

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)		
Mission 925, Inc.				
STREET ADDRESS		CROSS STREETS		
249 9th Ave.		25th Street and 26th Street		
OWNER	NAME:	Bo Mee Chu	ATTORNEY	
	PHONE:			NAME:
	FAX:			James Rogers
MANAGER	NAME:	Bo Mee Chu	LANDLORD	
	PHONE:			PHONE:
	FAX:			9172240766
			FAX:	
			James.P.Rogers@gmail.com	
			NAME:	
			25th Street Equities	
			PHONE:	
			917-282-3587	
			FAX:	

DESCRIPTION OF BUSINESS

Establishment Type:

Bar/Tavern
 Bed & Breakfast
 Eating Place Beer
 Cabaret
 Night Club
 Hotel
 Restaurant

Catering Establishment
 Club (Fraternal Organization – Members Only)

Other (Explain): Bar/Arcade

Method of Operation:

Restaurant
 Dance Club
 Sports Bar
 Adult Entertainment
 Wine Bar
 Pizzeria
 Cafe

Other (Explain): Bar/Arcade

License Type:

On-Premise
 Wine
 Beer
 Wine & Beer

APPLICATION TYPE (check one)	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	YES	<input checked="" type="radio"/> 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"/> Transfer	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	YES	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

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	11:00-12:00AM					11:00-12:00AM		11:00-12:00AM
	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
	50	25	3	12		1	8		

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+	
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)	<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A	
Will applicant have bottle service?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A	
Will you be hosting private parties and promotional events?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A	
Will outside promoters be used?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A	
Will the security plan submitted be implemented?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Will State certified security personnel be used?	<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A	
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input 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)	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input 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)	<input type="radio"/> YES	<input type="radio"/> 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	<input type="radio"/> NO	<input type="radio"/> 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	<input type="radio"/> NO	<input 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	

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	<input type="radio"/> NO	<input 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?	<input type="radio"/> YES	<input type="radio"/> 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	<input type="radio"/> NO	<input 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.).	<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.	<input checked="" type="radio"/> YES	NO	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	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?	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
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?	<input checked="" type="radio"/> YES	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 checked="" type="radio"/> Residential <input 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	Penn South, Brandon Kearny
	# 2	London Terrace, Margaret Srowe, Property Manager
	# 3	Elliot Chelsea Houses, Carol Cross, Manager

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT Mee 759 Inc.		DOING BUSINESS AS (DBA)		
STREET ADDRESS 795 9th Avenue		CROSS STREETS West 52th Street & West 53th Street		
OWNER	NAME: Yoke Mei Chau	ATTORNEY	NAME:	
	PHONE: 646-243-4081		PHONE:	
	FAX:		FAX:	
MANAGER	NAME:	LANDLORD	NAME: Friedman Management Corp.	
	PHONE:		PHONE: 212-736-6888	
	FAX:		FAX:	
DESCRIPTION OF BUSINESS				
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 type="radio"/> On-Premise <input checked="" 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?	YES	<input checked="" type="radio"/> 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"/> Transfer	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	YES	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

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	11:30A-11P	11:30A-11P	11:30A-11P	11:30A-11P	11:30A-11:30P	11:30A-11:30P	11:30A-11P
	Music	11:30A-11P	11:30A-11P	11:30A-11P	11:30A-11P	11:30A-11:00P	11:30A-11:00P	11:30A-11P
	Kitchen	11:30A-11P	11:30A-11P	11:30A-11P	11:30A-11P	11:30A-11:00P	11:30A-11:00P	11:30A-11P

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
	CO	74	14	28	N/A	N/A	N/A	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	<input type="radio"/> 3-4	<input type="radio"/> 5+	1/74
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)	<input checked="" type="radio"/> YES	NO	N/A	There are bicycle racks in front of my restaurant. The delivery staff will wear the proper helmets and identifiable clothing.
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?	<input checked="" type="radio"/> YES	NO	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
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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.	<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.).	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:	C5-1R10H		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
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	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		

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)	
IGAM Food Inc.		Pizza Italia	
STREET ADDRESS		CROSS STREETS	
307-09 W. 17th ST		8th Ave + 9th Ave	
OWNER	NAME	Anthony Sorisi	ATTORNEY
	PHONE	516-578-6435	NAME
	FAX	631-673-9265	PHONE
MANAGER	NAME		LANDLORD
	PHONE		NAME
	FAX		PHONE
		FAX	
		212-661-0413	
DESCRIPTION OF BUSINESS			
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): Bar/Arcade	
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): Bar/Arcade	
License Type:		<input type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input checked="" type="radio"/> Wine & Beer	
APPLICATION TYPE (check one)	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	
		YES	
		NO	
		What is/was the name of establishment?	
	Pizza Italia		
	What is/was the address of the establishment?		
	11 Stone ST, NY		
	What were the dates the applicant was involved with this former premise?		
	1992 - 2013		
	<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?			
YES			
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	11am - 2am	11am - 2am	11am - 2am	11am - 2am	11am - 4am	11am - 4am	11am - 2am		
	Music	11am - 2am	11am - 2am	11am - 2am	11am - 2am	11am - 4am	11am - 4am	11am - 2am		
	Kitchen	11am - 2am	11am - 2am	11am - 2am	11am - 2am	11am - 4am	11am - 4am	11am - 2am		
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	40	7	23	0	0	0	NA	NA	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					<input checked="" type="radio"/> 1-2	5-4	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	NO	<input checked="" type="radio"/> N/A			
Will you be hosting private parties and promotional events?					YES	NO	<input checked="" type="radio"/> N/A			
Will outside promoters be used?					YES	NO	<input checked="" type="radio"/> 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)					<input checked="" type="radio"/> YES	NO	N/A	All bicycle deliveries will be done in accordance with NYC Law		
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	Owners telephone #.		
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					
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	<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	<input type="radio"/> 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	<input type="radio"/> 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	<input type="radio"/> 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	<input type="radio"/> 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	<input type="radio"/> 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	<input type="radio"/> NO	<input checked="" type="radio"/> N/A

LOCATION & ZONING			
Primary Zoning District:	C 4		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?	YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A LNO to be applied for
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 type="radio"/> 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 type="radio"/> 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: _____		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	Manhattan CBS	
	# 2		
	# 3		

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT 2.0 Dining LLC		DOING BUSINESS AS (DBA) Ovest Pizzoteca		
STREET ADDRESS 513 West 27th Street, NY, NY 10001		CROSS STREETS 10th and 11th Avenue		
OWNER	NAME: Caffe Picasso Ltd	ATTORNEY	NAME: Antonino D'Aiuto, Esq.	
	PHONE: 212-967-4392		PHONE: 212-228-0551	
	FAX:		FAX: 646-219-4943	
MANAGER	NAME: Eden Tesfamariam Gaim	LANDLORD	NAME: Colin Construction	
	PHONE: 646-508-5273		PHONE: 212-947-9540	
	FAX:		FAX:	
DESCRIPTION OF BUSINESS				
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): Bar/Arcade			
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): Bar/Arcade			
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 type="radio"/> New	Has applicant owned or managed a similar business?	<input type="checkbox"/> YES	<input type="checkbox"/> 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 #?	1234303	
		What is the expiration date on the prior license?	3-31-16	
		Are you making any alterations or operational changes?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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	12-12	12-12	12-12	12-12	12-12	12-12	12-12	12-12	
	Music	recorded	recorded	recorded	recorded	recorded	recorded	recorded	recorded	
	Kitchen	12-11:30	12-11:30	12-11:30	12-11:30	12-11:30	12-11:30	12-11:30	12-11:30	
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	
	73	64	14	56	0	1	5	NA	NA	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	3-4	5+	1		
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 X	N/A			
Will applicant have bottle service?					YES	NO X	N/A			
Will you be hosting private parties and promotional events?					YES	X NO	N/A			
Will outside promoters be used?					YES	X NO	N/A			
Will the security plan submitted be implemented?					YES	NO	X N/A			
Will State certified security personnel be used?					YES	NO	X N/A			
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					YES	NO	X 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 X	NO	N/A	I have not applied for a bike rack		
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					YES	X 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 X			
Will applicant provide contact information to neighbors and respond to complaints that arise?					X 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 X	NO	N/A			
If you plan to have music, what type(s)?			X 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 X	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 X			
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 X	NO	N/A			

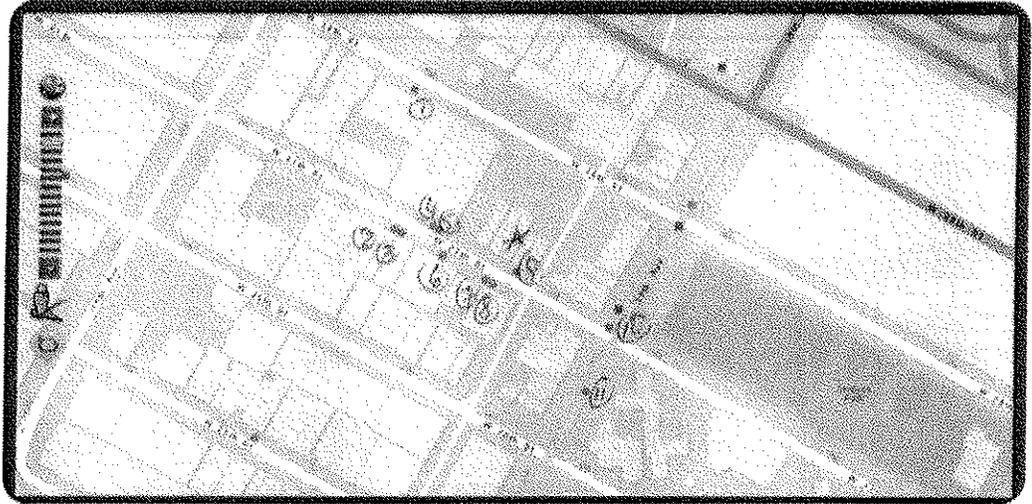
OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	NO <input checked="" type="checkbox"/>	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	N/A <input checked="" type="checkbox"/>
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	N/A <input checked="" type="checkbox"/>
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	N/A <input checked="" type="checkbox"/>
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	N/A <input checked="" type="checkbox"/>
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 <input checked="" type="checkbox"/>	NO	N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A <input checked="" type="checkbox"/>

LOCATION & ZONING			
Primary Zoning District:	C6-3	Overlay (If Applicable):	West Chelsea
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES <input checked="" type="checkbox"/>	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="checkbox"/>	NO	N/A See Attached
Is a Public Assembly permit required?	YES	NO <input checked="" type="checkbox"/>	N/A
Are your plans filed with DOB?	YES	NO	N/A <input checked="" type="checkbox"/>
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	None	
	# 2		
	# 3		

500 ft

Legend

LEGEND



Disclaimer: The NYS Liquor Authority is not responsible for the accuracy of maps or data obtained from third party sources.

1. Eagle Open Kitchen LLC
2. Son Cubano** CLOSED**
3. One 27 Rooftop LLC
4. Pinch Food Design LLC
5. IM Operating LLC DBA Scores
6. Sleepnomore NA LLC DBA Sleep No More
7. W 27 Highline Owner LLC DBA TheAmericano Hotel
8. W 27 Highline Owner LLC DBA TheAmericano Hotel
9. APPLICANT'S PREMISES
10. Porteno LLC
11. 289 Hospitality LLC DBA Marquee

Manhattan Community Board 4
(All Fields Must Be Completed)

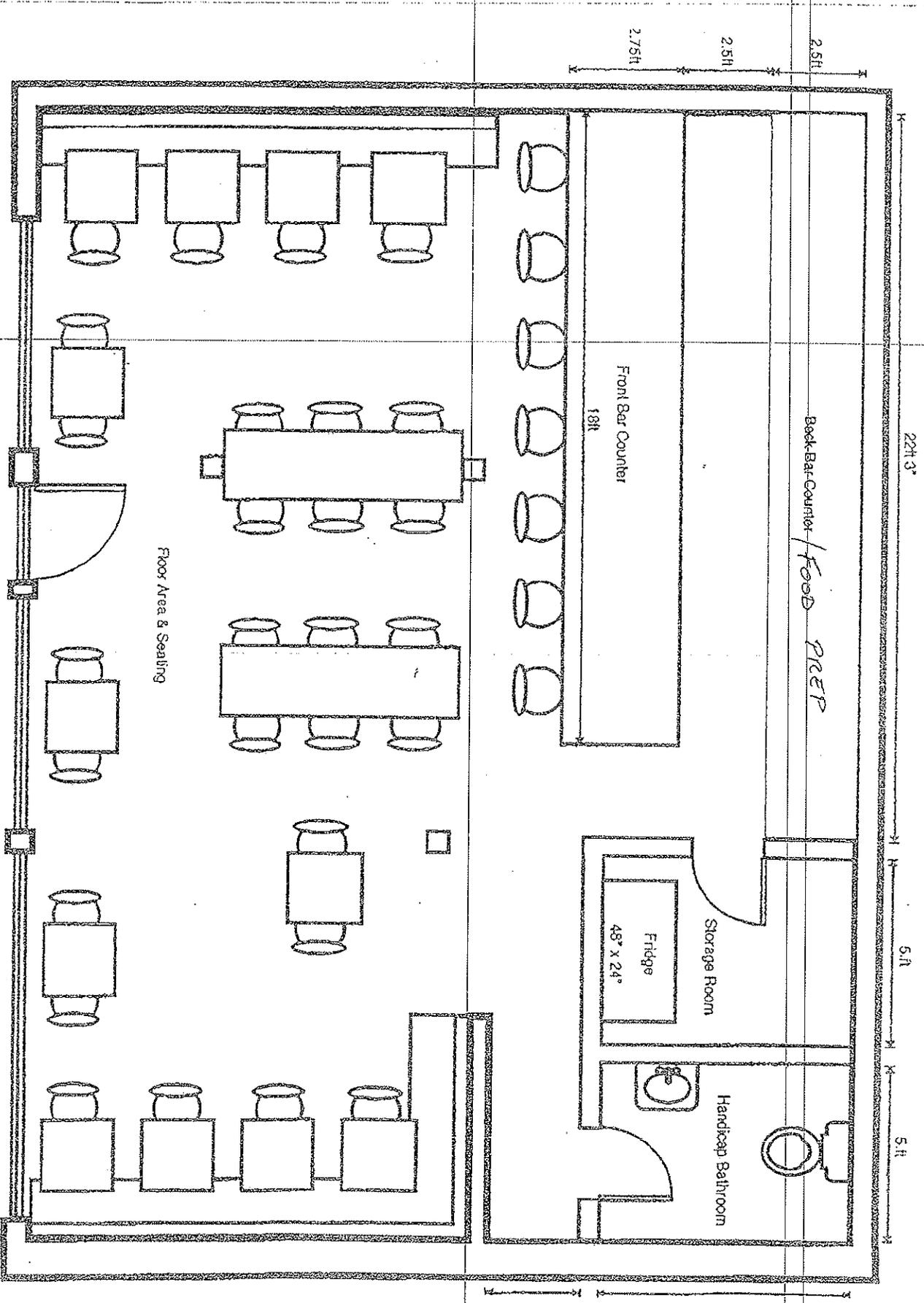
Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)	
Xai Xai Wine Bar LLC		Xai Xai	
STREET ADDRESS		CROSS STREETS	
369 W 51 st Street		8 th & 9 th Avenues	
OWNER	NAME	ATTORNEY	NAME
	PHONE		PHONE
	FAX		FAX
Tony Hira (917) 887-0403		Frank Palitto 212-227-1640	
MANAGER	NAME	LANDLORD	NAME
	PHONE		PHONE
	FAX		FAX
Same as above		Sosu Company LLC (914) 666-7700 X125	
DESCRIPTION OF BUSINESS			
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 (Fraternit. Organization - Members Only) <input type="radio"/> Other (Explain): Bar/Arcade		
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): Bar/Arcade		
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)	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?	Xai Xai Wine Bar
		What is/was the address of the establishment?	369 W. 51st Street
		What were the dates the applicant was involved with this former premise?	2007 - Present
	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.	
	Alteration	What is the current license #?	1249136
		What is the expiration date on the current license?	12/31/2016
Please describe the nature of the alterations and attach the plans			

OPERATIONAL ISSUES										
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation:	12-1	12-1	12-1	12-1	12-1	12-1	12-1	12-1	
	Music:	12-1	12-1	12-1	12-1	12-1	12-1	12-1	12-1	
	Kitchen:	12-12	12-12	12-12	12-12	12-12	12-12	12-12	12-12	
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 Sevens Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables	
	88	50	14	40	-0-	1	7	14	7	
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"/>	9f-50; Bsmf-0		
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Will applicant have bottle service?					<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Will you be hosting private parties and promotional events?					<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	occasional		
Will outside promoters be used?					<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Will the security plan submitted be implemented?					<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Will State certified security personnel be used?					<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
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)					<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	7 tables 14 seats		
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Will applicant provide contact information to neighbors and respond to complaints that arise?					<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?					<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
If you plan to have music, what type(s)?					<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>			
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"/>	<input type="radio"/>	<input type="radio"/>			
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"/>	<input type="radio"/>	<input type="radio"/>			
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"/>	<input type="radio"/>	<input type="radio"/>			

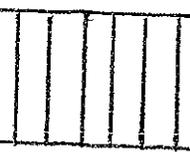
OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	<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:	Retail		Overlay (If Applicable):
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	<input 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 type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	<input 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 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	Community Board # 4	
	# 2		
	# 3		



Xai Xai Winebar Floor Plan & Seating
 369 W51 St. New York, NY 10019

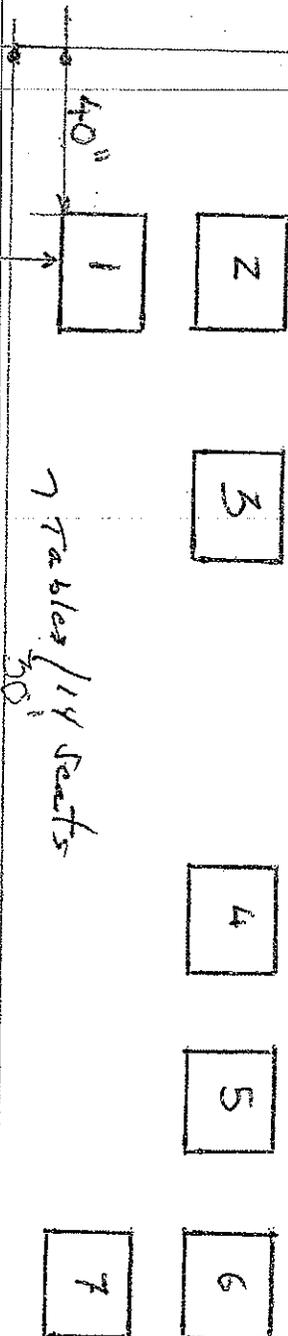
ARIBA
ARIBA



XAL XAL

XAL XAL
5th STREET
OUTDOOR CAFE
WYNY 10019

SOUTH SIDEWALK NORD



WEST

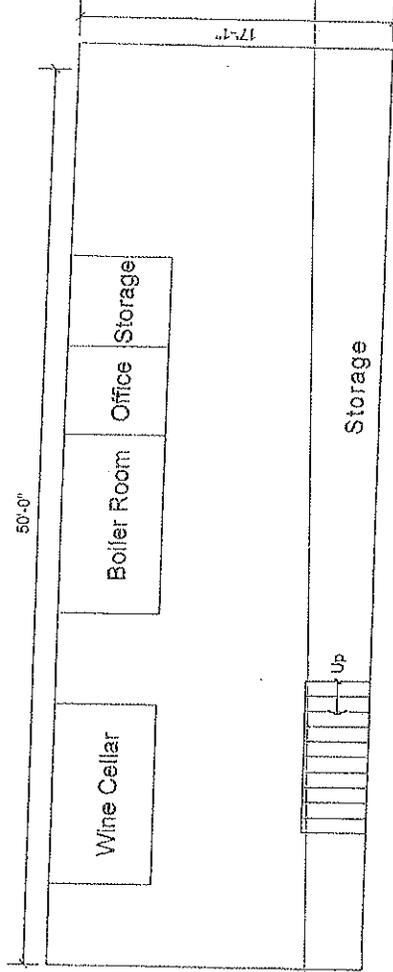
5th STREET

EAST

VINAL

BRICOLA

B-SIDE



INTERIOR DIAGRAM - BASEMENT

New York, NY

SCALE: 1" 0" = 1/8"

