Manhattan Community Board 4

Unenclosed Sidewalk Café Stipulations Application

APPLICANT	ADDRESS
Chez Josephine LTD.	414 West 42nd Street, New York, NY 10036
DOING BUSINESS AS (DBA)	**CROSS STREETS**
	Ninth Avenue and Dyer Avenue
OWNER	SEE RIDER
DESCRIPTION OF APPLICATION	Corporate Change
LAWYER	Michael Ferrari
ON SITE CONTACT: (Name, position & phone number):	Andria Chin, Assistant Manager, (212) 594-1925
LICENSE NUMBER:	1027772

Side-walk café hours of Operation	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	11am-10pm	11am-10pm	11am-10pm	11am-10pm	11am-11pm	11am-11pm	11am-10pm
DCA Hours Allowed	8-12	8-12	8-12	8-12	8-1	8-1	12-12

SEATING & TABLES	DESCRIPTION		NOTES
	SEATS	TABLES	
	16	8	

OPERATIONAL ISSUES

Will you follow the rule prohibiting speakers for music in the outdoor space?	(YES)	NO	N/A	
Will you close all French doors and sliding windows when any interior amplified music is played (per law)?	YES	NO	(N/A)	
The sidewalk café will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	(YES)	NO	N/A	
Will you be serving alcohol on the sidewalk? If so, will you have waiter service as required by DCA?	(YES)	NO	N/A	
The service and consumption of alcohol on the sidewalk café will be only via seated food service.	(YES)	NO	N/A	
The sidewalk café will not provide standing space for drinking or smoking.	YES	(NO)	N/A	
Will the outdoor furniture be removed when not in use?	(YES)	NO	N/A	
Will the applicant be using delivery bicycles? If so, explain where you will store them since you'll have a sidewalk café.	YES	(NO)	N/A	
Do you intend to use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	(YES)	NO	N/A	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	(YES)	NO	N/A	

OTHER / NOTES:

SOUND ISSUES				
Will applicant 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	
Will applicant 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	N/A	

CAFÉ DESIGN				
Is the sidewalk a minimum of 12 feet? Subtracting the width of the proposed sidewalk café from the width of the entire sidewalk, do you at least leave 8 feet of clearance?	(YES)	NO	N/A	
Is there a minimum clearance of 8 feet between the sidewalk café and all sidewalk obstructions including parking meters, traffic signs and installed City-sanctioned street furniture (current DCA regs exempt those items)?	(YES)	NO	N/A	
Is there a minimum clearance of 8 feet between the sidewalk café and the tree trunk of a tree with a flush grate (regs exempt trees with flush grates)?	(YES)	NO	N/A	
Is there a minimum clearance of 4 feet between the sidewalk café and subway grating to be consistent with ADA standards (regs require 3 ft)	(YES)	NO	N/A	
Is there a minimum clearance of 3 feet between a sidewalk café and a residential building entrance (regs do not apply to residences)?	(YES)	NO	N/A	
Is there a minimum 3 feet wait service aisle to ensure no public space is used by the café to service its clientele?	(YES)	NO	N/A	
Are the sidewalk-café outer boundaries marked on the sidewalk as requested by DCA regulations?	(YES)	NO	N/A	
If applicant decides to apply for alterations, as defined by SLA or DCA (as applicable), he/she will reappear before CB4 to describe these alterations.	(YES)	NO	N/A	

ADDITIONAL INFORMATION: (Applicant Use)

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	Ninth Avenue, Dyer Avenue	10036

OWNER *(Attach a list of all the people that will be associated/listed with the license)*	NAME: Please See Rider	**ATTORNEY/ REPRESENTAIVE**	NAME: Ferrari & Ferrari LLP
	PHONE:		PHONE: (212) 972-7040
	EMAIL:		EMAIL: MF@RVFERRARI.COM
MANAGER	NAME: Manuel Uzhca	**LANDLORD**	NAME: 42nd Street Development Corporation
	PHONE: (212)594-1925		PHONE: (212) 695-4242
	EMAIL: manuel@chezjosephine		EMAIL:

APPLICATION TYPE *(Check One)*

○ New	Has applicant owned or managed a similar business?	YES	(NO)	
	What is/was the name and address of establishment?			
	What were the dates applicant was involved with this former premise?			
○ Transfer	What is the prior license # and expiration date?			
	Is applicant making any alterations or operational changes?	YES	(NO)	
	If alterations or operational changes are being made, please describe/list all changes.			
○ 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

(⊗) Liquor/Wine/Beer ○ Beer ○ Wine & Beer

ESTABLISHMENT TYPE

(⊗) Restaurant ○ Cabaret ○ Night Club ○ Hotel ○ Bar/Tavern ○ Catering Establishment

○ Adult Entertainment ○ Wine Bar ○ Dance Club ○ Sports Bar ○ Club (Fraternal Organization – Members Only)

Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	YES	(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.	(YES)	NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	(NO)	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	(YES)	NO	

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

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

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	65	65			0	1		
OUTSIDE *(Other than sidewalk café)*	0	0	0	0				
SIDEWALK CAFÉ		16	8	16				

How many floors are there? What is the capacity for each floor?	3 floors- First floor 65 Cellar and Second Floor- No public bathrooms	
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?	N/A	

LOCATION & ZONING

Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	Clinton
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	Midtown North Pct. Council: J.D. Noland at jeandaniel@aol.com
	# 2	Midtown North/South Pct. Council: John Mudd at john.mudd@usa.net
	# 3	Midtown North/South Pct. Council: William Otterson at bill@midtownsouthcc.org
	# 4	West 36th Street Block Association: Frank Strock at mcgee79@aol.com
	# 5	

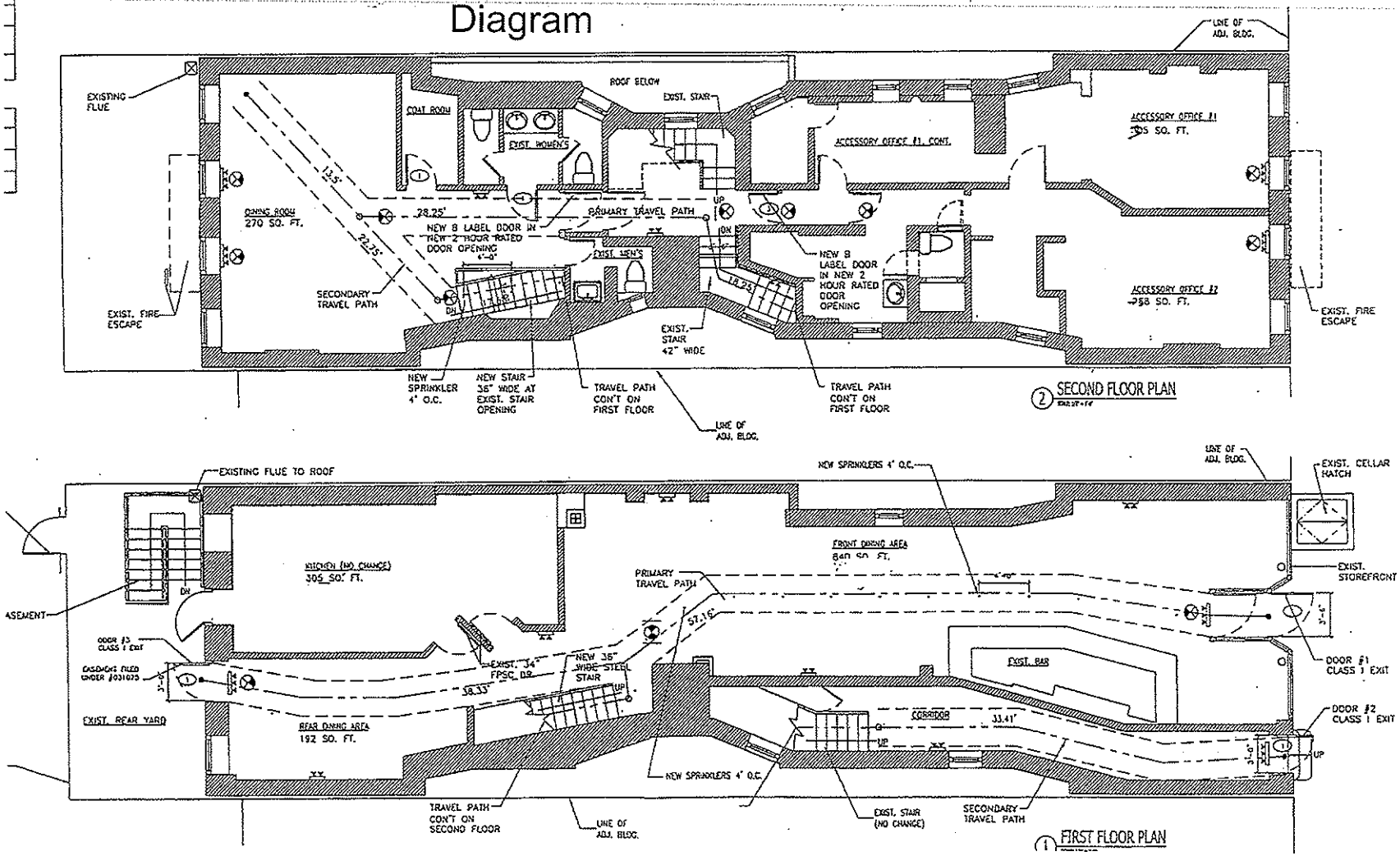
Please provide dates when applicant met with the groups listed above.	None		
Who was your contact person at each group you met with?	None		
When did applicant post the notice that was provided?	7/01/2015		
Where did applicant post the notice that was provided?	Facade and Emails		
Will applicant provide 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.	Unknown		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	(YES)	NO	Applicant as occupied space for 28 years
Do you plan any changes to the existing façade? If yes, please describe.	YES	(NO)	
Will applicant have a vestibule within the establishment?	YES	(NO)	
Will applicant use a storm enclosure?	(YES)	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?	YES	(NO)	
Will applicant comply with the NYC noise code?	(YES)	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)	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?	(YES)	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	(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?	YES	(NO)	
Will the kitchen exhaust system extend to the roof?	YES	(NO)	
Will the establishment have an illuminated sign?	YES	(NO)	
Will the establishment have a canopy extending over the sidewalk?	YES	(NO)	
Where will the air conditioner be located? What type is it?	Above Entrance, Bar, Piano (No HVAC units) within Restaurant		
When was the air conditioner installed?	Upon opening of Restaurant and replaced with new ones 10 years ago		

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

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)	Applicant currently hold a sidewalk cafe permit
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	NO	N/A
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	YES	NO	N/A
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	(YES)	NO	
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	(YES)	NO	
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	(YES)	NO	
Will applicant mark the perimeter of the café on the sidewalk?	(YES)	NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	(YES)	NO	
Will the sidewalk café not provide standing space for drinking or smoking?	(YES)	NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	(YES)	NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	(YES)	NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	(YES)	NO	
Will all furniture be stored inside between December 21st and March 21st, 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	

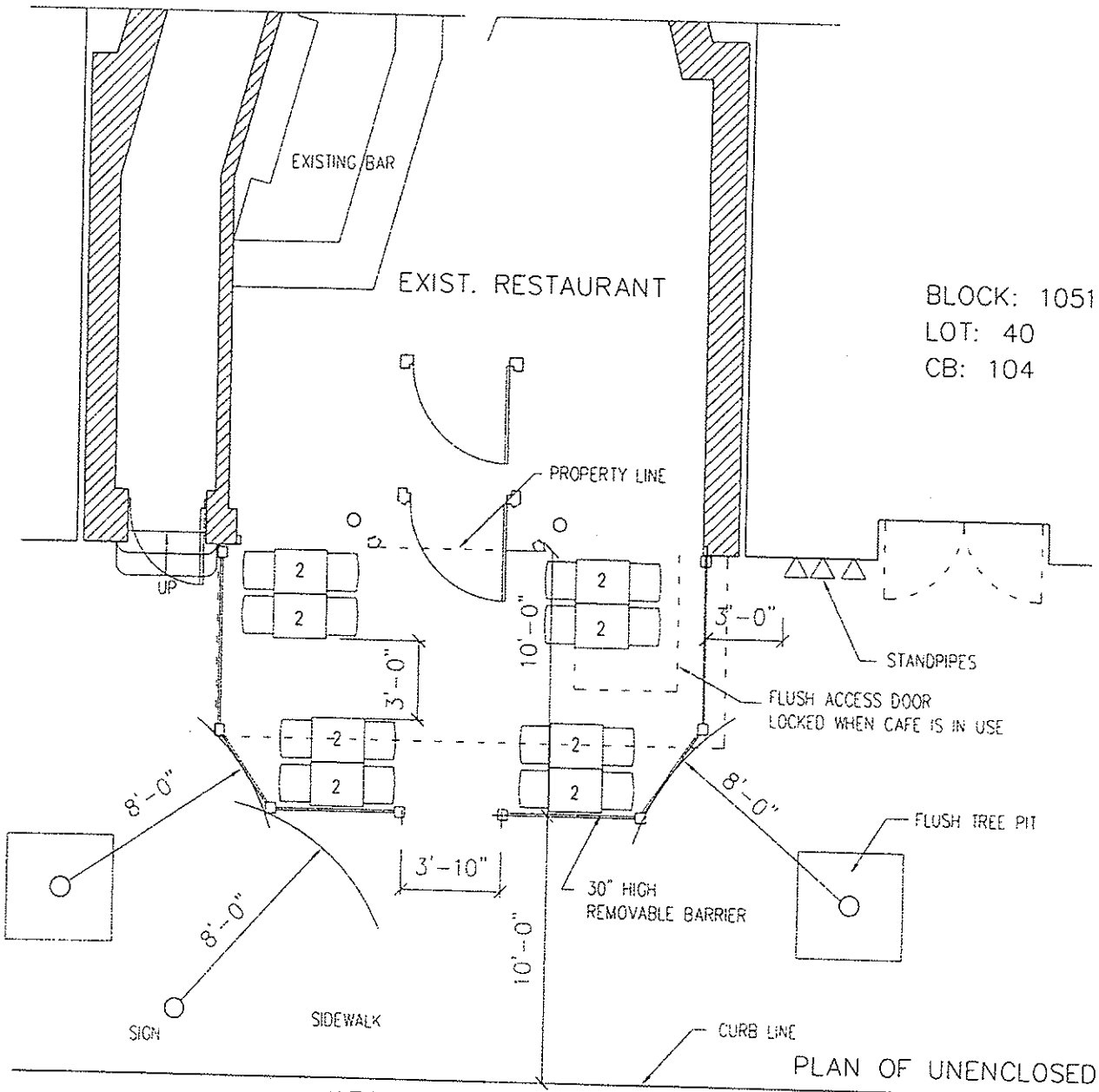
Diagram



FLOOR PLANS

RESTAURANT
414 WEST 42ND STREET
NEW YORK CITY

414 West 42nd Street
New York, NY 10036



PLAN OF UNENCLOSED SIDEWALK CAFE

SCALE: 1/4"=1'-0"

REVISED PLAN 7/22/09
AS PER C.B. 104 RECOMMENDATIONS

UNENCLOSED SIDEWALK CAFE

CHEZ JOSEPHINE

414 W 42ND ST.
NEW YORK, NY

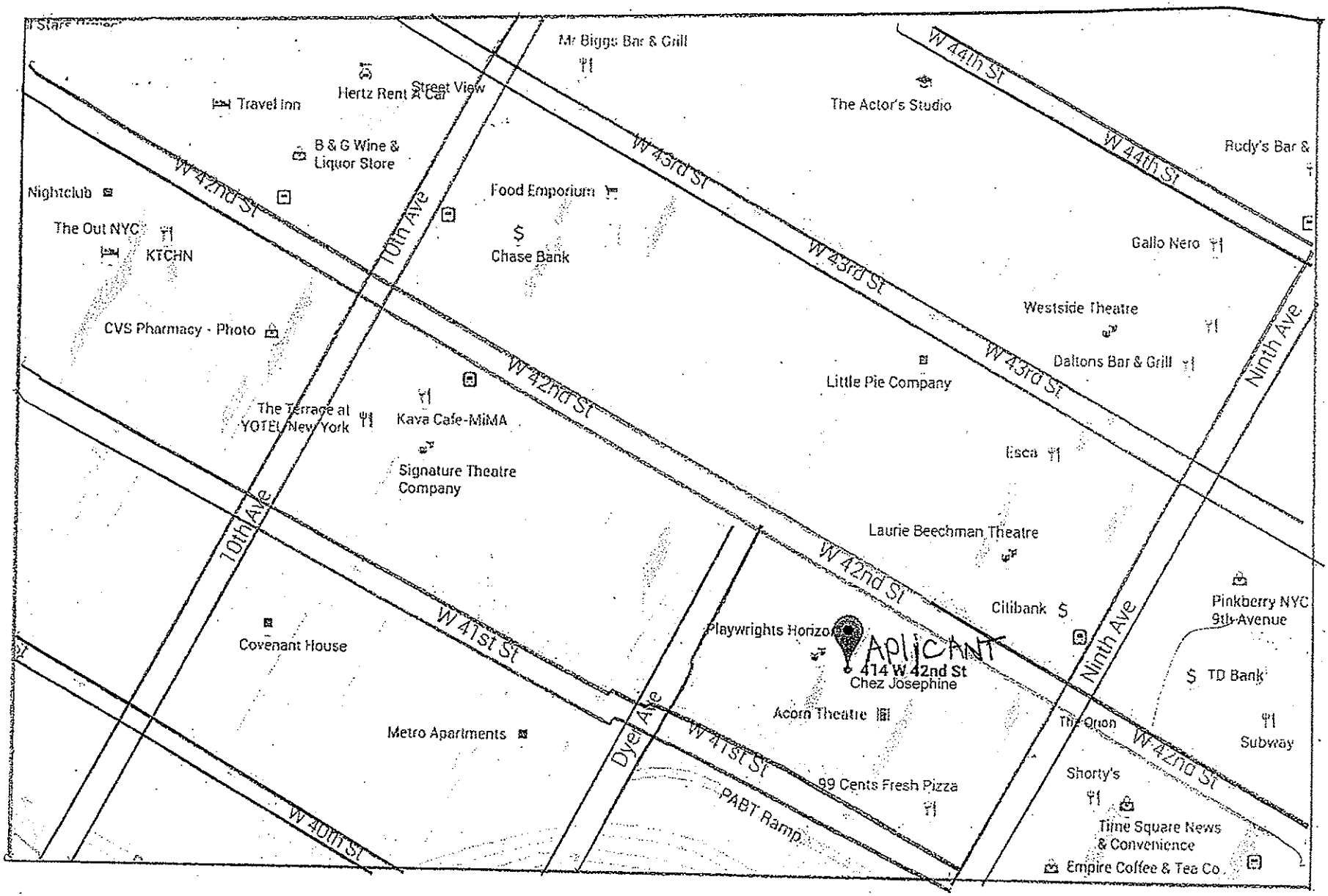
ARCHITECTS

D.I.D. ARCHITECTS
729 WEST 186 STREET
SUITE 4J
NEW YORK, N Y 10033

SIDEWALK CAFE PLAN

A1.1

Block Plot Diagram



Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME	DOING BUSINESS AS (DBA)
Creative Food Crafts LLC	Rustic Table

STREET ADDRESS	CROSS STREETS	ZIP CODE
500B W 42nd ST	10TH & 11TH Ave's	10036

OWNER *(Attach a list of all the people that will be associated/listed with the license)*	NAME: Yarden Hadani	ATTORNEY/ REPRESENTATIVE	NAME: Michael Kelly	
	PHONE: (212) 244 0744		PHONE: (914) 740-3580	
	EMAIL: Jordan hadani@Gmail		EMAIL: KellyMLK@aol.com	
MANAGER	NAME: same as above	LANDLORD	NAME:	
	PHONE:		PHONE:	
	EMAIL:		EMAIL:	

APPLICATION TYPE *(Check One)*

(●) New	Has applicant owned or managed a similar business?	YES	(NO)	
	What is/was the name and address of establishment?			
	What were the dates applicant was involved with this former premise?			
( ) Transfer	What is the prior license # and expiration date?			
	Is applicant making any alterations or operational changes?	YES	NO	
	If alterations or operational changes are being made, please describe/list all changes.			
( ) 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	( ) Liquor/Wine/Beer	( ) Beer	(●) Wine & Beer			
ESTABLISHMENT TYPE	(●) Restaurant	( ) Cabaret	( ) Night Club	( ) Hotel	( ) Bar/Tavern	( ) Catering Establishment
	( ) Adult Entertainment	( ) Wine Bar	( ) Dance Club	( ) Sports Bar	( ) Club (Fraternal Organization – Members Only)	

Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	YES	(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.	YES	(NO)	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	(NO)	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	(YES)	NO	

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

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS* (Indoor Only)	Operation	7am – 1am	7am – 1am	7am – 1am	7am – 1am	7am – 1am	7am – 1am	7am – 1am
	Kitchen	7am – 12am	7am – 12am	7am – 12am	7am – 12am	7am – 12am	7am – 12am	7am – 12am
	Music	7am – 1am	7am – 1am	7am – 1am	7am – 1am	7am – 1am	7am – 1am	7am – 1am

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		20	1	10	0	1	6	
OUTSIDE (Other than sidewalk café)	None	none	none	none	none	none	none	
SIDEWALK CAFÉ	None	none	none	none	none			

How many floors are there? What is the capacity for each floor?	1, 20		
How frequently will the owner(s) be at the establishment?	On Site Operator		
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	OUTSOURCED
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	Name of Delivery Company
Where will delivery bicycles be stored during the day when not in use?			

