

1 **Business License & Permits Committee**

Item #: 13

2
3 May 4, 2016

4
5 Julie Menin
6 Commissioner
7 Department of Consumer Affairs
8 42 Broadway
9 New York, NY 10004

10
11 **Re: Be Temerario Group LLC**
12 **d/b/a El Temerario**
13 *198 8th Avenue (20/21)*
14 *Tables: 13/27 seats*

15
16
17 Dear Chairman Rosen:

18
19 Manhattan Community Board 4 (MCB4) recommends **denial** of a new Unenclosed Sidewalk Cafe
20 License application for Be Temerario Group LLC d/b/a El Temerario – 198 8th Avenue (20/21), **unless**
21 the attached stipulations, agreed to by the applicant, are part of the method of operation for this
22 establishment with 13 tables and 27 seats.

23
24 Sincerely,

25
26
27
28 Delores Rubin
Chair

Burt Lizarin
Co-Chair
Business License & Permits
Committee

Frank Holozubiec
Co-Chair
Business License & Permits
Committee

29
30

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)	
BE TEMERARIO GROUP LLC		EL TEMERARIO	
STREET ADDRESS		CROSS STREETS	ZIP CODE
198 8TH AVENUE		W20TH & W21ST (N/E CORNER OF W20TH)	10011
OWNER <i>(Attach a list of all the people that will be associated listed with the license)</i>	NAME: Maria Pezzella	ATTORNEY/ REPRESENTAIVE	NAME: Michael Kelly
	PHONE: 646-270-2505		PHONE: 914-740-3580
	EMAIL: satori.ent@gmail.com		EMAIL: kellymlk@aol.com
MANAGER	NAME: Jorge Guzman	LANDLORD	NAME: Falcon Holdings LLC
	PHONE: 646-509-5435		PHONE: 212-838-1255
	EMAIL:		EMAIL:
APPLICATION TYPE (Check One)			
<input type="radio"/> New	Has applicant owned or managed a similar business?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	What is/was the name and address of establishment?		
	What were the dates applicant was involved with this former premise?		
<input type="radio"/> Transfer	What is the prior license # and expiration date?		
	Is applicant making any alterations or operational changes?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	If alterations or operational changes are being made, please describe/list all changes.		
<input checked="" type="checkbox"/> Alteration	What is the current license # and expiration date?	1285964	12/31/2017
	Please list/describe the nature of all the changes and attach the plans: Unenclosed Sidewalk Cafe		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input checked="" type="checkbox"/> Liquor/Wine/Beer <input type="checkbox"/> Beer <input type="checkbox"/> Wine & Beer		
ESTABLISHMENT TYPE	<input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Club (Fraternal Organization – Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

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

HOURS* <i>(Indoor Only)</i>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	8am-12am	8am-12am	8am-12am	8am-2am	8am-2am	8am-2am	8am-12am
	Kitchen		Closes one hour before closing hours					
	Music		Same as Daily Hours of Operation					
If you plan to have music, what type(s)? (Circle all that apply)		<input checked="" type="checkbox"/> BACKGROUND	<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> DJ	<input type="checkbox"/> JUKE BOX	<input type="checkbox"/> KARAOKE		

← 12000R
HOLDS

OCCUPANCY

	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Stand-Up Bar
INSIDE	74		14	56	0	1	9
OUTSIDE <i>(Other than sidewalk café)</i>							
SIDEWALK CAFÉ			13	27			

How many floors are there? What is the capacity for each floor?	2	
How frequently will the owner(s) be at the establishment?	daily	
Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?	YES	<input checked="" type="checkbox"/>
Will applicant have bottle or table service for beverage alcohol?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Will you be hosting private, promotional or corporate events?	YES	<input checked="" type="checkbox"/>
Will outside promoters be used on a regular basis? If yes please describe.	YES	<input checked="" type="checkbox"/>
Will you have a security plan? If, yes please attach.	YES	<input checked="" type="checkbox"/>
Will security plan be implemented?	YES	<input checked="" type="checkbox"/>
Will State certified security personnel be used?	YES	<input checked="" type="checkbox"/>
Will New York Nightlife Association and NYPD Best Practices be followed?	YES	<input checked="" type="checkbox"/>
Will applicant be using delivery bicycles? If yes, how many?	YES	<input checked="" type="checkbox"/>
Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law?	YES	NO
Where will delivery bicycles be stored during the day when not in use?	N/A	

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

Community Notification/Relations			
NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted	# 1	SEE ATTACHED	
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.			
Who was your contact person at each group you met with?			
When did applicant post the notice that was provided?			
Where did applicant post the notice that was provided?			
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.		YES	NO
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		YES	NO

BUILDING DESIGN			
State the name and type of business previously located in the space.	RESTAURANT		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="checkbox"/>	
Will applicant have a vestibule within the establishment?	YES	<input checked="" type="checkbox"/>	
Will applicant use a storm enclosure?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have any of the following: (circle all that apply)	<input checked="" type="checkbox"/> FRENCH DOORS	<input type="checkbox"/> GARAGE DOORS	<input type="checkbox"/> WINDOWS THAT CAN BE OPENED
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant close all windows, French doors, garage doors by 11 PM Friday and Saturday and 10 PM on all other days even if no music or amplified sound is played inside the establishment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	<input checked="" type="checkbox"/>	
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the kitchen exhaust system extend to the roof?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have an illuminated sign?	YES	<input checked="" type="checkbox"/>	
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Where will the air conditioner be located? What type is it?	EXISTING		
When was the air conditioner installed?			

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ		
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES <input checked="" type="checkbox"/>	NO
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	NO
Are the floorplans for the outdoor space(s) included?	YES	NO
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	YES	NO
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	NO
Will there be no amplified music, as per the law?	YES	NO
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES	NO
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO

OUTDOOR ITEMS – SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant be applying for a sidewalk café now or in the future?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk café?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant mark the perimeter of the café on the sidewalk?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the sidewalk café not provide standing space for drinking or smoking?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant 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	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant use umbrellas?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If construction or construction protection has reduced the sidewalk width, will applicant always maintain an 8 foot clear path of sidewalk between the perimeter of the café and the closes obstruction including construction barricades?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

ADDITIONAL STIPULATIONS: (Office Use Only)

- Sidewalk cafe tables on 8th Ave will be placed against building facade
- Eastern-most table on 18th Street side under fire escape will be eliminated
- Any storm enclosure will extend no more than 18" from building facade
- New floor plan of cafe will be submitted by 4/30/16

To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

1 **Business License & Permits Committee**

Item #: 14

2
3 May 4, 2016

4
5 Julie Menin
6 Commissioner
7 Department of Consumer Affairs
8 42 Broadway
9 New York, NY 10004

10
11 **Re: Chez Josephine Ltd.**
12 *414 W. 42nd Street (9/Dyer)*
13 *Tables: 8/16 seats*

14
15
16 Dear Chairman Rosen:

17
18 Manhattan Community Board 4 (MCB4) recommends **denial** of a new Unenclosed Sidewalk Cafe
19 License application for Chez Josephine Ltd. – 414 W. 42nd Street (9/Dyer), **unless** the attached
20 stipulations, agreed to by the applicant, are part of the method of operation for this establishment with 8
21 tables and 16 seats.

22
23 Sincerely,

24
25
26
27 Delores Rubin
Chair

Burt Lazarin
Co-Chair
Business License & Permits
Committee

Frank Holozubiec
Co-Chair
Business License & Permits
Committee

28
29

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME		DOING BUSINESS AS (DBA)	
Chez Josephine Ltd			
STREET ADDRESS		CROSS STREETS	ZIP CODE
414 West 42nd Street/ New York, NY		Ninth avenue & Dyer Avenue	10036
OWNER <i>(Attach a list of all the people that will be associated listed with the license)</i>	NAME: Manuel Uzhca	ATTORNEY/ REPRESENTAIVE	NAME: Michael Ferrari
	PHONE: (212) 594-1925		PHONE: (212) 972-7040
	EMAIL: andria@chezjosephine.com		EMAIL: mf@rvferrari.com
MANAGER	NAME: Manuel Uzhca	LANDLORD	NAME: 42nd Street Development Corporation
	PHONE: (212) 594-1925		PHONE: (212) 695-4242
	EMAIL: andria@chezjosephine.com		EMAIL: blevine@42sdc.org
APPLICATION TYPE (Check One)			
<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 and address of establishment?		
	What were the dates applicant was involved with this former premise?		
<input checked="" type="radio"/> Transfer	What is the prior license # and expiration date?	11800790 August 2015	
	Is applicant making any alterations or operational changes?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	If alterations or operational changes are being made, please describe/list all changes.		
<input type="radio"/> Alteration	What is the current license # and expiration date?		
	Please list/describe the nature of all the changes and attach the plans:		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input checked="" type="checkbox"/> Liquor/Wine/Beer <input type="checkbox"/> Beer <input type="checkbox"/> Wine & Beer		
ESTABLISHMENT TYPE	<input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Club (Fraternal Organization – Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	

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

HOURS* (Indoor Only)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	11:00 am to 2:00 am							
	Kitchen	11:00 am to 2:00 am							
	Music	11:00 am to 1:00 am							

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

BACKGROUND

LIVE MUSIC

DJ

JUKE BOX

KARAOKE

MC

OCCUPANCY *PIANO ONLY*

	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Stand-Up Bar
INSIDE							
OUTSIDE (Other than sidewalk café)							
SIDEWALK CAFÉ		16	8	16			

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

3 floors: 65 1st floor - no public on 2nd or basement

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

Daily

Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?

YES

NO

Will applicant have bottle or table service for beverage alcohol?

YES

NO

Will you be hosting private; promotional or corporate events?

YES

NO

Will outside promoters be used on a regular basis? If yes please describe.

YES

NO

Will you have a security plan? If, yes please attach.

YES

NO

Will security plan be implemented?

YES

NO

Will State certified security personnel be used?

YES

NO

Will New York Nightlife Association and NYPD Best Practices be followed?

YES

NO

Will applicant be using delivery bicycles? If yes, how many?

YES

NO

Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law?

