 4

## Liquor License Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME		DOING BUSINESS AS (DBA)	
SPT NYC Inc.		Thai Select <i>→ Parkpoom Watanasuarp.</i>	
STREET ADDRESS		CROSS STREETS	ZIP CODE
472 9th Avenue, NYC		36th & 37th Streets	10018
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME: Sukprom Varani	ATTORNEY/ REPRESENTATIVE	NAME: Anthony L. Caraballo
	PHONE: 646-712-1334		PHONE: 718-875-2929
	EMAIL: sukprom@me.com		EMAIL: Anthony@cblservices.com
MANAGER	NAME: Same	LANDLORD	NAME: 472 9th Avenue LLC
	PHONE:		PHONE: 917-375-7262
	EMAIL:		EMAIL: unknown
<b>APPLICATION TYPE</b> <i>(Check One)</i>			
<input type="radio"/> New	Has applicant owned or managed a similar business?	YES	NO
	What is/was the name and address of establishment?		
	What were the dates applicant was involved with this former premise?		
<input checked="" type="radio"/> Transfer	What is the prior license # and expiration date?	1264341/Expires 8-31-2016	
	Is applicant making any alterations or operational changes?	YES	NO <input checked="" type="checkbox"/>
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input type="radio"/> Alteration	What is the current license # and expiration date?		
	<i>Please list/describe the nature of all the changes and attach the plans:</i>		
<b>METHOD OF OPERATION</b>			
TYPE OF ALCOHOL	<input checked="" type="checkbox"/> Liquor/Wine/Beer	<input type="checkbox"/> Beer	<input type="checkbox"/> Wine & Beer
ESTABLISHMENT TYPE	<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"/> 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.	YES <input checked="" 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.	YES	NO <input checked="" type="checkbox"/>	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	YES <input checked="" 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	11A-12A	11A-12A	11A-12A	11A-12A	11A-12A	11A-12A	11A-12A	11A-12A
	Kitchen	Same	Same	Same	Same	Same	Same	Same	
	Music	Same	Same	Same	Same	Same	Same	Same	
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		
INSIDE	74	74	28	74	0	1	4		
OUTSIDE <i>(Other than sidewalk café)</i>	N/A								
SIDEWALK CAFÉ	N/A								
How many floors are there? What is the capacity for each floor?					One Floor/74 People				
How frequently will the owner(s) be at the establishment?					All open hours				
Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?					YES	<input checked="" type="checkbox"/> NO			
Will applicant have bottle or table service for beverage alcohol?					YES	<input checked="" type="checkbox"/> NO			
Will you be hosting private, promotional or corporate events?					YES	<input checked="" type="checkbox"/> NO			
Will outside promoters be used on a regular basis? If yes please describe.					YES	<input checked="" type="checkbox"/> NO			
Will you have a security plan? If, yes please attach.					YES	<input checked="" type="checkbox"/> NO			
Will security plan be implemented?					YES	<input checked="" type="checkbox"/> NO			
Will State certified security personnel be used?					YES	<input checked="" type="checkbox"/> NO	No security		
Will New York Nightlife Association and NYPD Best Practices be followed?					<input checked="" type="checkbox"/> YES	NO			
Will applicant be using delivery bicycles? If yes, how many?					<input checked="" type="checkbox"/> 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?					<input checked="" type="checkbox"/> YES	NO			
Where will delivery bicycles be stored during the day when not in use?					Bike Rack				

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 <input checked="" type="checkbox"/>	NO
Is a Public Assembly permit required?	YES	NO <input checked="" type="checkbox"/>
Are your plans filed with DOB?	YES	NO <input checked="" type="checkbox"/>

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	NONE-Transfer application with no change in method of operation
	# 2	
	# 3	
	# 4	
	# 5	
Please provide dates when applicant met with the groups listed above.	N/A	
When did applicant post the notice that was provided?	Notice to be posted week of 9/21	
Where did applicant post the notice that was provided?	Outside the premises	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	YES <input checked="" type="checkbox"/>	NO
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicant's job openings webpage?	YES <input checked="" type="checkbox"/>	NO

<b>BUILDING DESIGN</b>			
Will applicant have a vestibule within the establishment?		<input checked="" type="checkbox"/>	
Will applicant use a storm enclosure?	YES	<input checked="" type="checkbox"/>	
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants?	YES	<input checked="" type="checkbox"/>	
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)	FRENCH DOORS	GARAGE DOORS	WINDOWS THAT CAN BE OPENED
Will applicant close all windows, French doors, and garage doors when any music or amplified sound (including televisions) is played?	YES <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?	YES <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?	YES	<input checked="" type="checkbox"/>	
Will the establishment have an illuminated sign?	YES	<input checked="" type="checkbox"/>	
Will the establishment have a canopy extending over the sidewalk?	YES	<input checked="" type="checkbox"/>	
Where will the air conditioner be located? What type is it?	Roof/Standard central air unit		
When was the air conditioner installed?	6 years ago		