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	Clinton
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	
	# 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?	June 17th		
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	

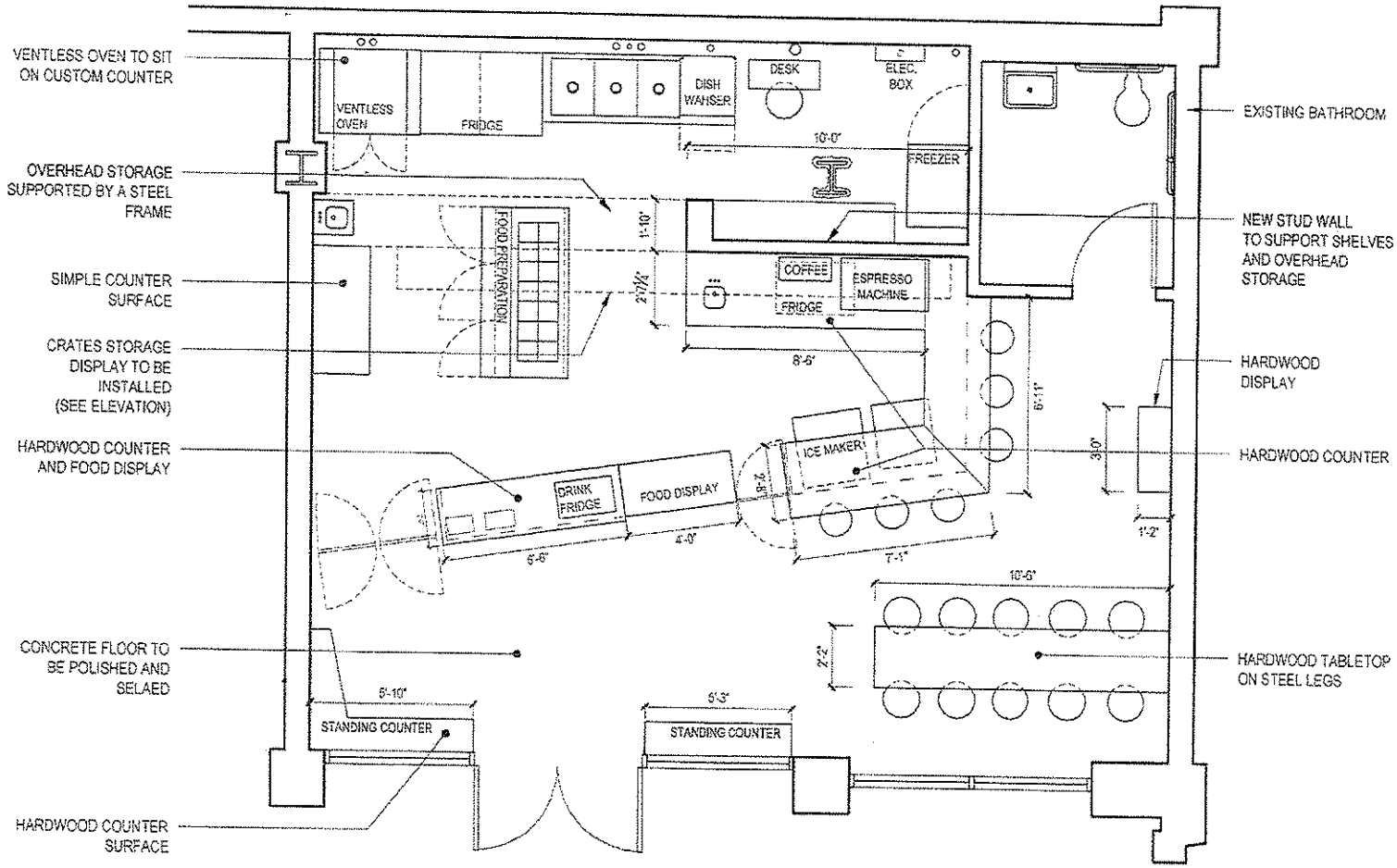
BUILDING DESIGN			
State the name and type of business previously located in the space.	New Building		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	(NO)	
Do you plan any changes to the existing façade? If yes, please describe.	YES	(NO)	Existing & Open
Will applicant have a vestibule within the establishment?	YES	(NO)	
Will applicant use a storm enclosure?	YES	(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?	(YES)	NO	We exist
Will applicant comply with the NYC noise code?	(YES)	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	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?	YES	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?	YES	(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?	(YES)	NO	IF necessary
Will the kitchen exhaust system extend to the roof?	YES	NO	none
Will the establishment have an illuminated sign?	YES	(NO)	
Will the establishment have a canopy extending over the sidewalk?	YES	(NO)	
Where will the air conditioner be located? What type is it?	Roof		
When was the air conditioner installed?	by Landlord when building was bu		

N/A

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

N/A

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 cafe?	YES	NO	
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	
Will all furniture be stored inside between December 21st and March 21st, 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	



ATELIER CA 176 JOHNSON ST, 2B BROOKLYN NY 11201	500 W 42ND STREET - DESIGN DEVELOPMENT FEBRUARY 2, 2015	A-1 PLAN SCALE: ¼"=1'-0"

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME	DOING BUSINESS AS (DBA)
Akanoren, Inc.	Mentoku

STREET ADDRESS	CROSS STREETS	ZIP CODE
744 9th Ave., New York	50th and 51st Street	10017

OWNER (Attach a list of all the people that will be associated/listed with the license)	NAME:	Yasuo Okada	ATTORNEY/ REPRESENTAIVE	NAME:	Elke A. Hofmann Law, PLLC
	PHONE:	212-755-0309		PHONE:	212-487-9100
	EMAIL:	tokotontonkotu@gmail.com		EMAIL:	elke@eahlaw.com
MANAGER	NAME:		LANDLORD	NAME:	744 Ninth Avenue LLC
	PHONE:			PHONE:	
	EMAIL:			EMAIL:	

APPLICATION TYPE (Check One)

⊗ New	Has applicant owned or managed a similar business?	YES	NO	(Chef in Japan)
	What is/was the name and address of establishment?			
	What were the dates applicant was involved with this former premise?			
○ Transfer	What is the prior license # and expiration date?			
	Is applicant making any alterations or operational changes?	YES	NO	
	If alterations or operational changes are being made, please describe/list all changes.			
○ 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	○ Liquor/Wine/Beer ○ Beer ⊗ Wine & Beer
ESTABLISHMENT TYPE	⊗ Restaurant ○ Cabaret ○ Night Club ○ Hotel ○ Bar/Tavern ○ Catering Establishment ○ Adult Entertainment ○ Wine Bar ○ Dance Club ○ Sports Bar ○ Club (Fraternal Organization – Members Only)

Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	YES	NO	Following this meeting.
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.	YES	NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	YES	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 am - 12 am	11 am - 12 am	11 am - 12 am	11 am - 12 am	11 am - 12 am	11 am - 12 am	11 am - 12 am
	Kitchen	All hours of operation						
	Music	All hours of operation						

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	less than 74	25	6	15	0	Noodle I food counter	approx 3	
OUTSIDE (Other than sidewalk cafe)	NONE							
SIDEWALK CAFE	NONE							

How many floors are there? What is the capacity for each floor?			ground floor only (basement use for storage/prep)
How frequently will the owner(s) be at the establishment?			Owner on site at least 5 days per week; manager at all times
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	N/A
Will State certified security personnel be used?	YES	NO	N/A
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	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?	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

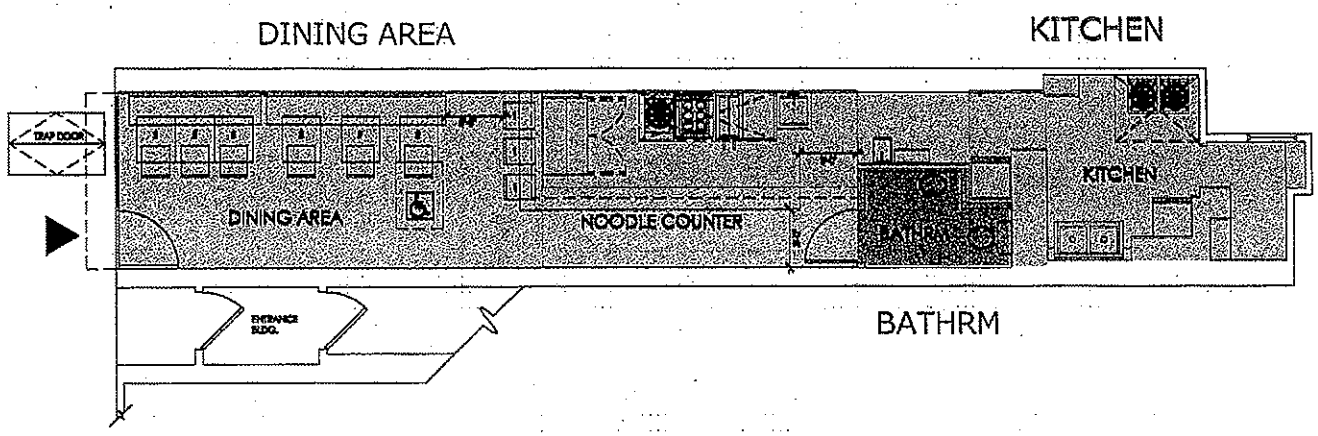
NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted	# 1	Community Board 4
	# 2	
	# 3	
	# 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?	One week prior to meeting		
Where did applicant post the notice that was provided?	On premises		
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	(YES)	NO	Initially: Kanako Kakihara, 212.755.0309
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 previously.		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	(YES)	NO	Yes (Claw; Rice and Beans)
Do you plan any changes to the existing façade? If yes, please describe.	YES	(NO)	
Will applicant have a vestibule within the establishment?	YES	(NO)	
Will applicant use a storm enclosure?	YES	(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?	(YES)	NO	
Will applicant comply with the NYC noise code?	(YES)	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)	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?	(YES)	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	(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?	YES	NO	N/A
Will the kitchen exhaust system extend to the roof?	(YES)	NO	
Will the establishment have an illuminated sign?	YES	(NO)	
Will the establishment have a canopy extending over the sidewalk?	(YES)	NO	
Where will the air conditioner be located? What type is it?	HVAC system with duct;		
When was the air conditioner installed?	Approx 2-3 years ago		

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

OUTDOOR ITEMS – SIDEWALK CAFÉ – NOT APPLICABLE - NO SIDEWALK CAFE			
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 cafe?	YES	NO	
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	
Will all furniture be stored inside between December 21st and March 21st, 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	



AKANOREN INC. 744 9TH AVENUE, NEW YORK, NY

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME	DOING BUSINESS AS (DBA)	
Z Live Inc.	Z Live, Stage 48, and Z Bar	
STREET ADDRESS	**CROSS STREETS**	**ZIP CODE**
605 West 48th Street	Btwn. 11th Ave. and 12th Ave.	10036

OWNER *(Attach a list of all the people that will be associated/listed with the license)*	NAME:	Pedro Zamora	**ATTORNEY/ REPRESENTATIVE**	NAME:	Donald M. Bernstein
	PHONE:	(212) 957-1800		PHONE:	(212) 486-6000
	EMAIL:	pedro@zamorausa.com		EMAIL:	dbernstein@victorbernstein.com
MANAGER	NAME:	Steve Steckel	**LANDLORD**	NAME:	605 West 48th Street, LLC
	PHONE:	(917) 405-6905		PHONE:	(212) 921-0600
	EMAIL:	steve@stage48.com		EMAIL:	

APPLICATION TYPE *(Check One)*

○ **New**	Has applicant owned or managed a similar business?	YES	NO	
	What is/was the name and address of establishment?			
	What were the dates applicant was involved with this former premise?			
○ **Transfer**	What is the prior license # and expiration date?			
	Is applicant making any alterations or operational changes?	YES	NO	
	If alterations or operational changes are being made, please describe/list all changes.			
◉ **Alteration**	What is the current license # and expiration date?	1264892, 1264893, 1264894, 1264895, 1264896, 1264897		
	Please list/describe the nature of all the changes and attach the plans:	addition of service bar to ground floor; addition of stage and removal of 7 tables/14 seats to third floor; and, addition of a service bar, removal of 3 tables/6 seats, and extension of stand-up bar to fourth floor/roof.		

METHOD OF OPERATION

TYPE OF ALCOHOL	◉ Liquor/Wine/Beer ○ Beer ○ Wine & Beer
ESTABLISHMENT TYPE	◉ Restaurant ◉ Cabaret ◉ Night Club ○ Hotel ○ Bar/Tavern ○ Catering Establishment ○ Adult Entertainment ○ Wine Bar ◉ Dance Club ○ Sports Bar ○ Club (Fraternal Organization – Members Only)

Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	(YES)	NO	Already licensed. Alteration Application to be filed.
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.	YES	(NO)	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	(NO)	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	(YES)	NO	

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

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS* *(Indoor Only)*	Operation	12pm - 4am	12pm - 4am	12pm - 4am	12pm - 4am	12pm - 4am	12pm - 4am	12pm - 4am
	Kitchen	12pm - 4am	12pm - 4am	12pm - 4am	12pm - 4am	12pm - 4am	12pm - 4am	12pm - 4am
	Music	12pm - 4am	12pm - 4am	12pm - 4am	12pm - 4am	12pm - 4am	12pm - 4am	12pm - 4am

If you plan to have music, what type(s)? (Circle all that apply)	BACKGROUND	LIVE MUSIC	DJ	JUKE BOX	KARAOKE

OCCUPANCY

*The table/seating numbers below include lounge/cocktail tables and seats.

	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	1003 (per Place of Assembly Certificates)	1003	Approx. 81	Approx. 290	2	5	59 (or less)	
OUTSIDE *(Other than sidewalk café)*	163 (per Place of Assembly)	163	Approx. 21	Approx. 128	1	1	11	
SIDEWALK CAFÉ	N/A	N/A	N/A	N/A	N/A			

The fourth floor/rooftop has a retractable enclosure.

How many floors are there? What is the capacity for each floor?	4 Floors. 1st: 513. 2nd: 288. 3rd: 202. 4th: 163		
How frequently will the owner(s) be at the establishment?	Approx. 3 times per week.		
Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?	YES	(NO)	Already have a Cabaret License.
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 have PR/Advertising but Licensee will be in control of premises at all times.
Will you have a security plan? If, yes please attach.	(YES)	NO	Previously provided.
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	N/A now, but yes if delivery bikes are used in future.
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	Clinton
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	See attached.
Is a Public Assembly permit required?	YES	NO	See attached.
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	Manhattan Community Board 4
	# 2	Public Notice Postings
	# 3	West 46th Street Block Association: Allison Tupper, allisontupper@verizon.net
	# 4	West 47th/48th Street Block Associations: Elke Fears, aefearshk@earthlink.net; Larry Roberts, larrymichaelroberts@gmail.com; Jim Bogues, Jamesbogues@gmail.com; Chuck Vassallo, chasmv@hotmail.com; Steven Riedl, chluderemvc@yahoo.com; Nancy S. Roylance, nancyroylance@ymail.com)
	# 5	Midtown North Pct. Council: J.D. Noland, jeandaniel@aol.com

Please provide dates when applicant met with the groups listed above.			Email to be sent. Steve Steckel (GM) will also appear at the West 47th/ 48th Street Block Associations' monthly meeting on July 7.
Who was your contact person at each group you met with?			See above.
When did applicant post the notice that was provided?			To be posted on or before July 7, 2015.
Where did applicant post the notice that was provided?			To be posted at premises and at four closest street corners.
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.	Z Live Inc., eating/drinking and nightlife venue		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	(YES)	NO	Existing applicant-licensee
Do you plan any changes to the existing façade? If yes, please describe.	YES	(NO)	
Will applicant have a vestibule within the establishment?	(YES)	NO	
Will applicant use a storm enclosure?	(YES)	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?	(YES)	NO	Except use of barricades for queuing on event nights. This practice is encouraged by NYPD.
Will applicant comply with the NYC noise code?	(YES)	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)	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?	(YES)	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	(YES)	NO	Previously provided - see attached.
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	
Will the kitchen exhaust system extend to the roof?	(YES)	NO	
Will the establishment have an illuminated sign?	(YES)	NO	Existing
Will the establishment have a canopy extending over the sidewalk?	YES	(NO)	
Where will the air conditioner be located? What type is it?	Existing		
When was the air conditioner installed?	At time of original build out (approx. 3 years ago).		

Retractable enclosure over fourth floor/roof.

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFE			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO	
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	NO	Roof (with retractable enclosure)
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	With respect to unenclosed rooftop space.
Will the service and consumption of alcohol in any outdoor space ~~only~~ be primarily 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	In accordance with 2014 Acoustilog report.
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	

OUTDOOR ITEMS – SIDEWALK CAFÉ N/A - No sidewalk cafe.			
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 cafe?	YES	NO	
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	
Will all furniture be stored inside between December 21st and March 21st, and any other day when it rains or snows?	YES	NO	
Will applicant use umbrellas?	YES	NO	
If construction or construction protection has reduced the sidewalk width, will applicant always maintain an 8 foot clear path of sidewalk between the perimeter of the café and the closes obstruction including construction barricades?	YES	NO	

ADDITIONAL STIPULATIONS: (Office Use Only)

As per the agreed upon 2014 stipulations:
1. No live music on roof at any time (whether open or enclosed)

2. All use of unenclosed rooftop space will cease at 11p.m. on Friday and Saturday and at 10p.m. on all other nights.

3. All recommendations of Acoutilog report dated 2/25/2014 will be implemented and followed.

4. Will continue to respond promptly to all concerns or issues raised by Inc Hotel and any other neighbor.

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.

PROPOSED

Amended

C.N. 10139

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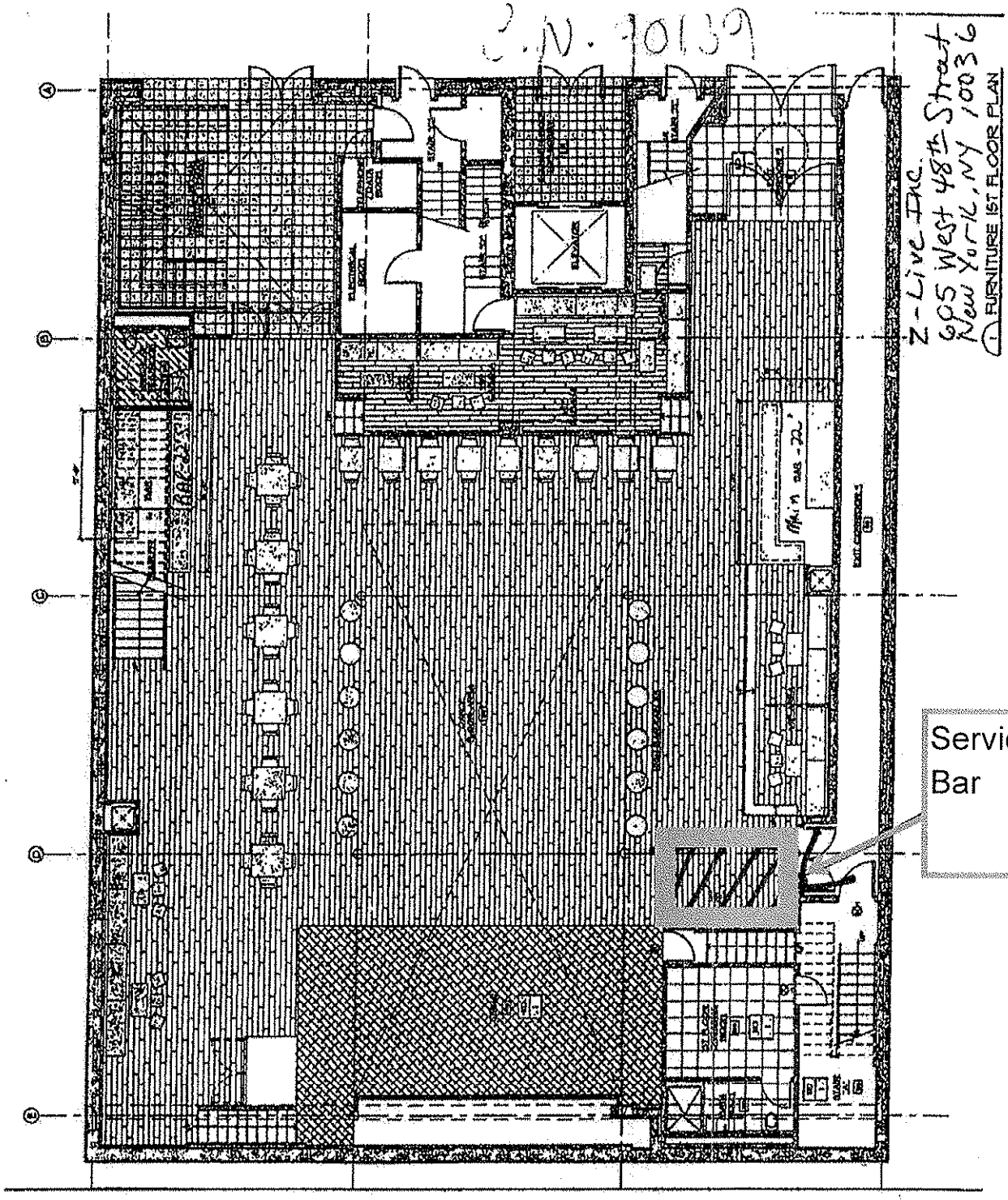
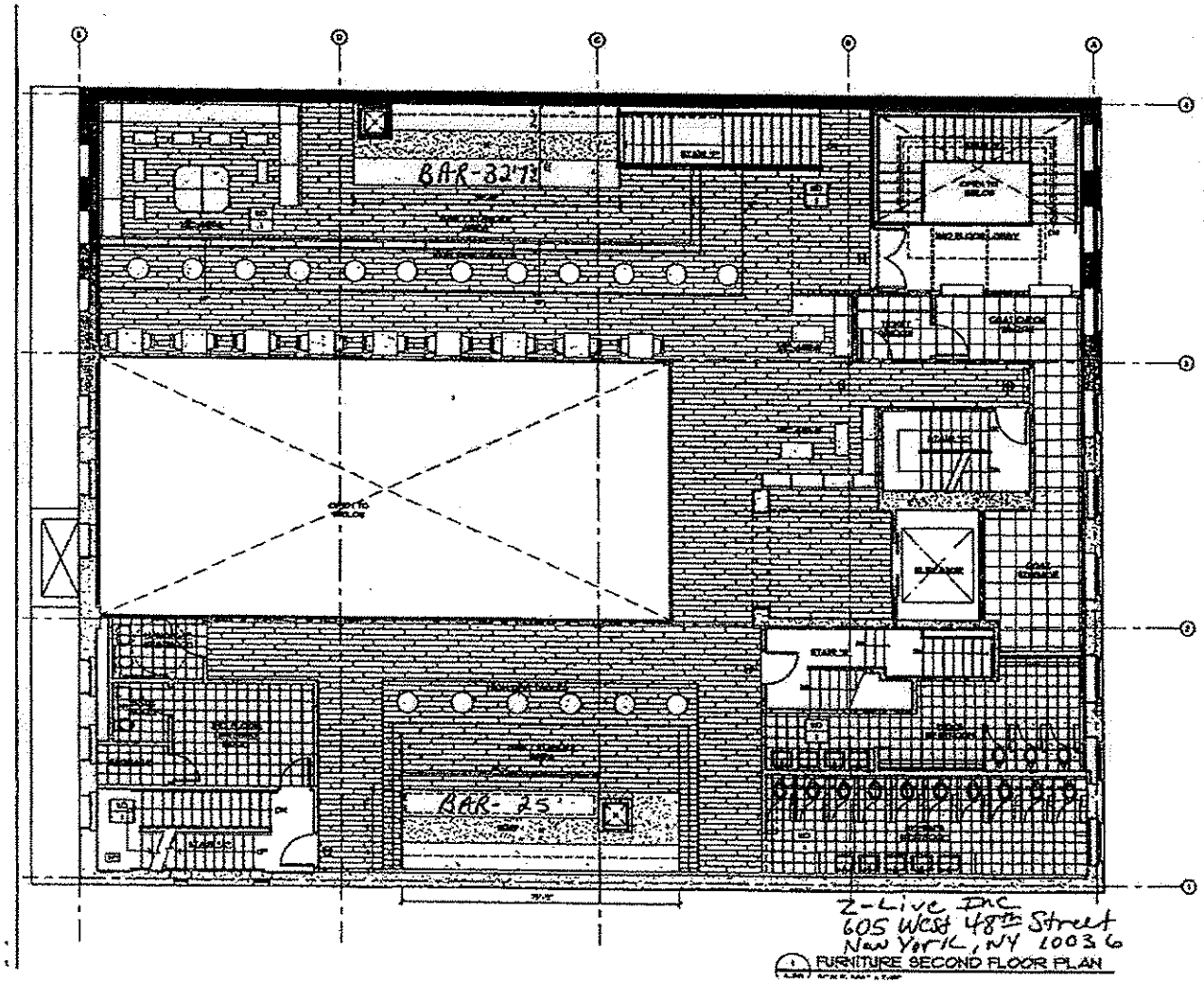




1/4" = 1'-0"

1 FURNITURE SECOND FLOOR PLAN

FLOOR PLAN KEY NOTES:

1. INSTALL NEW CERAMIC TILE OVER EXISTING CONCRETE FLOOR. FOLLOW INSTALLATION PER MANUFACTURER RECOMMENDATIONS.
2. INSTALL NEW WOOD FLOOR OVER EXISTING CONCRETE FLOOR. FOLLOW INSTALLATION PER MANUFACTURER RECOMMENDATIONS.
3. INSTALL NEW PORCELAIN TILE OVER EXISTING CONCRETE FLOOR. FOLLOW INSTALLATION PER MANUFACTURER RECOMMENDATIONS.
4. INSTALL NEW VCT OVER EXISTING CONCRETE FLOOR. FOLLOW INSTALLATION PER MANUFACTURER RECOMMENDATIONS.
5. INSTALL NEW QUARRY TILE OVER EXISTING CONCRETE FLOOR. FOLLOW INSTALLATION PER MANUFACTURER RECOMMENDATIONS.
6. INSTALL NEW CARPET FLOOR OVER EXISTING CONCRETE FLOOR. FOLLOW INSTALLATION PER MANUFACTURER RECOMMENDATIONS.