YES

NO

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

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Clinton
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	
Is a Public Assembly permit required?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Are your plans filed with DOB?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	

Community Notification/Relations			
NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted	# 1		
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.			
Who was your contact person at each group you met with?			
When did applicant post the notice that was provided?			
Where did applicant post the notice that was provided?			
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	

BUILDING DESIGN			
State the name and type of business previously located in the space.	Chez Josephine - Restaurant		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Chez Josephine
Do you plan any changes to the existing façade? If yes, please describe.	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant have a vestibule within the establishment?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant use a storm enclosure?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the establishment have any of the following: (circle all that apply)	FRENCH DOORS	GARAGE DOORS	WINDOWS THAT CAN BE OPENED
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant close all windows, French doors, garage doors by 11 PM Friday and Saturday and 10 PM on all other days even if no music or amplified sound is played inside the establishment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will the kitchen exhaust system extend to the roof?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will the establishment have an illuminated sign?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Where will the air conditioner be located? What type is it?	Indoor units inside restaurant		
When was the air conditioner installed?	Original construction of the restaurant 30 years ago.		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFE		
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	<input type="radio"/> YES	<input checked="" type="radio"/> NO
Are the floorplans for the outdoor space(s) included?	<input type="radio"/> YES	<input type="radio"/> NO
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	<input type="radio"/> YES	<input type="radio"/> NO
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	<input type="radio"/> YES	<input type="radio"/> NO
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	<input type="radio"/> YES	<input type="radio"/> NO
Will there be no amplified music, as per the law?	<input type="radio"/> YES	<input type="radio"/> NO
If amplified sound is played inside the establishment, will windows and doors be closed?	<input type="radio"/> YES	<input type="radio"/> NO
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<input type="radio"/> YES	<input type="radio"/> NO
Will applicant agree to train staff to encourage a peaceful environment?	<input type="radio"/> YES	<input type="radio"/> NO
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<input type="radio"/> YES	<input type="radio"/> NO
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<input type="radio"/> YES	<input type="radio"/> NO

OUTDOOR ITEMS – SIDEWALK CAFÉ		
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will applicant be applying for a sidewalk café now or in the future?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Is applicant in this application seeking to include a sidewalk café in its liquor license?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	<input type="radio"/> YES	<input checked="" type="radio"/> NO
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk café?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will applicant mark the perimeter of the café on the sidewalk?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will the sidewalk café not provide standing space for drinking or smoking?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	<input type="radio"/> YES	<input checked="" type="radio"/> NO
Will applicant 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
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will applicant use umbrellas?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
If construction or construction protection has reduced the sidewalk width, will applicant always maintain an 8 foot clear path of sidewalk between the perimeter of the café and the closes obstruction including construction barricades?	<input checked="" type="radio"/> YES	<input type="radio"/> NO

ADDITIONAL STIPULATIONS: (Office Use Only)

- Will comply with all applicable law regarding size and placement of storm enclosure
- Sidewalk cafe will be closed and vacated no later than midnight every night

To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.



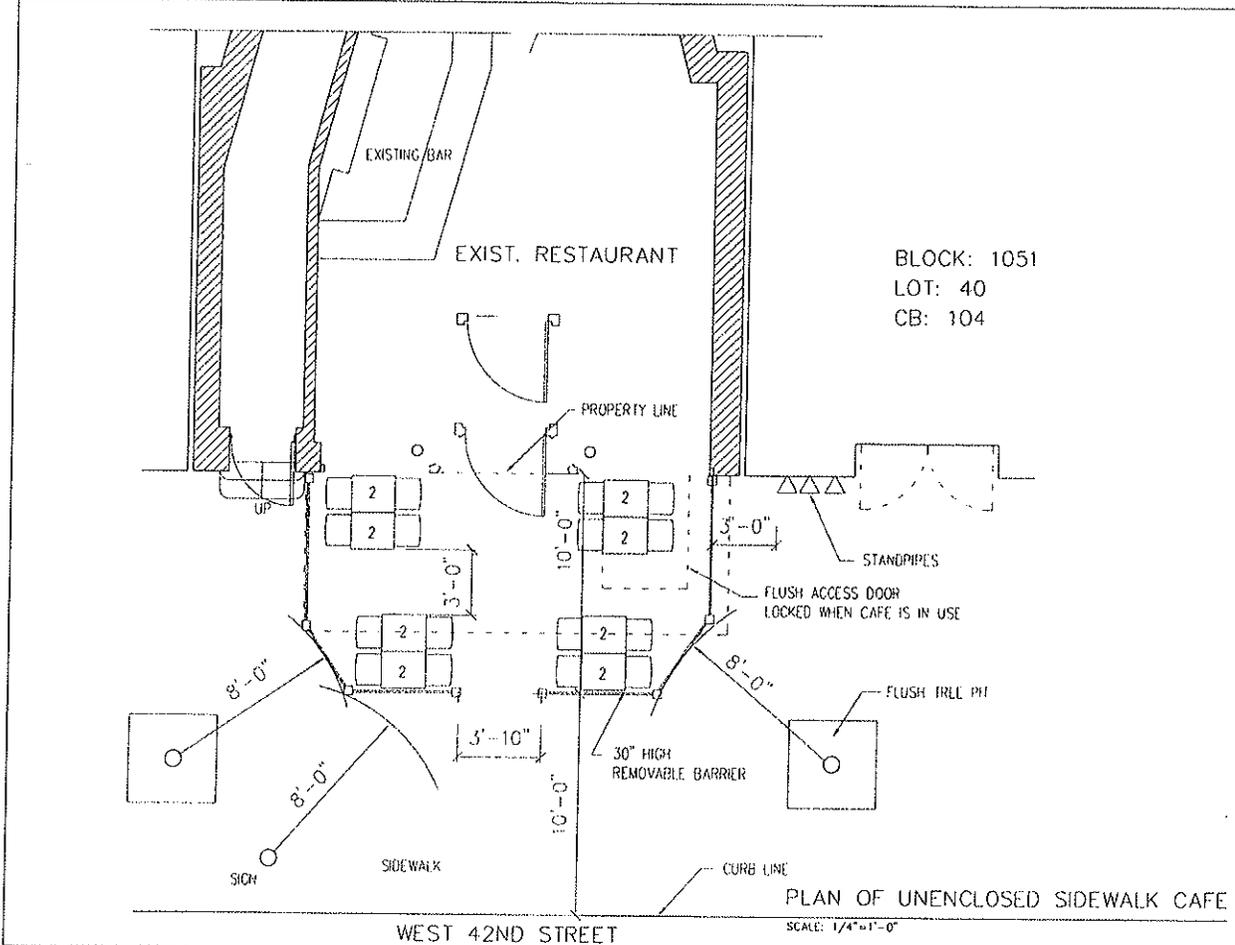
REVISED PLAN 3/22/09
AS PER C.E. 304 RECOMMENDATIONS

**UNENCLOSED
SIDEWALK CAFE**
CHEZ JOSEPHINE
414 W 42ND ST,
NEW YORK, NY

ARCHITECTS
DLD ARCHITECTS
720 WEST 191ST STREET
SUITE 41
NEW YORK, NY 10463

**SIDEWALK CAFE
PLAN**

A1.1



1 **Business License & Permits Committee**

Item #: 15

2
3 May 4, 2016

4
5 Vincent G. Bradley
6 Chairman
7 New York State Liquor Authority
8 80 S. Swan Street, 9th Floor
9 Albany, New York 12210

10
11 **Re: La Nacional Café LLC**
12 **d/b/a La Nacional**
13 *239 W. 14th Street (7/8)*
14 *Transfer On-Premise Liquor License*
15

16 Dear Chairman Bradley:

17
18 Manhattan Community Board 4 (MCB4) recommends **denial** of a transfer On-Premise Liquor License
19 application for La Nacional Café LLC d/b/a La Nacional – 239 W. 14th Street (7/8), **unless** the attached
20 stipulations, agreed to and signed by the applicant, are part of the method of operation for this
21 establishment with hours of operation 12p.m. to 11 p.m. Sundays – Thursdays and 12p.m. – 12a.m.
22 Friday - Saturday; capacity of 74, 20 tables, 64 seats, and 1 stand-up bar with 6 seats; a front porch
23 capacity of 8, and 2 tables with 8 seats within building property line
24

25
26 Sincerely,

27
28
29 Delores Rubin
Chair

Burt Lazarin
Co-Chair
Business License & Permits
Committee

Frank Holozubiec
Co-Chair
Business License & Permits
Committee

30
31

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)	
La Nacional Cafe LLC		La Nacional	
STREET ADDRESS		CROSS STREETS	ZIP CODE
239 W 14th Street		7th & 8th	10011
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME: Spanish Benevolent Society Inc.	NAME: Elke A. Hofmann, Esq.	
	PHONE: (212) 929-7873	ATTORNEY/ REPRESENTAIVE PHONE: (212) 487-9100	
	EMAIL: hola@lanacional.org	EMAIL: elke@eahlaw.com	
MANAGER	NAME: Robert Sanfiz	LANDLORD	NAME: Applicant owns building
	PHONE: (917) 216-5259		PHONE:
	EMAIL: robertosanfiz@yahoo.com		EMAIL:
APPLICATION TYPE (Check One)			
<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 and address of establishment?		
	What were the dates applicant was involved with this former premise?		
<input checked="" type="radio"/> Transfer	What is the prior license # and expiration date?	1260446, 03/31/2016	
	Is applicant making any alterations or operational changes?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	If alterations or operational changes are being made, please describe/list all changes. Relocate bar		
<input type="radio"/> Alteration	What is the current license # and expiration date?		
	Please list/describe the nature of all the changes and attach the plans:		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input checked="" type="checkbox"/> Liquor/Wine/Beer <input type="checkbox"/> Beer <input type="checkbox"/> Wine & Beer		
ESTABLISHMENT TYPE	<input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Club (Fraternal Organization – Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

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

HOURS* <i>(Indoor Only)</i>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	12pm-11pm	12pm-11pm	12pm-11pm	12pm-11pm	12pm-11pm	12pm-11pm	12pm-11pm
	Kitchen	11pm-10pm	11pm-10pm	11pm-10pm	11pm-10pm	11pm-10pm	11pm-10pm	11pm-10pm
	Music	Background music all hours of operation						
If you plan to have music, what type(s)? (Circle all that apply)		<input checked="" type="radio"/> BACKGROUND	<input type="radio"/> LIVE MUSIC	<input type="radio"/> DJ	<input type="radio"/> JUKE BOX	<input type="radio"/> KARAOKE		

OCCUPANCY

	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Stand-Up Bar
INSIDE	74	74	20	64	0	1	6
OUTSIDE <i>(Other than sidewalk café)</i>		8	2	8	N/A	N/A	N/A
SIDEWALK CAFÉ	N/A	N/A	N/A	N/A			

How many floors are there? What is the capacity for each floor? 1, capacity 74

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

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

PS

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

Community Notification/Relations			
NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted	# 1		
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.			
Who was your contact person at each group you met with?			
When did applicant post the notice that was provided?			
Where did applicant post the notice that was provided?			
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	YES	NO	
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	YES	NO	