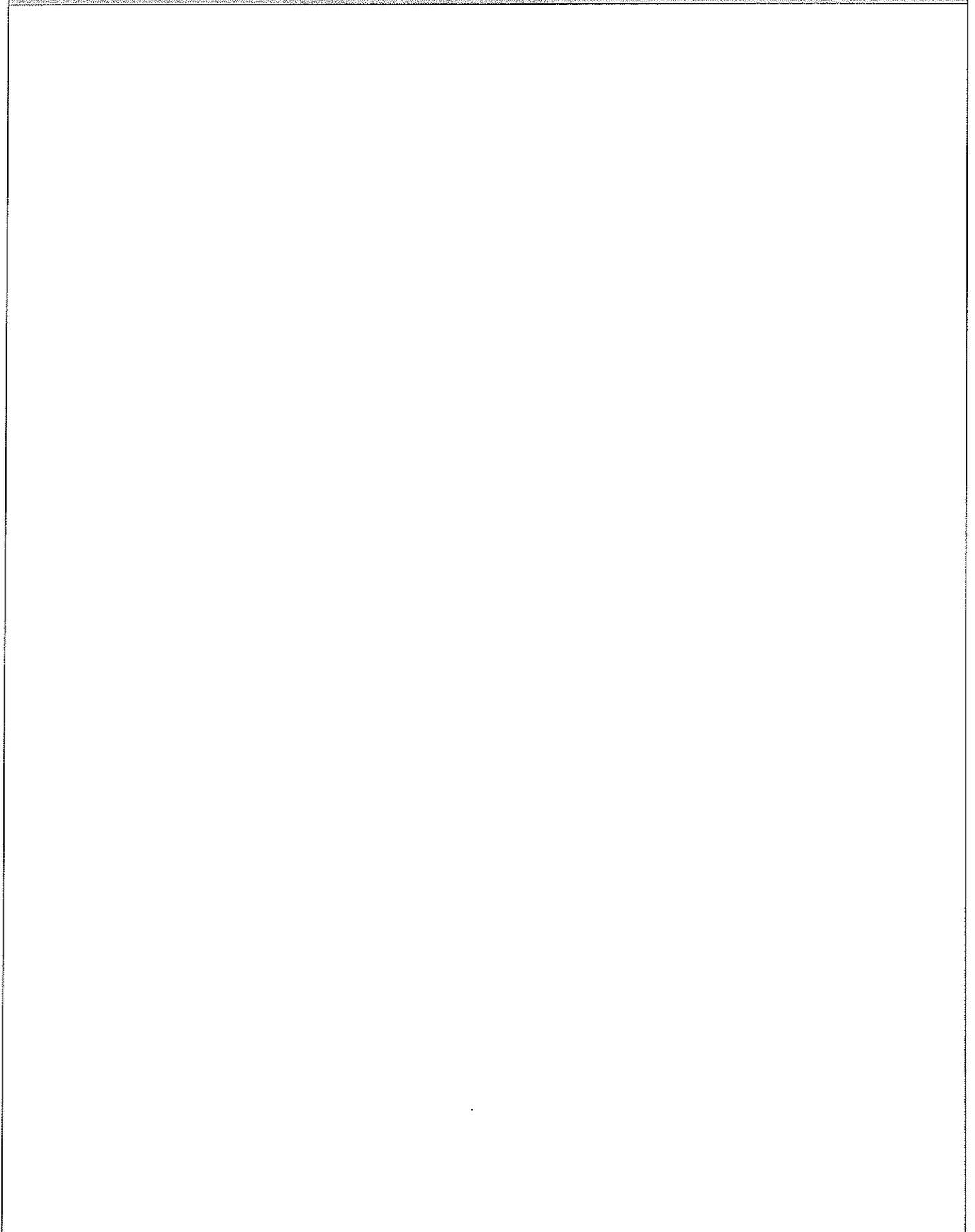
<b>OUTDOOR SPACE- OTHER THAN SIDEWALK CAFÉ</b>			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO	N
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	NO	O
Are the floorplans for the outdoor space(s) included?	YES	NO	T
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	A
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	NO	P
Will there be no amplified music, as per the law?	YES	NO	P
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	L
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES	NO	I
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO	C
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO	A
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	B