FLOOR FINISH LEGEND:

- WOOD FLOOR 1 TYPE:
- WOOD FLOOR 2 TYPE:
- WOOD FLOOR 3 TYPE:
- CERAMIC TILE TYPE:
- CERAMIC TILE 1 TYPE:
- CERAMIC TILE 2 TYPE:
- CERAMIC TILE 3 TYPE:
- QUARRY TILE TYPE:
- PORCELAIN TILE 1 TYPE:
- PORCELAIN TILE 2 TYPE:
- VINYL TILE 1 TYPE:
- VINYL TILE 2 TYPE:
- CARPET 1 TYPE:
- CARPET 2 TYPE:
- EXISTING CONCRETE SLAB TO REMAIN UNDISTURBED

WATERPROOFING:
APPLY SLAB WATERPROOFING AT ALL AREAS RECEIVING NEW QUARRY AS FOLLOWS:
"TOP MEDIAL AC" 30+ PSI
-2 (2) COMPONENT RAPID-CURING WATERPROOFING AND COATING SYSTEM APPLIED OVER DRY-TECK LEVELING CEMENT 1" MIN. REQUIRED, ON EXISTING CONC. SLAB AS PER MFG'S SPECIFICATIONS.

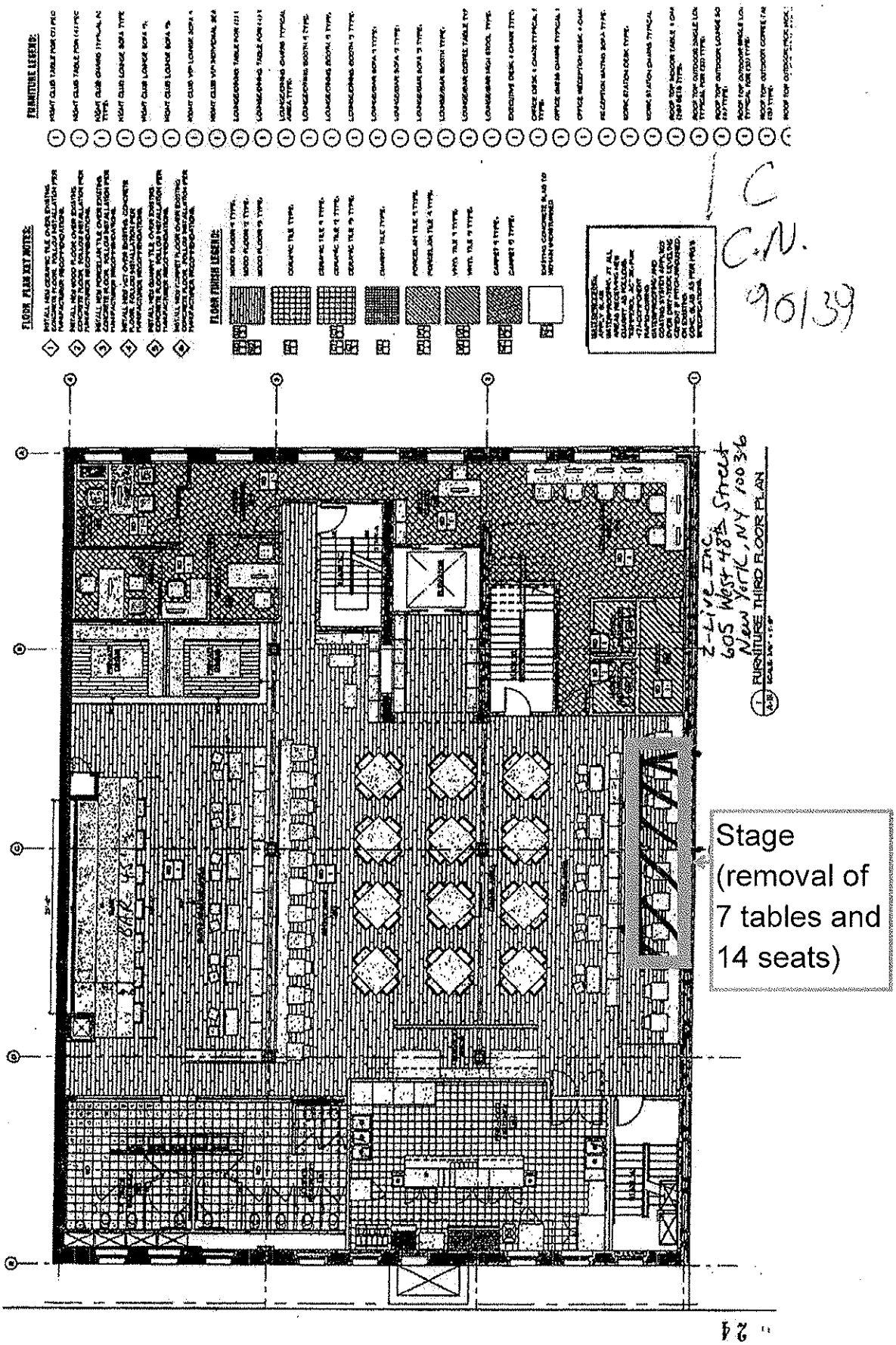
FURNITURE LEGEND:

- (1) NIGHT CLUB TABLE FOR (2) PEOPLE
- (1) NIGHT CLUB TABLE FOR (4) PEOPLE
- (1) NIGHT CLUB CHAIRS TYPICAL FOR TYPE:
- (1) NIGHT CLUB LOUNGE SOFA TYPE
- (1) NIGHT CLUB LOUNGE SOFA TYPE
- (1) NIGHT CLUB LOUNGE SOFA TYPE
- (1) NIGHT CLUB VIP LOUNGE SOFA TYPE
- (1) NIGHT CLUB VIP INDIVIDUAL SEAT
- (1) LOUNGE/DINING TABLE FOR (2) PEOPLE
- (1) LOUNGE/DINING TABLE FOR (4) PEOPLE
- (1) LOUNGE/DINING CHAIRS TYPICAL AREA TYPE:
- (1) LOUNGE/DINING BOOTH 1 TYPE:
- (1) LOUNGE/DINING BOOTH 2 TYPE:
- (1) LOUNGE/DINING BOOTH 3 TYPE:
- (1) LOUNGE/BAR SOFA 1 TYPE:
- (1) LOUNGE/BAR SOFA 2 TYPE:
- (1) LOUNGE/BAR SOFA 3 TYPE:
- (1) LOUNGE/BAR BOOTH TYPE:
- (1) LOUNGE/BAR COFFEE TABLE TYPE:
- (1) LOUNGE/BAR HIGH STOOL TYPE
- (1) EXECUTIVE DESK + CHAIR TYPE
- (1) OFFICE DESK + CHAIR TYPICAL FOR TYPE:
- (1) OFFICE GUEST CHAIRS TYPICAL
- (1) OFFICE RECEPTION DESK + CHAIR
- (1) RECEPTION WAITING SOFA TYPE
- (1) WORK STATION DESK TYPE:
- (1) WORK STATION CHAIRS TYPICAL
- (1) ROOF TOP INDOOR TABLE + CHAIRS TYPE:
- (1) ROOF TOP OUTDOOR SINGLE LOUNGE TYPICAL FOR (2) TYPE:
- (1) ROOF TOP OUTDOOR LOUNGE SOFA (2) TYPE:
- (1) ROOF TOP OUTDOOR SINGLE LOUNGE TYPICAL FOR (2) TYPE:
- (1) ROOF TOP OUTDOOR COFFEE TABLE (2) TYPE:
- (1) ROOF TOP OUTDOOR HIGH BOOTH

Z-Live Inc
605 West 48th Street
New York, NY 10036

C.O. 4/15/19

PROPOSED



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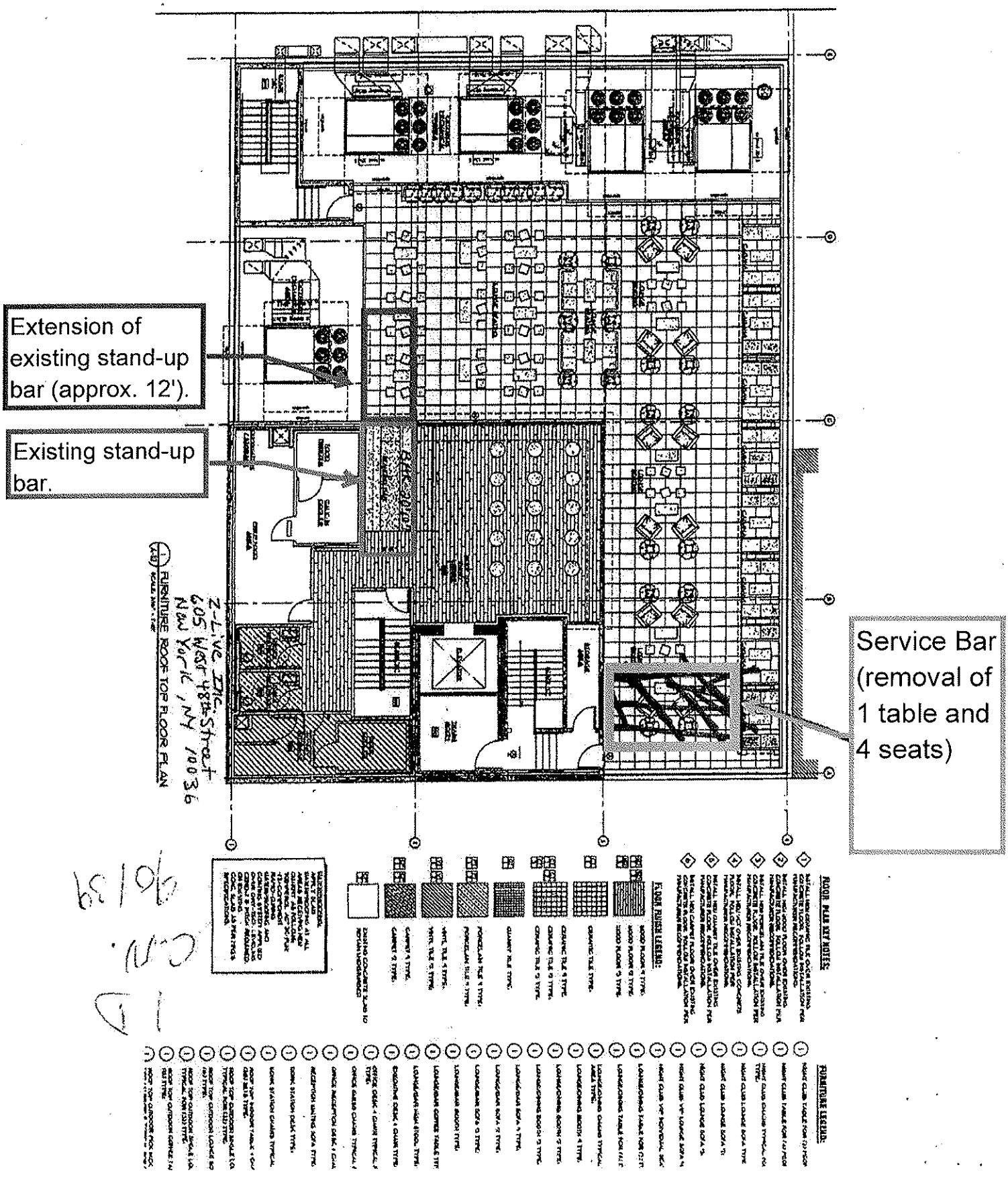
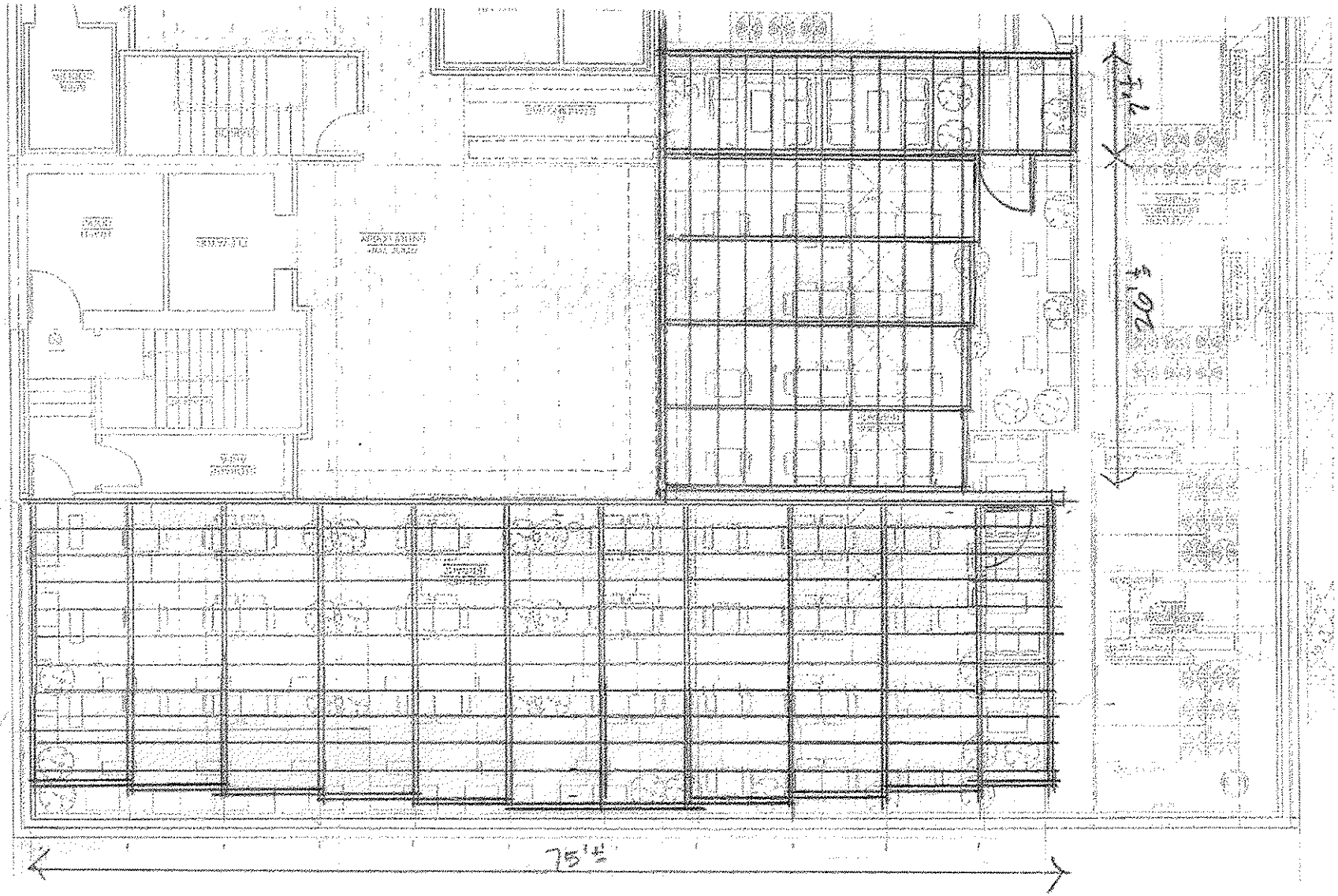
PROPOSED

24


Extension of existing stand-up bar (approx. 12').
Existing stand-up bar.
Service Bar (removal of 1 table and 4 seats)
Z-Live Chic
605 West 48th Street
New York, NY 10036
FURNITURE ROOF TOP FLOOR PLAN
FLOOR PLAN KEY NOTES:
FLOOR FINISH LEGEND:
FURNITURE LEGEND:



36 Sargent Dr., Bethany, CT 06524

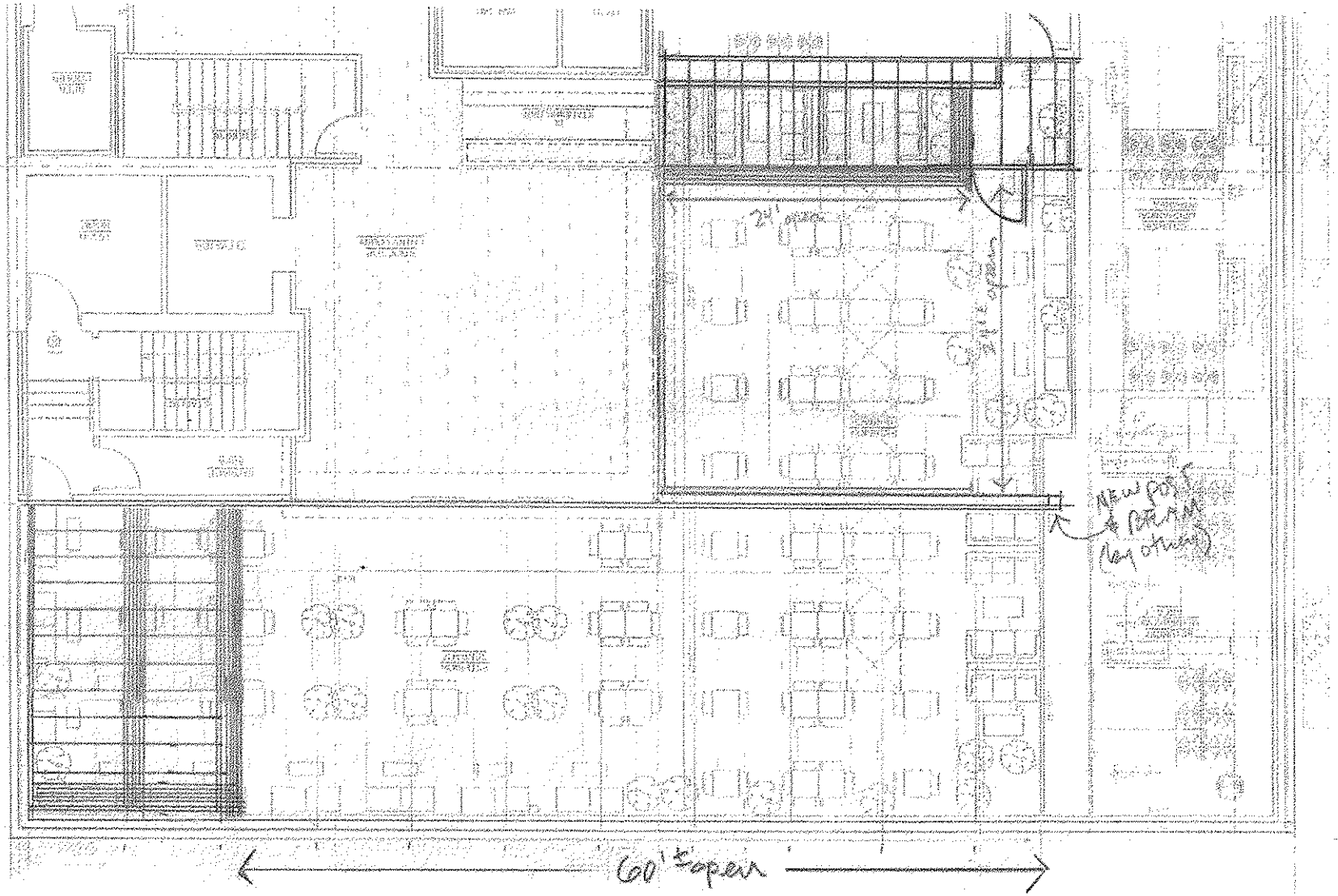
PLAN VIEW/ closed

PRELIMINARY LEAN-TO DESIGN # 5

for Z-BAR SKY LOUNGE, 605 W. 48th ST.