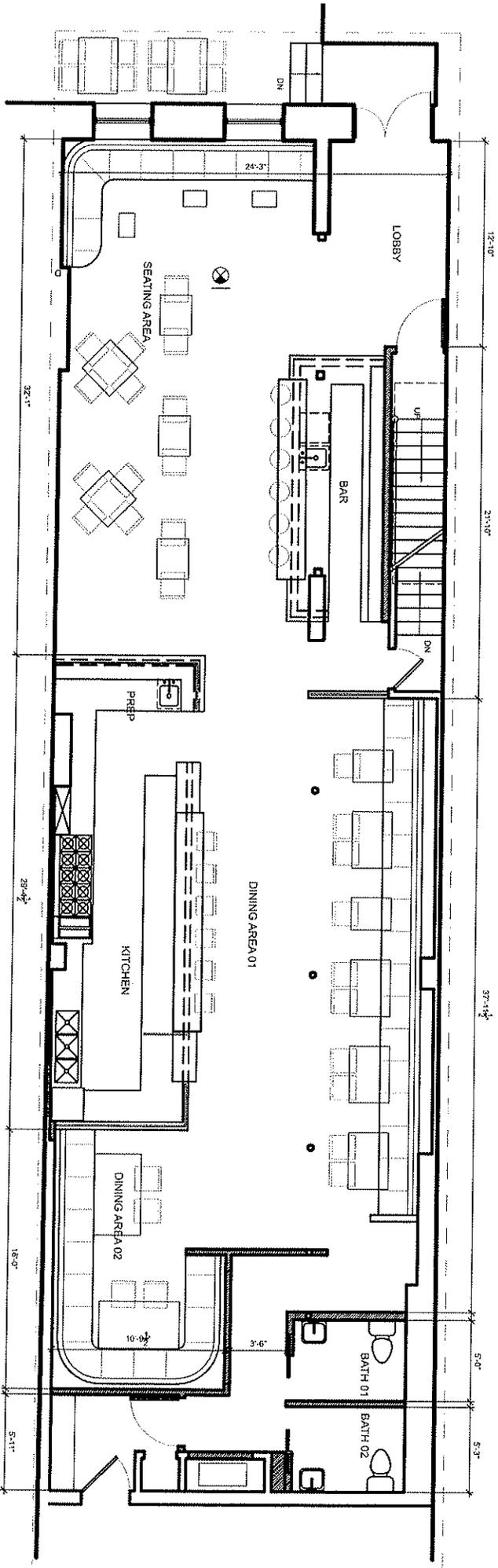
BUILDING DESIGN

State the name and type of business previously located in the space.	Restaurant of the same name		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant have a vestibule within the establishment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Small lobby area
Will applicant use a storm enclosure?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the establishment have any of the following: (circle all that apply)	FRENCH DOORS	GARAGE DOORS	WINDOWS THAT CAN BE OPENED
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	<input type="radio"/> YES	<input type="radio"/> NO	N/A
Will applicant close all windows, French doors, garage doors by 11 PM Friday and Saturday and 10 PM on all other days even if no music or amplified sound is played inside the establishment?	<input type="radio"/> YES	<input type="radio"/> NO	N/A
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	<input type="radio"/> YES	<input type="radio"/> NO	Not needed, basement restaurant
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	N/A, existing basement restaurant with soundproofing
Will the kitchen exhaust system extend to the roof?	<input type="radio"/> YES	<input type="radio"/> NO	Existing system, no issues
Will the establishment have an illuminated sign?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Where will the air conditioner be located? What type is it?	backyard		
When was the air conditioner installed?	unknown		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ

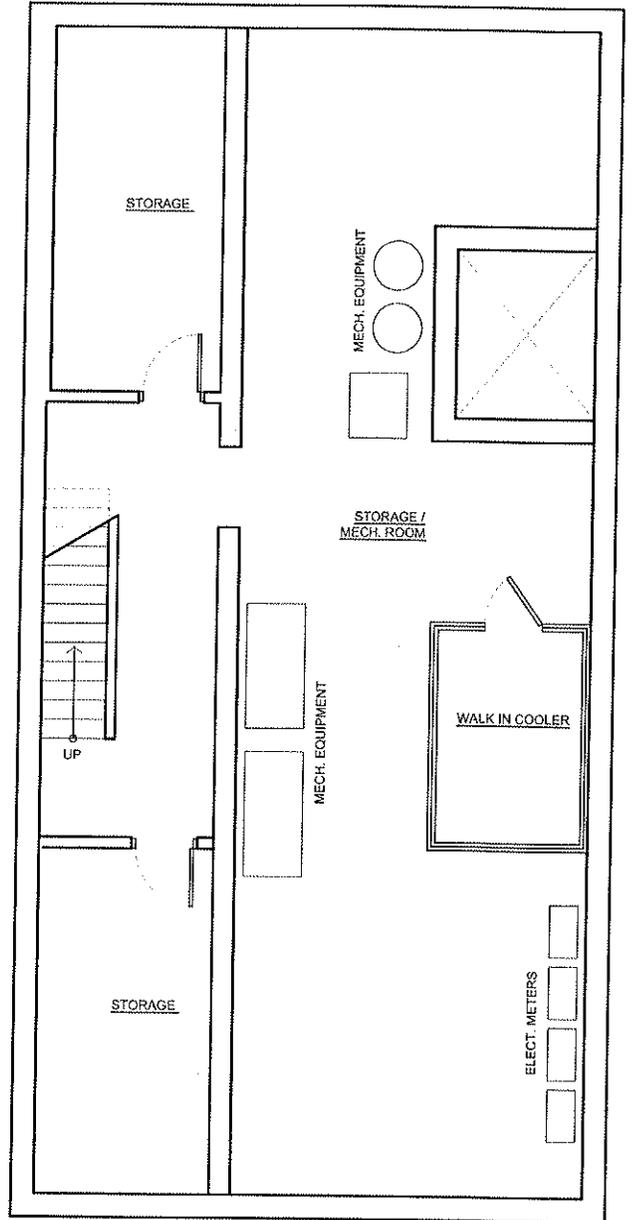
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	<input checked="" type="radio"/> YES	NO	
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	<input checked="" type="radio"/> YES	NO	front porch
Are the floorplans for the outdoor space(s) included?	<input checked="" type="radio"/> YES	NO	
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	<input checked="" type="radio"/> YES	NO	
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	<input checked="" type="radio"/> YES	NO	
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	<input checked="" type="radio"/> YES	NO	
Will there be no amplified music, as per the law?	<input checked="" type="radio"/> YES	NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	<input checked="" type="radio"/> YES	NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<input checked="" type="radio"/> YES	NO	
Will applicant agree to train staff to encourage a peaceful environment?	<input checked="" type="radio"/> YES	NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<input checked="" type="radio"/> YES	NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="radio"/> YES	NO	

OUTDOOR ITEMS – SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	NO	
Will applicant be applying for a sidewalk café now or in the future?	YES	NO	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	YES	NO	
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	YES	NO	
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	NO	
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk café?	YES	NO	
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	YES	NO	
Will applicant use umbrellas?	YES	NO	
If construction or construction protection has reduced the sidewalk width, will applicant always maintain an 8 foot clear path of sidewalk between the perimeter of the café and the closes obstruction including construction barricades?	YES	NO	



RESTAURANT PLAN
03.17.2016.

LA NACIONAL
239 W 14TH STREET
NEW YORK, NEW YORK
10011



BASEMENT

239 W 14th St
 New York, NY 10011
 Btwn 7th & 8th Av

MENU

Tapas Frias

Cold Tapas

Tortilla classic spanish omelette.....	6.00
Pan Con Tomate tomato and garlic paste on toasted baguette.....	6.00
Boquerones white anchovy fillets.....	6.00
Donosti goat cheese, boquerones and piquillo peppers.....	8.00
Salpicon marinated seafood salad.....	9.00
Empanada del dia.....	8.00
Campero Sandwich cured chorizo, serrano ham and salchichon.....	9.50
Trio De Quesos selection of three cheeses with almonds and quinece paste.....	9.50
Ensaladilla Rusa spanish style russian potato salad with tuna.....	8.00
Escalivada roasted mixed vegetables.....	8.00
Esparragos white asparagus with crispy serrano and black olive tapenade.....	9.00

Tapas Calientes

Hot Tapas

Patatas Bravas tradicional fried potatoes with alioli and spicy red sauce.....	6.00
Croquetas daily selection of croquettes.....	8.00
Alcachofas Fritas fried artichokes.....	8.00
Sardinas A La Plancha fresh grilled head-on sardines.....	8.00
Calamares grilled or fried squid.....	9.00
Chorizo fried chorizo.....	8.00
Pancho Moruno grilled marinated pork loin skewers.....	8.00
Pulpo A La Gallega octopus with oil and sweet spanish pimenton.....	9.50
Gambas grilled garlic shrimp.....	9.00
Champinones sauteed mushrooms in garlic and white wine.....	8.00
Albondigas Morunas pork and veal meatballs in pork jus.....	9.00
Tosta Choricera toasted bread, egg and chorizo.....	9.50

Soups \$5

Caldo Gallego white beans, chorizo and escarole.....	
Sopa De Ajo garlic soup, with croutons and egg (vegetarian).....	
Gazpacho classic chilled, spicy vegetables, parsley and olive oil (vegetarian).....	

Salads

Ensalada De Casa romaine lettuce, onions, tomatoes in sherry vinaigrette.....	6.00
Ensalada Mixta romaine lettuce, onions, green asparagus, tomatoes, tuna and hard boiled eggs in sherry vinaigrette.....	8.00

Paellas \$18

Paella De La Casa shrimp, squid, clams, mussels, chicken, green peas and piquillo peppers.....	
Paella Vegetariana artichokes, green asparagus, carrots, mushrooms, onions, green peas, piquillo peppers and string beans.....	
Fideua thin noodles with white fish, shrimp, squid, green peas, piquillo peppers and alioli.....	
Arroz Negro black rice with white fish, shrimp, clams and mussels in so-frito, green peas, piquillo peppers and alioli.....	

Entrees

Pollo Al Ajillo chicken in garlic and white wine sauce served with french fries.....	16.00
Pescado En Salsa Verde fish of the day in parsley sauce, served with potatoes, mussels and shrimp.....	18.00

Zarzuela Al Azafran tradicional saffron casserole with mussels, shrimp, white fish and cockles.....	18.00
Bacalao Al Ajo Arriera codfish in garlic and paprika sauce.....	18.00
New York Sirloin Steak served with french fries.....	19.00
Chuletas De Cordero grilled lamb chops, served with green beans and french fries.....	19.00

Bebidas

Drinks

Sangria.....	sm 18.00	lg 26.00
Calimochito red wine with coke.....		6.00
Tinto De Verano red wine with lemon soda.....		6.00
Refresco soft drinks.....		2.00

Importada \$5

Imported Beer

Estrella Dam.....	
Estrella De Galicia.....	
Becks.....	
Amstel Light.....	
Heineken.....	
Corona.....	
Stella Artois.....	

Nacional \$5

Domestic Beer

Budweiser.....	
Coors Light.....	
O'Doul's non alcoholic.....	

Postres

Desserts

Crema Catalana caramelized custard with orange zest.....	6.00
Torta De Santiago almond cake.....	6.00
Flan traditional vanilla custard.....	6.00
Pudin De Pan chocolate and raisin bread pudding.....	6.00
Peras Al Vino pears in red wine with chantilly cream.....	6.00
Trio De Quesos three cheeses with quince paste and macarona almonds.....	9.50

Choice Of Entree, Soup Or Salad And Drink. Mon-Fri: 12pm-5pm

Soup

Caldo Gallego navy-white beans, chorizo and escarole.....	
Sopa De Ajo vegetarian, garlic, bread cuts and egg.....	
Gazpacho vegetarian, chilled and zesty blended vegetables with parsley oil.....	