Manhattan Community Board 4
(All Fields Must Be Completed)

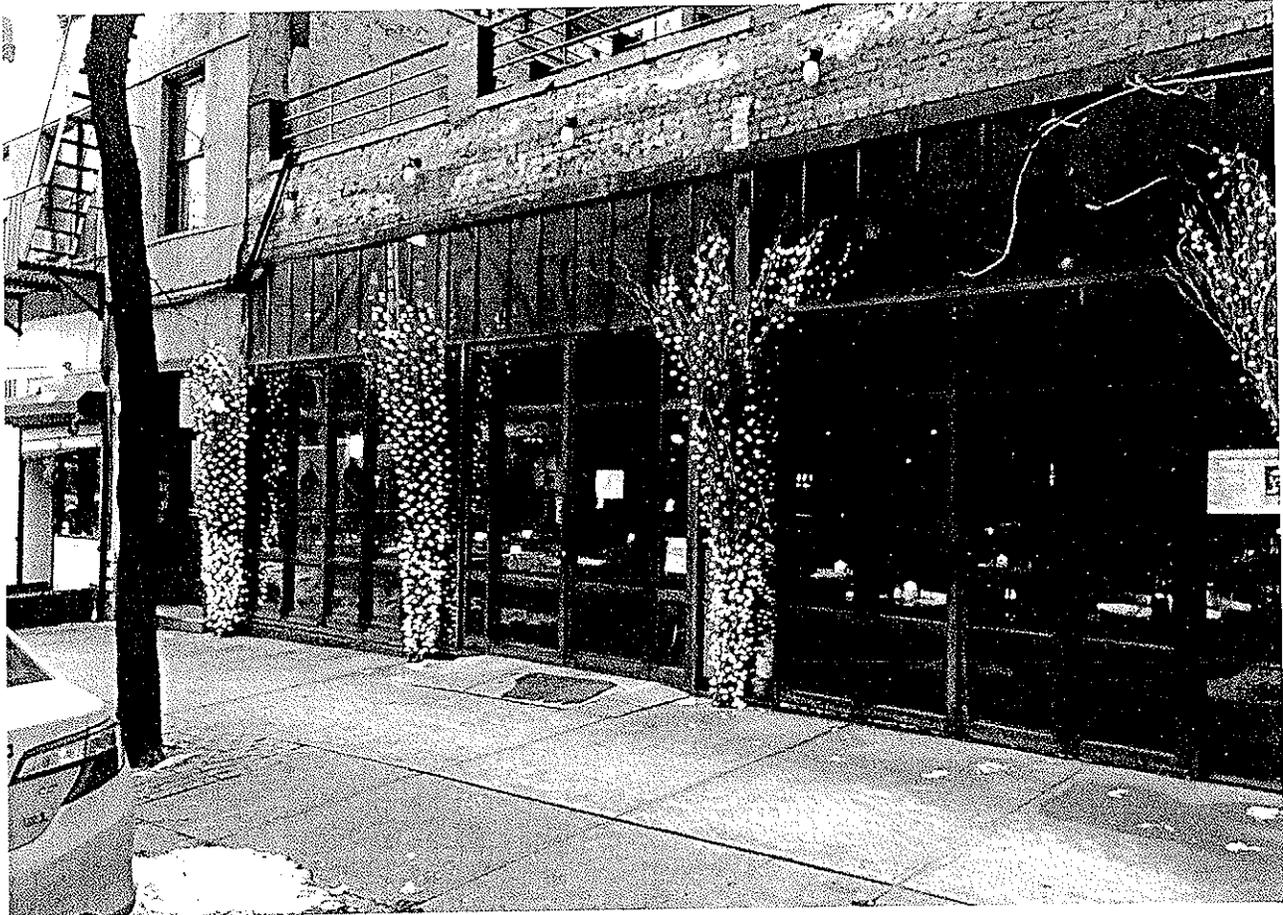
Liquor License Stipulations Application

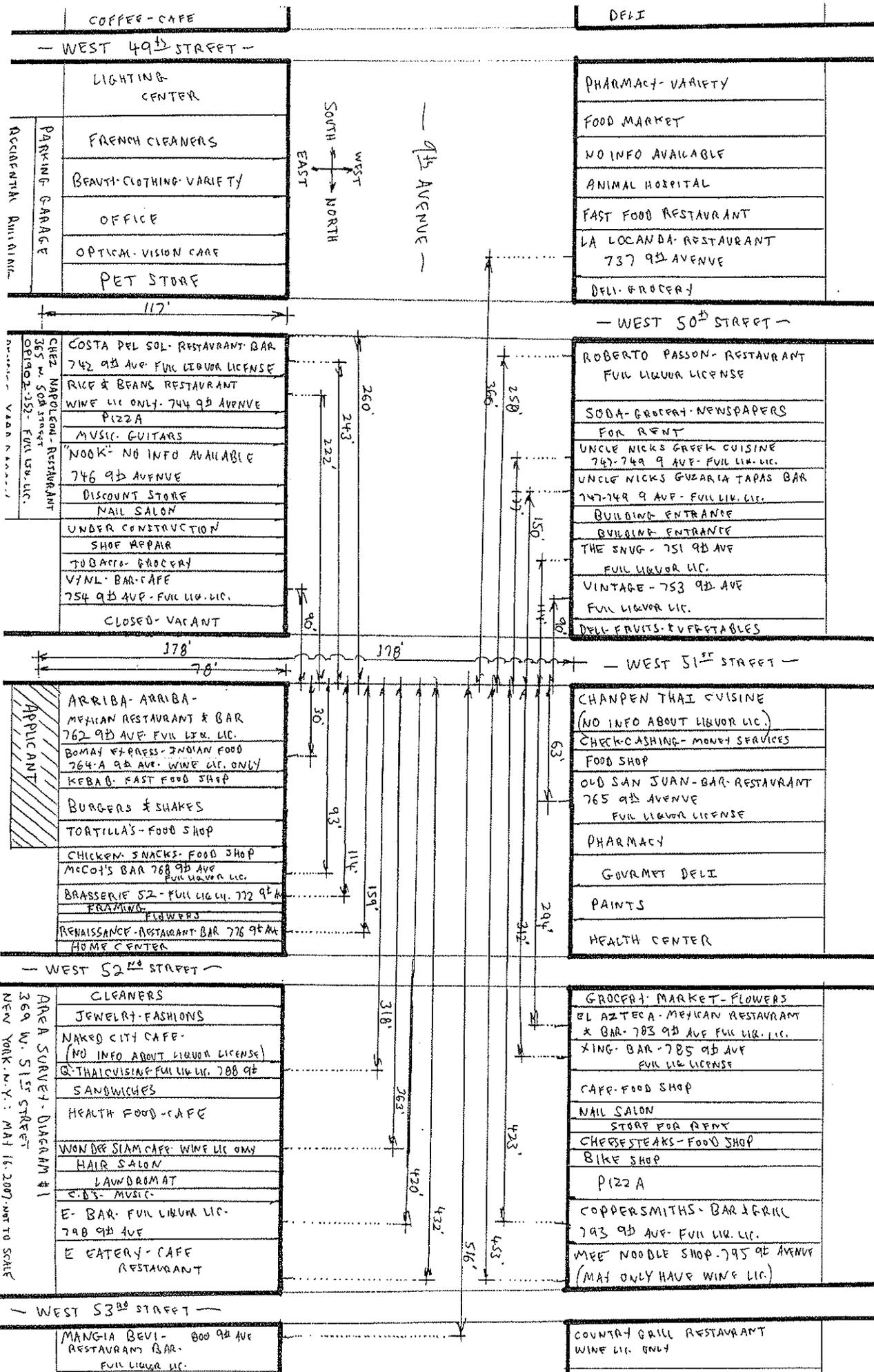
APPLICANT		DOING BUSINESS AS (DBA)		
7 Washington Lane Corp				
STREET ADDRESS		CROSS STREETS		
369 W 51 st Street		8 th & 9 th Avenues		
OWNER	NAME:	Roberto Passon	ATTORNEY	
	PHONE:	646-201-8640	NAME:	
	FAX:		Frank Palillo	
MANAGER	NAME:	Same as above	PHONE:	
	PHONE:		212-227-1640	
	FAX:			
LANDLORD	NAME:	Sosu Company LLC	PHONE:	
	PHONE:		(914) 666-7700 X125	
	FAX:			
DESCRIPTION OF BUSINESS				
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): Bar/Arcade			
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): Bar/Arcade			
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?	See attached	
		What is/was the address of the establishment?		
		What were the dates the applicant was involved with this former premise?		
	<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	12-1	12-1	12-1	12-1	12-1	12-1	12-1	12-1	
	Music	12-1	12-1	12-1	12-1	12-1	12-1	12-1	12-1	
	Kitchen	12-12	12-12	12-12	12-12	12-12	12-12	12-12	12-12	
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	
	88	50	14	40	0	1	7	14	7	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	3-4	5+	gf-50; Bsmt-0		
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	occasional		
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	7 Tables 14 Seats		
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			

OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	<input checked="" type="radio"/> YES	<input 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.	<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 sealed 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:	Retail		Overlay (If Applicable):
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	<input 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 type="radio"/> YES	<input checked="" 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
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	Community Board # 4	
	# 2		
	# 3		





COFFEE-CAFE

DELI

WEST 49th STREET

LIGHTING CENTER

FRENCH CLEANERS

BEAUTY-CLOTHING-VARIETY

OFFICE

OPTICAL-VISION CARE

PET STORE

PHARMACY-VARIETY

FOOD MARKET

NO INFO AVAILABLE

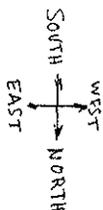
ANIMAL HOSPITAL

FAST FOOD RESTAURANT

LA LOCANDA-RESTAURANT

737 9th AVENUE

DELI-FROGGERY



9th AVENUE

117'

WEST 50th STREET

ROBERTO PASSON-RESTAURANT
FULL LIQUOR LICENSE

SODA-GROCERY-NEWSPAPERS

FOR RENT

UNCLE NICKS GREEK CUISINE

747-749 9th AVE-FULL LIQ. LIC.

UNCLE NICKS GUERRIA TAPAS BAR

747-749 9th AVE-FULL LIQ. LIC.

BUILDING ENTRANCE

BUILDING ENTRANCE

THE SNUG-751 9th AVE

FULL LIQUOR LIC.

VINTAGE-753 9th AVE

FULL LIQUOR LIC.

DELI-FRUIT-SUPPLIES

COSTA DEL SOL-RESTAURANT BAR

742 9th AVE-FULL LIQUOR LICENSE

RICE & BEANS RESTAURANT

WINE LIC ONLY-744 9th AVENUE

PIZZA

MUSIC-GUITARS

"NOOK"-NO INFO AVAILABLE

746 9th AVENUE

DISCOUNT STORE

MAIL SALON

UNDER CONSTRUCTION

SHOE REPAIR

JOBACRO-FROGGERY

VINYL BAR-CAFE

754 9th AVE-FULL LIQ. LIC.

CLOSED-VACANT

765 W. 50th STREET

OFFICE-352-FULL LIQ. LIC.

VADE

ARRIBA-ARRIBA-

MEXICAN RESTAURANT & BAR

762 9th AVE-FULL LIQ. LIC.

BOMAY & PAPPAS-INDIAN FOOD

764-A 9th AVE-WINE LIC. ONLY

KEBAB-FAST FOOD SHOP

BURGERS & SHAKES

TORTILLAS-FOOD SHOP

CHICKEN SNACKS-FOOD SHOP

MCCOY'S BAR 768 9th AVE

FULL LIQUOR LIC.

BRASSERIE 52-FULL LIQ. LIC. 772 9th AVE

FRAMING

RENAISSANCE RESTAURANT BAR 776 9th AVE

HOME CENTER

WEST 51st STREET

CHAMPEN THAI CUISINE

(NO INFO ABOUT LIQUOR LIC.)

CHECK-CASHING-MONEY SERVICES

FOOD SHOP

OLD SAN JUAN-BAR-RESTAURANT

765 9th AVENUE

FULL LIQUOR LICENSE

PHARMACY

GOV. DELI

PAINTS

HEALTH CENTER

CLEANERS

JEWELRY-FASHIONS

NAKED CITY CAFE-

(NO INFO ABOUT LIQUOR LICENSE)

Q-THAI CUISINE-FULL LIQ. LIC. 788 9th AVE

SANDWICHES

HEALTH FOOD-CAFE

WONDER SLAM CAFE-WINE LIC ONLY

HAIR SALON

LAUNDROMAT

C.D.S. MUSIC

E-BAR-FULL LIQUOR LIC.

798 9th AVE

E EATERY-CAFE RESTAURANT

369 W. 51st STREET

AREA SURVEY-DIAGRAM #1

NEW YORK, N.Y.: MAY 16, 2007, NOT TO SCALE

GROCERY MARKET-FLOWERS

EL AZTECA-MEXICAN RESTAURANT

& BAR-783 9th AVE-FULL LIQ. LIC.

XING-BAR-785 9th AVE

FULL LIQ. LICENSE

CAFE-FOOD SHOP

MAIL SALON

STORE FOR RENT

CHEESE STEAKS-FOOD SHOP

BIKE SHOP

PIZZA

COPPERSMITHS-BAR & GRILL

793 9th AVE-FULL LIQ. LIC.

MEE NOODLE SHOP-795 9th AVENUE

(MAY ONLY HAVE WINE LIC.)

WEST 53rd STREET

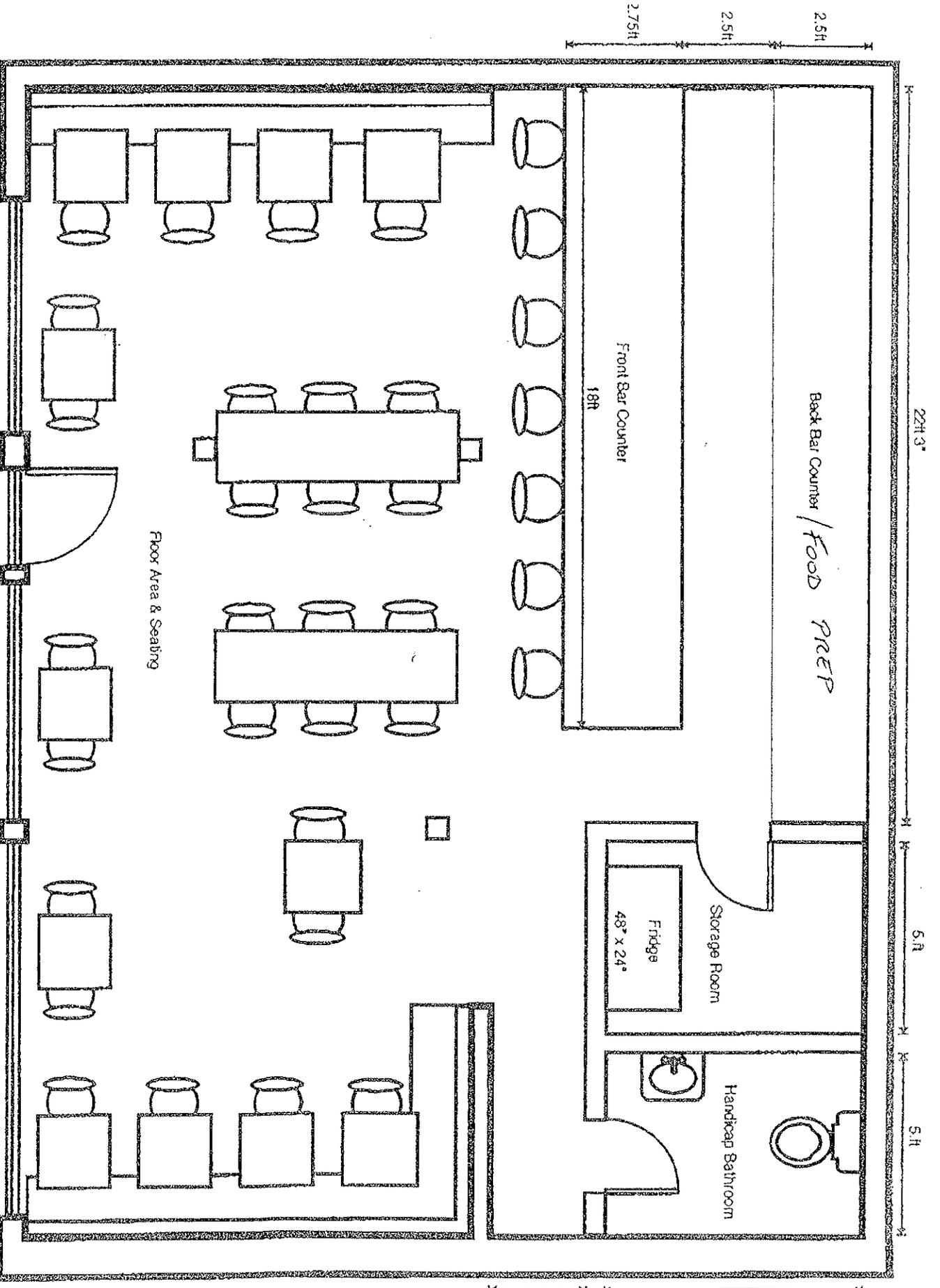
COUNTRY GRILL RESTAURANT

WINE LIC. ONLY

MANGIA BEVI-RESTAURANT BAR

800 9th AVE

FULL LIQUOR LIC.