11-21-13

sheet 1 of 3.



36 Sargent Dr., Bethany, CT 06524

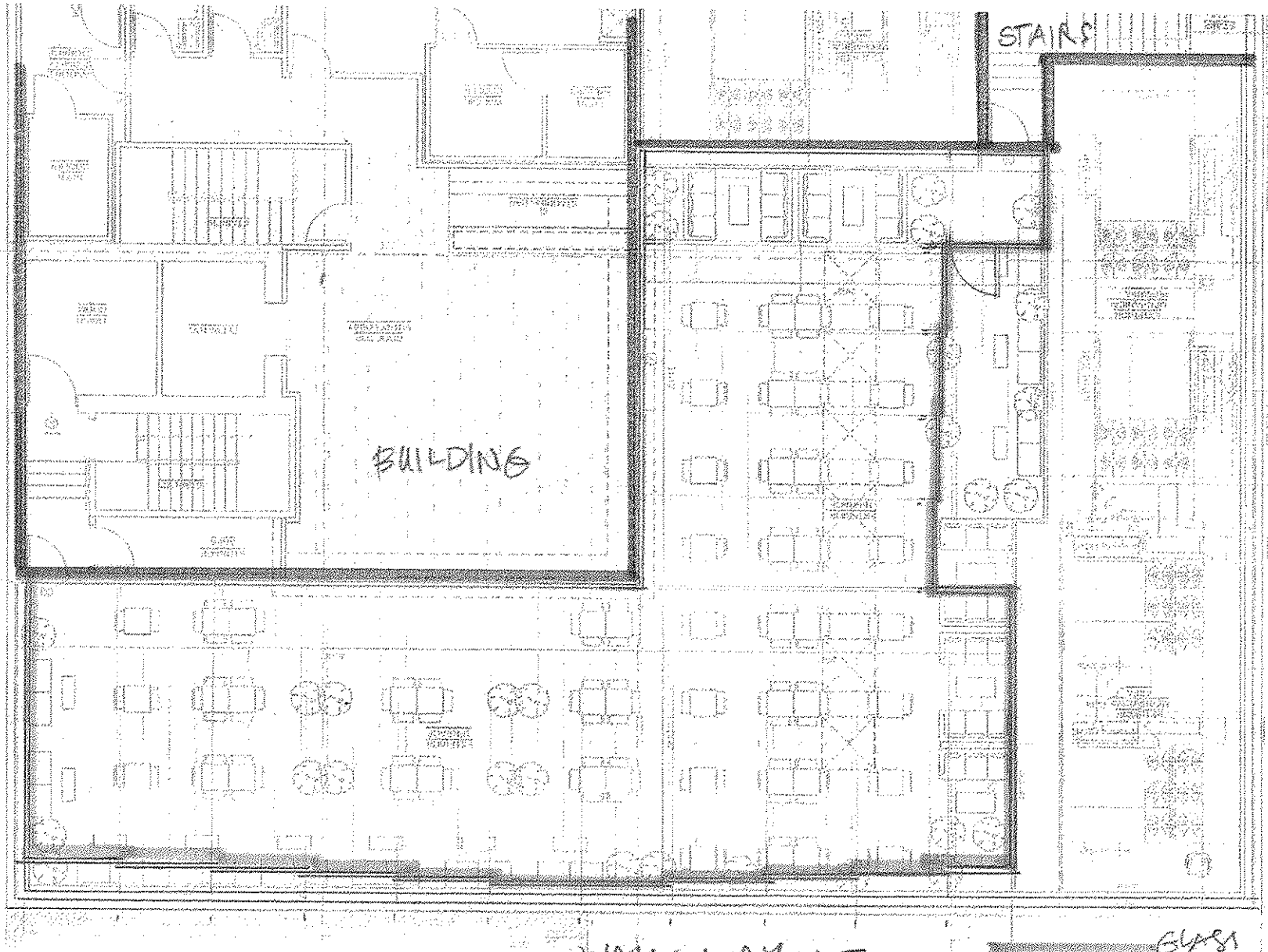
PLAN VIEW / option B

PRELIMINARY LEAN-TO DESIGN #5

for 2-BAR SKY LOUNGE, 605 W. 48th ST.

11-21-13

Sheet 2 of 3



WALL LAYOUT

for 2-BAR Design #5

GLASS SOUND

1-21-13

sheet 3 of 3

36 Sargent Dr., Bethany, CT 06524

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME	DOING BUSINESS AS (DBA)	
El Cid Inc	Restaurant	
STREET ADDRESS	**CROSS STREETS**	**ZIP CODE**
174 8th AVE. New York, N.Y. 10011	18th AND 19th ST.	10011

OWNER *(Attach a list of all the people that will be associated/listed with the license)*	NAME: Francisco Berrico	**ATTORNEY/ REPRESENTAIVE**	NAME:
	PHONE: (212) 524-6818		PHONE:
	EMAIL:		EMAIL:
MANAGER	NAME:	**LANDLORD** Haralambos Kaxiontzakis	NAME: 174 8th AVE Associates Inc.
	PHONE:		PHONE: 917 797 6950
	EMAIL:		EMAIL:

APPLICATION TYPE *(Check One)*

○ New	Has applicant owned or managed a similar business?	YES	NO	
	What is/was the name and address of establishment?			
	What were the dates applicant was involved with this former premise?			
○ Transfer	What is the prior license # and expiration date?			
	Is applicant making any alterations or operational changes?	YES	NO	
	If alterations or operational changes are being made, please describe/list all changes.			
✓ 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	✓ Liquor/Wine/Beer ○ Beer ○ Wine & Beer
ESTABLISHMENT TYPE	✓ Restaurant ○ Cabaret ○ Night Club ○ Hotel ○ Bar/Tavern ○ Catering Establishment ○ Adult Entertainment ○ Wine Bar ○ Dance Club ○ Sports Bar ○ Club (Fraternal Organization – Members Only)

Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	YES	NO	6/21/2010
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.	YES	NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	YES	NO	

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

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS* *(Indoor Only)*	Operation	12-12	12-12	12-12	12-2	12-2	12-2	12-12
	Kitchen	12-11	12-12	12-11	12-12	12-2	12-12	12-11
	Music	12-10	12-10	12-10	12-12	12-12	12-12	12-10

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	178	189	42	84	1	1	12	
OUTSIDE *(Other than sidewalk café)*	73	74	21	42	Ø	Ø		
SIDEWALK CAFÉ								

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

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	(NO)	
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	JIMMY ORTIZ 220 west 19th
	# 2	DIANA RAMONO 306 W. 19 St
	# 3	DAN JENNINGS 278 W 19
	# 4	
	# 5	

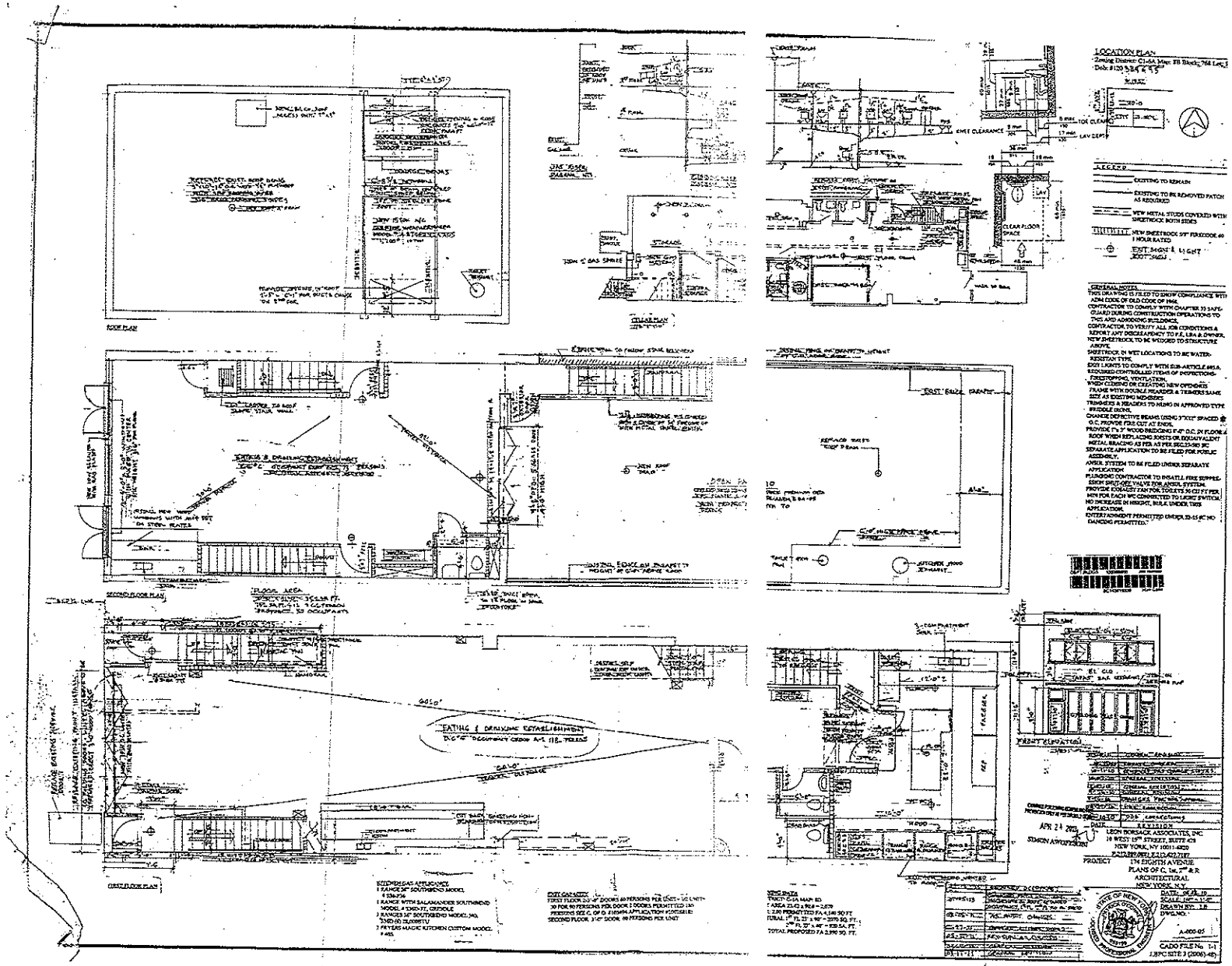
Please provide dates when applicant met with the groups listed above.			
Who was your contact person at each group you met with?			
When did applicant post the notice that was provided?			
Where did applicant post the notice that was provided?	ESTABLISHMENT GLASS DOOR + LIGHT POLES		
Will applicant provide 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	

June 15th. Met with Mr. Ortiz
June 15, 15 Met with Mr. Jennings
June 19, 15 Met with Mrs. Ramono

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

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

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



Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME	DOING BUSINESS AS (DBA)	
Beer Authority Inc.	Beer Authority	
STREET ADDRESS	**CROSS STREETS**	**ZIP CODE**
618 8th Avenue	W 40th St. & W 39th St.	10018

OWNER *(Attach a list of all the people that will be associated/listed with the license)*	NAME:	Eamon Donelly, Joseph Donagher, William White	**ATTORNEY/ REPRESENTATIVE**	NAME:	David I. Korngut, Esq.
	PHONE:	(917) 416-7216		PHONE:	(212) 566-5021
	EMAIL:	eamonblacklabel@gmail.com		EMAIL:	david@korngutlawoffices.com
MANAGER	NAME:	Eamon Donelly, Joseph Donagher	**LANDLORD**	NAME:	Long Earol Associates
	PHONE:	(917) 416-7216		PHONE:	(646)757-0569
	EMAIL:	eamonblacklabel@gmail.com		EMAIL:	

APPLICATION TYPE *(Check One)*

◯ New	Has applicant owned or managed a similar business?	YES	NO	
	What is/was the name and address of establishment?			
	What were the dates applicant was involved with this former premise?			
◯ Transfer	What is the prior license # and expiration date?			
	Is applicant making any alterations or operational changes?	YES	NO	
	If alterations or operational changes are being made, please describe/list all changes.			
⊗ Alteration	What is the current license # and expiration date?	03/31/2016		
	Please list/describe the nature of all the changes and attach the plans:	Convert existing rooftop service bar to rooftop customer bar.		

METHOD OF OPERATION

TYPE OF ALCOHOL	⊗ Liquor/Wine/Beer ◯ Beer ◯ Wine & Beer
ESTABLISHMENT TYPE	⊗ Restaurant ◯ Cabaret ◯ Night Club ◯ Hotel ◯ Bar/Tavern ◯ Catering Establishment ◯ Adult Entertainment ◯ Wine Bar ◯ Dance Club ◯ Sports Bar ◯ Club (Fraternal Organization – Members Only)

Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	YES	NO	Alteration- 30 days after notice
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.	YES	NO	N/A Alteration
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	NO	N/A Alteration
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	YES	NO	N/A Alteration

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

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS* *(Indoor Only)*	Operation	10am- 4am	10am- 4am	10am- 4am	10am- 4am	10am- 4am	10am- 4am	Noon- 2am
	Kitchen	10am- 3am	10am- 3am	10am- 3am	10am- 3am	10am- 3am	10am- 3am	Noon- 1am
	Music	10am- 4am	10am- 4am	10am- 4am	10am- 4am	10am- 4am	10am- 4am	Noon- 2am

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	220	200	37	153	0	2	23, 8	
OUTSIDE *(Other than sidewalk café)*	74	65	1 4	72	0	1	5	
SIDEWALK CAFÉ								

How many floors are there? What is the capacity for each floor?	Main, Basement, 2nd, Roof		
How frequently will the owner(s) be at the establishment?	7 days		
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	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?	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	For main application

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.	N/A Alteration		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO	This is an alteration
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	
Will applicant have a vestibule within the establishment?	YES	NO	
Will applicant use a storm enclosure?	YES	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?	YES	NO	
Will applicant comply with the NYC noise code?	YES	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	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?	YES	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	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?	YES	NO	
Will the kitchen exhaust system extend to the roof?	YES	NO	
Will the establishment have an illuminated sign?	YES	NO	
Will the establishment have a canopy extending over the sidewalk?	YES	NO	
Where will the air conditioner be located? What type is it?			
When was the air conditioner installed?			

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 cafe?	YES	NO	
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	
Will all furniture be stored inside between December 21st and March 21st, 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	

8TH AVENUE

40TH STREET

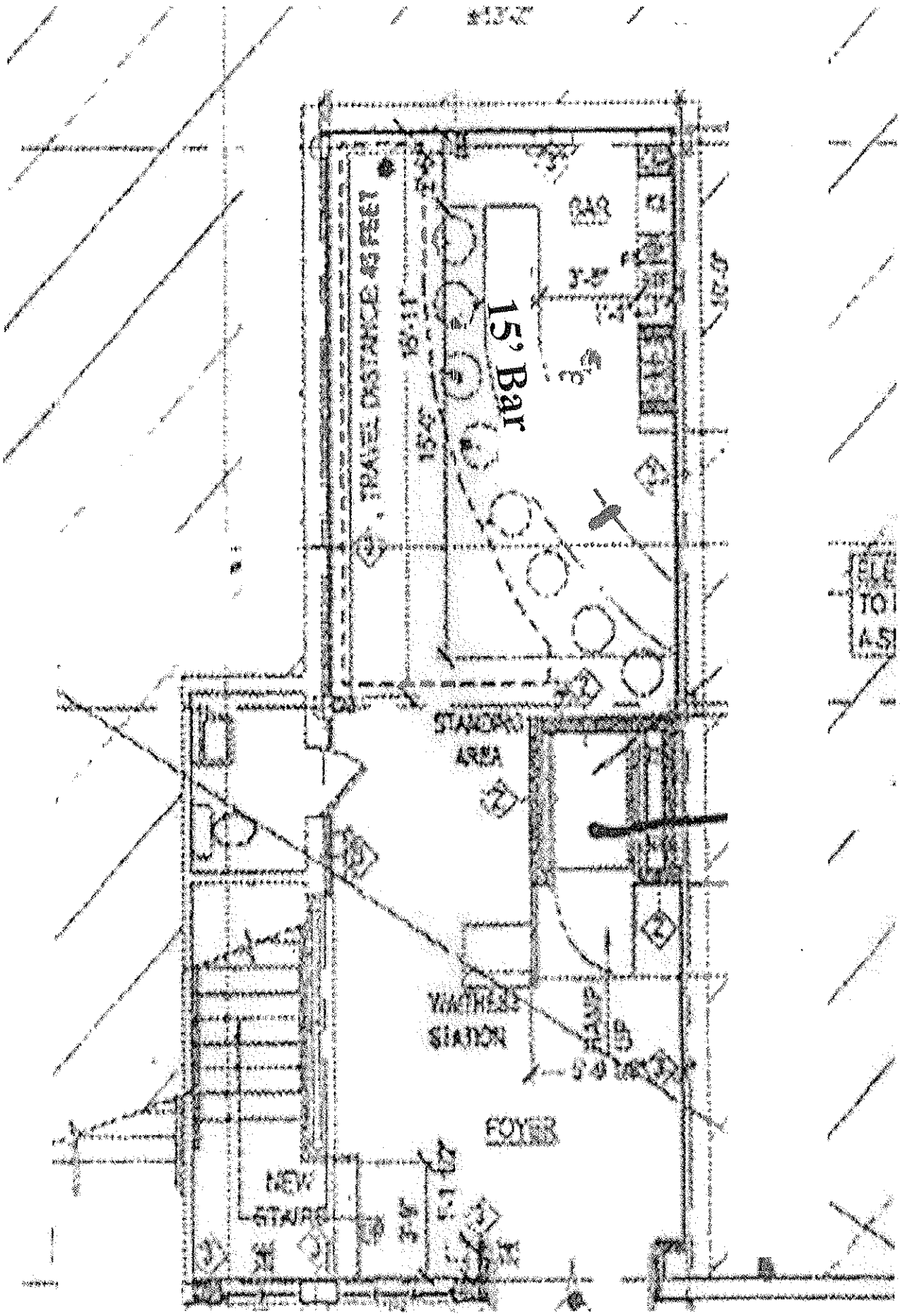
ROOF PLAN

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

20'

R A B

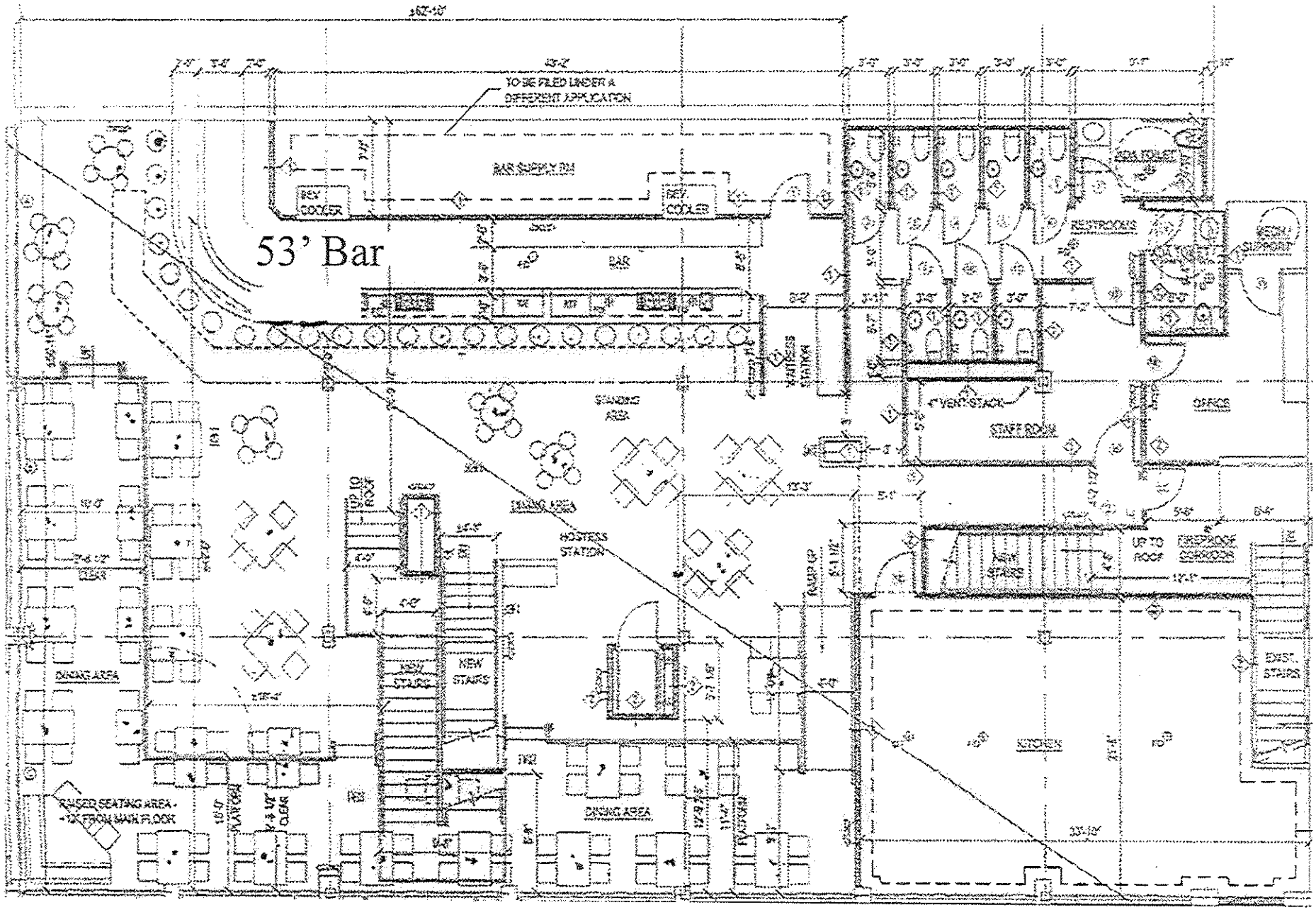
First Floor



8th Avenue

40th Street

Second Floor



Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME	DOING BUSINESS AS (DBA)	
Dutch Freds Inc.	Dutch Fred's	
STREET ADDRESS	**CROSS STREETS**	**ZIP CODE**
307 West 47th Street	8th and 9th Ave	10036

OWNER *(Attach a list of all the people that will be associated/listed with the license)*	NAME:	Michael Mcnamee *	**ATTORNEY/ REPRESENTAIVE**	NAME:	Michael Paleudis
	PHONE:	(917) 517-2283		PHONE:	(212) 949-0138
	EMAIL:	mgmcnamee@gmail.com		EMAIL:	mjp@rudnerpaleudis.com
MANAGER	NAME:	Shane O'Leary	**LANDLORD**	NAME:	307 W 47th Street, LLC
	PHONE:	(347) 552-8461		PHONE:	(551) 486-1827
	EMAIL:	olearyshane584@gmail.com		EMAIL:	hmolfetas@optonline.net

APPLICATION TYPE *(Check One)*

○ New	Has applicant owned or managed a similar business?	YES	NO	
	What is/was the name and address of establishment?			
	What were the dates applicant was involved with this former premise?			
⊗ Transfer	What is the prior license # and expiration date?	Serial No. 1135109 - 12/31/2016		
	Is applicant making any alterations or operational changes?	(YES)	NO	
	If alterations or operational changes are being made, please describe/list all changes. **			
○ 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	⊗ Liquor/Wine/Beer ○ Beer ○ Wine & Beer
ESTABLISHMENT TYPE	○ Restaurant ○ Cabaret ○ Night Club ○ Hotel ⊗ Bar/Tavern ○ Catering Establishment ○ Adult Entertainment ○ Wine Bar ○ Dance Club ○ Sports Bar ○ Club (Fraternal Organization – Members Only)

Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	YES	(NO)	After meeting with BLP
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.	YES	(NO)	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	(NO)	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	(YES)	NO	

* Patrick Mcnamee, (646) 763-1971, patrick.mcnamee@gmail.com
Shane O'Leary, (347) 552-8461, olearyshane584@gmail.com

** *The length of the bar will be reduced by five feet. The facade will be changed to include windows. All other changes will be cosmetic in nature.