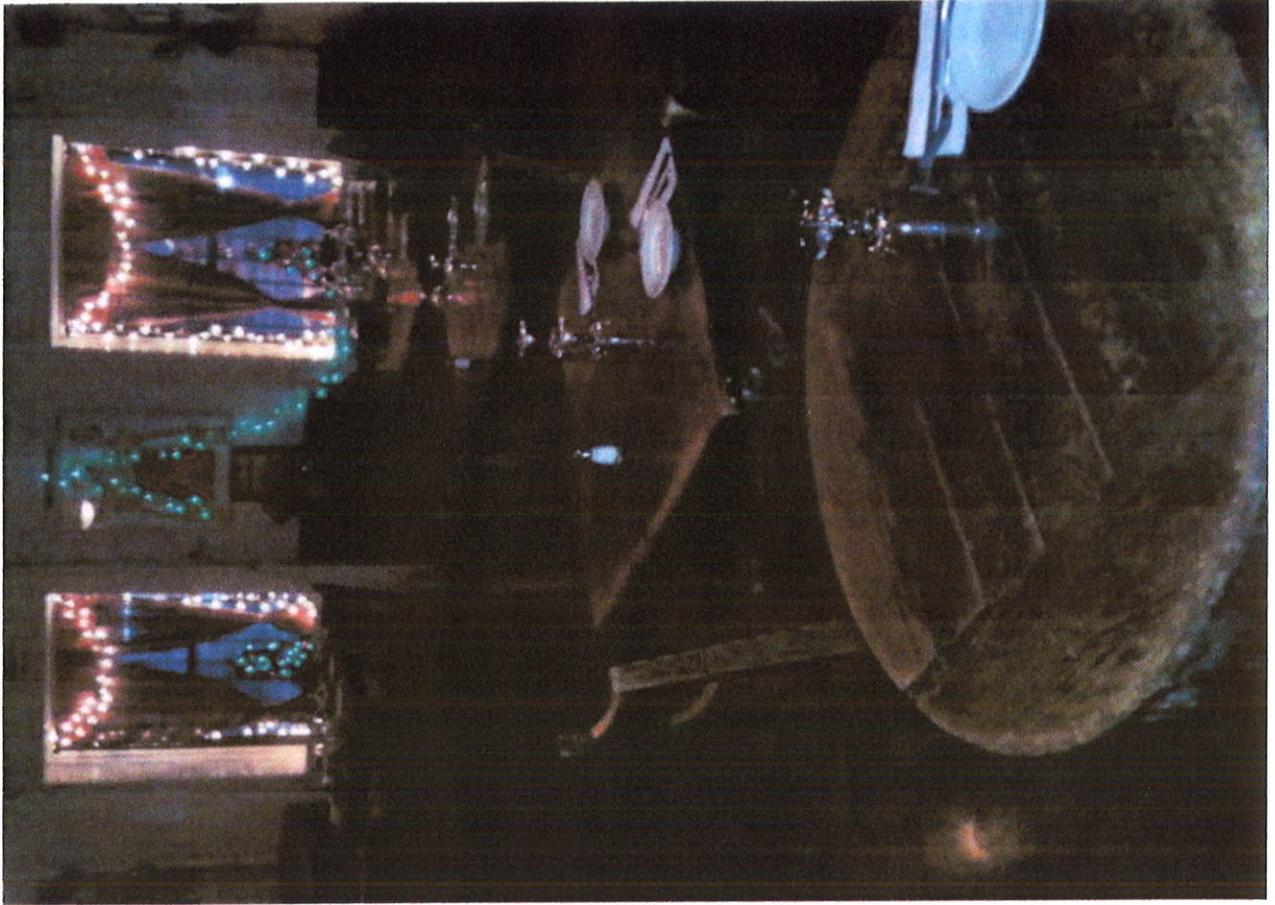
Salad

House Salad romaine lettuce, onions and tomatoes, with sherry vinaigrette.....	
Mediterranean Tomatoes tomatoes, garlic, olive oil and parley.....	

Entree

Chicken grilled chicken breast.....	
Fillet Of Fish grilled or in green sauce.....	
Beef roasted palomilla in garlic white wine sauce.....	
Drink soda or sangria.....	





1 **Business License & Permits Committee**

Item #: 16

2
3 May 4, 2016

4
5 Vincent G. Bradley
6 Chairman
7 New York State Liquor Authority
8 80 S. Swan Street, 9th Floor
9 Albany, New York 12210

10
11 **Re: Chuan Wei Yuan Restaurant Inc.**
12 **d/b/a Grand Sechuan**
13 *229 9th Avenue (24)*
14 *New Restaurant Wine and Beer License*

15
16 Dear Chairman Bradley:

17
18 Manhattan Community Board 4 (MCB4) recommends **denial** of a new Restaurant Wine and Beer
19 License application for Chuan Wei Yuan Restaurant Inc. d/b/a Grand Sechuan – 229 9th Avenue (24),
20 **unless** the attached stipulations, agreed to and signed by the applicant, are part of the method of
21 operation for this establishment with hours of operation 11:30a.m. to 11 p.m. seven days a week;
22 capacity of no more than 75, 19 tables, and 56 seats

23
24 Sincerely,

25
26
27 Delores Rubin
Chair

Burt Lazarin
Co-Chair
Business License & Permits
Committee

Frank Holozubiec
Co-Chair
Business License & Permits
Committee

28
29

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

HOURS* <i>(Indoor Only)</i>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	11:30am-11:00pm						
	Kitchen	11:30am-11:00pm						
	Music							
If you plan to have music, what type(s)? (Circle all that apply)		BACKGROUND		LIVE MUSIC	DJ	JUKE BOX	KARAOKE	

OCCUPANCY

	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Stand-Up Bar
INSIDE	no more than 75	62	19	56	N/A	N/A	N/A
OUTSIDE <i>(Other than sidewalk café)</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A
SIDEWALK CAFÉ	N/A	N/A	N/A	N/A			

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

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

Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?

YES

Will applicant have bottle or table service for beverage alcohol?

YES

Will you be hosting private, promotional or corporate events?

YES

Will outside promoters be used on a regular basis? If yes please describe.

YES

Will you have a security plan? If, yes please attach.

YES NO

Will security plan be implemented?

YES NO

Will State certified security personnel be used?

YES

Will New York Nighliffe Association and NYPD Best Practices be followed?

YES NO

Will applicant be using delivery bicycles? If yes, how many?

YES NO

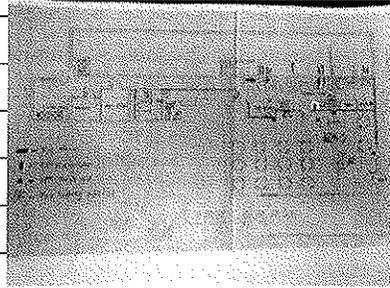
One

Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law?

YES NO

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

Storage room



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

Community Notification/Relations			
NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted	# 1	300 West 21st/22nd/23rd Street Block Association: Eleanor Horowitz; Andra Gabrielle; Phyllis Waisman; Zazel Loven	
	# 2	Penn South 8th Ave/9th Ave (23-29): Mario Mazzoni	
	# 3	West 25th Street Block Association: Carla Norstrom; Bill Borock	
	# 4	400 West 21/22/23 Streets Block Association: Mary Swartz; Eileen McElduff; Jean Blair; Keran Jacob; Joanne Downes	
	# 5		
Please provide dates when applicant met with the groups listed above.			
Who was your contact person at each group you met with?			
When did applicant post the notice that was provided?		03/22/2016	
Where did applicant post the notice that was provided?		Via email	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.		<input checked="" type="radio"/>	NO 917-480-6969
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		<input checked="" type="radio"/>	NO

BUILDING DESIGN			
State the name and type of business previously located in the space.	Chelsea Chinese Restaurant Inc. Type of business: Restaurant		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Chelsea Chinese Restaurant Inc.
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="radio"/> NO	
Will applicant have a vestibule within the establishment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant use a storm enclosure?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the establishment have any of the following: (circle all that apply)	FRENCH DOORS	GARAGE DOORS	WINDOWS THAT CAN BE OPENED
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	YES	<input type="radio"/> NO	No music or amplified sound will be played
Will applicant close all windows, French doors, garage doors by 11 PM Friday and Saturday and 10 PM on all other days even if no music or amplified sound is played inside the establishment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	<input checked="" type="radio"/> NO	
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the kitchen exhaust system extend to the roof?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the establishment have an illuminated sign?	YES	<input checked="" type="radio"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Where will the air conditioner be located? What type is it?	Ceiling, central air conditioning		
When was the air conditioner installed?	It was installed by the previous owner		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	<input checked="" type="radio"/>	NO	
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	<input checked="" type="radio"/>	
Are the floorplans for the outdoor space(s) included?	YES	<input checked="" type="radio"/>	
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	YES	NO	No outdoor space(s) will be used
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	<input checked="" type="radio"/>	
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	NO	Not applicable, because there is no any outdoor space available
Will there be no amplified music, as per the law?	<input checked="" type="radio"/>	NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	<input checked="" type="radio"/>	NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<input checked="" type="radio"/>	NO	
Will applicant agree to train staff to encourage a peaceful environment?	<input checked="" type="radio"/>	NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<input checked="" type="radio"/>	NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	Not applicable, we don't have outdoor space(s)

OUTDOOR ITEMS – SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant be applying for a sidewalk café now or in the future?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	<input type="radio"/> YES	<input type="radio"/> NO	Not applicable
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	<input type="radio"/> YES	<input type="radio"/> NO	Not applicable
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk café?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant mark the perimeter of the café on the sidewalk?	<input type="radio"/> YES	<input type="radio"/> NO	Not applicable
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	<input type="radio"/> YES	<input type="radio"/> NO	Not applicable
Will the sidewalk café not provide standing space for drinking or smoking?	<input type="radio"/> YES	<input type="radio"/> NO	Not applicable
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input type="radio"/> YES	<input type="radio"/> NO	Not applicable
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	<input type="radio"/> YES	<input type="radio"/> NO	Not applicable
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	<input type="radio"/> YES	<input type="radio"/> NO	Not applicable
Will applicant use umbrellas?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
If construction or construction protection has reduced the sidewalk width, will applicant always maintain an 8 foot clear path of sidewalk between the perimeter of the café and the closes obstruction including construction barricades?	<input type="radio"/> YES	<input type="radio"/> NO	Not applicable

ADDITIONAL STIPULATIONS: (Office Use Only)

- No music whatsoever will be played
- Updated floor plan will be submitted by 4/30/16

To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

LUNCH SPECIALS \$6.98

11:30 A.M. - 4:00 P.M.

All Lunch Specials served with White or Brown Rice

Pads

Choose any One of the following:
 or Fish (Choice of Egg Roll, Vegetable Fried
 or Spring Roll, or Egg Roll, Bean Wraps or Spring Vegetarian Roll & Sour Cream
 or Dumplings (Choice of Chicken, Beef, Pork, and Egg, Spring Rolls, Gyoza, Ahi, Spaghetti or Sausage)

香 雞 菜	L 1.	Chicken w. Broccoli
香 雞 菜	L 2.	Chicken w. Mixed Vegetables
五 香 雞	L 3.	* General Tso's Chicken
香 雞 菜	L 4.	* Orange Flavored Chicken
香 雞 菜	L 5.	* Sesame Chicken
香 雞 菜	L 6.	* Chicken w. Garlic Sauce
香 雞 菜	L 7.	Chicken w. Cashew Nuts
香 雞 菜	L 8.	* Hunan Chicken
香 雞 菜	L 9.	Chicken w. Sour Cabbage
香 雞 菜	L 10.	Chicken w. String Bean
香 雞 菜	L 11.	Chicken w. Black Bean Sauce
香 雞 菜	L 11a.	* Kung Bao Chicken (w. Peanut)
香 雞 菜	L 12.	Beef w. Broccoli
香 雞 菜	L 13.	Pepper Steak
香 雞 菜	L 14.	* Orange Flavored Beef
香 雞 菜	L 15.	* Sesame Beef
香 雞 菜	L 15a.	* Beef w. Garlic Sauce
香 雞 菜	L 16.	Beef w. String Bean
香 雞 菜	L 17.	* Beef w. Bean Curd
香 雞 菜	L 18.	* Hunan Beef
香 雞 菜	L 18a.	Beef w. Mixed Vegetable
香 雞 菜	L 19.	* Double Cooked Roast Pork
香 雞 菜	L 20.	* Shredded Pork Garlic Sauce
香 雞 菜	L 21.	Shredded Pork w. Dry Bean Curd
香 雞 菜	L 22.	Baby Shrimp w. Broccoli
香 雞 菜	L 22a.	Baby Shrimp w. Mixed Vegetables
香 雞 菜	L 23.	* Diced Chicken & Shrimp w. Kung Bao Sauce
香 雞 菜	L 24.	* Baby Shrimp w. Garlic Sauce
香 雞 菜	L 25.	Baby Shrimp w. Bean Curd
香 雞 菜	L 26.	Mixed Vegetables
香 雞 菜	L 27.	Sautéed Three Greens
香 雞 菜	L 28.	Sautéed Bean Curd w. Mixed Vegetable
香 雞 菜	L 29.	Broccoli w. Garlic Sauce
香 雞 菜	L 30.	Broccoli w. Tofu
香 雞 菜	L 31.	* Ma Po Tofu w. Pork (or without Pork)

