Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT	DOING BUSINESS AS (DBA)
Physical Onion LLC	Hardware Bar
STREET ADDRESS	**CROSS STREETS**
697 10th Ave.	47th St./48th St.

OWNER	NAME:	Eric Einstein	ATTORNEY	NAME:	N/A
	PHONE:	646-374-8562		PHONE:	
	FAX:	212-924-9887		FAX:	
MANAGER	NAME:	Justin Buchanan	LANDLORD	NAME:	697 10th LLC
	PHONE:	252-916-8007		PHONE:	212-228-9300
	FAX:			FAX:	212-529-7603

DESCRIPTION OF BUSINESS

Establishment Type:	(X) Bar/Tavern ( ) Bed & Breakfast ( ) Eating Place Beer ( ) Cabaret ( ) Night Club ( ) Hotel ( ) Restaurant ( ) Catering Establishment ( ) Club (Fraternal Organization – Members Only) ( ) Other (Explain):Bar/Arcade
Method of Operation:	(X) Restaurant ( ) Dance Club ( ) Sports Bar ( ) Adult Entertainment ( ) Wine Bar ( ) Pizzeria ( ) Cafe ( ) Other (Explain):Bar/Arcade
License Type:	(X) On-Premise ( ) Wine ( ) Beer ( ) Wine & Beer

APPLICATION TYPE *(check one)*

( ) New	Has applicant owned or managed a similar business?	YES	NO
	What is/was the name of establishment?		
	What is/was the address of the establishment?		
	What were the dates the applicant was involved with this former premise?		
( ) Transfer	What is the prior license #?		
	What is the expiration date on the prior license?		
	Are you making any alterations or operational changes?	YES	NO
	If alterations or operational changes are being made, please attach the plans to this form.		
(X) Alteration	What is the current license #?	1260623	
	What is the expiration date on the current license?	9/30/2014	
	Please describe the nature of the alterations and attach the plans	add small sidewalk café	

OPERATIONAL ISSUES

HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Operation	noon-4	noon-4	noon-4	noon-4	noon-4	noon-4	noon-4
Music	noon-4	noon-4	noon-4	noon-4	noon-4	noon-4	noon-4
Kitchen	noon-4	noon-4	noon-4	noon-4	noon-4	noon-4	noon-4

OCCUPANCY	INDOOR				BAR			OUTSIDE	
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables
	74	74	4	40	0	1	17	10	5

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	3-4	5+	cellar (0) ground(74)
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)	YES	(NO)	N/A	
Will applicant have bottle service?	YES	(NO)	N/A	
Will you be hosting private parties and promotional events?	YES	(NO)	N/A	
Will outside promoters be used?	YES	(NO)	N/A	
Will the security plan submitted be implemented?	(YES)	NO	N/A	
Will State certified security personnel be used?	(YES)	NO	N/A	
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	(YES)	NO	N/A	
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)	YES	(NO)	N/A	
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	(YES)	NO	N/A	
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)	(YES)	NO	N/A	5 tables, 10 chairs
Will applicant provide contact information to neighbors and respond to complaints that arise?	(YES)	NO	N/A	
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?	YES	(NO)	N/A	
If you plan to have music, what type(s)?	(BACKGROUND)	LIVE MUSIC	(DJ)	

BUILDING DESIGN

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.	YES	NO	(N/A)	
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?	YES	NO	(N/A)	
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)	YES	NO	(N/A)	

OUTDOOR ITEMS

Will applicant use the rooftop, rear yard or any outdoor space?	YES	NO	N/A	
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	N/A	
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	N/A	
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	N/A	
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	NO	N/A	
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	N/A	
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A	

LOCATION & ZONING

Primary Zoning District:		Overlay (If Applicable):		
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	N/A	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	N/A	
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	NO	N/A	
Is a Public Assembly permit required?	YES	NO	N/A	
Are your plans filed with DOB?	YES	NO	N/A	

Building Type	○ Residential ○ Commercial ⊗ Mixed Use ○ Other, describe:
Adjacent Buildings	○ Residential ○ Commercial ⊗ Mixed Use ○ Other, describe: _____

NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	notified 47/48 Block Association
	# 2	notified all owners and tenant groups on block
	# 3	notified all streetfront occupants

ADDITIONAL INFORMATION: (Applicant Use)

This application is to add a small sidewalk café of 5 tables and 10 chairs.
There will be **no modification** to existing business methods or to existing premises.