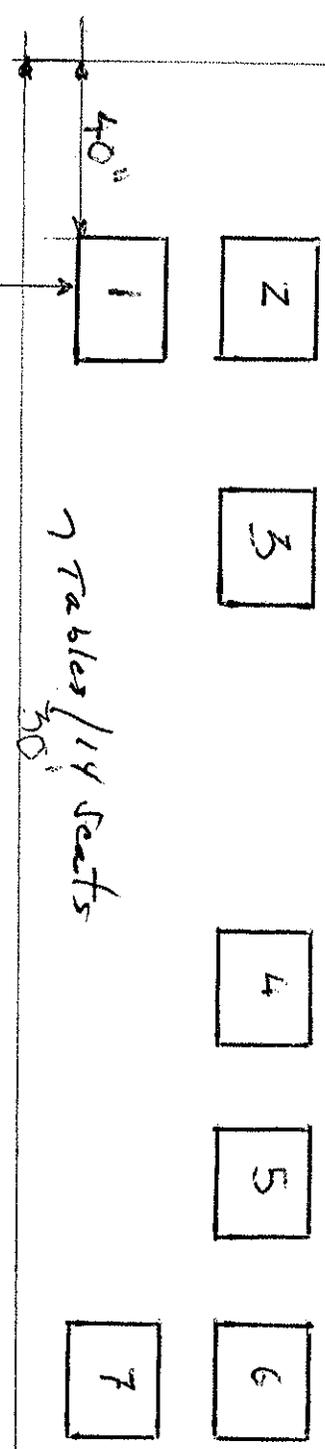
Xai Xai Winebar Floor Plan & Seating
 369 W51 St. New York, NY 10019

ARIBA
ARIBA

XAI XAI

XAI XAI
5th STREET
OUTDOOR CAFE
WYNY 10019

SOUTH SIDEWALK NORTH



WEST

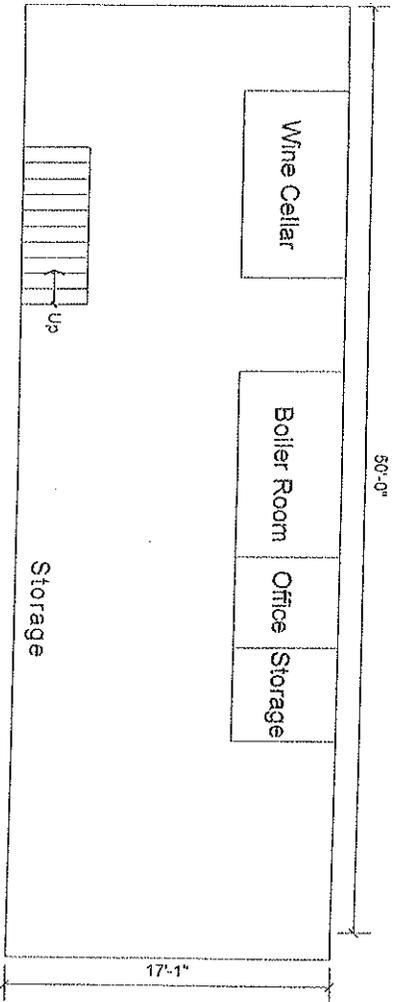
5th STREET

EAST

VINAL

BRICCIOLA

B-SIDE



INTERIOR DIAGRAM - BASEMENT

New York, NY

SCALE: 1' 0" = 1/8"

228 Bleecker LLC
117 Perry Street
New York, New York
2010 – Present
1239342

Briciola LLC
370 West 51st Street
New York, New York
2013 – Present
1261168

229 Bleecker LLC
222 West Broadway
New York, New York
2012 – Present
1267090

230 Blecker Corp
21 Bedford Street
New York, New York
2014 – Present
1276099

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT <i>FFJ Entertainment LLC</i>		DOING BUSINESS AS (DBA) <i>ADAM Lounge</i>		
STREET ADDRESS <i>640-642 10th Ave</i>		CROSS STREETS <i>45th / 46th</i>		
OWNER	NAME: <i>Frank Diluzio</i>	ATTORNEY	NAME:	
	PHONE: <i>917-687-9960</i>		PHONE:	
	FAX:		FAX:	
MANAGER	NAME: <i>Facundo Rodriguez</i>	LANDLORD	NAME:	
	PHONE: <i>917-287-3230</i>		PHONE:	
	FAX:		FAX:	
DESCRIPTION OF BUSINESS				
Establishment Type:	<input checked="" type="checkbox"/> Bar/Tavern <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Eating Place Beer <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Restaurant <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Club (Fraternal Organization – Members Only) <input type="checkbox"/> Other (Explain): Bar/Arcade			
Method of Operation:	<input type="checkbox"/> Restaurant <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Pizzeria <input type="checkbox"/> Cafe <input checked="" type="checkbox"/> Other (Explain): Bar/Arcade <i>Bar / Lounge</i>			
License Type:	<input checked="" type="checkbox"/> On-Premise <input type="checkbox"/> Wine <input type="checkbox"/> Beer <input type="checkbox"/> Wine & Beer			
APPLICATION TYPE <i>(check one)</i>	<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?	<i>Adam Lounge</i>	
		What is/was the address of the establishment?	<i>225 W. 49th St, NY</i>	
		What were the dates the applicant was involved with this former premise?	<i>May 2006 - May 2013</i>	
	<input type="checkbox"/> 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="checkbox"/> YES	<input type="checkbox"/> NO
		<i>If alterations or operational changes are being made, please attach the plans to this form.</i>		
		What is the current license #?		
	<input type="checkbox"/> Alteration	What is the expiration date on the current license?		
<i>Please describe the nature of the alterations and attach the plans</i>				

OPERATIONAL ISSUES

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SALESDAY	SUNDAY
	Operation	4-4	4-4	4-4	4-4	4-4	4-4	4-4
Main	"	"	"	"	"	"	"	
Kitchen	4-10	4-10	4-10	4-10	4-10	4-10	4-10	

CAPACITY	INDOOR				BAR			OUTSIDE	
	Capacity of Certificate of Occupancy	Maximum # of Persons (Including Temporary Employment)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Standard Bars	Number of Seats at Bars	Number of Seats	Number of Tables
N/A	75	10	20	1	2	30	N/A	N/A	

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	5-4	4-
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 Cafe 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 DOA? 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 opening and/or provide a hyperlink to your job webpage?	YES	NO	N/A
If you plan to have music, what type of?	BLUES/JAZZ/NO	EDM/WH/NO	NO

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 business, 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

NO storm enclosure to be used

OUTDOOR ITEMS

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	<input checked="" 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 sealed food service	YES	<input checked="" 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	YES	<input checked="" 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, acoustic tiles, etc.)	YES	<input type="radio"/> 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 clients 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	<input type="radio"/> 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	<input type="radio"/> NO	<input checked="" type="radio"/> N/A

LOCATION & ZONING

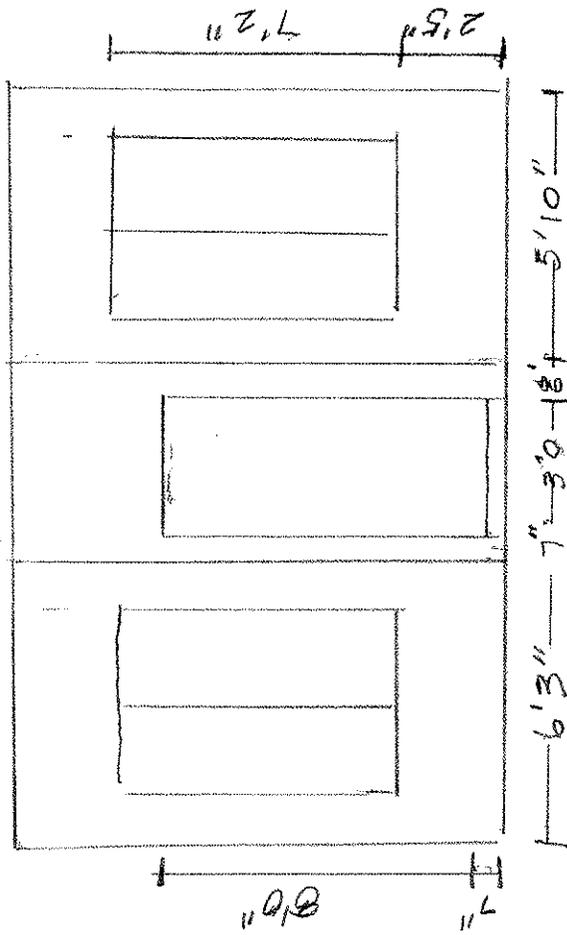
Primary Zoning District	<u>CBT/CLINTON</u>	Section (if Applicable)	
Is this a Special District? If yes, is it Clinton West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A <u>Clinton</u>
Does the building have a Certificate of Occupancy (CO or C) or a letter of no objection?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A <u>Letter of No Objection</u>
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	<input 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 type="radio"/> NO	<input checked="" type="radio"/> N/A

Building Type: Residential Commercial Mixed Use Other describe

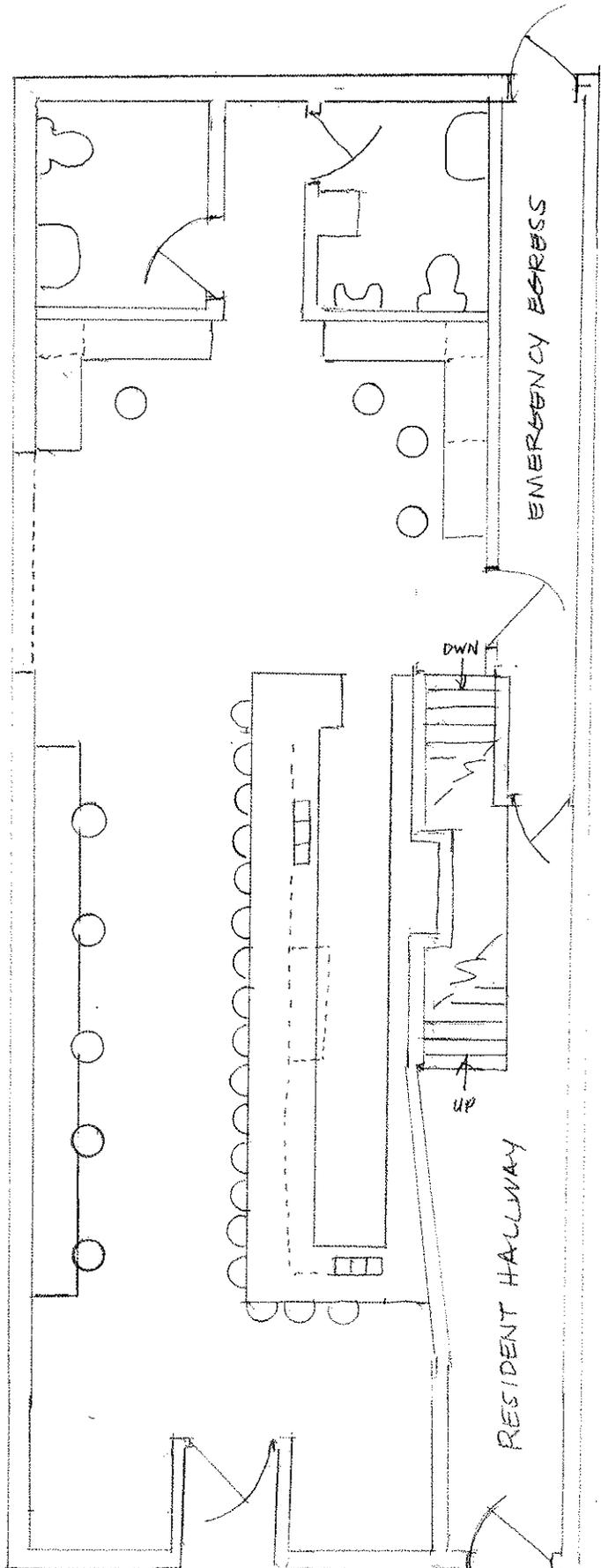
Adjacent Buildings: Residential Commercial Mixed Use Other describe

NOTIFICATION: What organizations, community groups have you notified regarding your application?	#1	<u>W. 46th Street Block Assoc</u>
	#2	<u>W. 45th Street Block Assoc</u>
	#3	<u>W. 45th Street Block Assoc (Chon 9/11th)</u>

FRONT ELEVATION
640 10th Avenue
New York, NY
MARCH 1, 2015

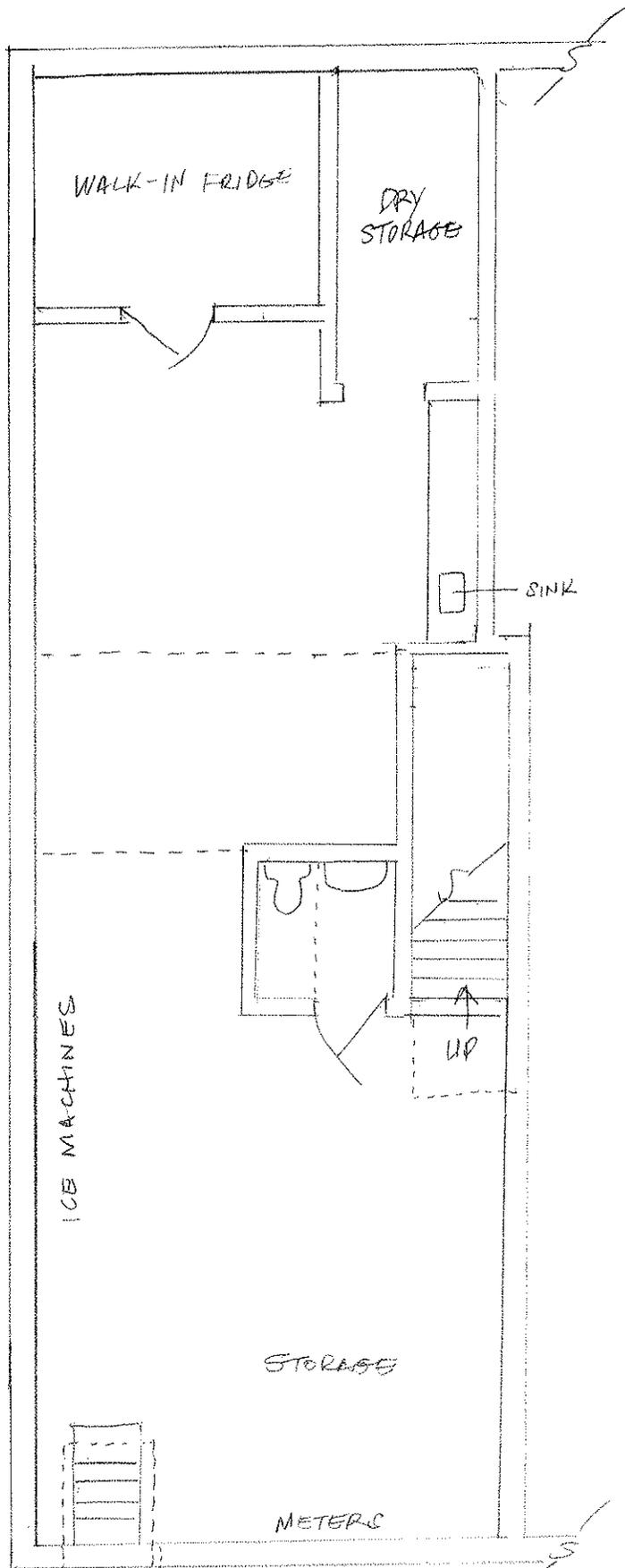


SCALE 1/4" = 1'0"



45 TOTAL
27 SEATS
18 BAR SEATS

640 10th AVENUE
FIRST FLOOR PLAN



640 10TH AVENUE
CELLAR PLAN
SCALE 1/4" = 1'0"

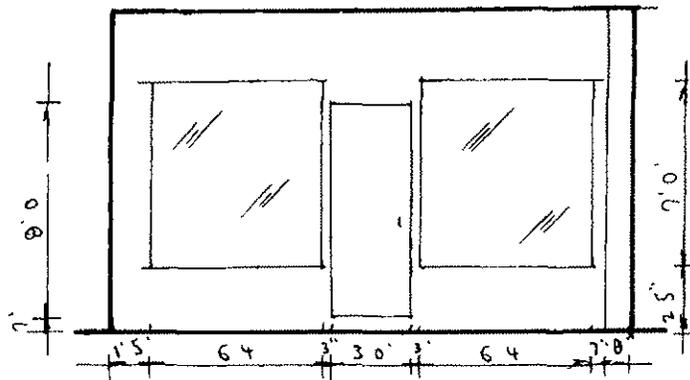
FRONT ELEVATION

642 10th AVENUE

NEW YORK, N Y

APRIL 2, 2009

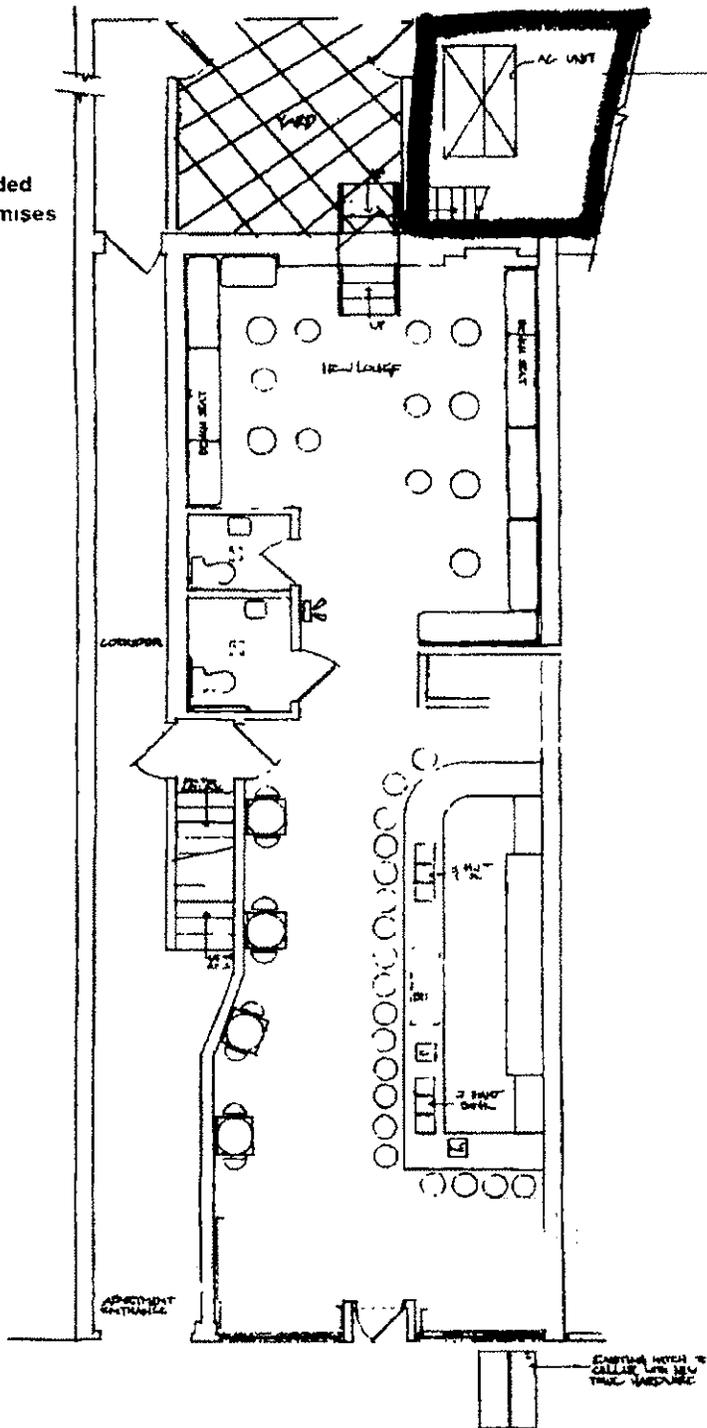
SCALE 1/4" = 1 0'