* Hot & Spicy

We Do Delivery



Grand Sichuan Restaurant

Original Sichuan Food Chinese Restaurant

Tel: (212) 620-5200

228 9th Ave., (24 St.) New York, NY 10001

Take-out Menu Only

B.B.Q. ROAST MEATS

1	Roast Pork	(Over 6.95)
2	Spare Ribs	(Over 7.95) (9-11.95)
3	Roast Duck	(Over 7.95) (9-11.95)

MANDARIN NOODLE SOUP

4	Wonton Noodle Soup	6.24
5	Roast Pork Noodle Soup	6.95
6	Roast Duck Noodle Soup	6.95
7	Vegetable Noodle Soup	6.24
8	Chicken Noodle Soup	6.24
9	Chicken w. Broccoli Noodle Soup	6.24
10	Chicken w. String Bean Noodle Soup	6.24
11	Spiced Noodle Soup	7.95
12	Shrimp Noodle Soup	7.95
13	Pork w. Cabbage Noodle Soup	6.24
14	Roast Pork w. Noodle Soup	7.95

NOODLES & FRIED RICE

15	Fried Rice (Chicken & Pork)	5.95
16	Fried Rice (Shrimp & Pork)	5.95
17	Fried Rice (Beef & Pork)	5.95
18	Fried Rice (Vegetable)	5.95
19	Fried Rice (Egg & Pork)	5.95
20	Fried Rice (Chicken & Pork)	5.95
21	Fried Rice (Shrimp & Pork)	5.95
22	Fried Rice (Beef & Pork)	5.95
23	Fried Rice (Vegetable)	5.95
24	Fried Rice (Egg & Pork)	5.95
25	Fried Rice (Chicken & Pork)	5.95
26	Fried Rice (Shrimp & Pork)	5.95
27	Fried Rice (Beef & Pork)	5.95
28	Fried Rice (Vegetable)	5.95
29	Fried Rice (Egg & Pork)	5.95
30	Fried Rice (Chicken & Pork)	5.95
31	Fried Rice (Shrimp & Pork)	5.95
32	Fried Rice (Beef & Pork)	5.95
33	Fried Rice (Vegetable)	5.95
34	Fried Rice (Egg & Pork)	5.95
35	Fried Rice (Chicken & Pork)	5.95
36	Fried Rice (Shrimp & Pork)	5.95
37	Fried Rice (Beef & Pork)	5.95
38	Fried Rice (Vegetable)	5.95
39	Fried Rice (Egg & Pork)	5.95
40	Fried Rice (Chicken & Pork)	5.95
41	Fried Rice (Shrimp & Pork)	5.95
42	Fried Rice (Beef & Pork)	5.95
43	Fried Rice (Vegetable)	5.95
44	Fried Rice (Egg & Pork)	5.95
45	Fried Rice (Chicken & Pork)	5.95
46	Fried Rice (Shrimp & Pork)	5.95
47	Fried Rice (Beef & Pork)	5.95
48	Fried Rice (Vegetable)	5.95
49	Fried Rice (Egg & Pork)	5.95
50	Fried Rice (Chicken & Pork)	5.95
51	Fried Rice (Shrimp & Pork)	5.95
52	Fried Rice (Beef & Pork)	5.95
53	Fried Rice (Vegetable)	5.95
54	Fried Rice (Egg & Pork)	5.95
55	Fried Rice (Chicken & Pork)	5.95
56	Fried Rice (Shrimp & Pork)	5.95
57	Fried Rice (Beef & Pork)	5.95
58	Fried Rice (Vegetable)	5.95
59	Fried Rice (Egg & Pork)	5.95
60	Fried Rice (Chicken & Pork)	5.95
61	Fried Rice (Shrimp & Pork)	5.95
62	Fried Rice (Beef & Pork)	5.95
63	Fried Rice (Vegetable)	5.95
64	Fried Rice (Egg & Pork)	5.95
65	Fried Rice (Chicken & Pork)	5.95
66	Fried Rice (Shrimp & Pork)	5.95
67	Fried Rice (Beef & Pork)	5.95
68	Fried Rice (Vegetable)	5.95
69	Fried Rice (Egg & Pork)	5.95
70	Fried Rice (Chicken & Pork)	5.95
71	Fried Rice (Shrimp & Pork)	5.95
72	Fried Rice (Beef & Pork)	5.95
73	Fried Rice (Vegetable)	5.95
74	Fried Rice (Egg & Pork)	5.95
75	Fried Rice (Chicken & Pork)	5.95
76	Fried Rice (Shrimp & Pork)	5.95
77	Fried Rice (Beef & Pork)	5.95
78	Fried Rice (Vegetable)	5.95
79	Fried Rice (Egg & Pork)	5.95
80	Fried Rice (Chicken & Pork)	5.95
81	Fried Rice (Shrimp & Pork)	5.95
82	Fried Rice (Beef & Pork)	5.95
83	Fried Rice (Vegetable)	5.95
84	Fried Rice (Egg & Pork)	5.95
85	Fried Rice (Chicken & Pork)	5.95
86	Fried Rice (Shrimp & Pork)	5.95
87	Fried Rice (Beef & Pork)	5.95
88	Fried Rice (Vegetable)	5.95
89	Fried Rice (Egg & Pork)	5.95
90	Fried Rice (Chicken & Pork)	5.95
91	Fried Rice (Shrimp & Pork)	5.95
92	Fried Rice (Beef & Pork)	5.95
93	Fried Rice (Vegetable)	5.95
94	Fried Rice (Egg & Pork)	5.95
95	Fried Rice (Chicken & Pork)	5.95
96	Fried Rice (Shrimp & Pork)	5.95
97	Fried Rice (Beef & Pork)	5.95
98	Fried Rice (Vegetable)	5.95
99	Fried Rice (Egg & Pork)	5.95
100	Fried Rice (Chicken & Pork)	5.95

SOUP

21	Hot Egg Drop Soup	2.25 4.50
22	Wonton Soup	2.25 4.50
23	Wonton Hot & Sour Soup	2.25 4.50
24	Bean Curd Vegetable Soup	5.95
25	Bean Curd Shrimp Soup	4.50
26	Chicken w. Spinach Soup	5.95
27	Chicken Vegetable Soup	5.95
28	Green Seafood Soup	7.95
29	Chicken & Lotus Soup	7.95
30	Bean Curd w. Three Treasure Soup	1.95
31	Mixed Fish and Sea Cabbage Soup	7.95
32	Crab Meat and Noodle Soup	1.95
33	Hot Bean Soup	7.95
34	Pumpkin & Chicken Soup	6.95

APPETIZERS

35	Crab Meat & Pork Soup Dumpling (8)	7.95
36	Pork Soup Dumpling (8)	6.95
37	Egg Roll	2.25
38	Vegetable Roll	2.25
39	Spring Roll	4.95
40	Spring Roll w. Sesame Sauce (8)	5.95
41	Roast Pork Bun (1)	1.95
42	Fried Chicken Wing (6)	5.95
43	Spicy Pancake	4.95
44	Steamed Pork Dumpling	5.95
45	Fried Pork Dumpling	6.95
46	Hot Pot Dumpling	4.95
47	Chicken Spring Roll Dumpling	5.95
48	Spicy Fried Chicken Dumpling	5.95
49	Vegetable Dumpling	6.95
50	Spicy Wonton Soup	4.95
51	Sichuan Wonton w. Hot Oil	4.95
52	Spicy Cold Noodle (or Hot Spicy)	5.95
53	Hot Pot Noodle w. Hot Sauce	5.95

COLD DISHES

54	Hot & Spicy Sauce	2.95
55	Hot & Spicy Sauce	2.95
56	Hot & Spicy Sauce	2.95
57	Hot & Spicy Sauce	2.95
58	Hot & Spicy Sauce	2.95
59	Hot & Spicy Sauce	2.95
60	Hot & Spicy Sauce	2.95
61	Hot & Spicy Sauce	2.95
62	Hot & Spicy Sauce	2.95
63	Hot & Spicy Sauce	2.95
64	Hot & Spicy Sauce	2.95
65	Hot & Spicy Sauce	2.95
66	Hot & Spicy Sauce	2.95
67	Hot & Spicy Sauce	2.95
68	Hot & Spicy Sauce	2.95
69	Hot & Spicy Sauce	2.95
70	Hot & Spicy Sauce	2.95
71	Hot & Spicy Sauce	2.95
72	Hot & Spicy Sauce	2.95
73	Hot & Spicy Sauce	2.95
74	Hot & Spicy Sauce	2.95
75	Hot & Spicy Sauce	2.95
76	Hot & Spicy Sauce	2.95
77	Hot & Spicy Sauce	2.95
78	Hot & Spicy Sauce	2.95
79	Hot & Spicy Sauce	2.95
80	Hot & Spicy Sauce	2.95
81	Hot & Spicy Sauce	2.95
82	Hot & Spicy Sauce	2.95
83	Hot & Spicy Sauce	2.95
84	Hot & Spicy Sauce	2.95
85	Hot & Spicy Sauce	2.95
86	Hot & Spicy Sauce	2.95
87	Hot & Spicy Sauce	2.95
88	Hot & Spicy Sauce	2.95
89	Hot & Spicy Sauce	2.95
90	Hot & Spicy Sauce	2.95
91	Hot & Spicy Sauce	2.95
92	Hot & Spicy Sauce	2.95
93	Hot & Spicy Sauce	2.95
94	Hot & Spicy Sauce	2.95
95	Hot & Spicy Sauce	2.95
96	Hot & Spicy Sauce	2.95
97	Hot & Spicy Sauce	2.95
98	Hot & Spicy Sauce	2.95
99	Hot & Spicy Sauce	2.95
100	Hot & Spicy Sauce	2.95





229 9th AVE.
TEL: 212-620-5200

Grand Sichuan

Grand Sichuan
Restaurant

Handwritten graffiti on mailbox:
Jesse
DCEVE
NEW YORK
STATE
POSTAL SERVICE

1 **Business License & Permits Committee**

Item #: 17

2
3 May 4, 2016

4
5 Vincent G. Bradley
6 Chairman
7 New York State Liquor Authority
8 80 S. Swan Street, 9th Floor
9 Albany, New York 12210

10
11 **Re: MRT 58 Restaurant LLC**
12 *538 W. 58th Street (10/11)*
13 *New On-Premise Liquor License*