L

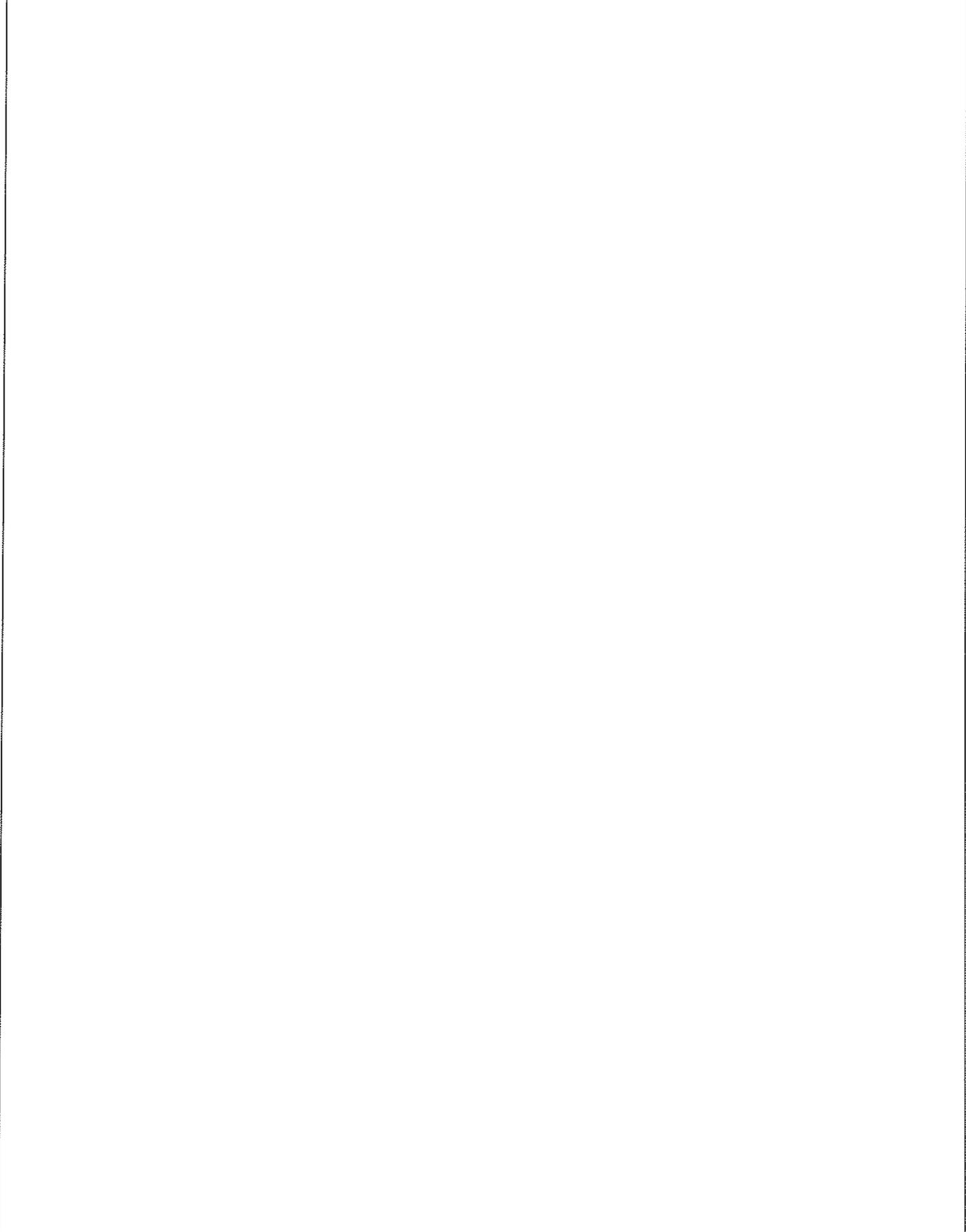
E

<b>OUTDOOR SPACE – SIDEWALK CAFÉ</b>			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	NO	N
Will applicant be applying for a sidewalk café now or in the future?	YES	NO	O
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	NO	T
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	A
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	NO	P
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	YES	NO	P
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	L
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	I
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	C
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	A
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	B
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	L
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	E
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	

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



**FLOOR PLAN – FIRST FLOOR**



**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 below the header.

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

A large, empty rectangular box with a thin black border, intended for drawing a floor plan or other outdoor space. The box occupies most of the page below the header.

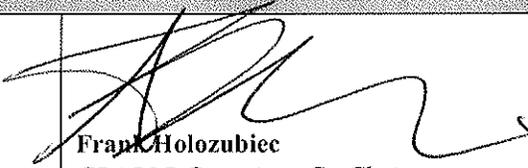
**FLOOR PLAN – SIDEWALK CAFÉ (if applicable)**

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**OTHER COMMENTS - STIPULATIONS – (office use only)**

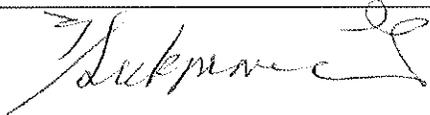
<b>Manhattan Community Board 4 (MCB4) recommends:</b>	<input checked="" type="radio"/> Denial unless all stipulations above are agreed to by applicant and is part of the method of operation  <input type="radio"/> Denial <input type="radio"/> Approval
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**CB4 REPRESENTATIVES**

<b>Nelly Gonzalez</b> <i>CB4 Assistant District Manager</i>	 <b>Frank Holozubiec</b> <i>CB4 BLP Committee Co-Chair</i>	<b>Burt Lazarin</b> <i>CB4 BLP Committee Co-Chair</i>
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**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.

<b>SIGN HERE</b> →	 <b>SIGNATURE OF APPLICANT</b>	<b>SEPT. 14, 2015</b>  <b>DATE</b>
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*Sukrom Varenii*