SERIAL #1224178
AMENDED APPLICATION
5/14/2009

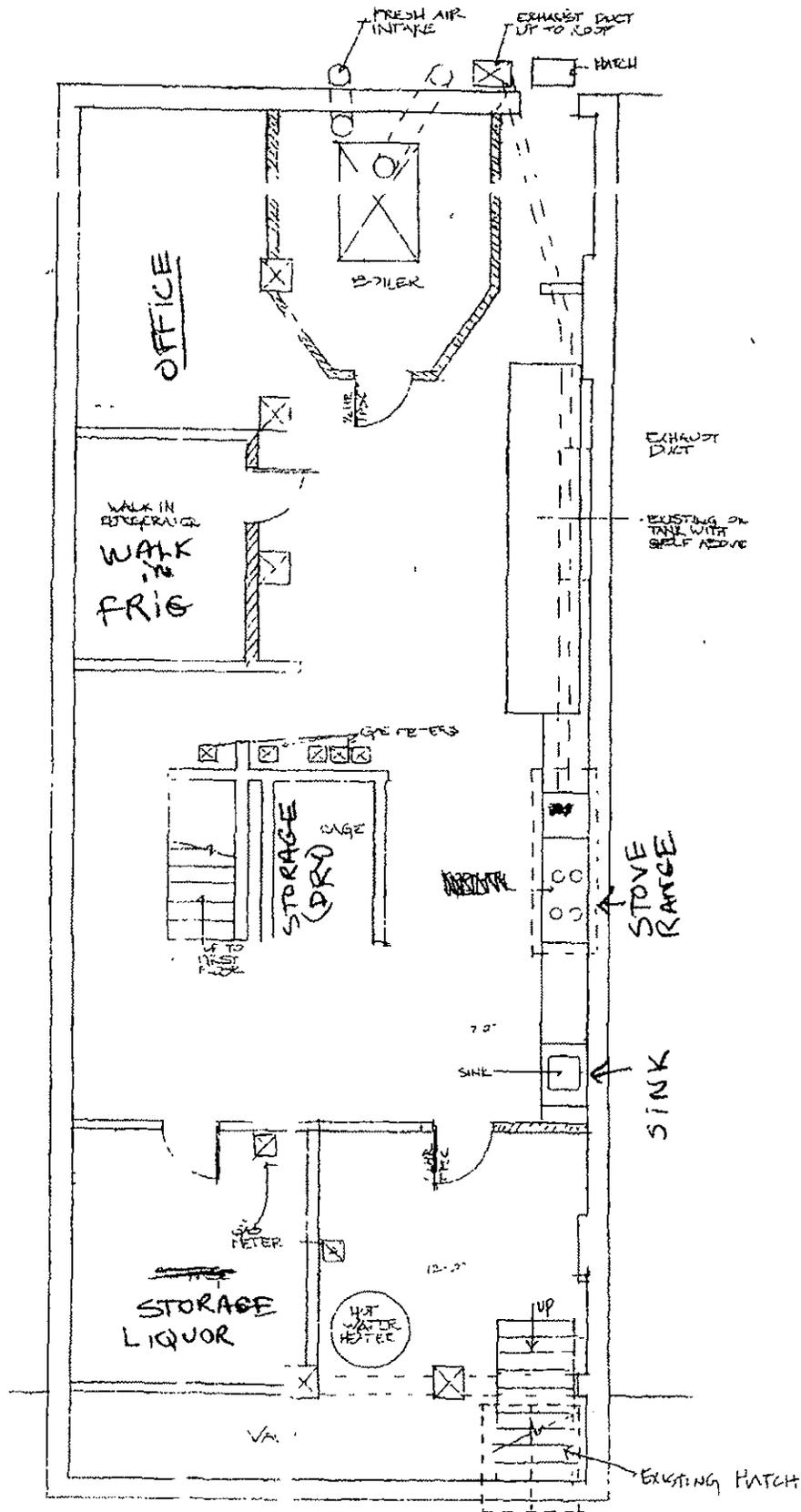
 Not to be included
in licensed premises

this area is not part of
the applicant's premise



10TH AVENUE
FIRST FLOOR PLAN

50 TOTAL
32 SEAT
18 BAR SEAT



10TH AVENUE
 CELLAR PLAN

JANSON + TSAI
DESIGN ASSOCIATES
ARCHITECTURE • ACOUSTIC DESIGN

Mr. Chai Chen Senior Designer
DFA
866 Avenue of the Americas 11th Floor
New York, NY 10001

Re: Acoustic Consulting 640-642 Tenth Avenue, Ground Floor Bar/Lounge

Dear Mr. Chen:

Thank you for the opportunity to submit our review for acoustic services for your project at 640-642 Tenth Avenue. This is a very interesting project from an acoustic design perspective and we look forward to the opportunity of working with you and DFA on it. Having provided acoustic design as well as design services for entertainment venues, recording studios, sound stages, post-production and performance spaces for the past 36 years, we are confident that we can help you with your project.

Our inspection of the space resolves that there has been a recent installation of sound proofing to the ceiling of both 640-642 Tenth Avenue. This seems to be adequate for the capacity of the music to be played at ADAM LOUNGE. However continued investigation determined that there are two main concerns with the design for the space. One is the actual sound transmission through the rear walls of 642 Tenth Avenue into the rear yard that is generated from within the space and the other is how sound escapes through the front of the façade when doors are open to the street.

Our suggestion is to remove the rear door of 642 Tenth Avenue that exists by the DJ booth. There is an alternate access door in the common hallway that leads to this area for servicing of the HVAC units that reside in the area. By removing this door, the opening can be sealed and sound insulation added across the rear of the space to prevent sound transfer and amplification through the HVAC.

The current single door façade makes it almost impossible to adhere to New York City specific noise codes. If the code is not met, it can lead to complicated issues for the tenants and adjacent spaces. As the door is opened for patrons to enter and exit, the sound escapes into the street. We suggest a reconfiguration of the entire façade, with a double door vestibule to act as a buffer for the interior sound. Double panel "shatter proof" glass will be used for windows and doors to assist in the containment of the sound within the space. The space within the vestibule will also act as a buffer for the sound.

Once you have completed the architectural drawings based on these suggestions, we will be able to provide an estimate for time and materials as well as the cost for us to oversee this part of the construction.

I hope that this meets with your approval and should you have any questions or comments, please do not hesitate to give me a call. I can be reached most times on my cell phone at 917 952 1115.

Sincerely,

Dennis C. Janson Principal

ADAM NYC Security Plan: 640-642 Tenth Avenue

Goals:

- To create a safe and secure environment within ADAM for all patrons
- To provide a level of control and safety for all arriving and departing guests of ADAM.
- To mitigate any noise or inappropriate conduct directed at the immediate neighbors by patrons upon entry or departure from ADAM.
- To diffuse all situations as they occur.
- The ADAM Security Staff will provide a strong presence by blending integrity and professionalism with advanced techniques of security, protection and detection. Current practices of the industry will be augmented with law enforcement strategies and tactics.

Policy:

- All ADAM Security Staff will be licensed and certified as per requirement.
- A policy of zero tolerance will be enacted against excessive noise, violence and narcotics and other contraband.
- Proactive measures will be in place to identify problems before they occur.
- A policy of full disclosure/full cooperation will be in effect with law enforcement personnel and other city officials.
- Additionally, full cooperation and coordination with neighboring businesses and block association will act as a force multiplier of security for the community, businesses, patrons and employees.

Structure:

Hours of Operation: 4pm to 4am, Monday through Sunday.

Security present from 8pm – closing all evenings. Bar Staff will be responsible for carding “age” requirements when serving before these hours.:

Sunday through Wednesday nights between the hours of 8pm- 4am ADAM will have a team of 2 security members working, one at the front door(s) and one securing the interior. One guard will stay on for a minimum of 30 minutes past venue close to mitigate noise and loitering.

Thursday through Saturday nights between the hours of 8pm- 4am ADAM will have a team of 4 security members working, two at the front door(s) and one in each lounge area. Two guards will stay on for a minimum of 30 minutes past venue close to mitigate noise and loitering.

Responsibilities:

Each staff member will be trained to set up and control flow to prevent loitering and noise at the front entrance. All Security shall maintain order within ADAM and its immediate surroundings and prevent any activity, which would interfere with the quiet enjoyment of their property by nearby residents. All staff will be knowledgeable to all security positions and the requirements each different position entails.

IT IS THE DUTY OF EVERY MEMBER OF THE ADAM TEAM TO PROTECT THE ESTABLISHMENT, ITS PATRONS, AND EMPLOYEES FROM ANY AND ALL PERCEIVED AND REAL THREATENING SITUATIONS.

Head of Security

Will act as a Roving Security Position - supervises general security.

- Responsible for all security and safety
- Roves entire venue during scheduled hours to ensure patron flow, keep fire exits and pathways clear.
- Liaison to state and city officials. Liaison between venue owners, and staff on all security requirements and issues
- Coordinates space configuration on a nightly basis
- Ensures proper requirement compliance of all security staff
- Maintains the contact information list of all security personnel working each and every shift. Provides law enforcement officials with this list upon their request and with proper government.
- Provides security walk out for departing employees-end of shift
- Maintains CPR certification

Door Security

Controls front door at all times, monitors the entry of all patrons.

- Controls access to the venue
- Checks for proper identification
- Enforces zero tolerance policy towards narcotics and contraband
- Counts all persons entering the club
- Controls Exit Count on Clicker-Fire Assemblage
- Maintains CPR certification
- Monitors noise and loitering

Stationary and Roving Security

Security for Bar / Lounge / Restrooms

- Monitors Front Bar / Lounge for Occupancy
- Maintains security for bar and lounge areas
- Maintains security presence in restroom and passage corridor
- Monitors patron traffic flow
- Maintains CPR certification

Communication:

Each security staff member will carry a hand held radio with ear piece for communication on Thursday – Saturday evenings.

Surveillance Cameras:

In addition to Security Staff, surveillance cameras will be utilized as warranted. Management and Security Head of ADAM will regularly monitor cameras.

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT 365 Seki Inc.		DOING BUSINESS AS (DBA) Seki		
STREET ADDRESS 365 367 W 46th Street		CROSS STREETS 8 Avenue & 9 Avenue		
OWNER	NAME: Zhong Zhen Shi	ATTORNEY	NAME:	
	PHONE: 917-583-8852		PHONE:	
	FAX:		FAX:	
MANAGER	NAME:	LANDLORD	NAME: Lucky 11 Group LLC	
	PHONE:		PHONE: 347-889-0969	
	FAX:		FAX:	
DESCRIPTION OF BUSINESS				
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 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?	Seki Inc.	
		What is/was the address of the establishment?	365 367 W 46th Street	
		What were the dates the applicant was involved with this former premise?	06/2013	
	<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	11:30AM-2AM						
Music	11:30AM-2AM	11:30AM-2AM	11:30AM-2AM	11AM-11PM	11:30AM-2AM	11:30AM-2AM	11:30AM-2AM
Kitchen	11:30AM-2AM	11:30AM-2AM	11:30AM-2AM	11AM-11PM	11:30AM-2AM	11:30AM-2AM	11:30AM-2AM

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
	CO	240	28	108	1	2	36	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	<input type="radio"/> 3-4	<input type="radio"/> 5+	120
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?	<input checked="" type="radio"/> YES	NO	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	

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.).	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:	R8	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
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	N/A
Are your plans filed with DOB?	YES	<input checked="" type="radio"/> NO	N/A

Building Type Residential Commercial Mixed Use Other, describe: _____

Adjacent Buildings Residential Commercial Mixed Use Other, describe: _____

NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	West 46th Street Block Association
	# 2	West 47th/48th Street Block Association
	# 3	

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT		DOING BUSINESS AS (DBA)															
IMDN Holdings LLC & EDJD Properties Inc. As Manager		Holiday Inn															
STREET ADDRESS		CROSS STREETS															
585 8th Avenue, New York, NY 10018		West 38th and West 39th															
OWNER	NAME:	Sam Chang, Samir Gandhi, Manish Patni & Madhusudan Patni	ATTORNEY	NAME:	Stacy L. Weiss, Esq.												
	PHONE:	Samir Gandhi, (732) 548-7512		PHONE:	(212) 521-0828												
	FAX:	N/A		FAX:	(212) 521-0826												
MANAGER	NAME:	Joseph Donagher & Eamon Donnelly	LANDLORD	NAME:	IMDN Holdings LLC												
	PHONE:	(917) 417-1242		PHONE:	(732) 548-7512												
	FAX:	N/A		FAX:	N/A												
DESCRIPTION OF BUSINESS																	
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 checked="" 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): Bar/Arcade															
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 checked="" type="radio"/> Other (Explain): Hotel															
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		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Has applicant owned or managed a similar business?</td> <td style="width: 20%; text-align: center;"><input checked="" type="radio"/> YES</td> <td style="width: 20%; text-align: center;"><input type="radio"/> NO</td> </tr> <tr> <td>What is/was the name of establishment?</td> <td colspan="2">See attached</td> </tr> <tr> <td>What is/was the address of the establishment?</td> <td colspan="2">See attached</td> </tr> <tr> <td>What were the dates the applicant was involved with this former premise?</td> <td colspan="2">See attached</td> </tr> </table>		Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	What is/was the name of establishment?	See attached		What is/was the address of the establishment?	See attached		What were the dates the applicant was involved with this former premise?	See attached	
Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES	<input type="radio"/> NO															
What is/was the name of establishment?	See attached																
What is/was the address of the establishment?	See attached																
What were the dates the applicant was involved with this former premise?	See attached																
<input type="radio"/> Transfer		What is the prior license #?		X													
		What is the expiration date on the prior license?															
		Are you making any alterations or operational changes?				YES	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 #?		X													
		What is the expiration date on the current license?															
		<i>Please describe the nature of the alterations and attach the plans</i>															

OPERATIONAL ISSUES										
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation	6am - 11pm	6am - 11pm	6am - 11pm	6am - 11pm	6am - 11pm	6am - 11pm	6am - 11pm	6am - 11pm	
	Music									
	Kitchen	6am - 11pm	6am - 11pm	6am - 11pm	6am - 11pm	6am - 11pm	6am - 11pm	6am - 11pm	6am - 11pm	
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	
	Pending	600	0	0	0	0	0	35	7	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	3-4	<input checked="" type="radio"/> 5+	35 floors		
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 type="radio"/> NO	N/A			
Will applicant have bottle service?					YES	<input type="radio"/> NO	N/A			
Will you be hosting private parties and promotional events?					YES	<input type="radio"/> NO	N/A			
Will outside promoters be used?					YES	<input type="radio"/> NO	N/A			
Will the security plan submitted be implemented?					<input checked="" type="radio"/> YES	NO	N/A	Hotel security		
Will State certified security personnel be used?					<input checked="" type="radio"/> YES	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 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 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 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)?			BACKGROUND	LIVE MUSIC	DJ	N/A				
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?	<input checked="" type="radio"/> YES	NO	N/A	Front plaza
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	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="radio"/> YES	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="radio"/> YES	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="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.	<input checked="" type="radio"/> YES	NO	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	NO	N/A	

LOCATION & ZONING				
Primary Zoning District:	M1-6C6-4M	Overlay (If Applicable):	N/A	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	NO	N/A	Garment Center
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	New Construction - C of O pending
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="radio"/> YES	NO	N/A	500 Foot rule, see attached
Is a Public Assembly permit required?	<input checked="" type="radio"/> YES	NO	N/A	
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	NO	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	Hell's Kitchen Neighborhood Association		
	# 2	West Side Neighborhood Alliance		
	# 3			

Sam Chang Licenses

Hotel	Issue Date	Expires	Number
Brisam Tulsa LLC Hilton Tulsa Southern Hills 7902 Lewis Avenue Tulsa, OK 74136 (Beer & Mixed Beverage License)	6/28/2007	6/30/2008	#110914/11
Brisam Tulsa LLC Hilton Tulsa Southern Hills 7902 Lewis Avenue Tulsa, OK 74136 (ABLE License)	3/28/2007	3/27/2008	#MXB 445139
Brisam Fresno LLC Holiday Inn Fresno	<i>(Application in-process...no license yet)</i>		
Risingsam Ditmars LLC Holiday Inn JFK JFK, New York	10/18/2007	9/30/2013	#1191538
Risingsam Hospitality LLC JKF Sheraton 132-26 South Conduit Ave Jamaica, NY 11434	8/19/2007	3/31/2014	#1189193
Brisam LAX LLC Holiday Inn LAX JFK, New York (Liquor License - Caterer License)	9/19/2007	8/31/2008	#58-32461401
Brisam LAX LLC Holiday Inn LAX JFK, New York (Liquor License – On Site)	9/19/2007	8/31/2008	#47-324614
Brisam Covina LLC Radison Suites Covina 1211 E. Garvey Street Covina, CA 91724	7/4/2007	11/03/2007	#450950 (Temporary)
Brisam Valencia LLC Valencia Greens 28510 McBeen Parkway Valencia, CA 91355	5/4/2007	4/30/2008	#47-451063
Brisam Anchorage LLC Howard Johnson 239 W 4 th Avenue Anchorage, AK 99501	12/15/2006	12/31/2007	#4682

Gala Manor Inc. 37-02 Main Street Flushing, NY 11354	11/04/2005	10/31/2009	#1168711
Sheesan Restaurant 26th LLC Prime Café 121-125 West 26 th Street New York, NY 10001	07/03/2008	6/30/2014	#1200829
Maiden Hotel LLC Hotel Reserve 20 Maiden Lane New York, NY 10038	01/16/2009	1/31/2013	#1219395
SC Delancey LLC Holiday Inn 148 Delancey Street New York, NY	05/07/2013	04/30/2015	#1268637
Brookville JFK Restaurant LLC 248-06 Rockaway Boulevard Rosedale, NY 11422	12/04/2013	11/30/2015	#1271532
SMG Hotel LLC & Amazon Restaurant & Bar Inc. 103 Washginton Street New York, NY 10006	10/08/2014	08/31/2016	# 1280346

Samir Gandhi Liquor Licenses

Hotel	Issue Date	Expires	Number
SC Delancey LLC 148 Delancey Street New York, NY	5/7/2013	4/30/2015	1268637
HI Delancey Restaurant LLC & Eatdrinkinnovate LLC 148-150 Delancey Street New York, NY	1/24/2014	12/31/15	1275363
HI 290 Restaurant LLC & Eat Drink Innovate 1 LLC	Pending (Conditionally Approved)		1282848