14
15 Dear Chairman Bradley:

16
17 Manhattan Community Board 4 (MCB4) recommends **denial** of a New On-Premise Liquor License
18 application for MRT 58 Restaurant LLC – 538 W. 58th Street (10/11), **unless** the attached stipulations,
19 agreed to and signed by the applicant, are part of the method of operation for this establishment with
20 hours of operation 12p.m. to 2a.m. seven days a week; capacity of 26, 3 tables, 19 seats, and 1 service -
21 only bar

22
23 Sincerely,

24
25
26 Delores Rubin
Chair

Burt Lazarin
Co-Chair
Business License & Permits
Committee

Frank Holozubiec
Co-Chair
Business License & Permits
Committee

27
28

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)	
MRT 58 Restaurant LLC			
STREET ADDRESS		CROSS STREETS	ZIP CODE
538 W. 58th Street		10th & 11th Avenue	10019
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME: Samir Gandhi	ATTORNEY/ REPRESENTATIVE	NAME: Stacy L. Weiss
	PHONE: 215-715-4611		PHONE: 212-521-0828
	EMAIL: sgandhi@gandhilaw.com		EMAIL: slweissattorney@aol.com
MANAGER	NAME: Samir Gandhi	LANDLORD	NAME: RNMB West 58 LLC
	PHONE: 215-715-4611		PHONE: 516-773-9300
	EMAIL: sgandhi@gandhilaw.com		EMAIL: bwrynn@mcsamhotel.com
APPLICATION TYPE (Check One)			
<input checked="" type="checkbox"/> New	Has applicant owned or managed a similar business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	What is/was the name and address of establishment?	See attachment	
	What were the dates applicant was involved with this former premise?	All are active/ See attachment	
<input type="checkbox"/> Transfer	What is the prior license # and expiration date?	N/A	
	Is applicant making any alterations or operational changes?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	If alterations or operational changes are being made, please describe/list all changes. N/A		
<input type="checkbox"/> Alteration	What is the current license # and expiration date?	N/A	
	Please list/describe the nature of all the changes and attach the plans: N/A		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input checked="" type="checkbox"/> Liquor/Wine/Beer <input type="checkbox"/> Beer <input type="checkbox"/> Wine & Beer		
ESTABLISHMENT TYPE	<input type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input checked="" type="checkbox"/> Hotel <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Club (Fraternal Organization – Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	See Attachment
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	All Active/ See Attachment
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

MRT 58 Restaurant LLC

Other Businesses owned by Applicant Samir Gandhi:

Name:	Address:	Status:
SC Delancey LLC	148 Delancey St., New York, NY 10002	Active
Hi Delancey Restaurant LLC & Eatdrinkinnovate LLC	148-150 Delancey St., NY, NY 10002	Active
Hi 290 Restaurant LLC & Eat Drink Innovate 1 LLC	290 Wild Ave, Staten Island, NY 10314	Active
IMDN Holdings LLC AND EDJD Properties Inc	585 8 th Ave, New York, NY 10018	Active

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)									
HOURS* <i>(Indoor Only)</i>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	12pm-2am	12pm-2am	12pm-2am	12pm-2am	12pm-2am	12pm-2am	12pm-2am	12pm-2am
	Kitchen	N/A	N/A	N/A	N/A	N/A	N/A	N/A	
	Music								
If you plan to have music, what type(s)? (Circle all that apply)		<input checked="" type="checkbox"/> BACKGROUND	<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> DJ	<input type="checkbox"/> JUKE BOX	<input type="checkbox"/> KARAOKE			
OCCUPANCY									
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Stand-Up Bar		
INSIDE	26	26	3	19	1	0	0		
OUTSIDE <i>(Other than sidewalk cafe)</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
SIDEWALK CAFE	N/A	N/A	N/A	N/A	N/A				
How many floors are there? What is the capacity for each floor?					18 Floor hotel - bar is only on lobby floor				
How frequently will the owner(s) be at the establishment?					Frequently at least 5 days a week				
Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?					<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO			
Will applicant have bottle or table service for beverage alcohol?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO			
Will you be hosting private, promotional or corporate events?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO			
Will outside promoters be used on a regular basis? If yes please describe.					<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO			
Will you have a security plan? If, yes please attach.					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Hotel Security		
Will security plan be implemented?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO			
Will State certified security personnel be used?					<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO			
Will New York Nightlife Association and NYPD Best Practices be followed?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO			
Will applicant be using delivery bicycles? If yes, how many?					<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO			
Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law?					<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A		
Where will delivery bicycles be stored during the day when not in use?					N/A				

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

Community Notification/Relations			
NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted	# 1	West 43rd Street Block Association: Eduardo Zeiger	
	# 2	Manhattan Plaza Tenants Association: Douglas Leland	
	# 3	West 44 Street Better Block Association: Linda Ashley	
	# 4	West 44th Street (b. 9th/10th) Block Association: Renee & Gordon Stanley	
	# 5	West 44th Street (b. 9th/10th) Block Association: Rudy Papiri	
Please provide dates when applicant met with the groups listed above.		TBD	
Who was your contact person at each group you met with?		TBD	
When did applicant post the notice that was provided?		March 18, 2016	
Where did applicant post the notice that was provided?		On the gate (see attached pictures)	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO 215-715-4611
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

see attachment

MRT 58 Restaurant LLC

Continuation of Block Association List:

West 45th Street Block Association: Tim Tanner

West 45th Street Block Association: (between 9th/11th Aves: Chad Widawsky

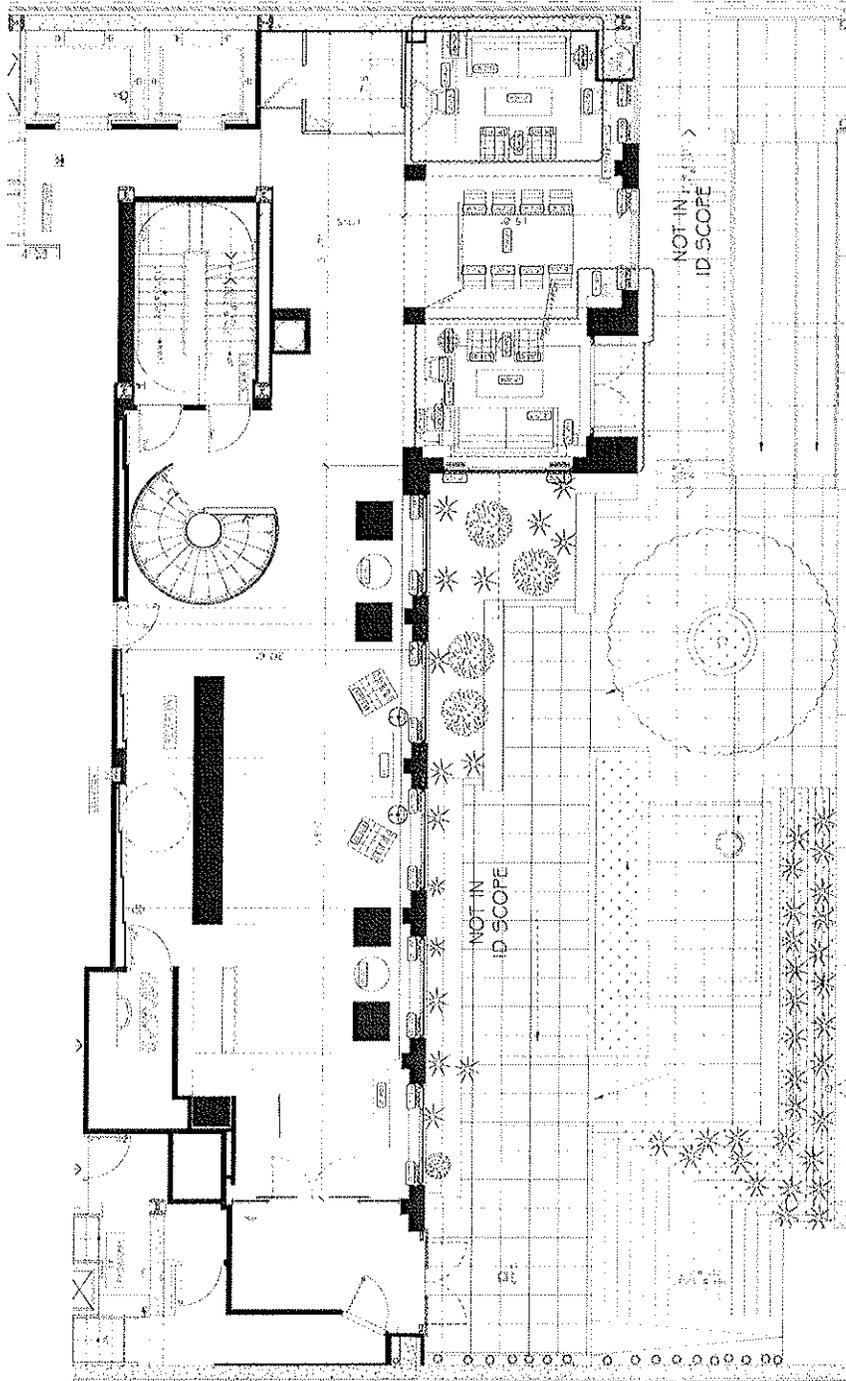
West 46th Street Block Association: Allison Tupper

West 46th Street Block Association: Steven Panto

BUILDING DESIGN			
State the name and type of business previously located in the space.	New Construction		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	New Build
Will applicant have a vestibule within the establishment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant use a storm enclosure?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have any of the following: (circle all that apply) N/A	<input type="checkbox"/> FRENCH DOORS	<input type="checkbox"/> GARAGE DOORS	<input type="checkbox"/> WINDOWS THAT CAN BE OPENED
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant close all windows, French doors, garage doors by 11 PM Friday and Saturday and 10 PM on all other days even if no music or amplified sound is played inside the establishment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will the kitchen exhaust system extend to the roof?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will the establishment have an illuminated sign?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will the establishment have a canopy extending over the sidewalk?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Where will the air conditioner be located? What type is it?	Central A/C		
When was the air conditioner installed?	2016		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are the floorplans for the outdoor space(s) included?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will there be no amplified music, as per the law?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant agree to train staff to encourage a peaceful environment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A

OUTDOOR ITEMS – SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Will applicant be applying for a sidewalk café now or in the future?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Will applicant mark the perimeter of the café on the sidewalk?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Will the sidewalk café not provide standing space for drinking or smoking?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	N/A
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
Will applicant use umbrellas?	<input type="checkbox"/>	<input type="checkbox"/>	N/A
If construction or construction protection has reduced the sidewalk width, will applicant always maintain an 8 foot clear path of sidewalk between the perimeter of the café and the closes obstruction including construction barricades?	<input type="checkbox"/>	<input type="checkbox"/>	N/A



Lobby Bar Menu

Fairfield Inn and Suites by Marriott Central Park

Items:

Jalapeno Cheese Straws

Tri Colori Chips and Salsa

Colossal Shrimp Cocktail

Smoked Trout Crostini with Radish Dill Cream

Mini Crab Cakes with Lemon Mayonnaise

Margareta Flatbread Pizza

Crispy Jalapeno Flatbread Pizza

Blue Cheese bacon Dip

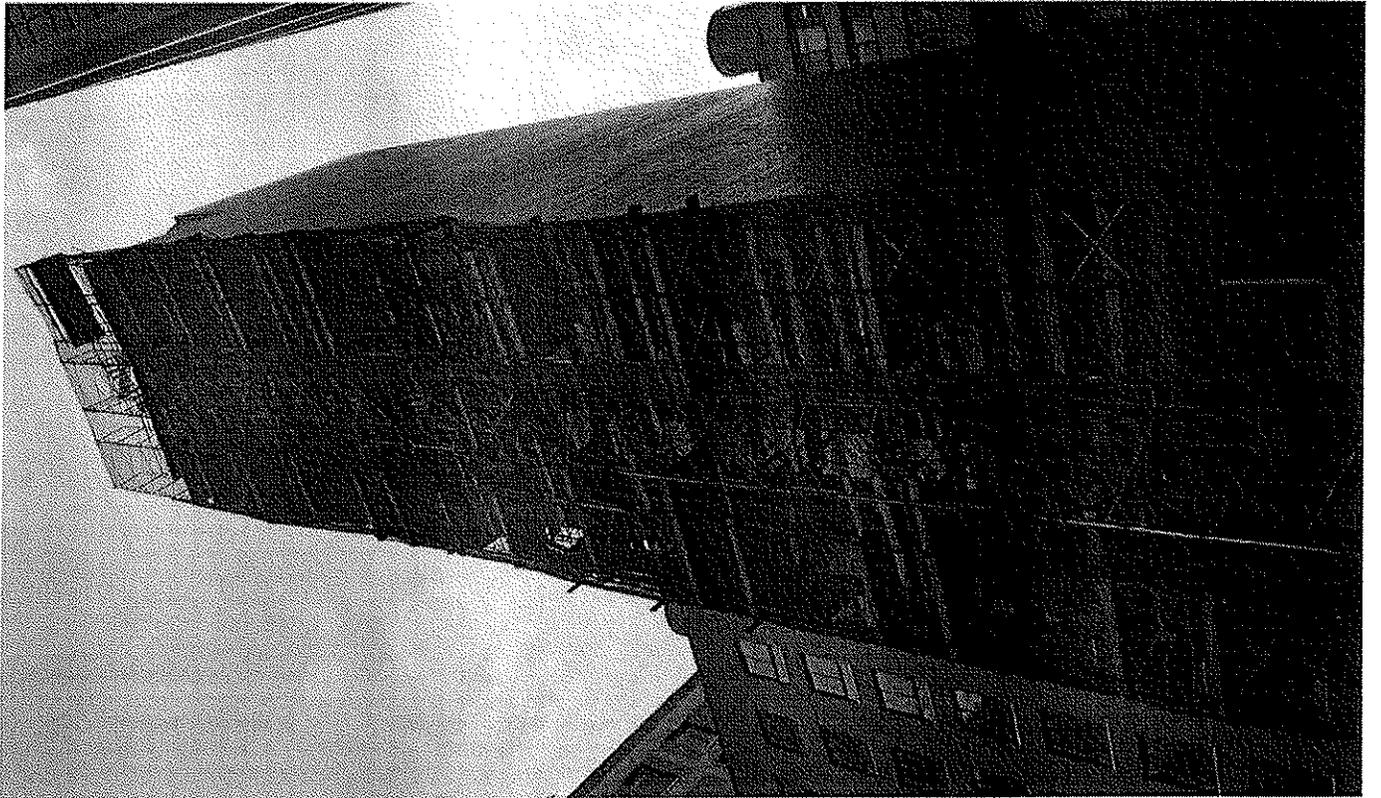
Warm Cranberry Walnut Bree and Chips

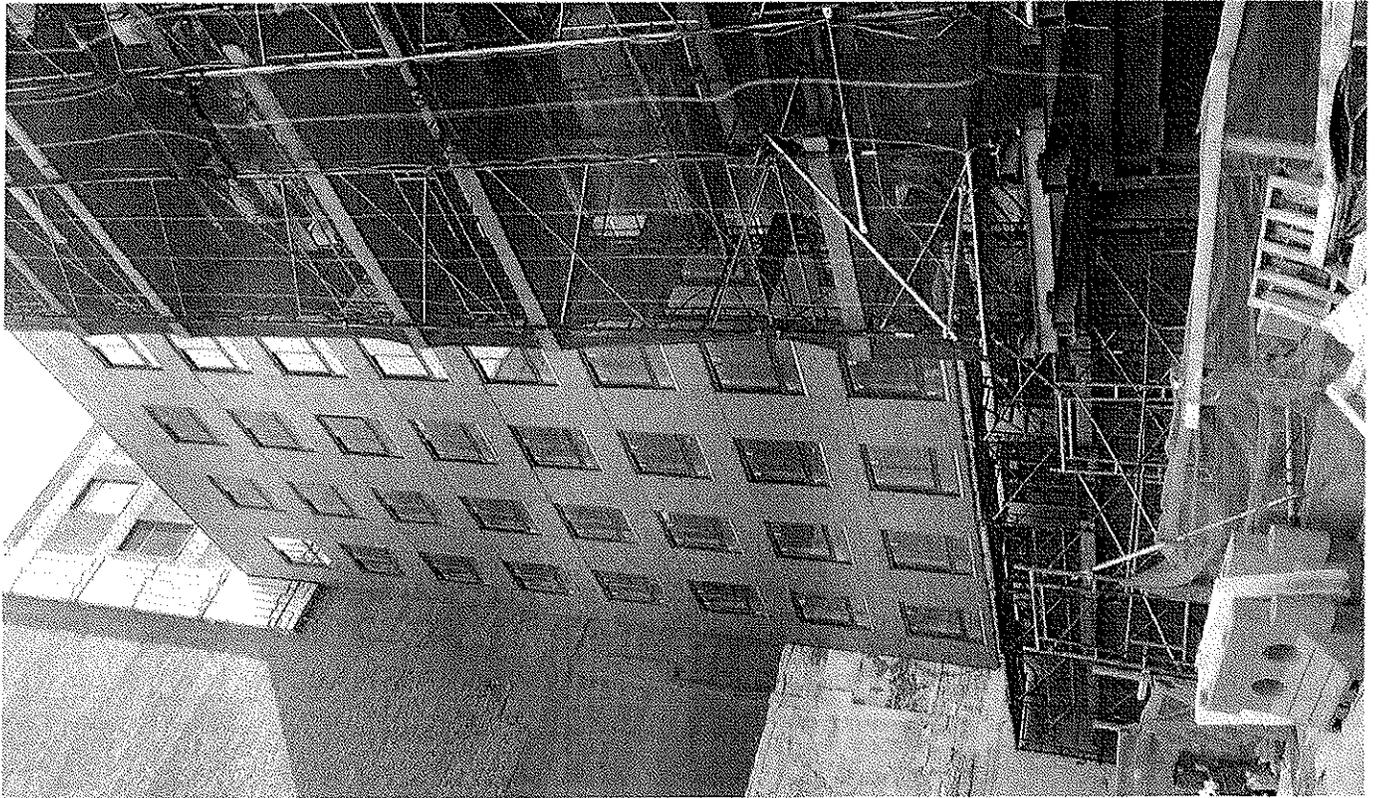
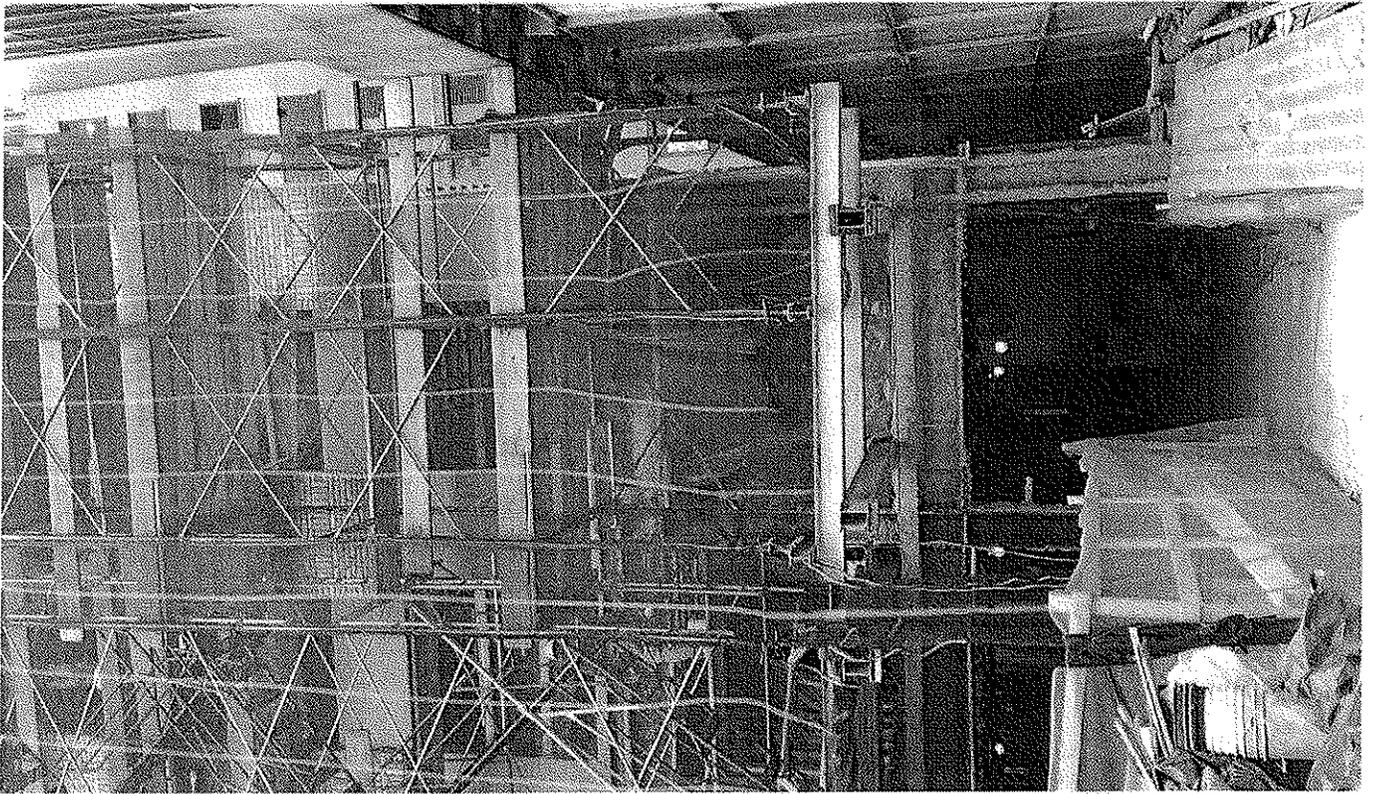
Lump Crab Morany Dip