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

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS* *(Indoor Only)*	Operation	12:00 pm	to 4:00 am	→				→
	Kitchen	12:00 pm	to 2:00 am	→				→
	Music	12:00 pm	to 4:00 am	→				→

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	150	74	10	35	0	1	25	
OUTSIDE *(Other than sidewalk café)*	N/A	→					→	
SIDEWALK CAFÉ	N/A	→		→				

How many floors are there? What is the capacity for each floor?	2 (150 total)		
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	N/A
Where will delivery bicycles be stored during the day when not in use?	N/A		

*Applicant will have a security person at the front door Wednesday through Saturday evenings and that person will be responsible for checking identification and insuring that customers do not gather in front of the establishment. Additionally, there will be a manager or owner on the floor inside the establishment every evening.

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	Clinton
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)	

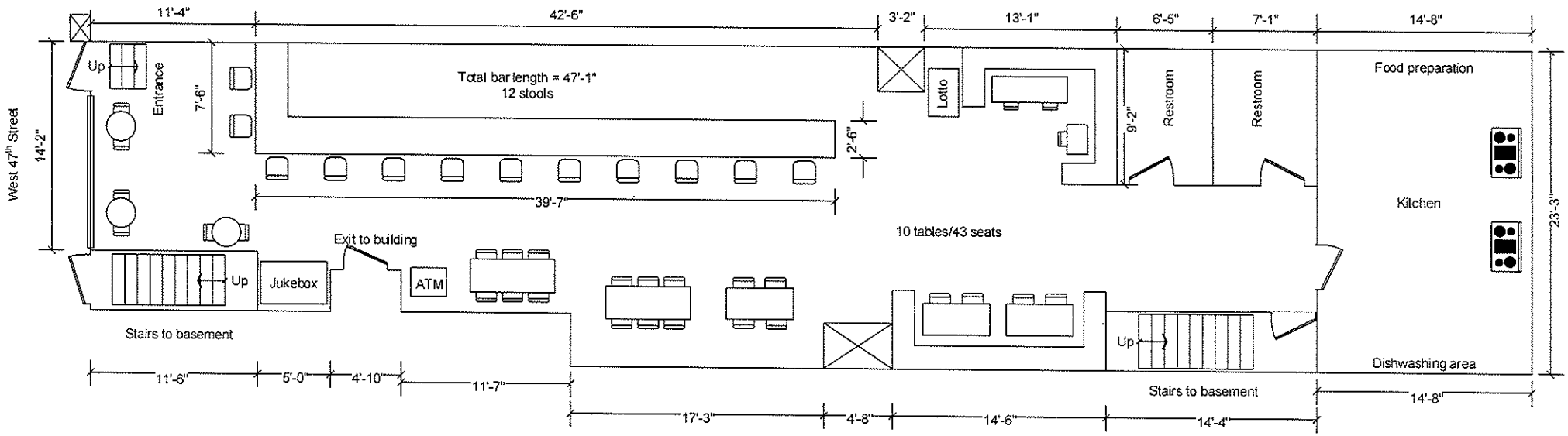
Community Notification/Relations		
NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted	# 1	**West 46th Street Block Association: Allison Tupper at allisontupper@verizon.net** **West 47th/48th Streets Block Associations: Elke Fears at aefearshk@earthlink.net**
	# 2	**West 47th/48th Streets Block Associations: Larry Roberts at larrymichaelroberts@gmail.com** **West 47th/48th Streets Block Associations: Jim Bogues at Jamesbogues@gmail.com** **West 47th/48th Streets Block Associations: Chuck Vassallo at chasmv@hotmail.com**
	# 3	**West 47th/48th Streets Block Associations: Steven Riedl at chluderemyc@yahoo.com** **West 47th/48th Streets Block Associations: Nancy S. Roylance at nancyroylance@ymail.com**
	# 4	
	# 5	

Please provide dates when applicant met with the groups listed above.	**Meeting with West 47/48 to take place on July 7, 2015**		
Who was your contact person at each group you met with?	**Elke Fears and Jim Bogues**		
When did applicant post the notice that was provided?	**July 2, 2015**		
Where did applicant post the notice that was provided?	**Front window of premises**		
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	(YES)	NO	**(347) 552-8461**
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.	Blarney Stone		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	(YES)	NO	Blarney Stone
Do you plan any changes to the existing façade? If yes, please describe.	(YES)	NO	Cosmetic upgrades including new windows
Will applicant have a vestibule within the establishment?	YES	(NO)	
Will applicant use a storm enclosure?	YES	(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?	(YES)	NO	
Will applicant comply with the NYC noise code?	(YES)	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)	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?	(YES)	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	(YES)	NO	To be obtained
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	
Will the kitchen exhaust system extend to the roof?	(YES)	NO	
Will the establishment have an illuminated sign?	YES	(NO)	
Will the establishment have a canopy extending over the sidewalk?	(YES)	NO	
Where will the air conditioner be located? What type is it?	Location of ac unit to be determined upon completion of plans.		
When was the air conditioner installed?	During build out		

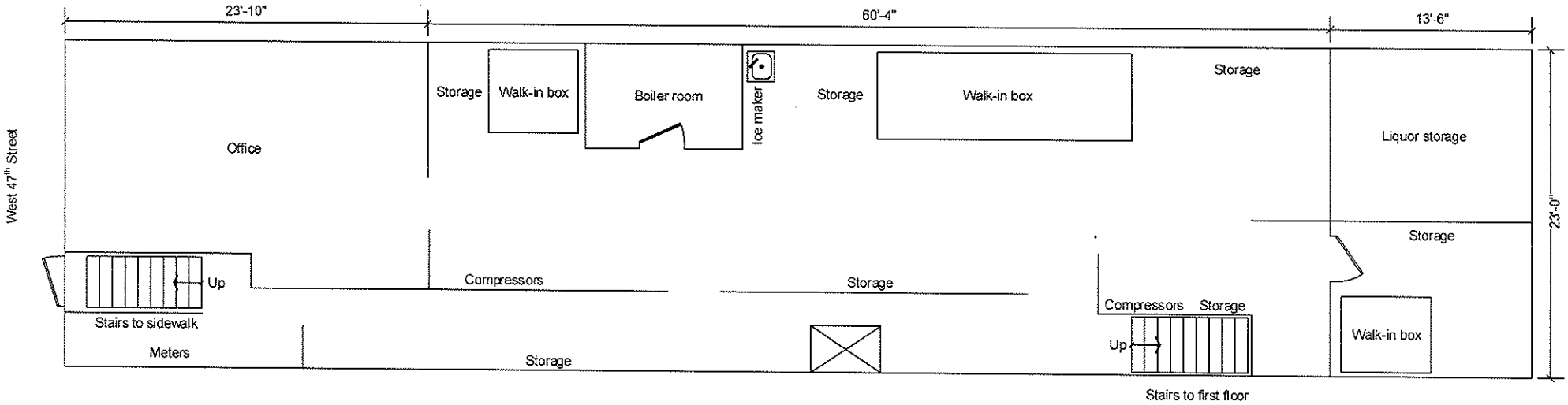
OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	(YES)	NO	
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	(NO)	
Are the floorplans for the outdoor space(s)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

OUTDOOR ITEMS – SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	(YES)	NO	
Will applicant be applying for a sidewalk café now or in the future?	YES	NO	Applicant will not be applying for a sidewalk cafe with its initial application. It is unclear whether enough space exists for the establishment of such a cafe.
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	N/A
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	YES	NO	
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	NO	
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	YES	NO	
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	
Will all furniture be stored inside between December 21st and March 21st, 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	



INTERIOR DIAGRAM – First Floor
307 West 47th Street
New York, NY
June 26, 2015

NOT TO SCALE



INTERIOR DIAGRAM – Basement
307 West 47th Street
New York, NY
June 26, 2015

NOT TO SCALE

AREA SURVEY
307 West 47th Street
New York, NY
June 26, 2015

NOT TO SCALE

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME	DOING BUSINESS AS (DBA)
TRS LLC	Element New York Times Square West

STREET ADDRESS	CROSS STREETS	ZIP CODE
309-313 West 39th Street, New York, NY	West 39th & West 40th Streets	10018

OWNER *(Attach a list of all the people that will be associated/listed with the license)*	NAME:	TRS LLC	ATTORNEY/ REPRESENTAIVE	NAME:	Martin P. Mehler
	PHONE:			PHONE:	212-962-4688
	EMAIL:			EMAIL:	Mehlerbuscemi@aol.com
MANAGER	NAME:	Garald Yong	LANDLORD	NAME:	Lex Times Square LP/c/o Lexington Realty Advisor
	PHONE:			PHONE:	N/A
	EMAIL:			EMAIL:	N/A

APPLICATION TYPE *(Check One)*

○ New	Has applicant owned or managed a similar business?	YES	NO	
	What is/was the name and address of establishment?			
	What were the dates applicant was involved with this former premise?			
⊗ Transfer	What is the prior license # and expiration date?			
	Is applicant making any alterations or operational changes?	YES	NO	NO
	If alterations or operational changes are being made, please describe/list all changes.			
○ 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	○ Liquor/Wine/Beer ○ Beer ⊗ Wine & Beer
ESTABLISHMENT TYPE	○ Restaurant ○ Cabaret ○ Night Club ⊗ Hotel ○ Bar/Tavern ○ Catering Establishment ○ Adult Entertainment ○ Wine Bar ○ Dance Club ○ Sports Bar ○ Club (Fraternal Organization – Members Only)

Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	YES	NO	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.	YES	NO	YES
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	NO	NO
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	YES	NO	YES

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

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS* *(Indoor Only)*	Operation	24 Hours for guests of Hotel 7 days a week						
	Kitchen	24 Hours for guests of Hotel 7 days a week						
	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	70 Hotel see attached C of O		18	86	0	0	0	
OUTSIDE *(Other than sidewalk cafe)*	15 rooftop		7	14				
SIDEWALK CAFE	N/A							

How many floors are there? What is the capacity for each floor?			40
How frequently will the owner(s) be at the establishment?			Management will be there 24/7
Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?	YES	NO	NO
Will applicant have bottle or table service for beverage alcohol?	YES	NO	YES
Will you be hosting private; promotional or corporate events?	YES	NO	YES
Will outside promoters be used on a regular basis? If yes please describe.	YES	NO	NO
Will you have a security plan? If, yes please attach.	YES	NO	YES
Will security plan be implemented?	YES	NO	YES
Will State certified security personnel be used?	YES	NO	YES
Will New York Nightlife Association and NYPD Best Practices be followed?	YES	NO	N/A
Will applicant be using delivery bicycles? If yes, how many?	YES	NO	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	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?	YES	NO	NO
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	YES
Is a Public Assembly permit required?	YES	NO	NO
Are your plans filed with DOB?	YES	NO	N/A

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	CB4
	# 2	West 36th Block Association
	# 3	Hell's Kitchen Neighborhood Association
	# 4	
	# 5	

Please provide dates when applicant met with the groups listed above.			July 14, 2005
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.	ELEMENT NEW YORK TIMES SQUARE WEST		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO	YES
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	NO
Will applicant have a vestibule within the establishment?	YES	NO	Hotel Lobby
Will applicant use a storm enclosure?	YES	NO	N/A
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?	YES	NO	N/A
Will applicant comply with the NYC noise code?	YES	NO	YES

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	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?	YES	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?	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	YES
Will the kitchen exhaust system extend to the roof?	YES	NO	YES
Will the establishment have an illuminated sign?	YES	NO	
Will the establishment have a canopy extending over the sidewalk?	YES	NO	N/A
Where will the air conditioner be located? What type is it?			
When was the air conditioner installed?			

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

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

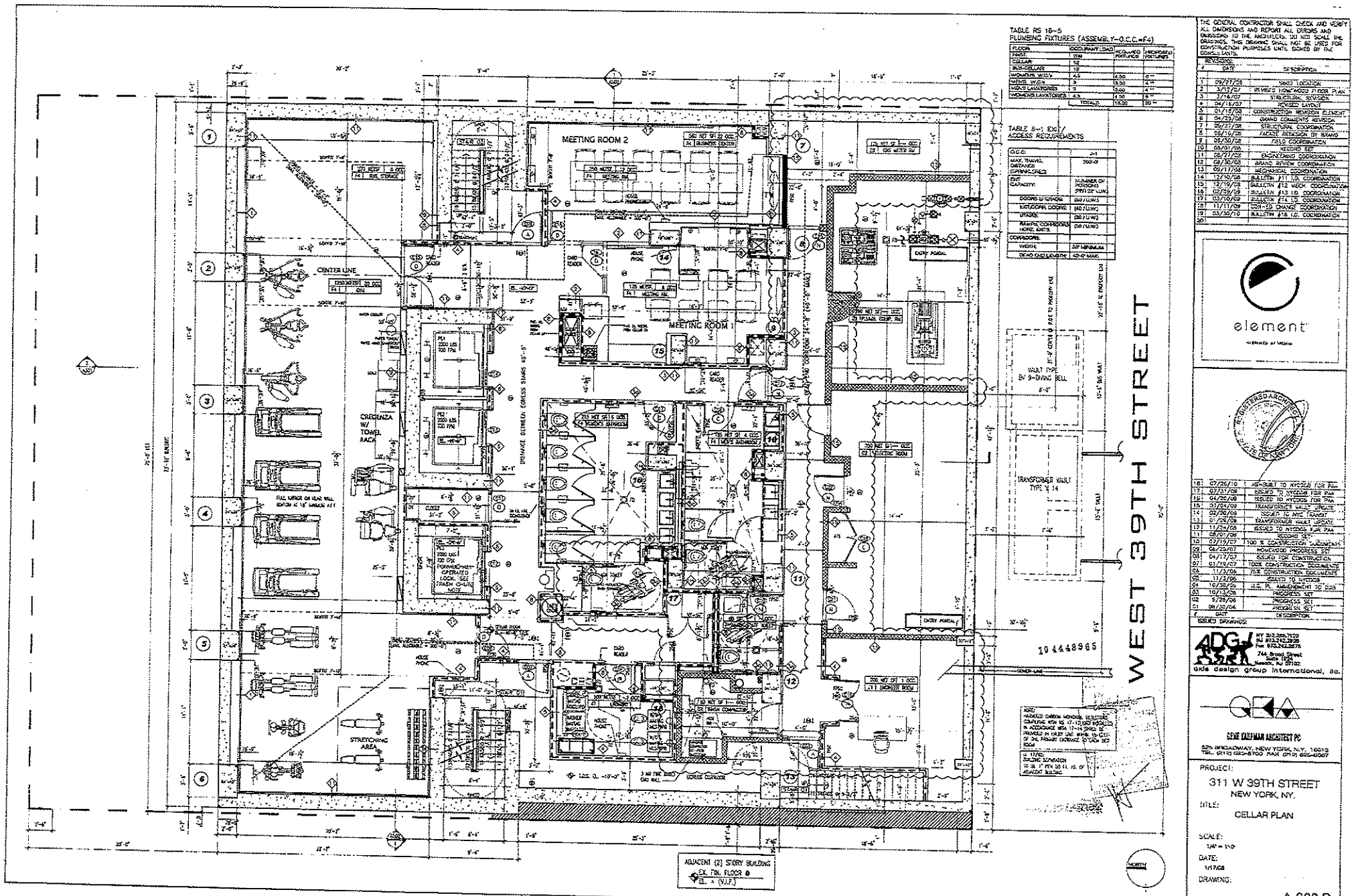


TABLE RS 18-5
PLUMBING FIXTURES (ASSEMBLY-G.C.C.=F4)

FLOOR	OCCUPANT LOAD	REQUIRED FIXTURES	PROVIDED FIXTURES
FIRST	256		
SECOND	58		
SUB-CELLAR	19		
WOMENS W.C's	4.5	4.50	6 **
MENS W.C's	3	3.00	4 **
MENS LAVATORIES	3	3.00	4 **
WOMENS LAVATORIES	4.5	4.50	6 **
	TOTALS	15.00	20 **

TABLE S=1 EXIT ACCESS REQUIREMENTS

G.C.C.	F-1
MAX. TRAVEL DISTANCE/ OPENING SPACE	200'-0"
EXIT CAPACITY:	NUMBER OF PERSONS PER/ 60" UNIT
DOORS @ STAIRS	60 / (UNIT)
SWITCHBACK DOORS	60 / (UNIT)
STAIRS	76 / (UNIT)
REMOTE CORRIDORS HORIZ. EXITS	100 / (UNIT)
CORRIDORS:	
WIDTH	32" MINIMUM
DEAD END LENGTH	50'-0" MAX.

THE GENERAL CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS AND REPORT ALL ERRORS AND OMISSIONS TO THE ARCHITECTS. DO NOT SCALE THE DRAWINGS. THIS DRAWING SHALL NOT BE USED FOR CONSTRUCTION PURPOSES UNTIL SIGNED BY THE CONSULTANTS.

#	DATE	DESCRIPTION
REVISIONS		
1	09/07/06	SHED LOCATION
2	3/12/07	REVISED HOMEWOOD FLOOR PLAN
3	3/16/07	STRUCTURAL DIVISION
4	04/16/07	REVISED LAYOUT
5	01/15/08	CONSTRUCTION REVISION ELEMENT
6	04/23/08	BRAND COMMENTS REVISION
7	05/27/08	STRUCTURAL COORDINATION
8	05/19/08	FACADE REVISION BY BRAND
9	05/30/08	FIELD COORDINATION
10	06/01/08	RECORD SET
11	06/27/08	ENGINEERING COORDINATION
12	08/30/08	BRAND REVIEW COORDINATION
13	09/17/08	MECHANICAL COORDINATION
14	12/10/08	BULLETIN #11 I.D. COORDINATION
15	12/19/08	BULLETIN #12 MECH. COORDINATION
16	02/09/09	BULLETIN #13 I.D. COORDINATION
17	03/10/09	BULLETIN #14 I.D. COORDINATION
18	11/11/09	CON-ED CHANGE COORDINATION
19	03/30/10	BULLETIN #16 I.D. COORDINATION
20		

#	DATE	DESCRIPTION
16	07/26/10	AS-BUILT TO NYCDOB FOR PW
17	07/27/09	TO NYCDOB FOR PW
16	04/20/09	ISSUED TO NYCDOB FOR PW
15	03/04/09	TRANSFORMER VAULT UPDATE
14	02/26/09	ISSUED TO NYC TRANSIT
13	01/29/09	TRANSFORMER VAULT UPDATE
12	11/25/08	ISSUED TO NYCDOB FOR PW
11	08/01/08	RECORD SET
10	07/19/07	100 % CONSTRUCTION DOCUMENTS
09	06/25/07	HOMEWOOD PROGRESS SET
08	04/17/07	ISSUED FOR CONSTRUCTION
07	01/19/07	100% CONSTRUCTION DOCUMENTS
06	11/3/06	75% CONSTRUCTION DOCUMENTS
05	11/3/06	ISSUED TO NYCDOB
04	10/30/06	U.G. PL. AMENDMENT TO DOB
03	10/13/06	PROGRESS SET
02	9/28/06	PROGRESS SET
01	08/30/06	PROGRESS SET

ISSUED DRAWINGS

ADG
tel 212.268.7120
fax 212.268.7128
tel 973.242.5678
744 Broad Street
Suite 1624
Newark, NJ 07102
adg design group international, llc.