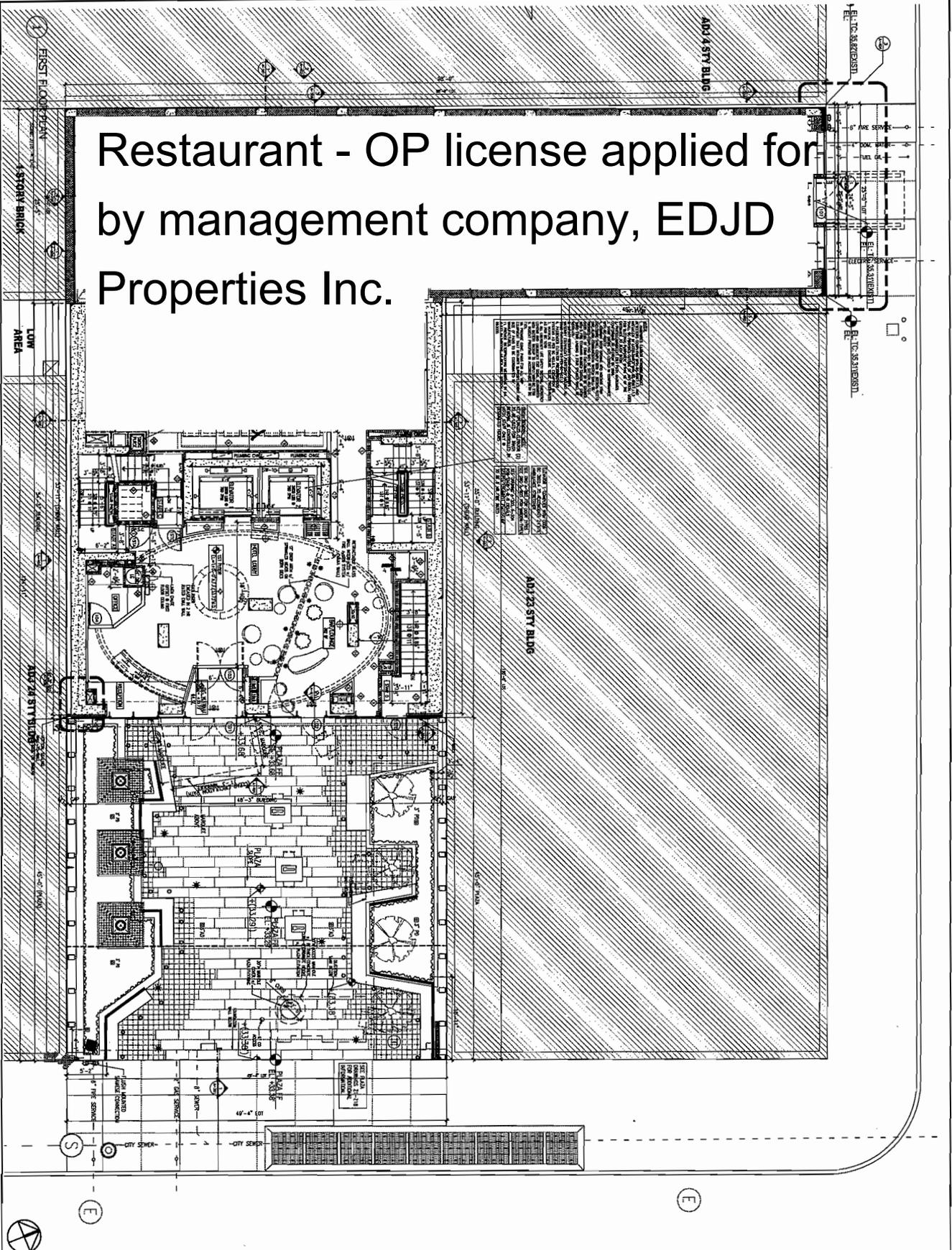
Madhusudan Patni Liquor Licenses

Hotel	Issue Date	Expires	Number
SC Delancey LLC 148 Delancey Street New York, NY	5/7/2013	4/30/2015	1268637

Manish Patni Liquor Licenses

Hotel	Issue Date	Expires	Number
SC Delancey LLC 148 Delancey Street New York, NY	5/7/2013	4/30/2015	1268637

Restaurant - OP license applied for by management company, EDJD Properties Inc.



THE DESIGN, CONSTRUCTION SHALL BE FOR THE USE OF THE CLIENT AND NOT BE A GUARANTEE TO THE ARCHITECT. DO NOT SCALE THE DRAWING FOR CONSTRUCTION PURPOSES UNLESS SPECIFIED BY THE ARCHITECT.

DATE: 08/11/2010
SCALE: 1/8" = 1'-0"
DRAWING NUMBER: A-201.03

Holiday Inn

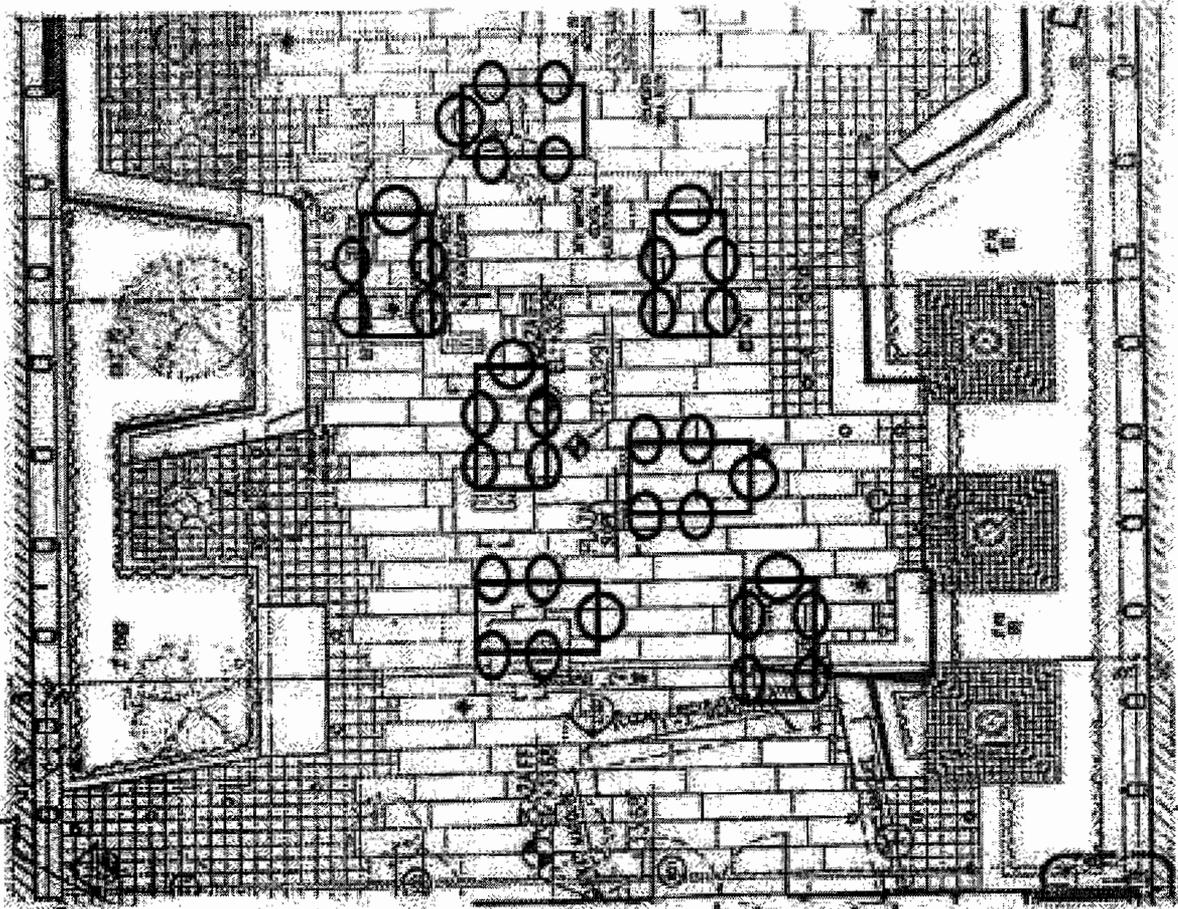
585 EIGHTH AVENUE
NEW YORK, NY

GOLDSTEIN ASSOCIATES PLLC
CONSULTING ENGINEERS

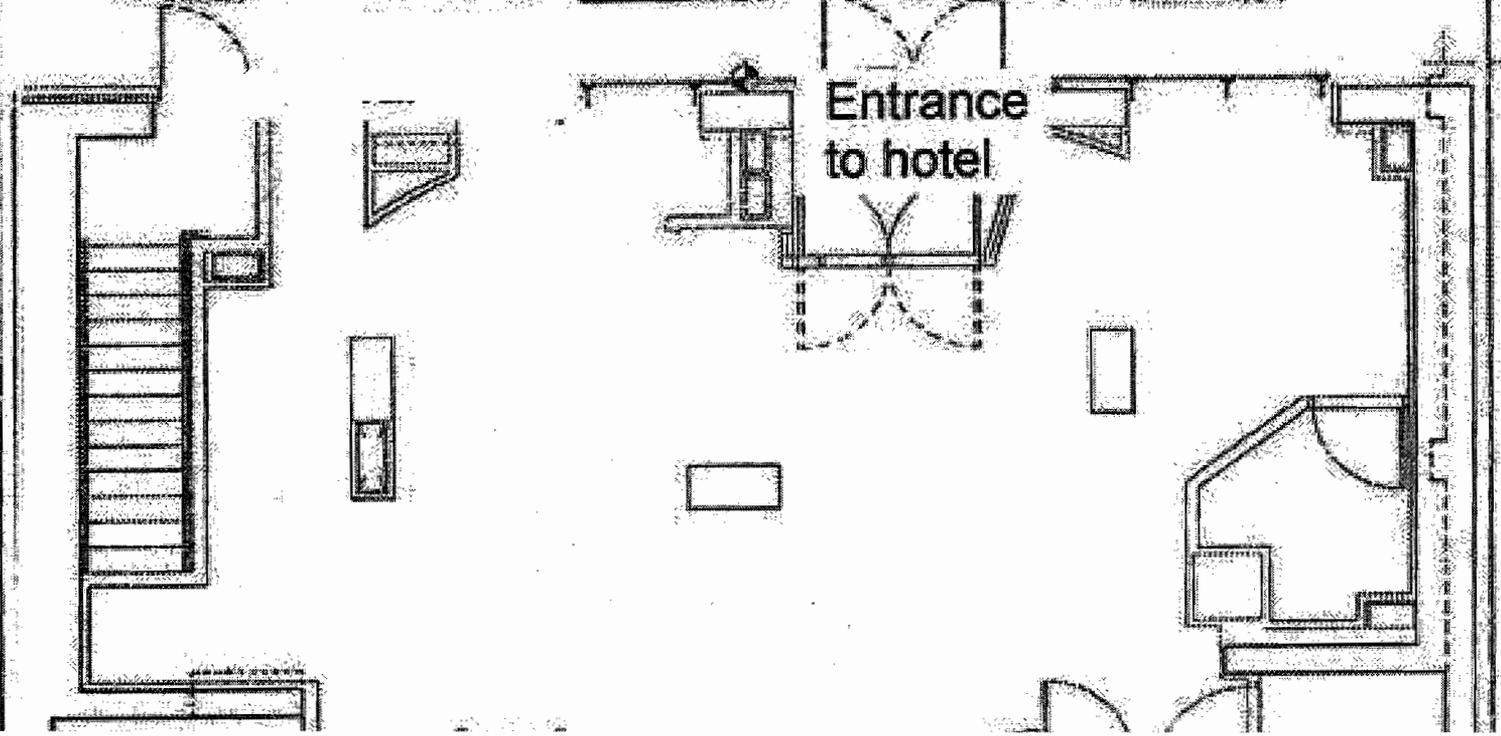
100 WEST 30TH STREET
NEW YORK, NY 10018
TEL: (212) 693-8700 FAX: (212) 693-8887

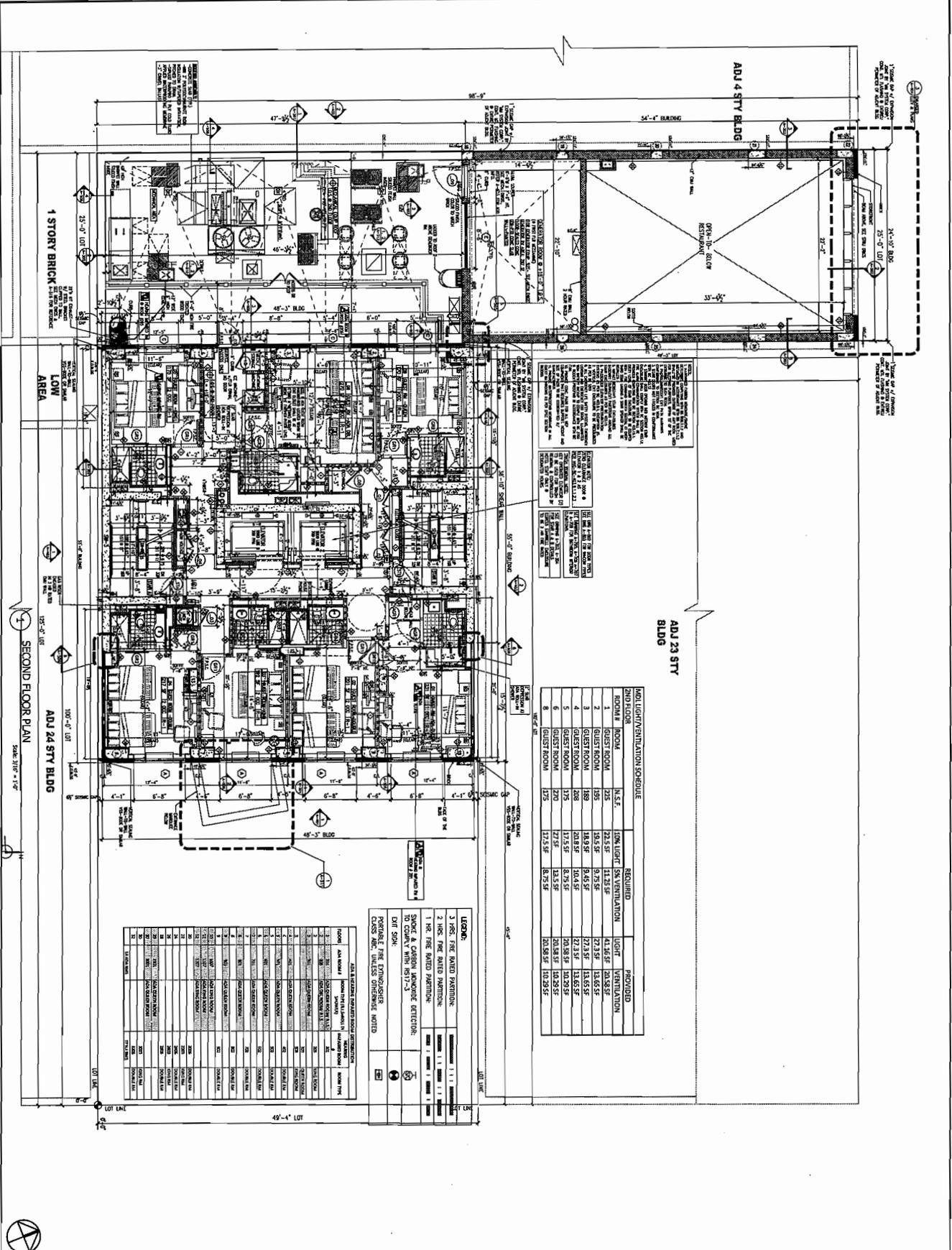
NO.	DATE	DESCRIPTION
01	08/11/2010	ISSUED FOR PERMITTING
02	08/11/2010	ISSUED FOR PERMITTING
03	08/11/2010	ISSUED FOR PERMITTING
04	08/11/2010	ISSUED FOR PERMITTING
05	08/11/2010	ISSUED FOR PERMITTING
06	08/11/2010	ISSUED FOR PERMITTING
07	08/11/2010	ISSUED FOR PERMITTING
08	08/11/2010	ISSUED FOR PERMITTING
09	08/11/2010	ISSUED FOR PERMITTING
10	08/11/2010	ISSUED FOR PERMITTING
11	08/11/2010	ISSUED FOR PERMITTING
12	08/11/2010	ISSUED FOR PERMITTING
13	08/11/2010	ISSUED FOR PERMITTING
14	08/11/2010	ISSUED FOR PERMITTING
15	08/11/2010	ISSUED FOR PERMITTING
16	08/11/2010	ISSUED FOR PERMITTING
17	08/11/2010	ISSUED FOR PERMITTING
18	08/11/2010	ISSUED FOR PERMITTING
19	08/11/2010	ISSUED FOR PERMITTING
20	08/11/2010	ISSUED FOR PERMITTING

Plaza Seating



Entrance
to hotel





ADJ 23 STY BLDG

ROOM LIGHT VENTILATION SCHEDULE

ROOM #	ROOM	N.S.F.	100% LIGHT	50% VENTILATION	REQUIRED LIGHT	VENTILATION
1	GUEST ROOM	225.5 SF	11.25 SF	41.56 SF	22.5 SF	20.5 SF
2	GUEST ROOM	195.5 SF	9.75 SF	37.2 SF	18.65 SF	18.65 SF
3	GUEST ROOM	189.5 SF	9.45 SF	37.2 SF	18.65 SF	18.65 SF
4	GUEST ROOM	208.5 SF	10.45 SF	37.2 SF	18.65 SF	18.65 SF
5	GUEST ROOM	175.5 SF	8.75 SF	37.2 SF	18.65 SF	18.65 SF
6	GUEST ROOM	175.5 SF	8.75 SF	37.2 SF	18.65 SF	18.65 SF
7	GUEST ROOM	175.5 SF	8.75 SF	37.2 SF	18.65 SF	18.65 SF

LEGEND

2 HRS. FIRE RATED PARTITION

1 HR. FIRE RATED PARTITION

SMOKE & CARBON MONITOR DETECTOR

DRY COIN WITH 10/1'S

PERMISSIBLE FIRE EXTINGUISHER

CHARGED FIRE SMOKE DETECTOR, NOTED

ROOM SCHEDULE

ROOM #	AREA	DESCRIPTION	DATE
1	101	101	10/1/01
2	102	102	10/1/01
3	103	103	10/1/01
4	104	104	10/1/01
5	105	105	10/1/01
6	106	106	10/1/01
7	107	107	10/1/01
8	108	108	10/1/01
9	109	109	10/1/01
10	110	110	10/1/01
11	111	111	10/1/01
12	112	112	10/1/01
13	113	113	10/1/01
14	114	114	10/1/01
15	115	115	10/1/01
16	116	116	10/1/01
17	117	117	10/1/01
18	118	118	10/1/01
19	119	119	10/1/01
20	120	120	10/1/01