Deviled Potatoes Skins

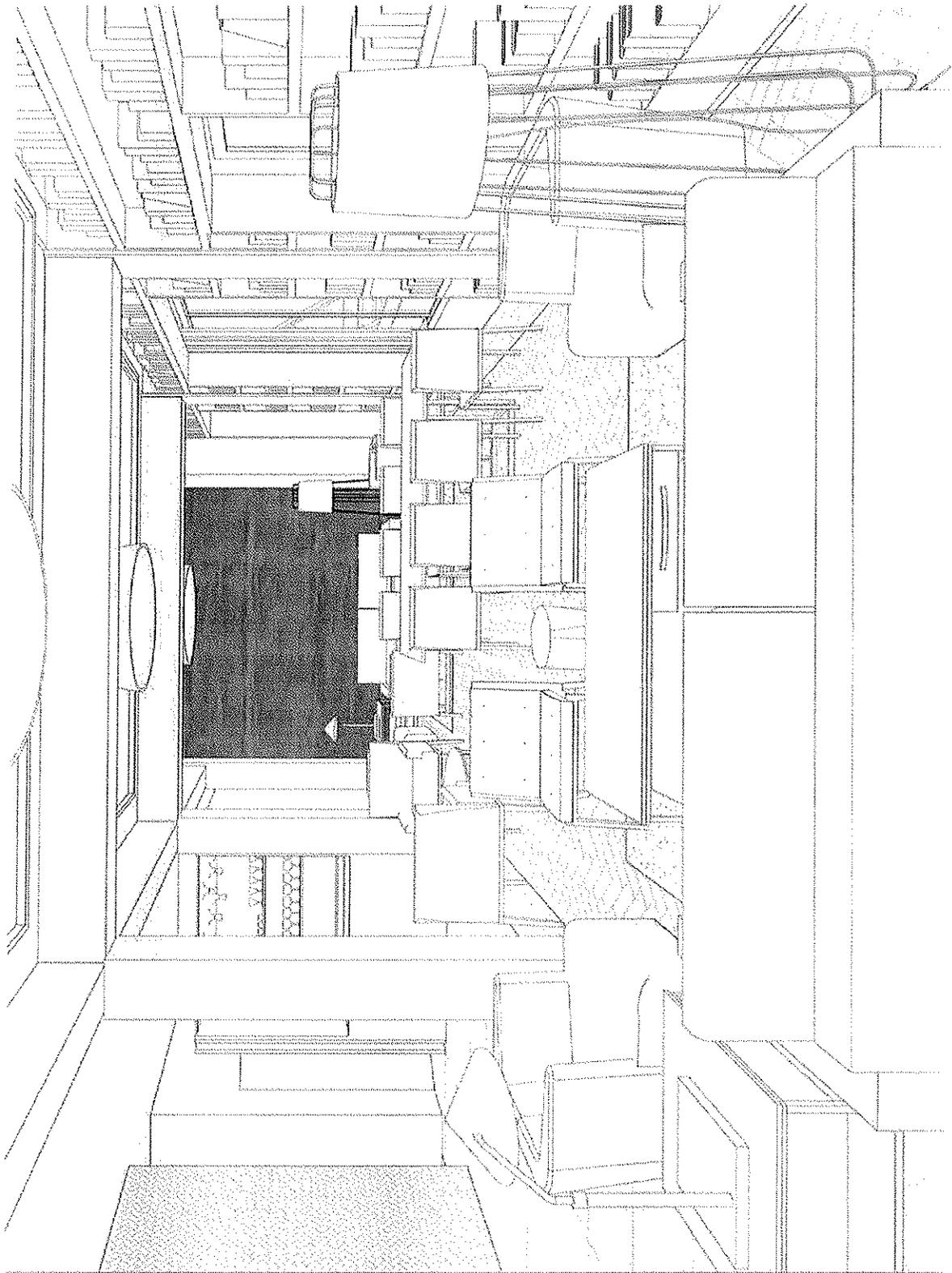
Guacamole Goat Cheese Toasts

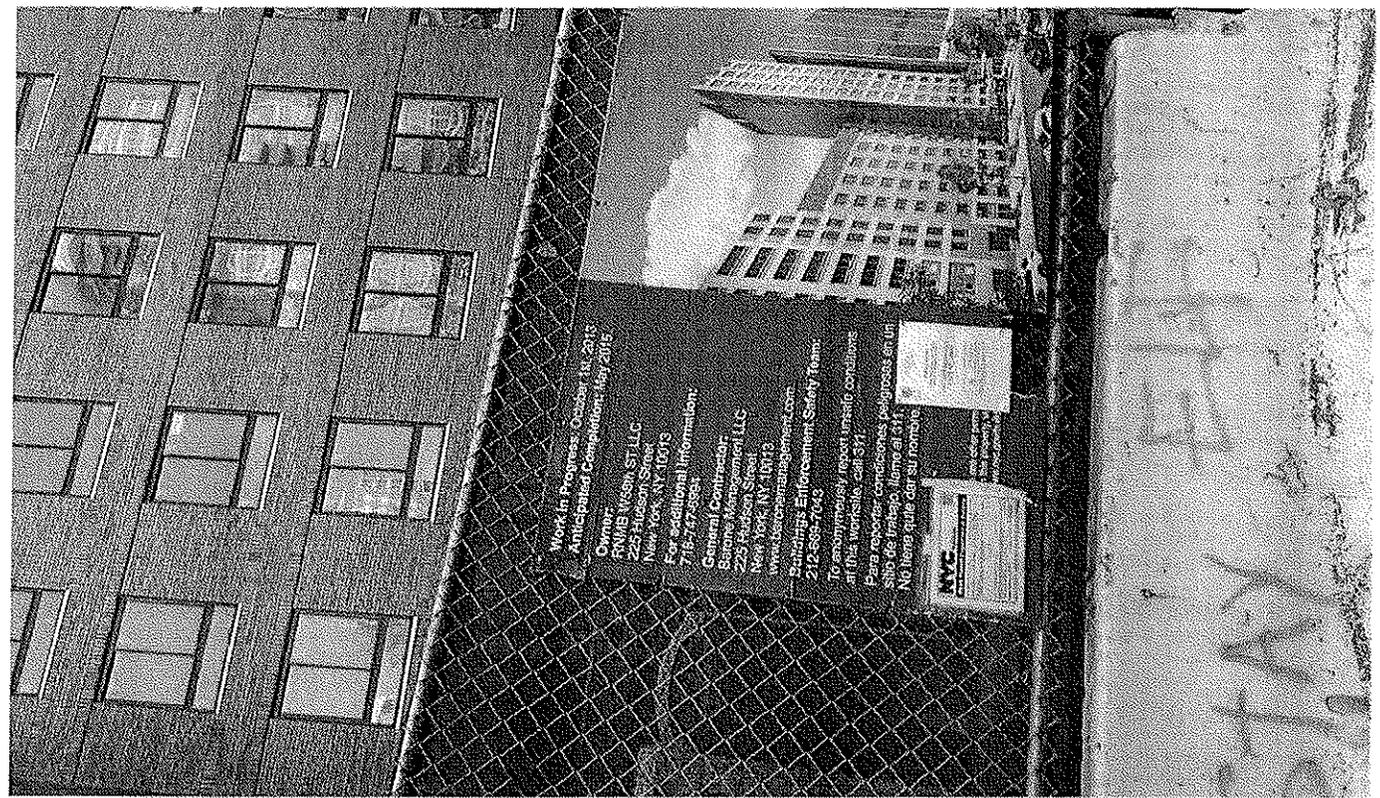
Asparagus Blue Cheese Canapes











Work In Progress, October 1st, 2013
Anticipated Completion: May 2015

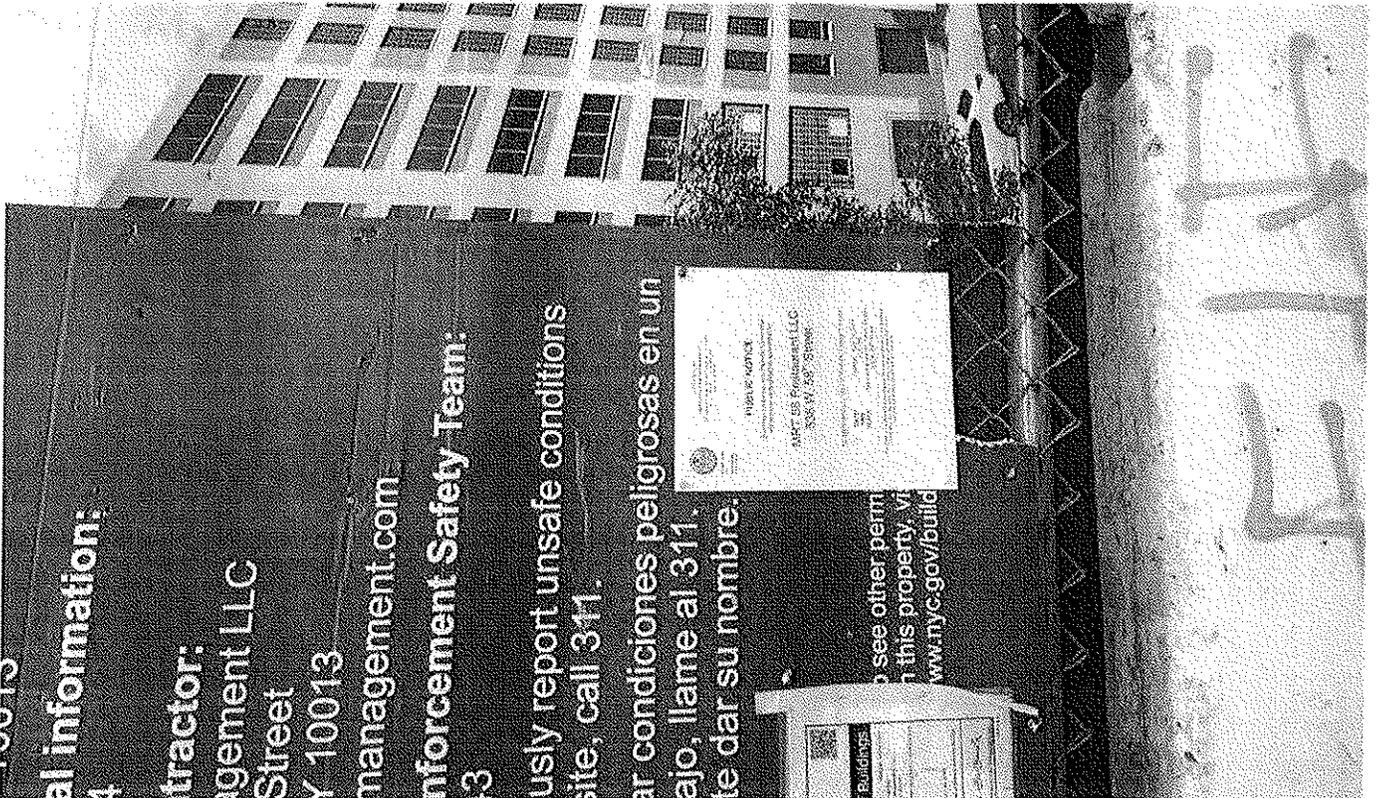
Owner:
RWB USOH ST LLC
225 Hudson Street
New York, NY 10013

For additional information:
718-477-8988
www.barcmanzago.com

General Contractor:
Sasome Management LLC
225 Hudson Street
New York, NY 10013

Building Enforcement Safety Team:
212-685-7343

To anonymously report unsafe conditions
at this worksite, call 311.
Para reportar condiciones peligrosas en un
sitio de trabajo, llame al 311.
No leera que dar su nombre.



For additional information:

General Contractor:
Sasome Management LLC
225 Hudson Street
New York, NY 10013
www.sasommanagement.com

Building Enforcement Safety Team:
212-685-7343

To anonymously report unsafe conditions
at this worksite, call 311.

Para reportar condiciones peligrosas en un
sitio de trabajo, llame al 311.
No leera que dar su nombre.



To see other permits
at this property, visit
www.nyc.gov/build