GENE KAUFMAN ARCHITECT PC
529 BROADWAY, NEW YORK, N.Y. 10012
TEL. (212) 925-5750 FAX (212) 925-4307

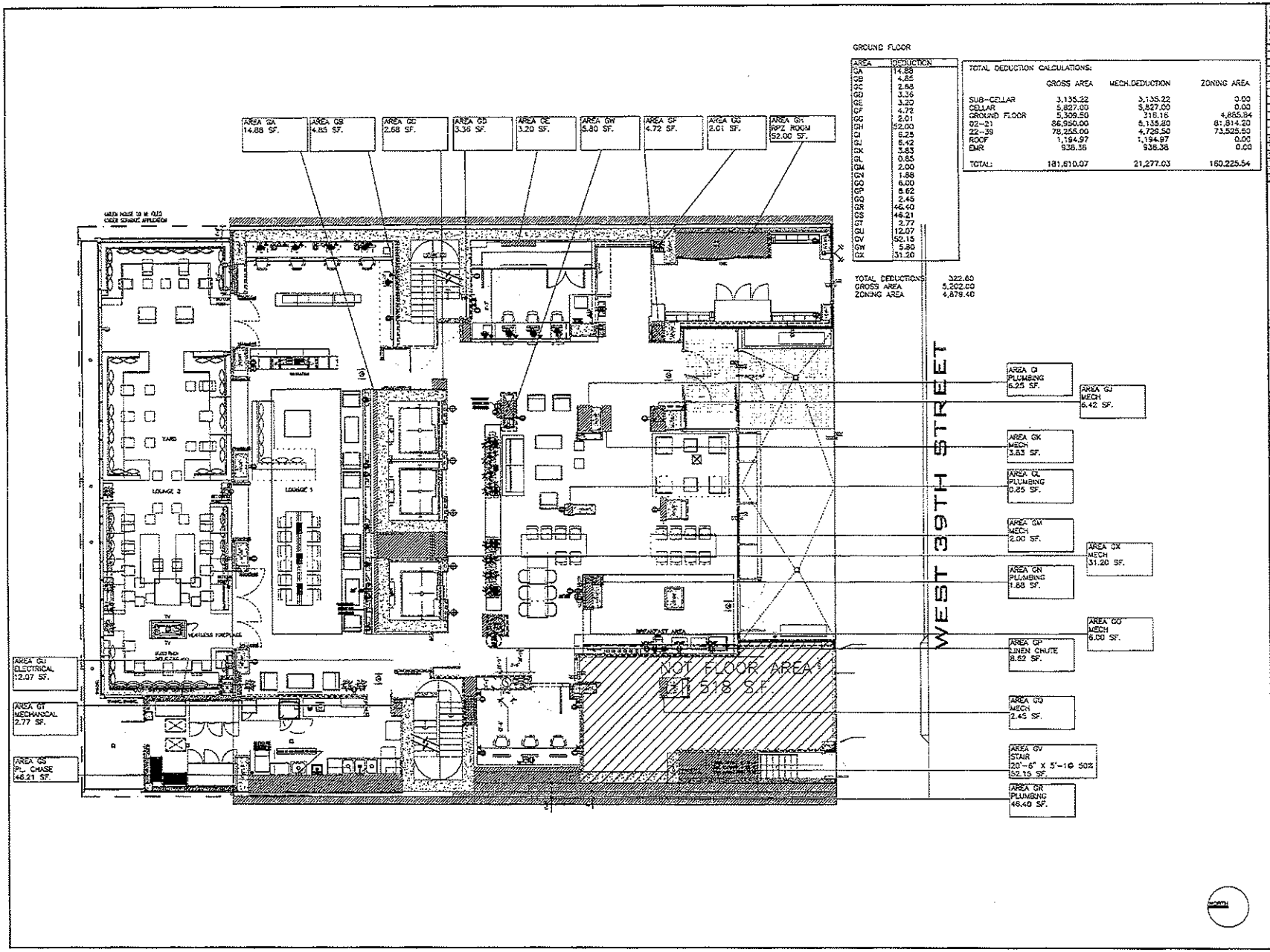
PROJECT:
311 W 39TH STREET
NEW YORK, NY.

TITLE:
CELLAR PLAN

SCALE:
1/4" = 1'-0"

DATE:
1/17/08

DRAWING:
A-200 B



AREA	DEDUCTION
GA	14.88
GB	4.85
GC	2.68
GD	3.36
GE	3.20
GF	4.72
GG	2.01
GH	52.00
GI	6.25
GJ	6.42
GK	3.83
GL	0.85
GM	2.00
GN	1.88
GO	6.00
GP	8.62
GQ	2.45
GR	46.40
GS	46.21
GT	2.77
GU	12.07
GV	52.15
GX	5.80
GY	31.20

TOTAL DEDUCTIONS: 322.60
GROSS AREA 5,202.00
ZONING AREA 4,879.40

TOTAL DEDUCTION CALCULATIONS:

	GROSS AREA	MECH.DEDUCTION	ZONING AREA
SUB-CELLAR	3,135.22	3,135.22	0.00
CELLAR	5,827.00	5,827.00	0.00
GROUND FLOOR	5,309.50	316.16	4,885.84
02-21	86,950.00	5,135.60	81,814.20
22-39	78,255.00	4,729.50	73,525.50
ROOF	1,194.97	1,194.97	0.00
EMR	938.36	938.36	0.00
TOTAL:	181,610.07	21,277.03	160,225.54

THE GENERAL CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS AND REPORT ALL DRAWING AND OMISSIONS TO THE ARCHITECTS. DO NOT SCALE THE DRAWINGS. THIS DRAWING SHALL NOT BE USED FOR CONSTRUCTION PURPOSES UNTIL SIGNED BY THE CONSULTANTS.

REVISIONS		
#	DATE	DESCRIPTION
1	09/27/06	ZONING SUBMISSION
2	3/12/07	REVISED HOMEWOOD FLOOR PLAN
3	3/16/07	STRUCTURAL REVISION
4	04/16/07	REVISED LAYOUT
5	01/18/08	CONSTRUCTION REVISION ELEMENT
6	04/25/08	BRAND COMMENTS REVISION
7	05/22/08	STRUCTURAL COORDINATION
8	06/16/08	FACADE REVISION BY BRAND
9	06/30/08	FIELD COORDINATION
10	08/01/08	REVISED SET
11	08/27/08	ENGINEERING COORDINATION
12	09/30/08	BRAND REVIEW COORDINATION
13	09/17/08	MECHANICAL COORDINATION
14		
15		

13		
12	11/24/08	ISSUED TO HYDROS FOR PAA
11	08/01/08	PERMIT SET
10	07/19/07	100 % CONSTRUCTION DOCUMENTS
09	06/25/07	HOMEWOOD PROGRESS SET
08	04/17/07	ISSUED FOR CONSTRUCTION
07	01/10/07	100% CONSTRUCTION DOCUMENTS
06	11/2/06	75% CONSTRUCTION DOCUMENTS
05	11/3/06	ISSUED TO HYDROS
04	10/30/06	U.G. PL. AMENDMENT TO DOB
03	10/13/06	PROGRESS SET
02	9/25/06	PROGRESS SET
01	08/30/06	PROGRESS SET
#	DATE	DESCRIPTION

ISSUED DRAWINGS:

NY 212.268.7138
NJ 973.622.2606
Fax 973.642.2676
74a Grand Street
Suite 2
Newton, NJ 07860
adg design group international, inc.

ADAM EISEMAN ARCHITECT PC
629 BROADWAY, NEW YORK, N.Y. 10012
TEL. (212) 620-0100 FAX. (212) 620-0567

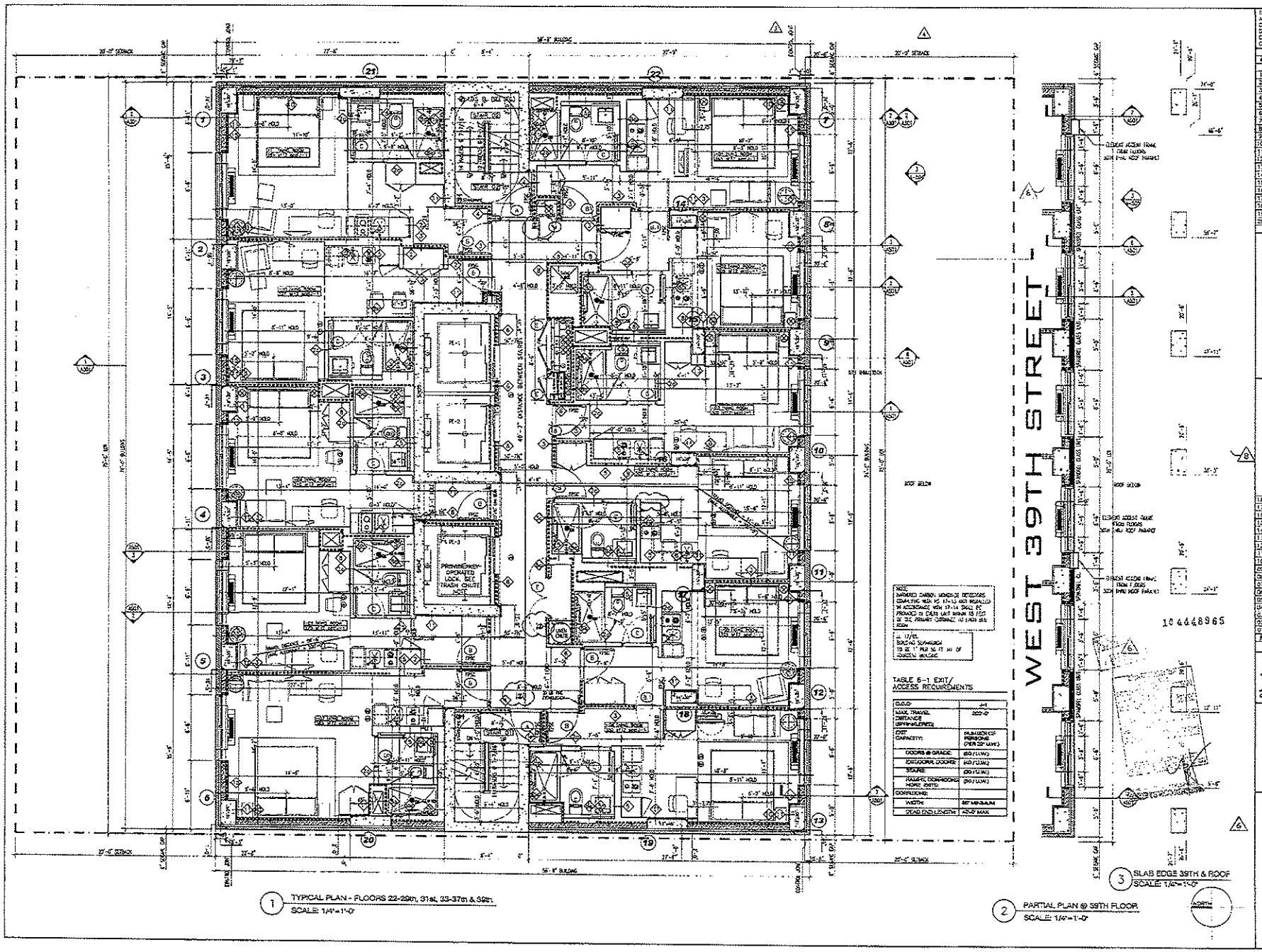
PROJECT:
311 W 39TH STREET
NEW YORK, NY.

TITLE:
MECHANICAL DEDUCTIONS
FIRST FLOOR

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

DATE:
01/17/08

DRAWING:
A-104



1 TYPICAL PLAN - FLOORS 22-29th, 31st, 33-37th & 39th
SCALE: 1/4"=1'-0"

2 PARTIAL PLAN @ 39TH FLOOR
SCALE: 1/4"=1'-0"

3 SLAB EDGE 39TH & ROOF
SCALE: 1/4"=1'-0"

NOTE:
NUMBERED CARBON MONOXIDE DETECTORS COMPLYING WITH NO. 17-13 AND INSTALLED IN ACCORDANCE WITH 17-14 SHALL BE PROVIDED IN EVERY UNIT WITHIN 15 FEET OF THE PRIMARY ENTRANCE TO EACH SEE FIGURE

17/05
BUILDING SUPERVISOR
TO BE 1" PER 50 FT. MI. OF FOREIGN BUILDING

TABLE 6-1 EXIT/ ACCESS REQUIREMENTS

O.C.O.	J-1
MAX. TRAVEL DISTANCE (SPRINKLERED)	200'-0"
EXIT CAPACITY:	NUMBER OF PERSONS (PER 22" U.W.)
DOORS @ GRADE:	(50 / U.W.)
EXIT/CORR. DOORS:	(40 / U.W.)
STAIRS:	(30 / U.W.)
RAMPS, CORRIDORS HORZ. EXITS:	(50 / U.W.)
CORRIDORS:	
WIDTH:	36" MINIMUM
DEAD END LENGTH:	40'-0" MAX.

THE GENERAL CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS AND REPORT ALL ERRORS AND OMISSIONS TO THE ARCHITECTS. DO NOT SCALE THE DRAWINGS. THIS DRAWING SHALL NOT BE USED FOR CONSTRUCTION PURPOSES UNTIL SIGNED BY THE CONSULTANTS.

REVISIONS

#	DATE	DESCRIPTION
1	09/27/05	SWUZ LOCATION
2	3/12/07	REVISED HOMEWOOD FLOOR PLAN
3	3/16/07	STRUCTURAL REVISION
4	04/16/07	REVISED LAYOUT
5	01/10/08	CONSTRUCTION REVISION ELEMENT
6	04/25/08	BRAND COMMENTS REVISION
7	05/27/08	STRUCTURAL COORDINATION
8	06/16/08	FACADE REDESIGN BY BRAND
9	06/30/08	FIELD COORDINATION
10	08/01/08	RECORD SET
11	08/27/08	ENGINEERING COORDINATION
12	08/30/08	BRAND REVIEW COORDINATION
13	09/17/08	MECHANICAL COORDINATION
14	12/10/08	BULLETIN #11 I.D. COORDINATION
15	02/29/09	BULLETIN #13 I.D. COORDINATION
16	03/10/09	BULLETIN #14 I.D. COORDINATION
17	04/13/09	BULLETIN #15 I.D. COORDINATION
18	08/14/09	BULLETIN #17 I.D. COORDINATION
19		
20		

element
INSPIRED BY WELLIN

#	DATE	DESCRIPTION
18	07/26/10	AS-BUILT TO NYCDOB FOR PAA
17	07/31/09	ISSUED TO NYCDOB FOR PAA
16	04/20/09	ISSUED TO NYCDOB FOR PAA
15	03/04/09	TRANSFORMER VAULT UPDATE
14	02/20/09	ISSUED TO NYC TRANSIT
13	01/29/09	TRANSFORMER VAULT UPDATE
12	11/24/08	ISSUED TO NYCDOB FOR PAA
11	08/01/08	RECORD SET
10	07/19/07	100% CONSTRUCTION DOCUMENTS
09	06/25/07	HOMEWOOD PROGRESS SET
08	04/17/07	ISSUED FOR CONSTRUCTION
07	01/19/07	100% CONSTRUCTION DOCUMENTS
06	11/3/06	75% CONSTRUCTION DOCUMENTS
05	11/3/06	ISSUED TO NYCDOB
04	10/30/06	U.S. PL AMMENDMENT TO DOB
03	10/13/06	PROGRESS SET
02	9/25/06	PROGRESS SET
01	08/30/06	PROGRESS SET

ISSUED DRAWINGS:

ADG
NY 212.268.7120
NJ 973.242.2020
Fax 973.242.2876
744 Broad Street
Suite 1934
Newark, NJ 07102
axis design group international, llc.

GENE KAUFMAN ARCHITECT PC
525 BROADWAY, NEW YORK, N.Y. 10012
TEL. (212) 625-8700 FAX. (212) 625-8867

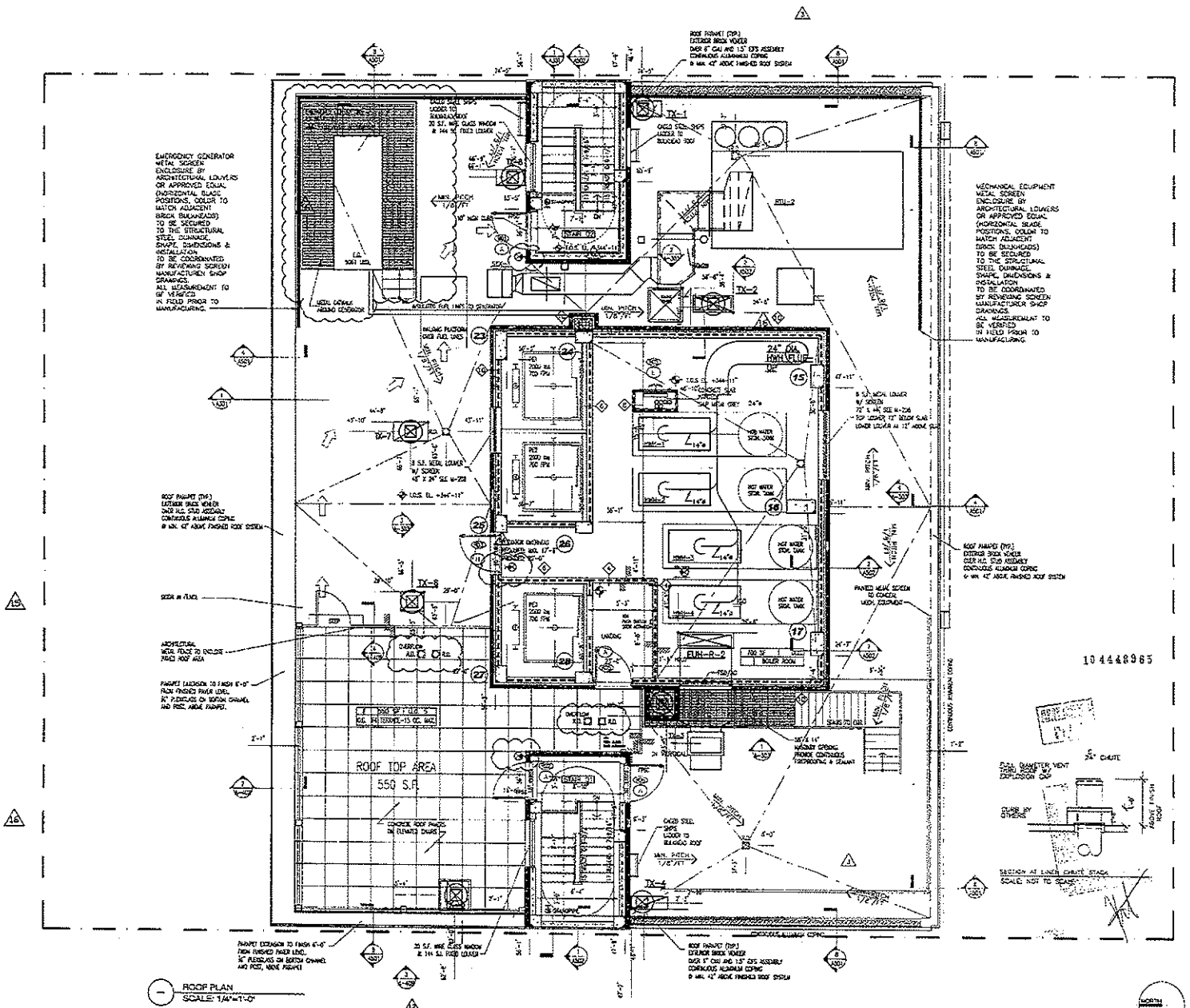
PROJECT:
311 W 39TH STREET
NEW YORK, NY.

TITLE:
TYPICAL FLOOR PLAN
22-29, 31, 33-37, & 39TH

SCALE:
1/4" = 1'-0"

DATE:
01/17/08

DRAWING:
A-209



ROOF PLAN
SCALE: 1/4"=1'-0"

THE GENERAL CONTRACTOR SHALL CHECK AND VERIFY ALL DIMENSIONS AND REPORT ALL ERRORS AND OMISSIONS TO THE ARCHITECTS. DO NOT SCALE THE DRAWINGS. THIS DRAWING SHALL NOT BE USED FOR CONSTRUCTION PURPOSES UNTIL SIGNED BY THE CONSULTANTS.

REVISIONS:		
#	DATE	DESCRIPTION
1	06/27/06	SPACE LOCATION
2	3/12/07	REVISED HANDWOOD FLOOR PLAN
3	3/16/07	STRUCTURAL REVISION
4	04/16/07	REVISED LAYOUT
5	01/18/08	CONSTRUCTION REVISION ELEMENT
6	04/28/08	BRAND COMMENTS REVISION
7	05/27/08	STRUCTURAL COORDINATION
8	06/16/08	FACADE RECESSION BY BRAND
9	06/30/08	FIELD COORDINATION
10	08/01/08	RECORD SET
11	08/27/08	CONDITIONS COORDINATION
12	09/30/08	SPRINKLER COORDINATION
13	09/17/08	MECHANICAL COORDINATION
14	09/30/08	BULLETIN #13 I.D. COORDINATION
15	10/10/08	BULLETIN #14 I.D. COORDINATION
16	10/15/08	BULLETIN #17 ADDENDUM
17		
18		
19		
20		

element
INSPIRED BY WOOD

16	02/25/10	AS-BUILT TO HYDES FOR PAA
17	02/27/09	ISSUED TO HYDES FOR DOB
16	04/20/09	ISSUED TO HYDES FOR PAA
15	03/04/09	TRANSFORMER VAULT UPDATE
14	02/20/09	ISSUED TO NYE TRANSIT
13	01/29/09	TRANSFORMER VAULT UPDATE
12	11/21/08	ISSUED TO HYDES FOR DOB
11	08/01/08	RECORD SET
10	07/18/07	100 % CONSTRUCTION DOCUMENTS
09	06/25/07	HOMEWOOD PROGRESS SET
08	04/17/07	ISSUED FOR CONSTRUCTION
07	01/19/07	100% CONSTRUCTION DOCUMENTS
06	11/3/06	75% CONSTRUCTION DOCUMENTS
05	11/3/06	ISSUED TO HYDES
04	10/30/06	M.D. PL. AMENDMENT TO DOB
03	10/17/06	PROGRESS SET
02	9/25/06	PROGRESS SET
01	08/30/06	PROGRESS SET
#	DATE	DESCRIPTION

ISSUED DRAWINGS:

ADG
adg design group international, llc.
NY 212.260.7100
NJ 973.243.2828
Fax 973.242.2678
744 Broad Street
Suite 1625
Newark, NJ 07102

SEAN VAISMAN ARCHITECT PC
525 BROADWAY, NEW YORK, N.Y. 10012
TEL. (212) 608-6700 FAX. (212) 608-6447

PROJECT:
311 W 39TH STREET
NEW YORK, NY.