585 EIGHTH AVENUE
NEW YORK, NY

GENE MURPHY ARCHITECT PC
250 BROADWAY, NEW YORK, N.Y. 10012
TEL: (212) 693-8100 FAX: (212) 693-8887

SCALE: ARCHITECT

DATE: MAY 03, 2012

PROJECT NUMBER: A-202.02

SCALE: STRUCTURE

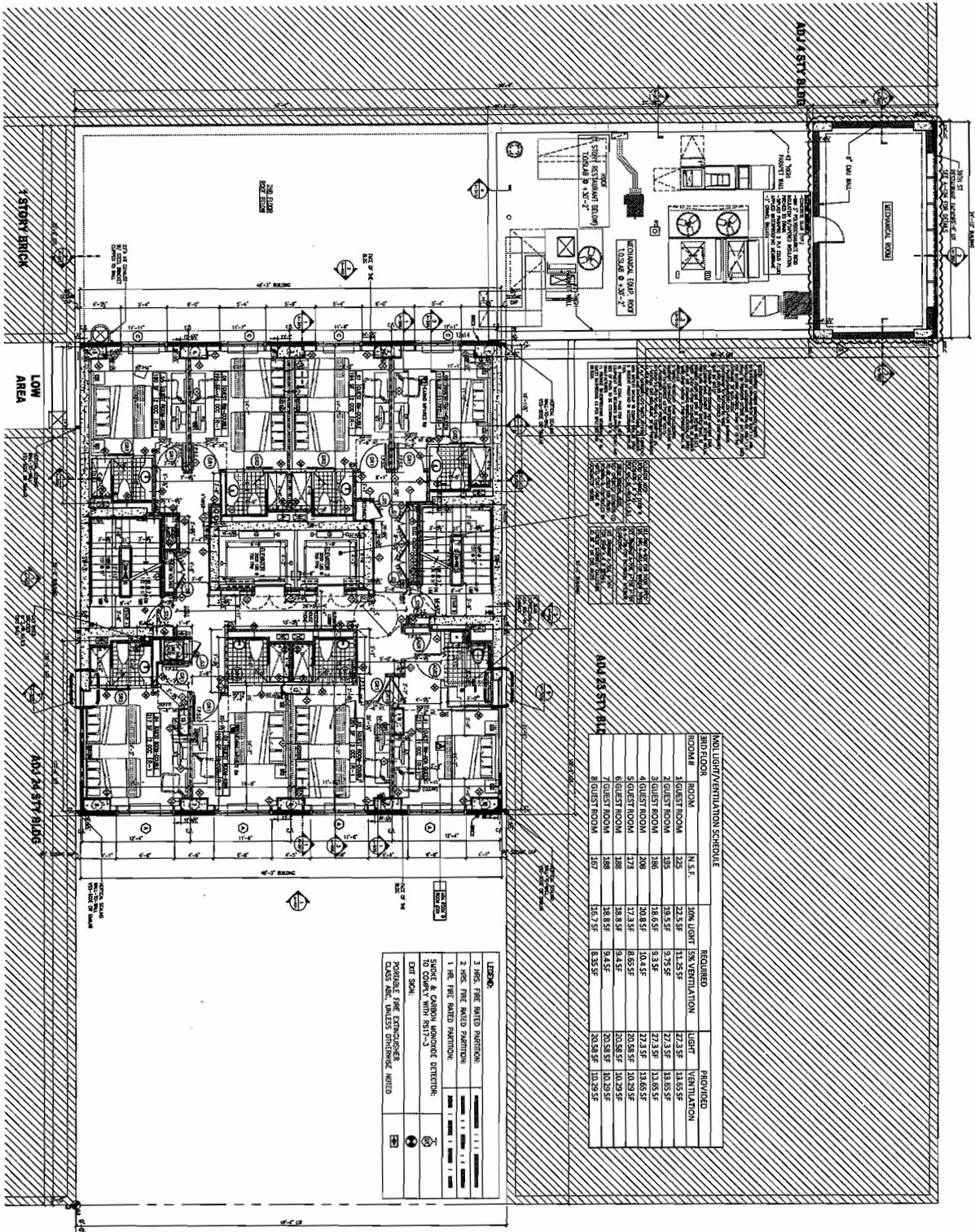
DATE: MAY 03, 2012

PROJECT NUMBER: A-202.02

Holiday Inn

GENE MURPHY ARCHITECT PC
250 BROADWAY, NEW YORK, N.Y. 10012
TEL: (212) 693-8100 FAX: (212) 693-8887

GENE MURPHY ARCHITECT PC
250 BROADWAY, NEW YORK, N.Y. 10012
TEL: (212) 693-8100 FAX: (212) 693-8887



1 THIRD FLOOR PLAN
SCALE: 3/16" = 1'-0"

NATURAL LIGHT/VENTILATION SCHEDULE

ROOM #	ROOM	N.S.F.	100% LIGHT USE VENTILATION	REQUIRED LIGHT VENTILATION	PRODUCED VENTILATION
1	GUEST ROOM	225	22.5 SF	11.25 SF	13.65 SF
2	GUEST ROOM	186	18.6 SF	9.3 SF	13.65 SF
3	GUEST ROOM	186	18.6 SF	9.3 SF	13.65 SF
4	GUEST ROOM	208	20.8 SF	10.4 SF	13.65 SF
5	GUEST ROOM	173	17.3 SF	8.65 SF	10.29 SF
6	GUEST ROOM	188	18.8 SF	9.4 SF	10.29 SF
7	GUEST ROOM	187	18.7 SF	9.35 SF	10.29 SF

- LEGEND:**
- 3 HR. FIRE RATED PARTITION
 - 2 HR. FIRE RATED PARTITION
 - 1 HR. FIRE RATED PARTITION
 - SMOKE & CARBON MONOXIDE DETECTOR TO COMPLY WITH RS17-3
 - EXIT SIGN
 - PORTABLE FIRE EXTINGUISHER CLASS ABC, UNLESS OTHERWISE NOTED

Holiday Inn

107th St
108th St
5th Ave

THE DESIGN, CONSTRUCTION, INSTALLATION AND MAINTENANCE OF THE MECHANICAL AND ELECTRICAL SYSTEMS FOR THE CONSTRUCTION OF THE ABOVE PROJECT, FOR THE PROJECT THE CONSTRUCTION APPROVED UNIT SHOULD BE THE RESPONSIBILITY OF THE CONTRACTOR.

GOLDSTEIN ASSOCIATES/PLC
CONSULTING ENGINEERS

100 WEST 30th STREET
NEW YORK, NY 10001
TEL: 212 244 2410 FAX: 212 244 1005
www.goldstein-engineers.com

SEE MECHANICAL

SEE ELECTRICAL

SEE CIVIL

SEE STRUCTURAL

SEE PLUMBING

SEE MECHANICAL

SEE ELECTRICAL

SEE CIVIL

SEE STRUCTURAL

SEE PLUMBING

586 EIGHTH AVENUE
NEW YORK, NY

SEE MECHANICAL

SEE ELECTRICAL

SEE CIVIL

SEE STRUCTURAL

SEE PLUMBING

SCALE & ANNOTATIONS:

DATE: MAY 03, 2012

SCALE: 3/16" = 1'-0"

DRAWING NUMBER: A-203.01

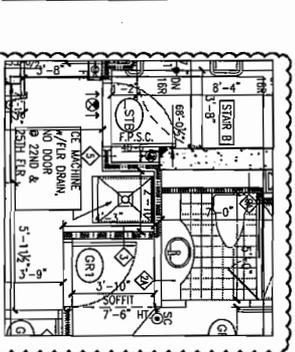
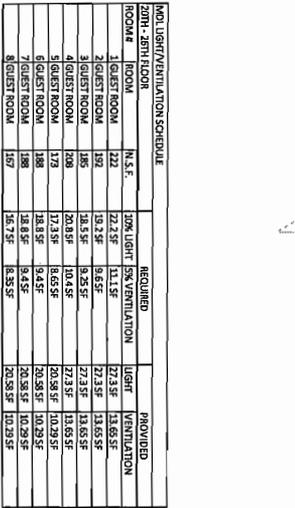
3RD FLOOR PLAN

220 BROADWAY, NEW YORK, N.Y., 10013
TEL: (212) 625-2000 FAX: (212) 625-2887

THE GENERAL CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS AND CONDITIONS OF THE WORK AND SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES. THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE PROTECTION OF ALL EXISTING UTILITIES AND STRUCTURES.

MOI LIGHT/VENTILATION SCHEDULE

ROOM #	FLOOR	N.S.F.	30M LIGHT	30M VENTILATION	REQUIRED LIGHT	REQUIRED VENTILATION	PROVIDED LIGHT	PROVIDED VENTILATION
201H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF
202H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF
203H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF
204H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF
205H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF
206H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF
207H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF
208H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF
209H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF
210H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF
211H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF
212H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF
213H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF
214H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF
215H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF
216H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF
217H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF
218H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF
219H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF
220H	GUEST ROOM	192	22.2 SF	11.1 SF	27.2 SF	13.6 SF	27.2 SF	13.6 SF



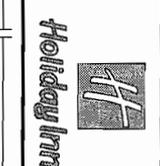
LEGEND

- 3 HRS. FIRE RATED PARTITION
- 2 HRS. FIRE RATED PARTITION
- 1 HR. FIRE RATED PARTITION
- SMOKE & CARBON MONITOR NETWORK
- TO CONNECT WITH RS17-3
- EXT. SMOKE
- PORTABLE FIRE EXTINGUISHER
- COVER 20% UNLESS OTHERWISE NOTED

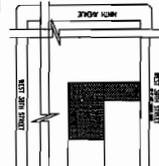
ADJ. & TYPING IMPAIRED ROOM DISTRIBUTION

ROOM #	ADJ. ROOM #	ROOM TYPE (IN SCHEDULE)	IMP. ROOM #	IMP. ROOM TYPE
201	202	ADJ. GUEST ROOM	201	IMP. GUEST ROOM
202	203	ADJ. GUEST ROOM	202	IMP. GUEST ROOM
203	204	ADJ. GUEST ROOM	203	IMP. GUEST ROOM
204	205	ADJ. GUEST ROOM	204	IMP. GUEST ROOM
205	206	ADJ. GUEST ROOM	205	IMP. GUEST ROOM
206	207	ADJ. GUEST ROOM	206	IMP. GUEST ROOM
207	208	ADJ. GUEST ROOM	207	IMP. GUEST ROOM
208	209	ADJ. GUEST ROOM	208	IMP. GUEST ROOM
209	210	ADJ. GUEST ROOM	209	IMP. GUEST ROOM
210	211	ADJ. GUEST ROOM	210	IMP. GUEST ROOM
211	212	ADJ. GUEST ROOM	211	IMP. GUEST ROOM
212	213	ADJ. GUEST ROOM	212	IMP. GUEST ROOM
213	214	ADJ. GUEST ROOM	213	IMP. GUEST ROOM
214	215	ADJ. GUEST ROOM	214	IMP. GUEST ROOM
215	216	ADJ. GUEST ROOM	215	IMP. GUEST ROOM
216	217	ADJ. GUEST ROOM	216	IMP. GUEST ROOM
217	218	ADJ. GUEST ROOM	217	IMP. GUEST ROOM
218	219	ADJ. GUEST ROOM	218	IMP. GUEST ROOM
219	220	ADJ. GUEST ROOM	219	IMP. GUEST ROOM
220	221	ADJ. GUEST ROOM	220	IMP. GUEST ROOM

DATE: MAY 03, 2012
DRAWING NUMBER: A-207.01
SCALE: 1/8" = 1'-0"

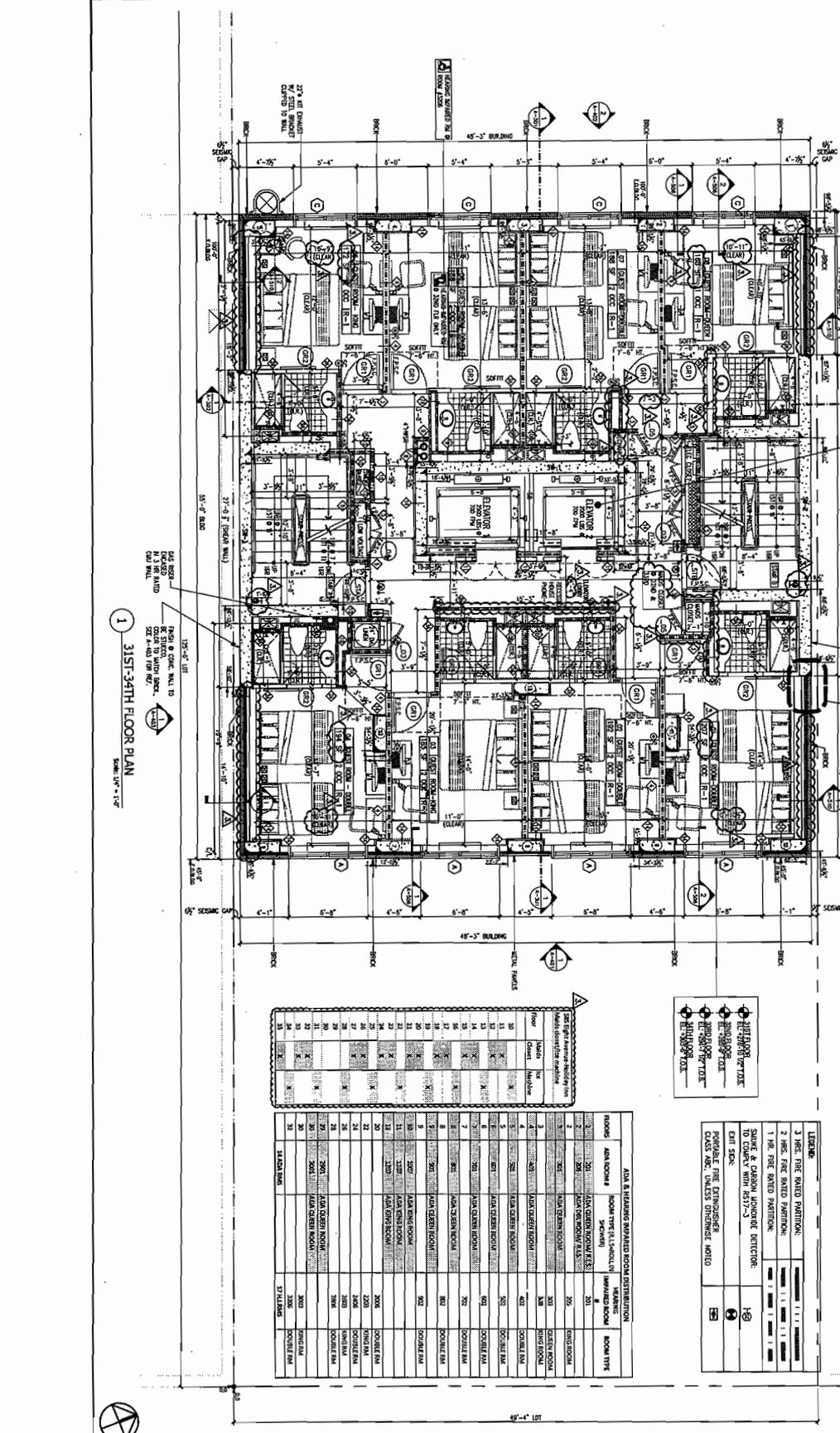


HOLIDAY INN ASSOCIATES P.L.C.
CONSULTING ENGINEERS
21 WEST 19TH STREET
NEW YORK, NY 10011
TEL: (212) 850-2000
WWW.HOLIDAYINN.COM



585 EIGHTH AVENUE
NEW YORK, NY
20TH-26TH FLOOR PLAN
SCALE: 1/8" = 1'-0"

SEA & SHAW-WALKER
DATE: MAY 03, 2012
DRAWING NUMBER: A-207.01
SCALE: 1/8" = 1'-0"



1 31ST-34TH FLOOR PLAN
SCALE: 1/8" = 1'-0"

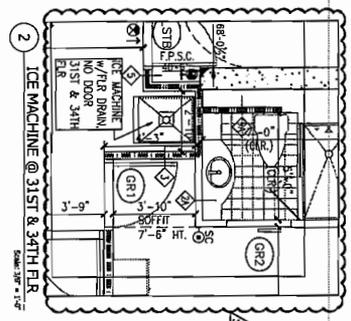
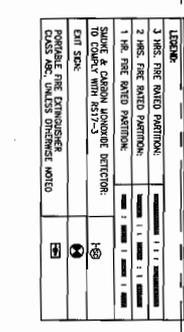
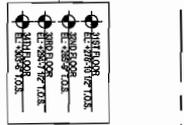
1. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000.

ROOM #	ROOM NAME	AREA (S.F.)	TYPE	REMARKS
101	OFFICE	100	OFFICE	
102	CONFERENCE	200	CONFERENCE	
103	CORRIDOR	500	CORRIDOR	
104	ELEVATOR	100	ELEVATOR	

ROOM #	ROOM NAME	AREA (S.F.)	EQUIPPED		PROVIDED	
			VENTILATION	SMOKE	VENTILATION	SMOKE
101	OFFICE	100	100	100	100	100
102	CONFERENCE	200	200	200	200	200
103	CORRIDOR	500	500	500	500	500
104	ELEVATOR	100	100	100	100	100

ROOM #	ROOM NAME	AREA (S.F.)	TYPE	REMARKS
101	OFFICE	100	OFFICE	
102	CONFERENCE	200	CONFERENCE	
103	CORRIDOR	500	CORRIDOR	
104	ELEVATOR	100	ELEVATOR	

ROOM #	ROOM NAME	AREA (S.F.)	TYPE	REMARKS
101	OFFICE	100	OFFICE	
102	CONFERENCE	200	CONFERENCE	
103	CORRIDOR	500	CORRIDOR	
104	ELEVATOR	100	ELEVATOR	



2 ICE MACHINE @ 31ST & 34TH FLOOR
SCALE: 3/8" = 1'-0"

596 EIGHTH AVENUE
NEW YORK, NY

596 EIGHTH AVENUE
NEW YORK, NY 10018
TEL: (212) 512-4000 FAX: (212) 512-4007

Holiday Inn

GOLDSTEIN ASSOCIATES P.L.C.
ARCHITECTS

315 WEST 111TH STREET
NEW YORK, NY 10030
TEL: (212) 246-1100 FAX: (212) 246-1101

NO.	DATE	DESCRIPTION
1	10/15/00	CONTRACT SIGNATURE
2	10/20/00	PERMIT APPLICATION
3	11/01/00	ISSUE PERMIT
4	11/15/00	START CONSTRUCTION
5	12/01/00	COMPLETE CONSTRUCTION
6	12/15/00	FINAL INSPECTION
7	01/01/01	ISSUE OCCUPANCY PERMIT

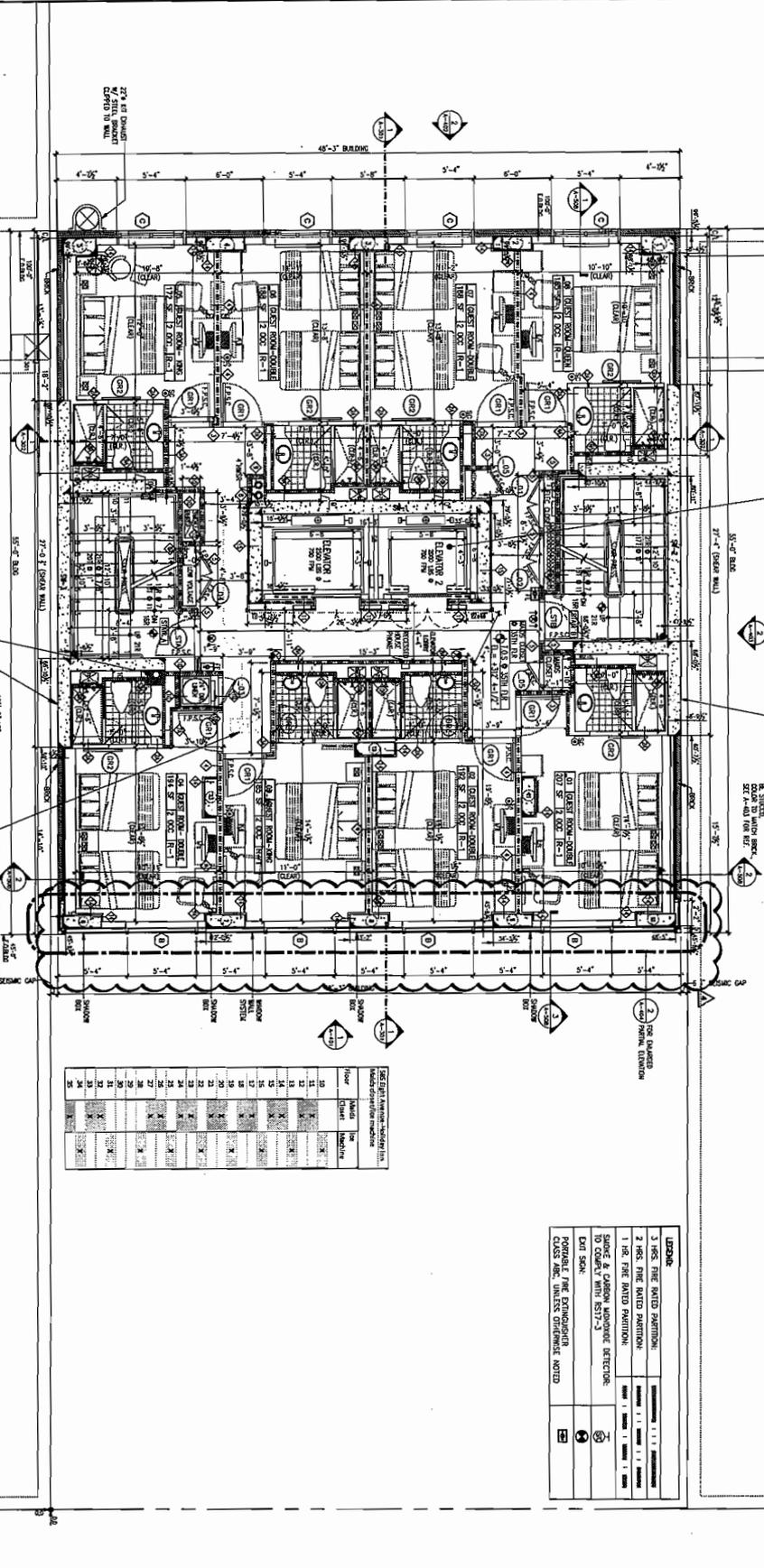
1 STORY BRICK

LOW AREA

ADJ 24-STY BLDG

35TH FLOOR PLAN

DATE: OCT 03, 2013
SCALE: AS SHOWN
DRAWING NUMBER: A-2111.00



NOTES:
1. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BUILDING CODES AND SPECIFICATIONS.
2. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL ELECTRICAL CODE AND THE NATIONAL FIRE ALARMS CODE.
3. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL MECHANICAL CODE AND THE NATIONAL PLUMBING CODE.
4. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL SANITARY ENGINEERING CODE AND THE NATIONAL GAS CODE.
5. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES.
6. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL BUILDING ORGANIZATION (NBO) CODES.
7. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL ASSOCIATION OF ARCHITECTS (AIA) CODES.
8. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL ASSOCIATION OF ENGINEERS (NAE) CODES.
9. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL ASSOCIATION OF CONTRACTORS (NAC) CODES.
10. ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE NATIONAL ASSOCIATION OF MANUFACTURERS (NAM) CODES.

NO.	DESCRIPTION	REMARKS
1	REVISION	
2	REVISION	
3	REVISION	
4	REVISION	
5	REVISION	
6	REVISION	
7	REVISION	
8	REVISION	
9	REVISION	
10	REVISION	

NO.	DESCRIPTION	REMARKS
1	REVISION	
2	REVISION	
3	REVISION	
4	REVISION	
5	REVISION	
6	REVISION	
7	REVISION	
8	REVISION	
9	REVISION	
10	REVISION	

NO.	DESCRIPTION	REMARKS
1	REVISION	
2	REVISION	
3	REVISION	
4	REVISION	
5	REVISION	
6	REVISION	
7	REVISION	
8	REVISION	
9	REVISION	
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NO.	DESCRIPTION	REMARKS
1	REVISION	
2	REVISION	
3	REVISION	
4	REVISION	
5	REVISION	
6	REVISION	
7	REVISION	
8	REVISION	
9	REVISION	
10	REVISION	

NO.	DESCRIPTION	REMARKS
1	REVISION	
2	REVISION	
3	REVISION	
4	REVISION	
5	REVISION	
6	REVISION	
7	REVISION	
8	REVISION	
9	REVISION	
10	REVISION	

THE GENERAL CONTRACTOR SHALL OBTAIN AND VERIFY ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL, STATE AND FEDERAL AUTHORITIES PRIOR TO THE COMMENCEMENT OF WORK. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL, STATE AND FEDERAL AUTHORITIES PRIOR TO THE COMMENCEMENT OF WORK. THE CONTRACTOR SHALL BE RESPONSIBLE FOR OBTAINING ALL NECESSARY PERMITS AND APPROVALS FROM THE LOCAL, STATE AND FEDERAL AUTHORITIES PRIOR TO THE COMMENCEMENT OF WORK.

585 EIGHTH AVENUE
NEW YORK, NY

35TH FLOOR PLAN

DATE: OCT 03, 2013

SCALE: AS SHOWN

DRAWING NUMBER: A-2111.00

35TH FLOOR PLAN

DATE: OCT 03, 2013

SCALE: AS SHOWN

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35TH FLOOR PLAN

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35TH FLOOR PLAN

DATE: OCT 03, 2013

SCALE: AS SHOWN

DRAWING NUMBER: A-2111.00

35TH FLOOR PLAN

585 8th ave

Legend

- LEGEND**
- On-Premises Licenses
 - On-Premises Liquor
 - On-Premises Wine and Beer
 - On-Premises Beer
 - Off-Premises Licenses
 - Off-Premises Liquor
 - Off-Premises Wine
 - Off-Premises Beer
 - Wholesale Licenses
 - Wholesale
 - Pending Licenses
 - Pending
 - All Licenses
 - On-Premises Liquor
 - On-Premises Wine and Beer
 - On-Premises Beer
 - Off-Premises Liquor
 - Off-Premises Wine
 - Off-Premises Beer
 - Wholesale
 - Pending
 - Churches
 - Schools
 - Zones
 - Community_Bounds
 - Police_Precincts
 - Couriers



Disclaimer: The NYS Liquor Authority is not responsible for the accuracy of maps or data obtained from third party sources.

See attached LAMP report

Proximity Report for Location:

March 20, 2015

585 8TH AVE, NEW YORK, NY, 10018

* This report is for informational purposes only in aid of identifying establishments potentially subject to 500 and 200 foot rules. Distances are approximated using industry standard GIS techniques and do not reflect actual distances between points of entry. The NYS Liquor Authority makes no representation as to the accuracy of the information and disclaims any liability for errors.

Closest Liquor Stores

Name	Address	Approx. Distance
CAMBRIDGE WINES & LIQUORS INC	594 8TH AVENUE	155 ft
GM & M RETAIL LIQUOR INC	302 W 40TH STREET	345 ft
39TH STREET WINE INC	354 W 39TH ST	380 ft
36TH STREET WINE & LIQUOR INC	270 W 36TH STREET	785 ft
SHILORI INC	486 9TH AVENUE	850 ft
474 9TH AVE INC	474 9TH AVENUE	955 ft
589 NINTH AVENUE CORP	589 9TH AVENUE	1200 ft
CAMBRIDGE WINES & LIQUORS INC	594 8TH AVENUE	155 ft
GM & M RETAIL LIQUOR INC	302 W 40TH STREET	345 ft
39TH STREET WINE INC	354 W 39TH ST	380 ft
36TH STREET WINE & LIQUOR INC	270 W 36TH STREET	785 ft
SHILORI INC	486 9TH AVENUE	850 ft
474 9TH AVE INC	474 9TH AVENUE	955 ft
589 NINTH AVENUE CORP	589 9TH AVENUE	1200 ft

Churches within 500 Feet

Name	Approx. Distance
------	------------------

Schools within 500 Feet

Name	Address	Approx. Distance
------	---------	------------------

On-Premise Licenses within 750 Feet

Name	Address	Approx. Distance
1. TNN ENTERPRISES LLC	315 WEST 39TH ST	100 ft
2. CASA NONNA NYC LLC	310 W 38TH ST	185 ft
3. BEER AUTHORITY INC	613 8TH AVE	310 ft
3. TIMES SQUARE HOSPITALITY I LLC	326 W 40TH ST	360 ft
4. TAMBURI TRATTORIA LTD	352 W 39TH STREET	365 ft
5. SKY BAR TIMES SQUARE INC & PM HOSPITALITY	330 W 40TH ST 33RD FLOOR	375 ft
6. TIMES SQUARE HOSPITALITY II LLC	330 W 40TH STREET	375 ft
7. WOLF WESTSIDE LLC	620 8TH AVE RETAIL SPACE C	380 ft
8. PISCES BAR & TAVERN INC	543 8TH AVE	385 ft
9. DEAN & DELUCA ESPRESSO INC	620 8TH AVE RETAIL SPACE A	385 ft

	Name	Address	Approx. Distance
11.	INAKAYA NEW YORK LLC	620 8TH AVENUE	385 ft
12.	SBCO NYC LLC & 365 MANAGEMENT COMPANY LLC	307 W 37TH ST	415 ft
13.	334 340 HOTEL MANAGEMENT LLC	334 340 W 40TH STREET	420 ft
14.	PANEVINONY INC	334 340 W 40TH ST RESTAURANT B	420 ft
15.	BUS TERMINAL BREWING CO INC	625 8TH AVENUE PAB 413	425 ft
16.	BIG BOWL LLC	625 8TH AVE 2ND FLOOR	425 ft
17.	342 PROPERTY LLC & AHM NEW YORK ASSOCIATES INC	342 W 40TH ST	430 ft
18.	EIGHTH AVE ENTERPRISES LTD	625 8TH AVENUE	430 ft
19.	BACI DA ROMA LLC	331 W 38TH STREET	455 ft
20.	324 37TH STREET LLC	320-324 WEST 37TH ST	475 ft
	MORELAND INC	356 W 40TH STREET	515 ft
	246 S & B INC	246 W 38TH ST	625 ft
	STAG HORN STEAKHOUSE LLC	315 W 36TH STREET	655 ft
	520 ASIAN RESTAURANT CORP	520 8TH AVENUE	685 ft
	520 HAPPY TIMES INC	520 8TH AVENUE	685 ft
	CM 36 LLC CM 36 OPERATOR LLC CM 36 MANAGEMENT LLC	341 343 W 36TH ST	710 ft
	247 WEST 37TH STREET LLC	247 WEST 37TH ST WEST STORE	715 ft
	GFIC LLC	11 TIMES SQUARE	725 ft

Pending Licenses within 750 Feet

Name	Address	Approx. Distance
U & S AMUSEMENTS CORPORATION	303 W 39TH STREET	140 ft

Unmapped licenses within zipcode of report location

Name	Address
------	---------

IMDN Holding LLC

We will provide guests with room service and restaurant menu that includes breakfast, lunch and dinner, seven days a week along with beer, wine and liquor at reasonable pricing. The applicant intends to provide classic American fare done within a warm and comfortable atmosphere. Many of the guests either check in late hours or work late hours and would prefer to have dinner, accompanied with a drink, within the hotel's restaurant or brought up to their rooms to dine in. Providing this service to our guests would make their stay all the more pleasant. The hotel will offer a large menu and cocktails to enjoy with the meal. The hotel will be a huge asset to the community by contributing the area's growth and commercial stability. Furthermore, this business will foster competition within the industry, which will result in increased services to the community and competitive pricing. These are all benefits to the community. Finally, this business will provide employment to the local community and provide additional economic stimulus to the area.

ENTREES...

THE AUTHORITY 22-

Grilled petit filet mignon, merlot shallot butter, frizzled onions

BACON WRAPPED CHICKEN 15-

Irish sausage stuffing, scallion mash, pan jus

GRILLED PORK CHOP 17-

Black pudding sweet potato hash, apple cider & grain mustard

*ROASTED VEGETABLE & LENTIL SHEPHERD'S PIE 13-

Toasted mashed potatoes

SAVORY BEEF POT PIE 15-

Port Wine, puff pastry crust & parsnip whipped potatoes

MAC & CHEESE 15-

Rotini pasta, portabello, roasted garlic, goat cheese & herbs

*PAN ROASTED SALMON 17-

White bean stew with Roma tomatoes, spinach & asparagus

*HERB ROASTED ½ CHICKEN 16-

Mashed potatoes, roast garlic & thyme jus

*GLUTEN FREE FETTUCINE 15-

Grilled vegetable bolognese

CHICKEN POT PIE 15-

Root vegetables & buttermilk chive biscuit crust

LAMB SHEPHERD'S PIE 17-

Braised and topped with Toasted mashed potatoes & cheddar

FISH & CHIPS 16-

Beer battered cod, mushy peas & malt vinegar

*GRILLED C.A.B NEW YORK STRIP STEAK 34-

Duck fat roast potatoes, onion rings, and bordelaise sauce

ROASTED WILD BOAR SAUSAGE 17-

Grain mustard mash, roasted apple, cider glaze

SIDES...

**Salt & Pepper Fries 5.95*

**Mashed Potatoes 5.95*

**Baked Potato Fries 5.95*

**Roasted Vegetables 5.95*

Homemade Potato Chips 5.95

**Side Salad 5.95*

**Items (asterik) are or can be modified
for gluten free.*

APPS. & SHARING...

***SOFT SHELL TACOS 12-**

Twelve hour pork, cabbage salad, avocado cream, chiles & cilantro

***MEZZE PLATE 12-**

Red pepper hummus, baba ganoush, kalamata olives, crudites & pita chips

***LOADED NACHOS 13-**

Beef chili, cheddar, jalapeño, guacamole, salsa & sour cream

BEEF SLIDERS 4/14-, 6/20-, 8/24-

Short rib blend, sautéed onions, American cheese, ketchup, brioche buns & potato crisps

ROASTED BEETS & CRISPY GOAT CHEESE 10-

Baby arugula, apple, crisp shallots & balsamic reduction

BUTTERMILK FRIED CHICKEN FINGERS 10-

Honey mustard

CRAB CAKE 13-

Avocado salad, roasted pepper aioli

***CHARCUTERIE & CHEESE 17-**

3 meats & 3 cheeses, grain mustard & fig jam

GRILLED CHIX QUESADILLAS 13-

Peppers, onion, cheddar, sour cream, salsa & guacamole

***DEVILLED EGGS 9-**

Smoked bacon & chives

BUFFALO WINGS 12-

Bleu cheese dip, carrot & celery sticks

POTATO & CHEDDAR PIEROGIES 10-

Caramelized onions, white truffle oil and sour cream

CRISP CHICKEN DUMPLINGS 10-

Soy Ginger Dip

FRIED RICE, EGG, SCALLIONS, SESAME & SOY

Pulled chicken & peanut. 10-

Vegetable. 10-

MINI VEGETABLE SPRING ROLLS

Sweet chile dip. 10-

***SKEWERS:**

Chicken satay, peanut sauce. 11-

Pork belly, spiced hoisin. 11-

Shrimp, coconut mango. 13-

SPICED SPARE RIBS

Fennel apple slaw. 12-

***FRIED CALAMARI SALAD**

Romaine, napa cabbage, carrot, red peppers, peanut & sweet chile dressing. 12-

***CAULIFLOWER STIR FRY**

Chile, lime, peanuts & soy. 9-

CRISPY SCALLION PANCAKES

Hoisin glazed pulled pork, Granny Smith apple. 10-

SANDWICHES...

(WRAPS AVAILABLE FOR ALL SANDWICHES)

BRAISED BEEF BRISKET 13-

Smoked bacon, portobellos, sour dough bread, dipping jus & baked potato fries

***IRISH SMOKED SALMON 13-**

Shaved red onion, cucumber, fennel, dill & cream cheese tartare onion whole wheat bread

SLOW ROASTED TURKEY 13-

Bacon, lettuce, tomato, avocado & herb mayo in a wrap

PAT LA FRIEDA BURGER 13-

Lettuce, tomato, red onion & pickle

Add sautéed onions +1

Add roasted portabello +1

Add Vermont cheddar, Swiss or smoked bacon +1.5

ROASTED VEGETABLE & BEAN BURGER 13-

Tomato red pepper relish

GRILLED CHICKEN 13-

Prosciutto, slow roasted Roma tomatoes, baby arugula, fresh mozzarella & pesto on ciabatta

TOASTED HAM & CHEESE 13-

Home cured, Brie, cranberry relish & grained mustard on thick rye

HAVING A BIG PARTY? TRY OUR SPECIAL "OPEN BAR & APPETIZER" MENU

SALADS...