TITLE:
ROOF FLOOR PLAN

SCALE:
1/4" = 1'-0"

DATE:
01/17/08

DRAWING:
A-212

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME: Urban Dairy		DOING BUSINESS AS (DBA): Chelsea Creamline	
STREET ADDRESS: 75 ninth avenue		CROSS STREETS: between 15 &16	ZIP CODE: 10011
OWNER (Attach a list of all the people that will be associated/listed with the license)	NAME: Harris Mayer-Selinger PHONE: 516 702 -0043 EMAIL: harris@hospitalitymadesimple.com	ATTORNEY/ REPRESENTAIVE	NAME: Terry Flynn see attached PHONE: 718 945 1000 EMAIL: TRFLYNN1R@gmail.com
MANAGER	NAME: Harris Mayer-Selinger PHONE: 516 702 0043 EMAIL: harris@hospitalitymadesimple.com	LANDLORD	NAME: Jamestown Properties PHONE: 212 652-2121 EMAIL:

APPLICATION TYPE *(Check One)*

(X) New	Has applicant owned or managed a similar business?	(YES)	NO	
	What is/was the name and address of establishment?	Tipplee + E/ Original		
	What were the dates applicant was involved with this former premise?			
( ) Transfer	What is the prior license # and expiration date?			
	Is applicant making any alterations or operational changes?	YES	NO	
	If alterations or operational changes are being made, please describe/list all changes.			
( ) 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	(X) Liquor/Wine/Beer	( ) Beer	( ) Wine & Beer			
ESTABLISHMENT TYPE	(X) Restaurant	( ) Cabaret	( ) Night Club	( ) Hotel	( ) Bar/Tavern	( ) Catering Establishment
	( ) Adult Entertainment	( ) Wine Bar	( ) Dance Club	( ) Sports Bar	( ) Club (Fraternal Organization – Members Only)	

Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	YES	(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.	(YES)	NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	(NO)	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	(YES)	NO	

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

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS* (Indoor Only)	Operation	8am-1AM	8am-1AM	8am-1AM	8am-1AM	8am-1AM	8am-1AM	8am-1AM
	Kitchen	"	"	"	"	"	"	"
	Music	—	—	—	—	—	—	—

If you plan to have music, what type(s)? (Circle all that apply): (XX) 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	75	75	14	50			8
OUTSIDE (Other than sidewalk café)							
SIDEWALK CAFÉ							

How many floors are there? What is the capacity for each floor?	1 floor	
How frequently will the owner(s) be at the establishment?	full time	
Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?	YES	(NO)
Will applicant have bottle or table service for beverage alcohol?	YES	(NO)
Will you be hosting private; promotional or corporate events?	YES	(NO)
Will outside promoters be used on a regular basis? If yes please describe.	YES	(NO)
Will you have a security plan? If, yes please attach.	YES	(NO)
Will security plan be implemented?	YES	(NO)
Will State certified security personnel be used?	YES	(NO)
Will New York Nightlife Association and NYPD Best Practices be followed?	(YES)	NO
Will applicant be using delivery bicycles? If yes, how many?	YES	NO
Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law?	YES	NO
Where will delivery bicycles be stored during the day when not in use?		

LOCATION & ZONING			
Is this a Special District? If yes, Is it Clinton, West Chelsea or Hudson Yards?	YES	(NO)	
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	
	# 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.					
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	(NO)			
Do you plan any changes to the existing façade? If yes, please describe.	(YES)	NO			
Will applicant have a vestibule within the establishment?	YES	(NO)			
Will applicant use a storm enclosure?	YES	(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?	(YES)	NO			
Will applicant comply with the NYC noise code?	(YES)	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	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?	YES	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?	YES	(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?	YES	NO	N/A		
Will the kitchen exhaust system extend to the roof?	(YES)	NO			
Will the establishment have an illuminated sign?	YES	(NO)			
Will the establishment have a canopy extending over the sidewalk?	YES	(NO)			
Where will the air conditioner be located? What type is it?	internal central				
When was the air conditioner installed?					

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	(YES)	NO	
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	(NO)	
Are the floorplans for the outdoor space(s) included?	YES	(NO)	N/A
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	YES	NO	N/A
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	N/A
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	NO	N/A
Will there be no amplified music, as per the law?	YES	NO	N/A
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	N/A
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	N/A
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A

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	N/A
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	NO	N/A
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	YES	NO	N/A
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	N/A
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	N/A
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	N/A
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	N/A
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	N/A
Will all furniture be stored inside between December 21st and March 21st, and any other day when it rains or snows?	YES	NO	N/A
Will applicant use umbrellas?	YES	NO	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?	YES	NO	N/A

Manhattan Community Board 4 (MCB4) recommends:	○ Denial unless all stipulations agreed to by applicant/owner are part of the method of operation ○ Denial ○ Approval

CB4 REPRESENTATIVES

Nelly Gonzalez *CB4 Assistant District Manager*	**Frank Holozubiec** *CB4 BLP Committee Co-Chair*	**Burt Lazarin** *CB4 BLP Committee Co-Chair*

APPLICANT AGREEMENT WITH THE COMMUNITY

Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of operation of its liquor license. The stipulations in this application constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 and applicant. These stipulations supersede any oral statements or representations in connection with this application.

SIGN HERE →	Harris Mayer-Selinger PRINT NAME OF APPLICANT	Harris Mayer-Selinger SIGNATURE OF APPLICANT	6-27-15 DATE

EQUIPMENT SCHEDULE

ITEM NO	QTY	EQUIPMENT CATEGORY	EQUIPMENT REMARKS
1	1	SMAKE MACHINE	
2	1	REFRIGERATED BACKBAR EQUIPMENT	
3	1	WORK SINK	
4	1	UNDERBAR HANDSINK	
5	1	REFRIGERATOR, SANDWICH	WITH BASE SHELVES
6	1	FRENCH FRY WARMER	
7	2	HAND SINK, WALL MOUNT	FOOT PEDALS
8	4	FRYER, DEEP FAT, GAS	
9	2	TABLE	
10	1	RANGE, RESTAURANT, GAS	
11	1	REFRIGERATOR, SHORTY	
12	2	SHELF	
13	3	WORK TABLE	
14	2	FREEZER, REACH-IN	
15	1	ICE MAKER BIN	
15.1	1	BIN, ICE	
16	1	OVEN, CONVECTION, GAS	
17	2	WALL SHELF	
18	1	UNDERCOUNTER DRAIN BOARD	
-	-	NOT USED	
21	1	WALK-IN COOLER	
21.1	1107	RACKS	
22	1	SOILED DISHTABLE	
23	1	CLEAN DISHTABLE	
24	1	DISHWASHER, DOOR TYPE	
25	1	CONDENSATE HOOD	
26	1	DISHTABLE, SORTING SHELF	
28	2	TRASH	
29	2	DIPWELL	
30	1	POT WASH	
31	1	POT RACK	
32	1	POT RACK STORAGE	
33	1	PREP TABLE W/ SINK	
34	1	GRIDDLE	
35	1	GRIDDLE	
36	2	DISPLAY REFRIGERATOR	
37	1	MIXER, FLOOR	
38	1	REFRIGERATOR, LOWBOY	
39	1	SYRUP-IN, COLD PAN	
40	1	FREEZER, ICE CREAM	FRONT OPENING GLASS DOORS
41	1	REFRIGERATOR, BEER	
43	1	ICE CREAM MAKER	
44	1	DOUBLE OVER HEAD SHELF	
45	4	HEATED SHELF	
46	1	REFRIGERATOR, UNDERCOUNTER	
47	2	TABLE, WORKTOP	
48	1	DISPLAY FREEZER	
49	1	ICE CREAM FREEZER DIPPING	
50	1	CO2 DISPENSER	
51	1	CO2 TANK	
52	1	BAKERS RACK	
53	1	COUNTERTOP FREEZER	GLASS DOORS

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME TAKE ANY RUG IN The House LLC	**DOING BUSINESS AS (DBA)** EATERY Restaurant
STREET ADDRESS 788 NINTH AVENUE	**CROSS STREETS** 52 / 53 — **ZIP CODE** 10019

OWNER *(Attach a list of all the people that will be associated/listed with the license)*	NAME: Sean Connolly	**ATTORNEY/ REPRESENTAIVE**	NAME: Robert Bookman
	PHONE: 917.763.6625		PHONE: 212-513-1988
	EMAIL: Sconnolly@eaterynyc.com		EMAIL: RBookman@PandBLegal.com
MANAGER	NAME:	**LANDLORD**	NAME: Goldberg Group
	PHONE:		PHONE: 914-683-3600
	EMAIL:		EMAIL: mel@goldberggroup.net

APPLICATION TYPE *(Check One)*

● New	Has applicant owned or managed a similar business?	(YES)	NO	
	What is/was the name and address of establishment?	EATERY 798 Ninth Ave.		
	What were the dates applicant was involved with this former premise?	2000 — 2015		
○ Transfer	What is the prior license # and expiration date?			
	Is applicant making any alterations or operational changes?	YES	NO	
	If alterations or operational changes are being made, please describe/list all changes.			
○ 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	● Liquor/Wine/Beer	○ Beer	○ Wine & Beer			
ESTABLISHMENT TYPE	● Restaurant	○ Cabaret	○ Night Club	○ Hotel	○ Bar/Tavern	○ Catering Establishment
	○ Adult Entertainment	○ Wine Bar	○ Dance Club	○ Sports Bar	○ Club (Fraternal Organization – Members Only)	

Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	YES	(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.	(YES)	NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	(NO)	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	(YES)	NO	

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

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS* (Indoor Only)	Operation	11-12	11-12	11-12	11-12	11-12	9-1	9-11
	Kitchen	11-12	11-12	11-12	11-12	11-12	9-1	9-11
	Music	11-11	11-11	11-11	11-11	11-11	9-12	9-12

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	274	45-50	17	38	1	1	3	
OUTSIDE (Other than sidewalk café)	N/A							
SIDEWALK CAFÉ	N/A							

How many floors are there? What is the capacity for each floor?	1 Floor (+ basement storage)	
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	N/A
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?	BASEMENT	

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	W50/51 street Block Association
	#2	W. 55th St. Block Association
	#3	300 W. 55th St. Block Association
	#4	OASIS Gardens I
	#5	OASIS Gardens II

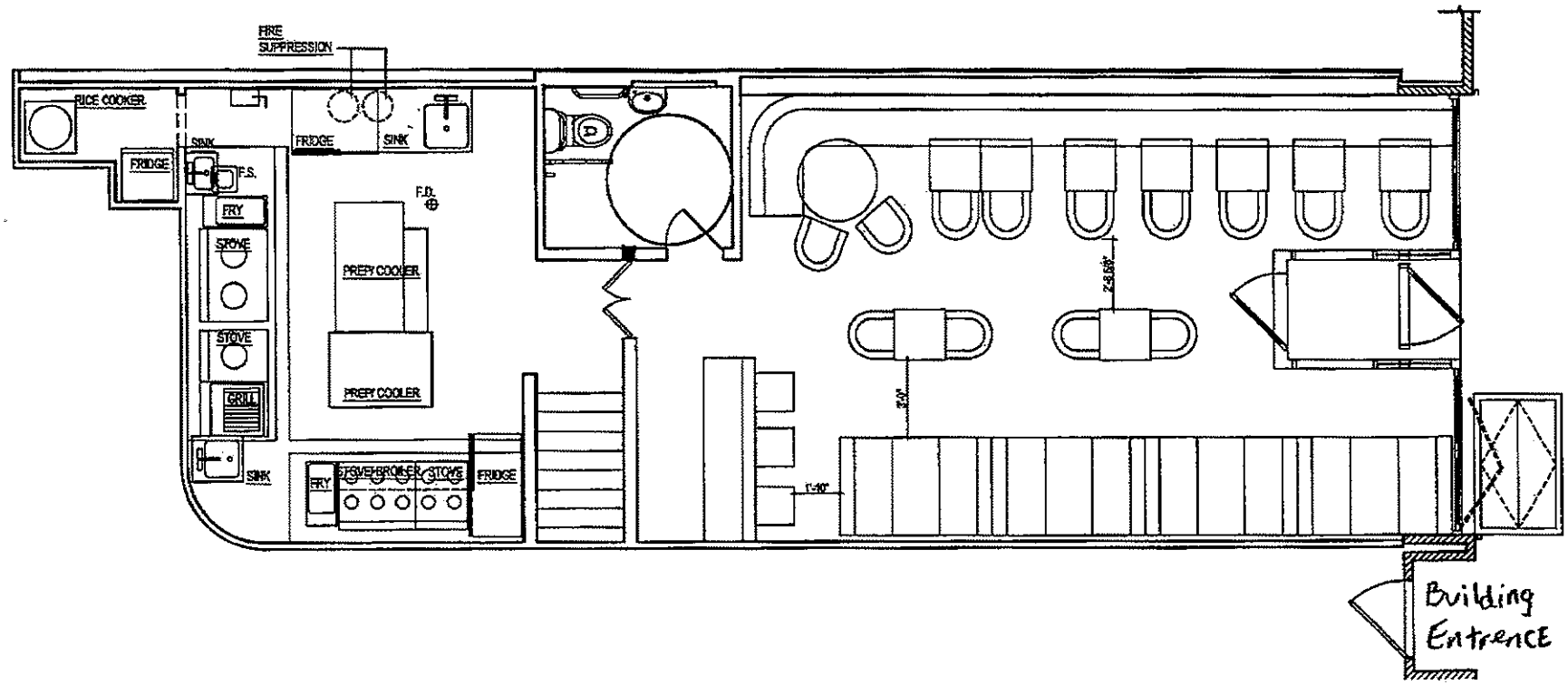
Please provide dates when applicant met with the groups listed above.	emailed ALL Met NONE		
Who was your contact person at each group you met with?	Jeff Robbins, Paul Loeb, christine Gorman etc.		
When did applicant post the notice that was provided?	6/23/15		
Where did applicant post the notice that was provided?	Front GATE		
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	(YES)	NO	917 763 6625
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.	Q2 Thai Restaurant 900 SQ Feet		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	(YES)	NO	Q2 Thai Restaurant
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	
Will applicant have a vestibule within the establishment?	(YES)	NO	
Will applicant use a storm enclosure?	(YES)	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?	(YES)	NO	
Will applicant comply with the NYC noise code?	(YES)	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)	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?	(YES)	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	(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?	YES	(NO)	
Will the kitchen exhaust system extend to the roof?	(YES)	NO	
Will the establishment have an illuminated sign?	(YES)	NO	
Will the establishment have a canopy extending over the sidewalk?	YES	(NO)	
Where will the air conditioner be located? What type is it?	Roof, ?		
When was the air conditioner installed?	Currently in planning		

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

Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	NO	N/A
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 cafe?	YES	NO	
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	
Will all furniture be stored inside between December 21st and March 21st, 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	

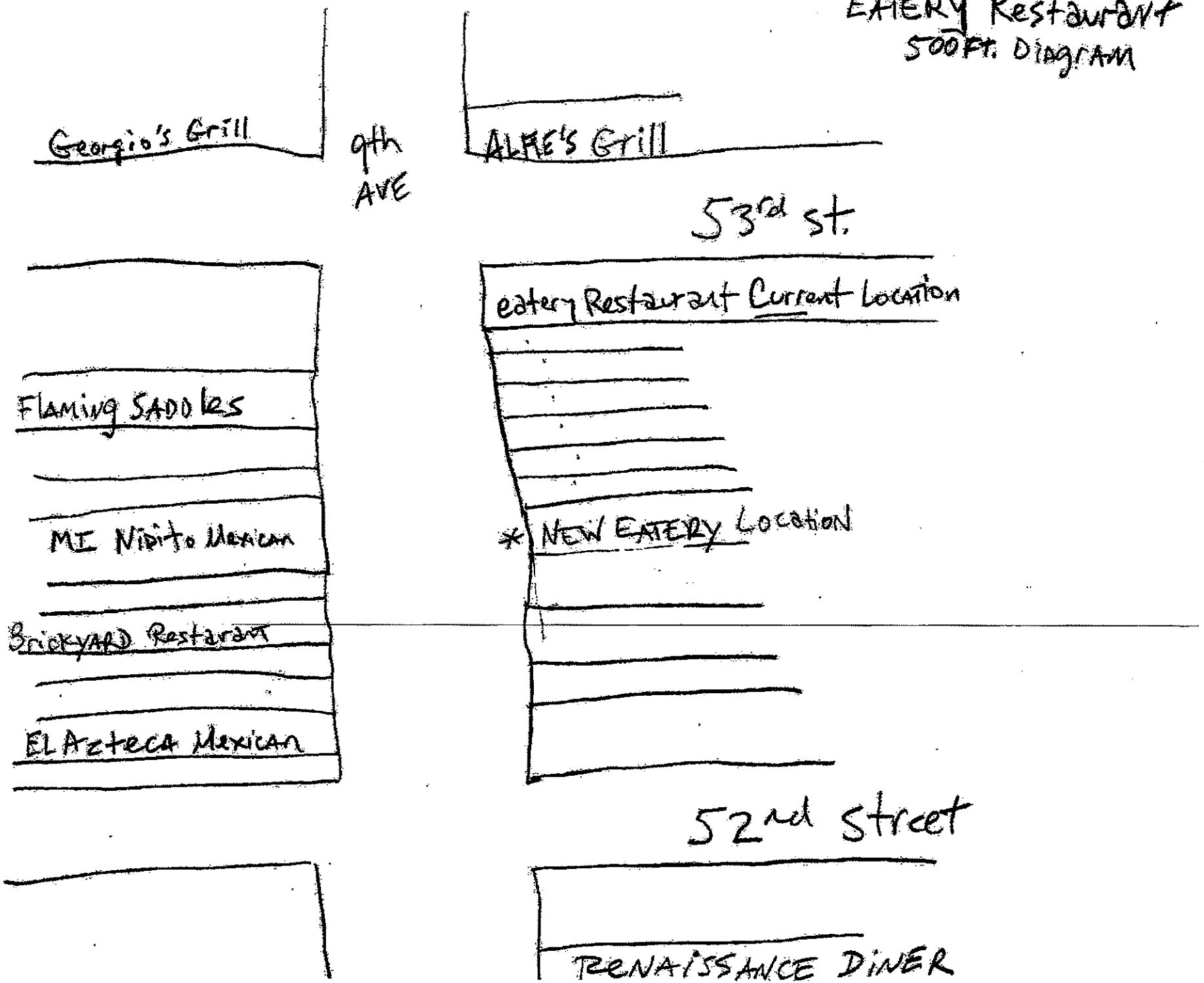
Proposed new EATERY Restaurant



OPT 1- 42 COVERS

SCALE: 1/4"=1'-0"

EATERY Restaurant
500 Ft. Diagram



Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME	DOING BUSINESS AS (DBA)
B.L.O. LLC	

STREET ADDRESS	CROSS STREETS	ZIP CODE
407 West 14th Street	Ninth & Tenth	10014

OWNER (Attach a list of all the people that will be associated/involved with the license)	NAME:	Peter Elias	ATTORNEY / REPRESENTATIVE	NAME:	Frank Polillo
	PHONE:	(312) 420-6090		PHONE:	(212) 227-1640
	EMAIL:	Peterelias@gmail.com		EMAIL:	fwpolillo@gmail.com
MANAGER	NAME:	TBD	LANDLORD	NAME:	405 W. 14th St LLC
	PHONE:			PHONE:	(212) 989-3100
	EMAIL:			EMAIL:	

APPLICATION TYPE (Check One)

(•) New	Has applicant owned or managed a similar business?	YES	NO
	What is/was the name and address of establishment? 1997-1999	Carmine's, 1043 N. Rush St Chicago, IL	
	What were the dates applicant was involved with this former premise? 1998-2003 2010-Present	La Shish, Van Dyke St, Warren, Michigan Twenty Ones Inc. 1115 Broadway NYC	
( ) Transfer	What is the prior license # and expiration date?		
	Is applicant making any alterations or operational changes?	YES	NO
	If alterations or operational changes are being made, please describe/list all changes.		
( ) 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	(✓) Liquor/Wine/Beer	( ) Beer	( ) Wine & Beer
ESTABLISHMENT TYPE	(✓) Restaurant ( ) Cabaret ( ) Night Club ( ) Hotel ( ) Bar/Tavern ( ) Catering Establishment		
	( ) Adult Entertainment ( ) Wine Bar ( ) Dance Club ( ) Sports Bar ( ) Club (Fraternal Organization – Members Only)		

Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	YES	(NO)	July 2015
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.	(YES)	NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	(NO)	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	(YES)	NO	

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

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS? (Indoor Only)	Operation	11AM 4AM	→	→	→	→	→	→
	Kitchen	11AM - 4AM	→	→	→	→	→	→
	Music	11AM - 4AM	→	→	→	→	→	→

If you plan to have music, what type(s)? (Circle all that apply)	BACKGROUND	LIVE MUSIC	DJ	JUKEBOX	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	314						
OUTSIDE (Other than sidewalk cafe)	N/A	→	→	→	→	→	→
SIDEWALK CAFE	N/A	→	→	→	→	→	→

How many floors are there? What is the capacity for each floor?	Cel - 65 1st - 89 2nd - 63 / 3rd - 147	
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	N/A
Will security plan be implemented?	YES NO	
Will State certified security personnel be used?	(YES) NO	As needed
Will New York Nightlife Association and NYPD Best Practices be followed?	(YES) NO	
Will applicant be using delivery bicycles? If yes, how many?	YES (NO)	
Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law?	YES NO	
Where will delivery bicycles be stored during the day when not in use?		