***GRILLED CHICKEN COBB 13-**

Tomato, bacon, bleu cheese, hard boiled egg, avocado, mixed greens & red wine vinaigrette

***MARINATED SKIRT STEAK 16-**

Baby arugula, chick peas, roasted red peppers, cucumbers, kalamata olives, feta cheese & herb vinaigrette

***GRILLED SHRIMP 16-**

Shaved fennel, beets, red onion, snow peas, citrus herb vinaigrette

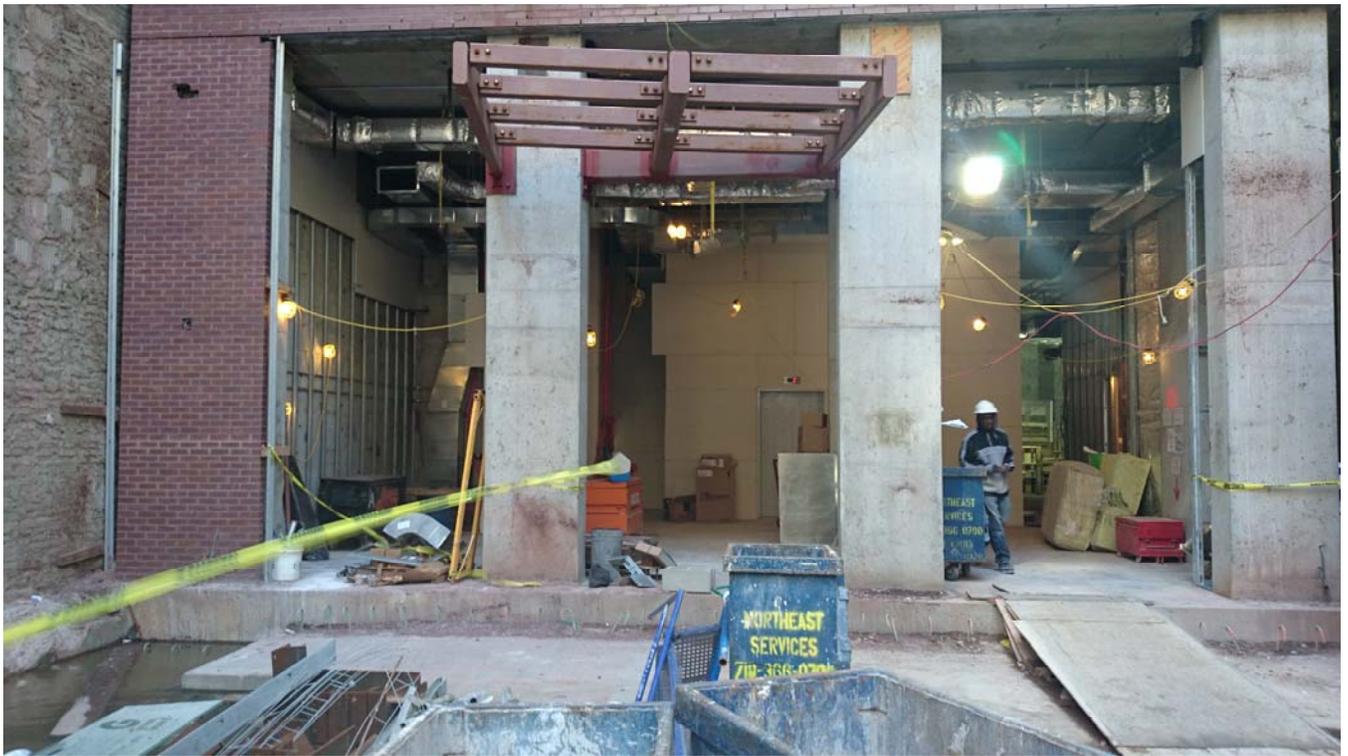
***CAESAR SALAD 10-**

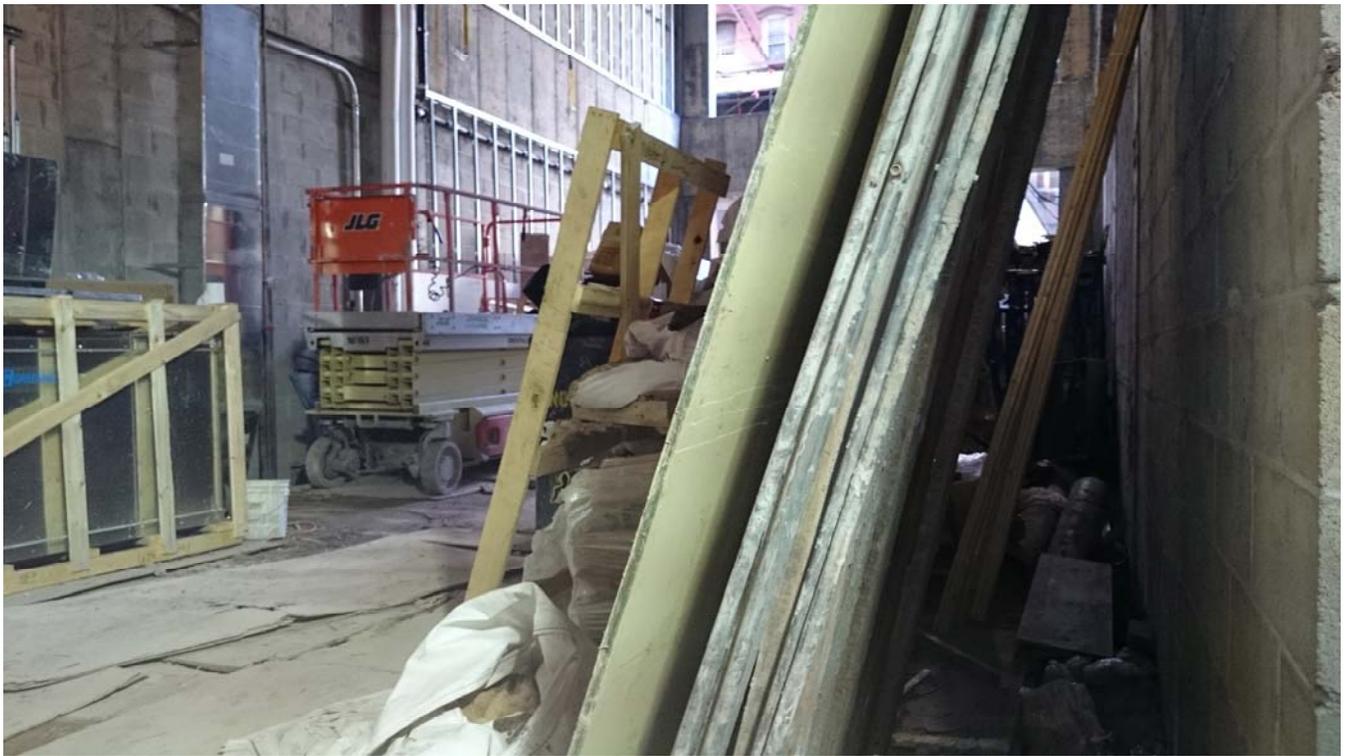
Traditional anchovy dressing with shaved Parmesan

Add grilled chicken +3

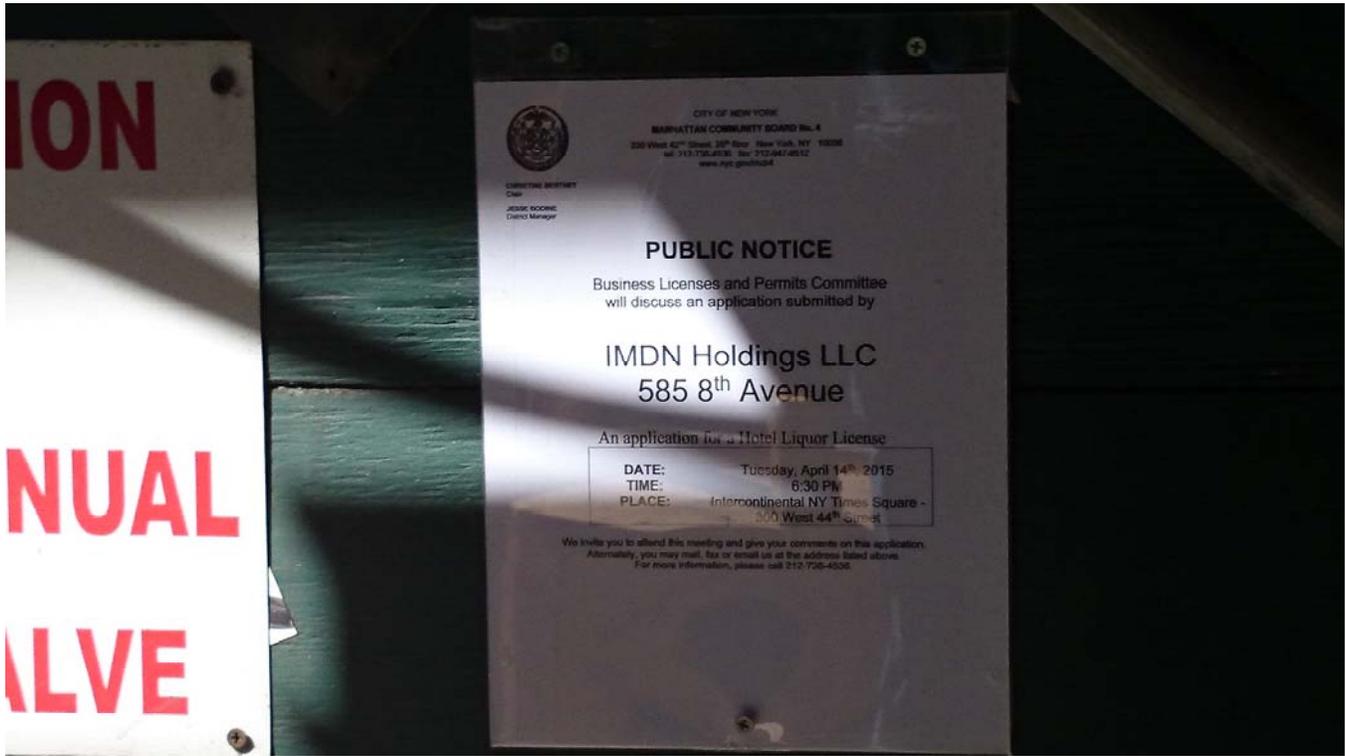
Add steak +5

Add shrimp +6









CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD No. 4
220 West 47th Street, 22nd Floor New York, NY 10036
tel: 212.736.4535 fax: 212.647.4612
www.nyc.gov/mb04

Christine Brattieri
Chair
Jesse Noone
District Manager

PUBLIC NOTICE

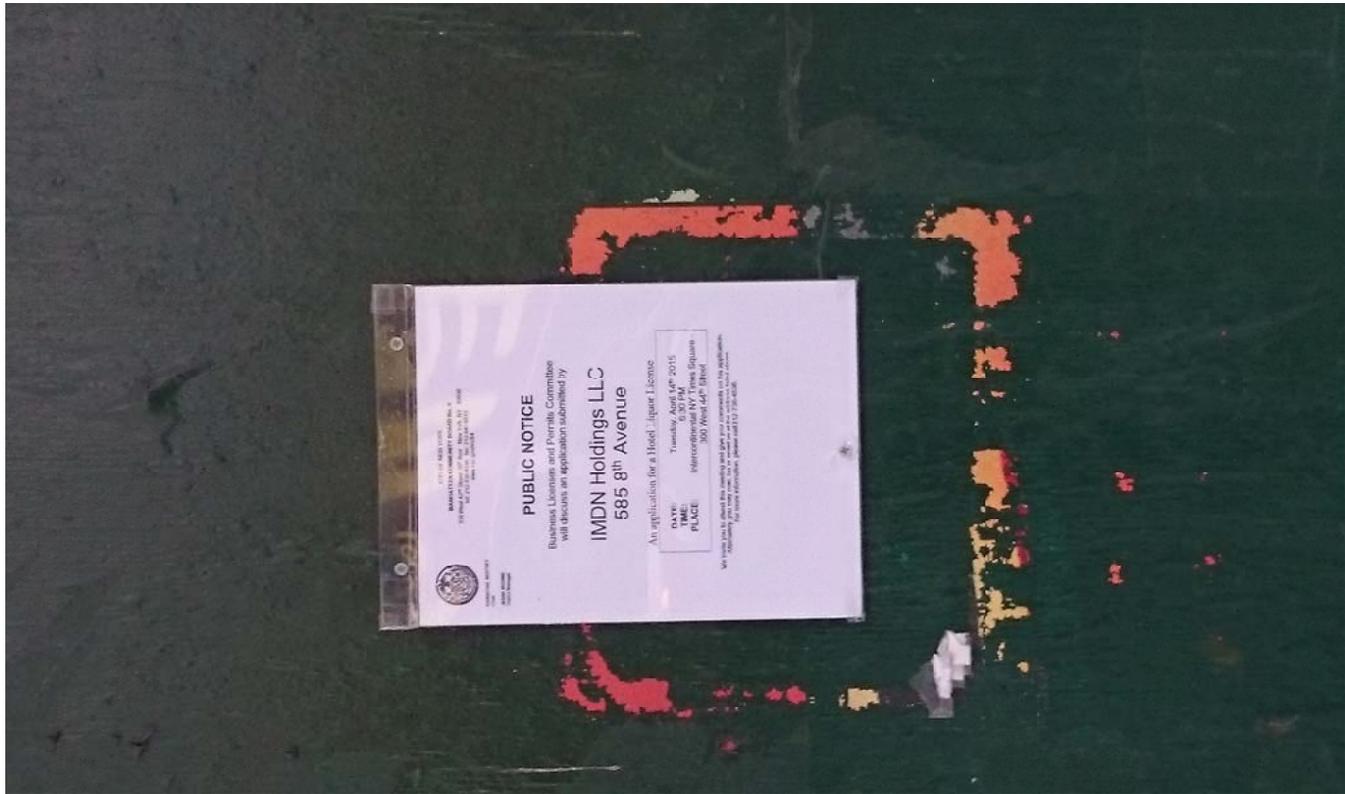
Business Licenses and Permits Committee
will discuss an application submitted by

IMDN Holdings LLC
585 8th Avenue

An application for a Hotel Liquor License

DATE: Tuesday, April 14th, 2015
TIME: 6:30 PM
PLACE: Intercontinental NY Times Square -
300 West 44th Street

We invite you to attend this meeting and give your comments on this application.
Alternatively, you may mail, fax or email us at the address listed above.
For more information, please call 212.736-4535.



Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)		
EDJD Properties Inc.		Rattle "N" Hum West		
STREET ADDRESS		CROSS STREETS		
585 8th Avenue		38th, 39th Street		
OWNER	NAME:	Eamon Donnelly, Joe Donagher	ATTORNEY	
	PHONE:	917 416 7216	NAME:	
	FAX:		David I. Korngut	
MANAGER	NAME:	As Above	LANDLORD	
	PHONE:		NAME:	
	FAX:		Holiday Inn	
DESCRIPTION OF BUSINESS				
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): Bar/Arcade			
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): Bar/Arcade			
License Type:	<input checked="" type="radio"/> On-Premise <input checked="" type="radio"/> Wine <input checked="" type="radio"/> Beer <input checked="" 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="checkbox"/> YES	<input type="checkbox"/> NO
		What is/was the name of establishment?	Barleycorn, Rattle "N" Hum, Beer Authority	
		What is/was the address of the establishment?	23 Park Place, 14 E 33rd Street, 300 W 40th Street	
		What were the dates the applicant was involved with this former premise?	2014, 2008, 2012	
	<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="checkbox"/> YES	<input type="checkbox"/> 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										
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation	6am-3am	6am-3am	6am-3am	6am-3am	6am-3am	6am-3am	6am-3am	6am-3am	
	Music	10am-3am	10am-3am	10am-3am	10am-3am	10am-3am	10am-3am	10am-3am	10am-3am	
	Kitchen	6am-3am	6am-3am	6am-3am	6am-3am	6am-3am	6am-3am	6am-3am	6am-3am	
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	
	159	150	27	80	1	1	23	30	7	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	3-4	5+	2		
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 type="checkbox"/> NO	N/A			
Will applicant have bottle service?					YES	<input type="checkbox"/> NO	N/A			
Will you be hosting private parties and promotional events?					YES	<input type="checkbox"/> NO	N/A			
Will outside promoters be used?					YES	<input type="checkbox"/> NO	N/A			
Will the security plan submitted be implemented?					<input type="checkbox"/> YES	NO	N/A			
Will State certified security personnel be used?					<input type="checkbox"/> YES	NO	N/A			
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					<input type="checkbox"/> 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 type="checkbox"/> NO	N/A			
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					<input type="checkbox"/> 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	Not Prepared Yet		
Will applicant provide contact information to neighbors and respond to complaints that arise?					<input type="checkbox"/> 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 type="checkbox"/> YES	NO	N/A			
If you plan to have music, what type(s)?				<input type="checkbox"/> BACKGROUND	<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> 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 type="checkbox"/> 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 type="checkbox"/> 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 type="checkbox"/> YES	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	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> 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	<input type="checkbox"/> N/A

LOCATION & ZONING			
Primary Zoning District:	Mixed	Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" 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 Triggered? 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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A
Building Type	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input checked="" type="checkbox"/> Other, describe: Hotel		
Adjacent Buildings	<input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Other, describe: _____		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1		
	# 2		
	# 3		

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)		
Station Restaurant LLC		Station Restaurant		
STREET ADDRESS		CROSS STREETS		
315 West 46th Street		Between 8th and 9th Avenues		
OWNER	NAME:	Scott Sternick	ATTORNEY	
	PHONE:	212-920-9370		
	FAX:	212-246-5207		
MANAGER	NAME:	Richie Winckelman	LANDLORD	
	PHONE:	917-806-9569		
	FAX:	212-246-5207		
		NAME:	Rosa Sanchez - RMS Business REPRESENTATIVE	
		PHONE:	646-619-1166	
		FAX:	646-365-8233	
		NAME:	James Marchignoli 315 W. 46 LLC	
		PHONE:		
		FAX:		
DESCRIPTION OF BUSINESS				
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): Bar/Arcade			
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): Bar/Arcade			
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?	Mr Biggs Bar Mickey Spillanes Bar	
		What is/was the address of the establishment?	596 Tenth Ave 350 West 49th Street	
		What were the dates the applicant was involved with this former premise?	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		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation	11am-4am	11am-4am	11am-4am	11am-4am	11am-4am	11am-4am	11am-4am	11am-4am	
	Music	11am-4am	11am-4am	11am-4am	11am-4am	11am-4am	11am-4am	11am-4am	11am-4am	
	Kitchen	11am-3am	11am-3am	11am-3am	11am-3am	11am-3am	11am-3am	11am-3am	11am-3am	
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	
	150	150	50	82	0	2	24	0	0	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					X ²	3-4	5+	100 Ground Floor 50 Second 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	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)?			XX CKGROUND	LIVE MUSIC	DJ	Background				
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	Acoustalog sound plan has been completed		
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			

OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" 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.	YES	NO	<input checked="" type="checkbox"/> 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="checkbox"/> 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="checkbox"/> 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	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 checked="" type="checkbox"/> YES	NO	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="checkbox"/> N/A

LOCATION & ZONING			
Primary Zoning District:	C15	Overlay (If Applicable):	N/A
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="checkbox"/> YES	NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> YES	NO	N/A
Is a Public Assembly permit required?	<input checked="" type="checkbox"/> YES	NO	N/A
Are your plans filed with DOB?	YES	NO	N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="checkbox"/> Mixed Use <input type="radio"/> Other, describe:		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="checkbox"/> Mixed Use <input type="radio"/> Other, describe:		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	HK 50/51 Block Association	
	# 2	48/49 Streets Block Association	
	# 3	Allison Tupper - West 46th Street Block Association Tim Tanner - West 45th Street Block Association Chana Widawsky - West 45th Street Block Association - 9th/11th Avenues Posted signage all around the neighborhood	