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	(NO)	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	(YES)	NO	expired - must be renewed
Is a Public Assembly permit required?	(YES)	NO	
Are your plans filed with DOB?	YES	NO	not yet

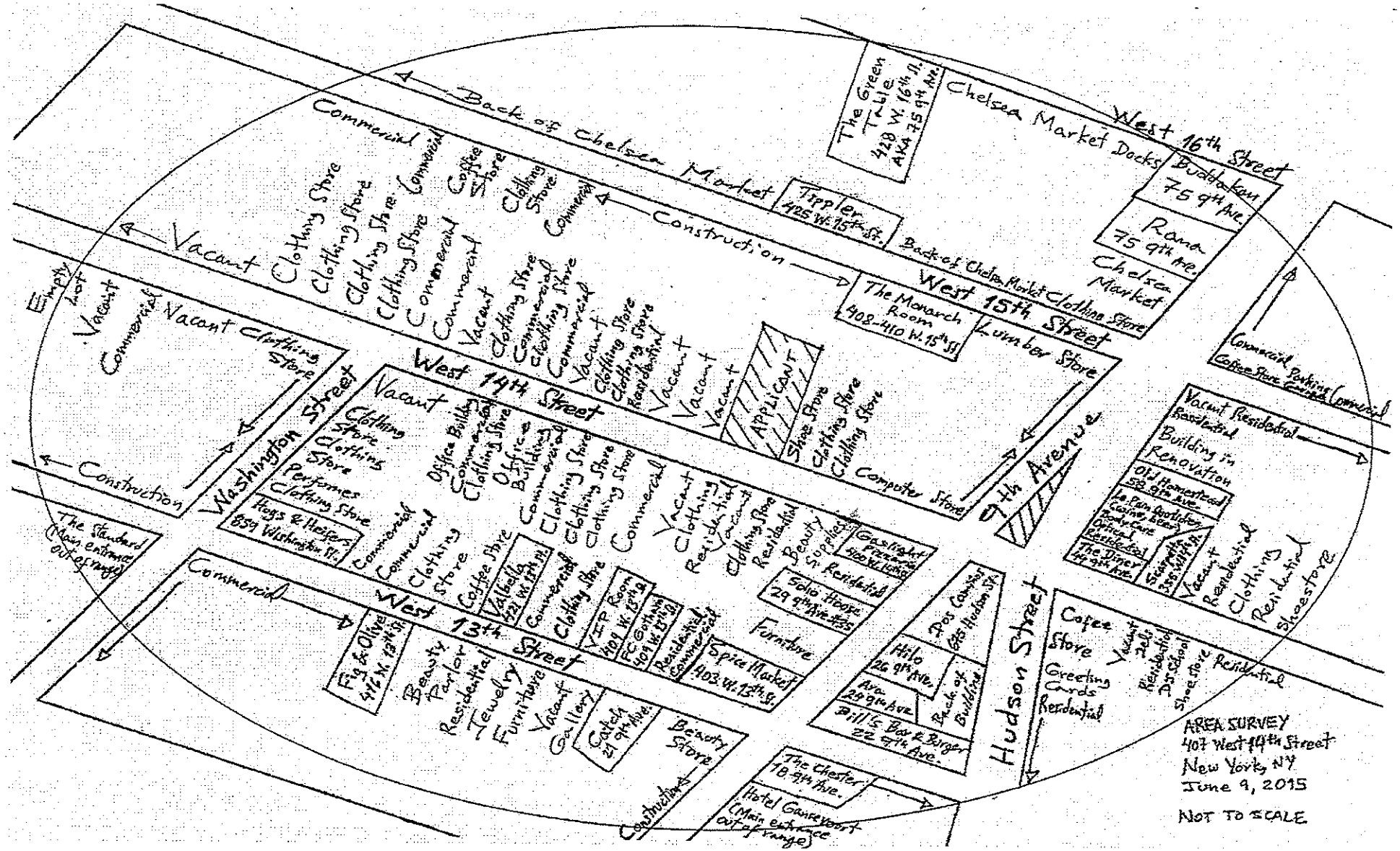
Community Notification/Relations		
NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted	#1	100/200 W. 15th St Block Association
	#2	300 W. 15th St Block Association
	#3	100 W. 16th St Block Association
	#4	200 W. 16th St Block Association
	#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?			July 1st 2015
Where did applicant post the notice that was provided?			front glass door
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.	Manon - restaurant		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO	Manon LLC
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	new signage & lighting
Will applicant have a vestibule within the establishment?	YES	NO	
Will applicant use a storm enclosure?	YES		Potentially
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?	YES	NO	
Will applicant comply with the NYC noise code?	YES	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	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?	YES	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	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?	YES	NO	
Will the kitchen exhaust system extend to the roof?	YES	NO	currently exists
Will the establishment have an illuminated sign?	YES	NO	soft background lighting
Will the establishment have a canopy extending over the sidewalk?	YES	NO	retractable
Where will the air conditioner be located? What type is it?	rooftop		
When was the air conditioner installed?	2012		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFE			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	(YES)	NO	
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	(NO)	
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 CAFE			
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 cafe?	YES	NO	
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	TBD
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 21st and March 21st, and any other day when it rains or snows?	YES	NO	
Will applicant use umbrellas?	YES	NO	TBD
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	


West 16th Street
Chelsea Market Docks
The Green Table 428 W. 16th St. AKA 75 9th Ave.
Buddakan 75 9th Ave.
Rana 75 9th Ave.
Chelsea Market
Back of Chelsea Market
Tippler 425 W. 15th St.
Back of Chelsea Market Clothing Store
Construction
West 15th Street
The Monarch Room 408-410 W. 15th St.
Lumber Store
Commercial
Vacant
Clothing Store
Coffee Store
Empty Lot
Vacant Clothing Store
West 14th Street
Vacant
Clothing Store
Perfumes
Hogs & Heifers 859 Washington St.
Office Building
Commercial
Washington Street
Construction
The Standard (Main entrance out of range)
Commercial
West 13th Street
Fig & Olive 416 W. 13th St.
Beauty Parlor
Residential
Jewelry
Furniture
Vacant
Gallery
Catch 21 9th Ave.
Beauty Store
Construction
Valbella 421 W. 13th St.
VIP Room 409 W. 13th St.
FC Gotham 409 W. 13th St.
Residential Commercial
Spice Market 403 W. 13th St.
Furniture
Solo House 29 9th Ave. #35
Gaslight Precario 400 W. 14th St.
Beauty Supplies
Residential
Hudson Street
Dos Cambios 675 Hudson St.
Hilo 26 9th Ave.
Ara 29 9th Ave.
Back of Building
Bill's Bar & Burger 22 9th Ave.
The Chester 18 9th Ave.
Hotel Gansevoort (Main entrance out of range)
9th Avenue
Cofee Store
Greeting Cards
Residential
Vacant Residential
Building in Renovation
Old Homestead 58 9th Ave.
Le Pain Quotidien
The Diner 44 9th Ave.
Vacant Residential
Clothing
Residential
Shoestore
Commercial Parking Commercial
Coffee Store
AREA SURVEY
407 West 14th Street
New York, NY
June 9, 2015
NOT TO SCALE

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME	DOING BUSINESS AS (DBA)
9th Avenue NYC LLC	Tipsy Girl

STREET ADDRESS	CROSS STREETS	ZIP CODE
714 9th Avenue NY. 10019	between 48 & 49	10019

OWNER *(Attach a list of all the people that will be associated/listed with the license)*	NAME: Pier Maria Delosso	ATTORNEY/ REPRESENTATIVE	NAME: Leonard M. Fogelman
	PHONE: 212-444-8297		PHONE: 212-370-1530
	EMAIL: piermariadelosso@gmail.com		EMAIL: Lmf@fogelmanlawfirm.com
owner MANAGER	NAME: Peter Guimaraes	LANDLORD	NAME: Walter Steckman
	PHONE: 860-840-7947		PHONE:
	EMAIL: Petersnyc1@gmail.com		EMAIL: Dylan.Murphy@cushwake.com

APPLICATION TYPE *(Check One)*

☒ New	Has applicant owned or managed a similar business?	(YES)	NO	
	What is/was the name and address of establishment?	Alfredo 7 East 54th St NY NY		
	What were the dates applicant was involved with this former premise?	Name chg Bice 2006-2012 Alfredo 2012-present		
○ Transfer	What is the prior license # and expiration date?			
	Is applicant making any alterations or operational changes?	YES	NO	
	If alterations or operational changes are being made, please describe/list all changes.			
○ 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	☒ Liquor/Wine/Beer	○ Beer	○ Wine & Beer			
ESTABLISHMENT TYPE	☒ Restaurant	○ Cabaret	○ Night Club	○ Hotel	☒ Bar/Tavern	○ Catering Establishment
	○ Adult Entertainment	○ Wine Bar	○ Dance Club	○ Sports Bar	○ Club (Fraternal Organization – Members Only)	

Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	YES	(NO)	30 days
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.	(YES)	NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	(NO)	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	(YES)	NO	

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

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS* (Indoor Only)	Operation	11-2am	11-2am	11-2am	11-2am	11-2am	11-2am	11-2am
	Kitchen	11-12am	11-12am	11-12am	11-12am	11-12am	11-12am	11-12am
	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	90	90	25	70		1	12	
OUTSIDE (Other than sidewalk café)								
SIDEWALK CAFÉ	10		5	10				

How many floors are there? What is the capacity for each floor? 1 floor with basement			
How frequently will the owner(s) be at the establishment? everyday full time (I live in building)			
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)	We are a restaurant first bar 2nd our clientele is on the professional side.
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	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?	(YES)	NO	Clinton
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	West 47th/48th Sts Block : Elke Fears
	# 2	" : Larry Roberts
	# 3	" : Kim Bogues
	# 4	" : Chuck Vassallo
	# 5	" : Steven Riedl

Please provide dates when applicant met with the groups listed above.			Sent emails on 7-3-15
Who was your contact person at each group you met with?			N/A
When did applicant post the notice that was provided?			7-6-15
Where did applicant post the notice that was provided?			Store front window on 9th Ave
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	(YES)	NO	860-840-9947
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.	Mexican Restaurant called Diego's		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	(YES)	NO	Diego's
Do you plan any changes to the existing façade? If yes, please describe.	(YES)	NO	Signage and awnings
Will applicant have a vestibule within the establishment?	YES	(NO)	
Will applicant use a storm enclosure?	(YES)	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?	(YES)	NO	
Will applicant comply with the NYC noise code?	(YES)	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)	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?	(YES)	NO	Will follow the law
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	(NO)	We are familiar with this and we use sound proofing foam under chairs, desk tops and ceilings
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	
Will the kitchen exhaust system extend to the roof?	(YES)	NO	
Will the establishment have an illuminated sign?	(YES)	NO	
Will the establishment have a canopy extending over the sidewalk?	(YES)	NO	
Where will the air conditioner be located? What type is it?	On roof forced air handler		
When was the air conditioner installed?	at least 10 yrs ago		

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

OUTDOOR ITEMS – SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	(YES)	NO	
Will applicant be applying for a sidewalk café now or in the future?	(YES)	NO	Now
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 submit
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	(YES)	NO	will follow local laws
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	(YES)	NO	
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	(YES)	NO	
Will applicant mark the perimeter of the café on the sidewalk?	(YES)	NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	(YES)	NO	
Will the sidewalk café not provide standing space for drinking or smoking?	(YES)	NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	(NO)	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	(YES)	NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	(YES)	NO	
Will all furniture be stored inside between December 21st and March 21st, 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	

Manhattan Community Board 4

Unenclosed Sidewalk Café Stipulations Application

APPLICANT	ADDRESS
9th Avenue Nyc LLC	714 9th Avenue Ny 10019
DOING BUSINESS AS (DBA)	**CROSS STREETS**
Tipsy Girl 714 9th Avenue NYC	between 48 & 49
DESCRIPTION OF APPLICATION	**OWNER**
	Peter Guimaraes Pier Mario Delrosso
	LAWYER
	Leonard Fagelman

ON SITE CONTACT: (Name, position & phone number): **LICENSE NUMBER:**

Peter Guimaraes Managing Partner 860 840 7947 Applied For

Side-walk café hours of Operation	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	8-12	8-12	8-12	8-12	8-1	8-1	12-12
DCA Hours Allowed	8-12	8-12	8-12	8-12	8-1	8-1	12-12

SEATING & TABLES	DESCRIPTION		NOTES
	SEATS	TABLES	
	10	4	

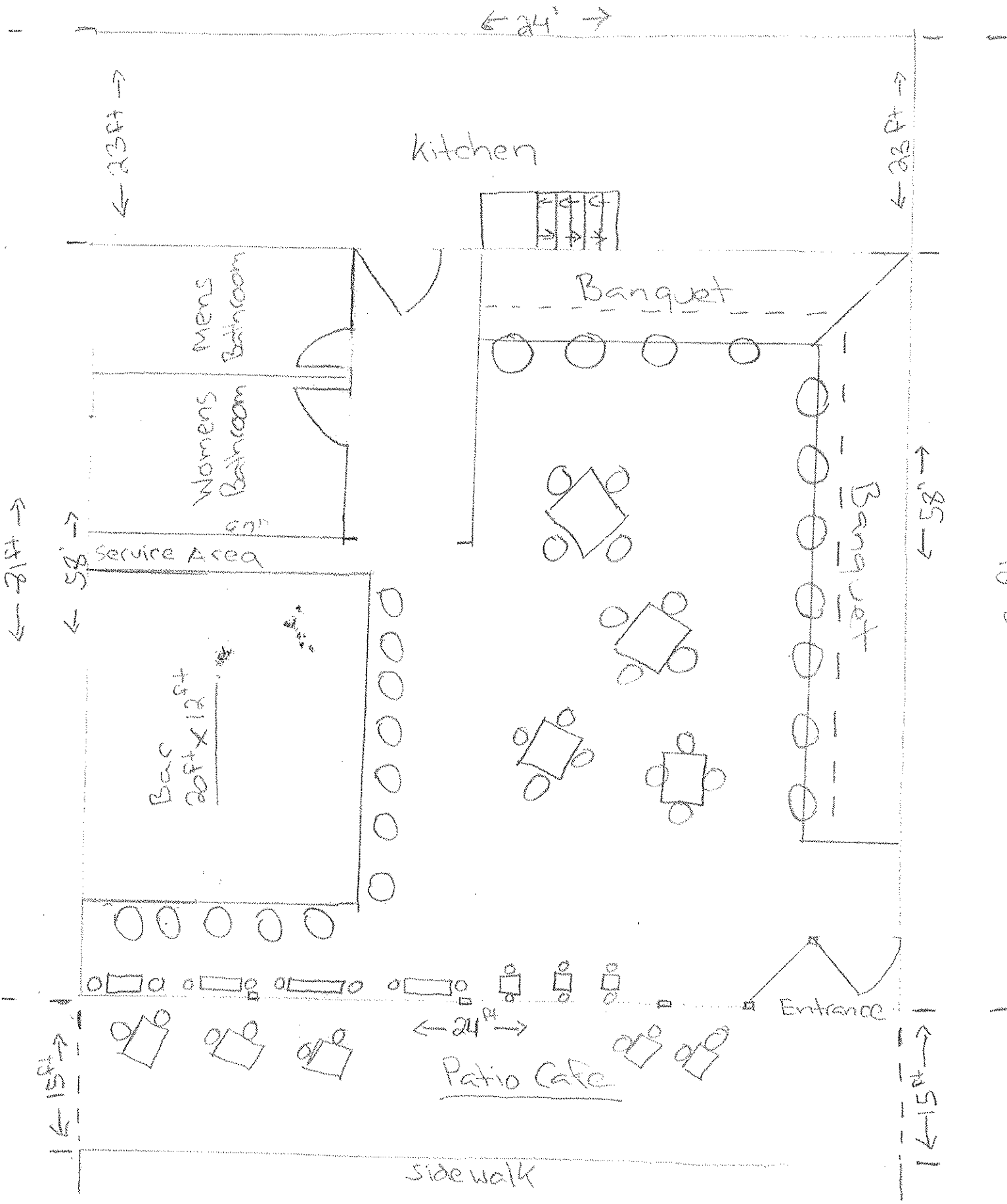
OPERATIONAL ISSUES

Will you follow the rule prohibiting speakers for music in the outdoor space?	(YES)	NO	N/A	
Will you close all French doors and sliding windows when any interior amplified music is played (per law)?	(YES)	NO	N/A	
The sidewalk café will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	(YES)	NO	N/A	will follow Zoning
Will you be serving alcohol on the sidewalk? If so, will you have waiter service as required by DCA?	(YES)	NO	N/A	
The service and consumption of alcohol on the sidewalk café will be only via seated food service.	(YES)	NO	N/A	
The sidewalk café will not provide standing space for drinking or smoking.	(YES)	NO	N/A	
Will the outdoor furniture be removed when not in use?	(YES)	NO	N/A	
Will the applicant be using delivery bicycles? If so, explain where you will store them since you'll have a sidewalk café.	YES	(NO)	N/A	
Do you intend to use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	(NO)	N/A	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	(YES)	NO	N/A	

OTHER / NOTES:

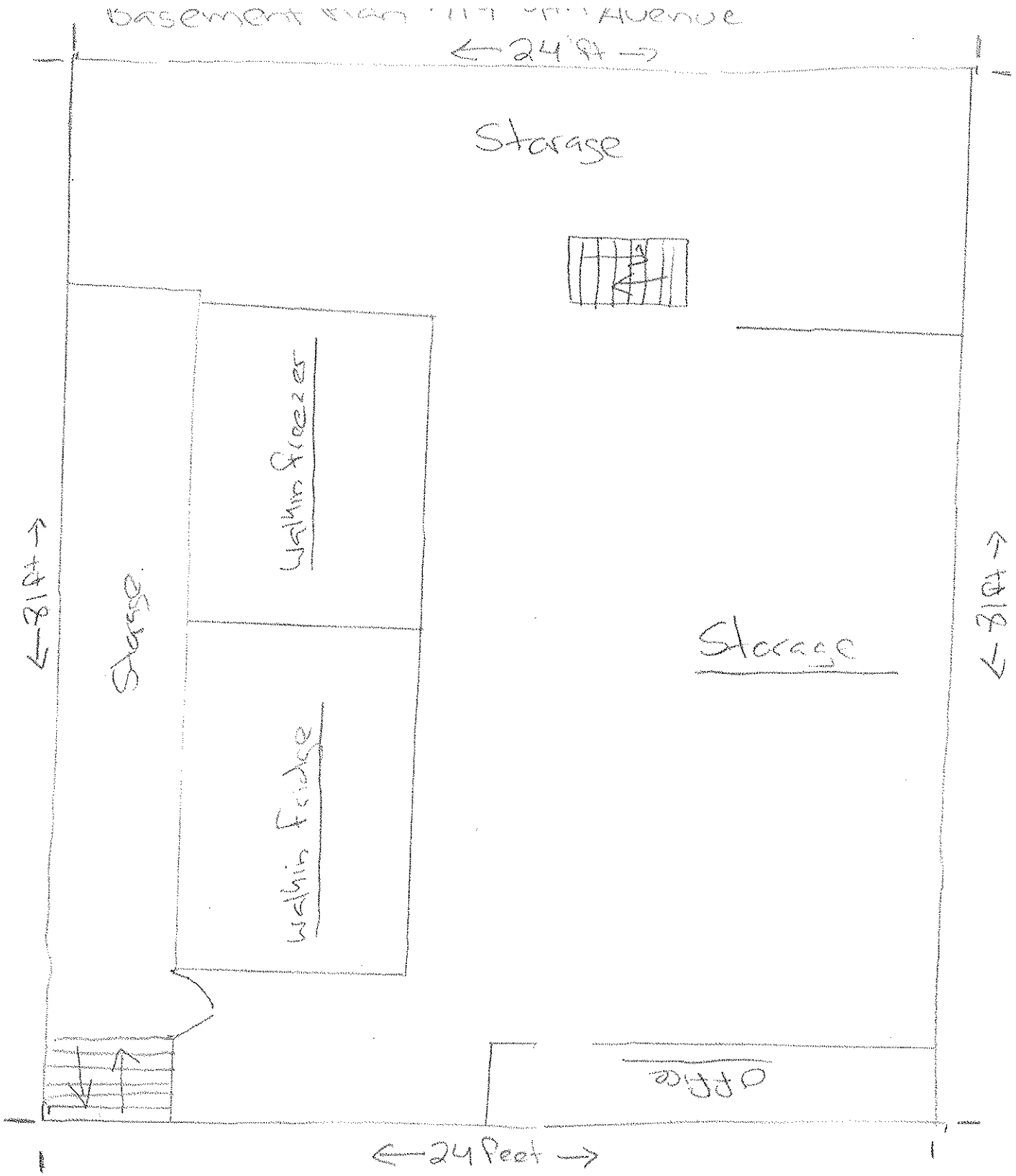
SOUND ISSUES				
Will applicant do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	(YES)	NO	N/A	
Will applicant 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	N/A	
CAFÉ DESIGN				
Is the sidewalk a minimum of 12 feet? Subtracting the width of the proposed sidewalk café from the width of the entire sidewalk, do you at least leave 8 feet of clearance?	(YES)	NO	N/A	
Is there a minimum clearance of 8 feet between the sidewalk café and all sidewalk obstructions including parking meters, traffic signs and installed City-sanctioned street furniture (current DCA regs exempt those items)?	(YES)	NO	N/A	
Is there a minimum clearance of 8 feet between the sidewalk café and the tree trunk of a tree with a flush grate (regs exempt trees with flush grates)?	(YES)	NO	N/A	
Is there a minimum clearance of 4 feet between the sidewalk café and subway grating to be consistent with ADA standards (regs require 3 ft)	(YES)	NO	N/A	
Is there a minimum clearance of 3 feet between a sidewalk café and a residential building entrance (regs do not apply to residences)?	(YES)	NO	N/A	
Is there a minimum 3 feet wait service aisle to ensure no public space is used by the café to service its clientele?	YES	NO	(N/A)	
Are the sidewalk-café outer boundaries marked on the sidewalk as requested by DCA regulations?	(YES)	NO	N/A	
If applicant decides to apply for alterations, as defined by SLA or DCA (as applicable), he/she will reappear before CB4 to describe these alterations.	(YES)	NO	N/A	

ADDITIONAL INFORMATION: (Applicant Use)



24'
23 ft
23 ft
Kitchen
Banquet
Mens Bathroom
Womens Bathroom
Service Area
Bar 20 ft x 12 ft
Banquet
58'
58'
21 ft
21 ft
Entrance
24 ft
Patio Cafe
15 ft
15 ft
Sidewalk
9th Avenue

Basement Plan [illegible] Avenue



9th Avenue

714 Ninth Ave
9 Avenue
West 49 Street

Manhattan Community Board 4

Unenclosed Sidewalk Café Stipulations Application

APPLICANT	ADDRESS
PBQ LLC	836 Ninth Avenue
DOING BUSINESS AS (DBA)	**CROSS STREETS**
BarBacon	54 - 55th Street

OWNER

DESCRIPTION OF APPLICATION

Sidewalk Cafe License

LAWYER

ON SITE CONTACT: (Name, position & phone number):

Peter Sherman, owner 914-629-6233

LICENSE NUMBER:

Side-walk café hours of Operation	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	12-10pm	12-10pm	12-10pm	12-10pm	12-11pm	12-11pm	12-10pm
DCA Hours Allowed	8-12	8-12	8-12	8-12	8-1	8-1	12-12

SEATING & TABLES	DESCRIPTION		NOTES
	SEATS	TABLES	
	2	1	

OPERATIONAL ISSUES

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Do you intend to use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	(NO)	N/A	
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CAFÉ DESIGN				
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