ADDITIONAL NOTES: (Office Use Only)

ADDITIONAL STIPULATIONS: (Office Use Only)

Manhattan Community Board 4 (MCB4) recommends:	◯ **Denial unless all agreed to by applicant is part of the method of operation** ◯ Denial ◯ Approval

CB4 REPRESENTATIVES

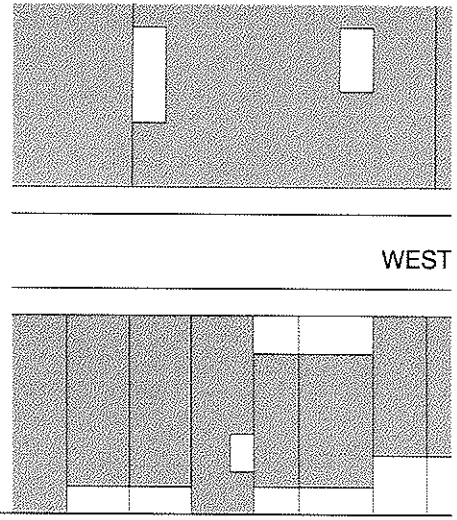
Nelly Gonzalez *CB4 Assistant District Manager*	**Frank Holozubiec** *CB4 BLP Committee Co-Chair*	**Paul Seres** *CB4 BLP Committee Co-Chair*

APPLICANT AGREEMENT WITH THE COMMUNITY

Pursuant to these stipulations, this applicant agrees to have these provisions incorporated in the method of operation of their liquor license. Additionally, the applicant agrees to the community agreements as the basis for the community supporting this application.

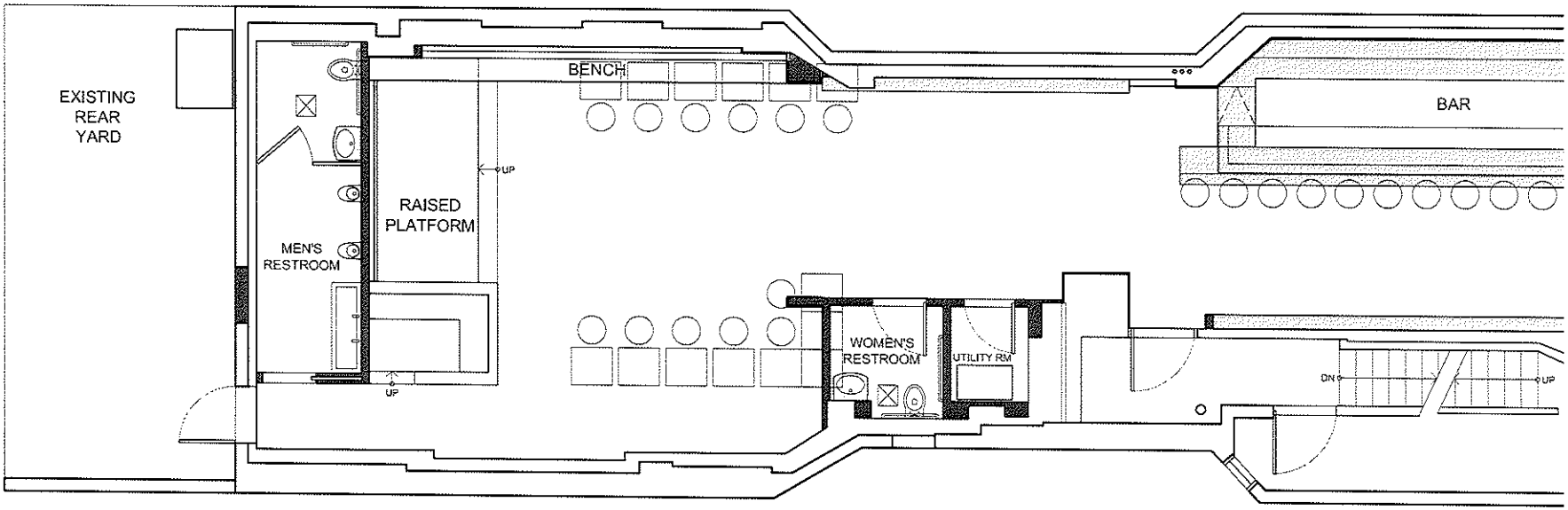
SIGN HERE →	**SIGNATURE OF APPLICANT**	**DATE**

BLOCK: 1076
LOT:33
ZONING DISTRICT: C2-5 MAPPED IN R8
SPECIAL DISTRICT: CL - CLINTON
ZONING MAP: 8C
BUILDING HEIGHT: 5 STORIES



1 PROJECT TITLE

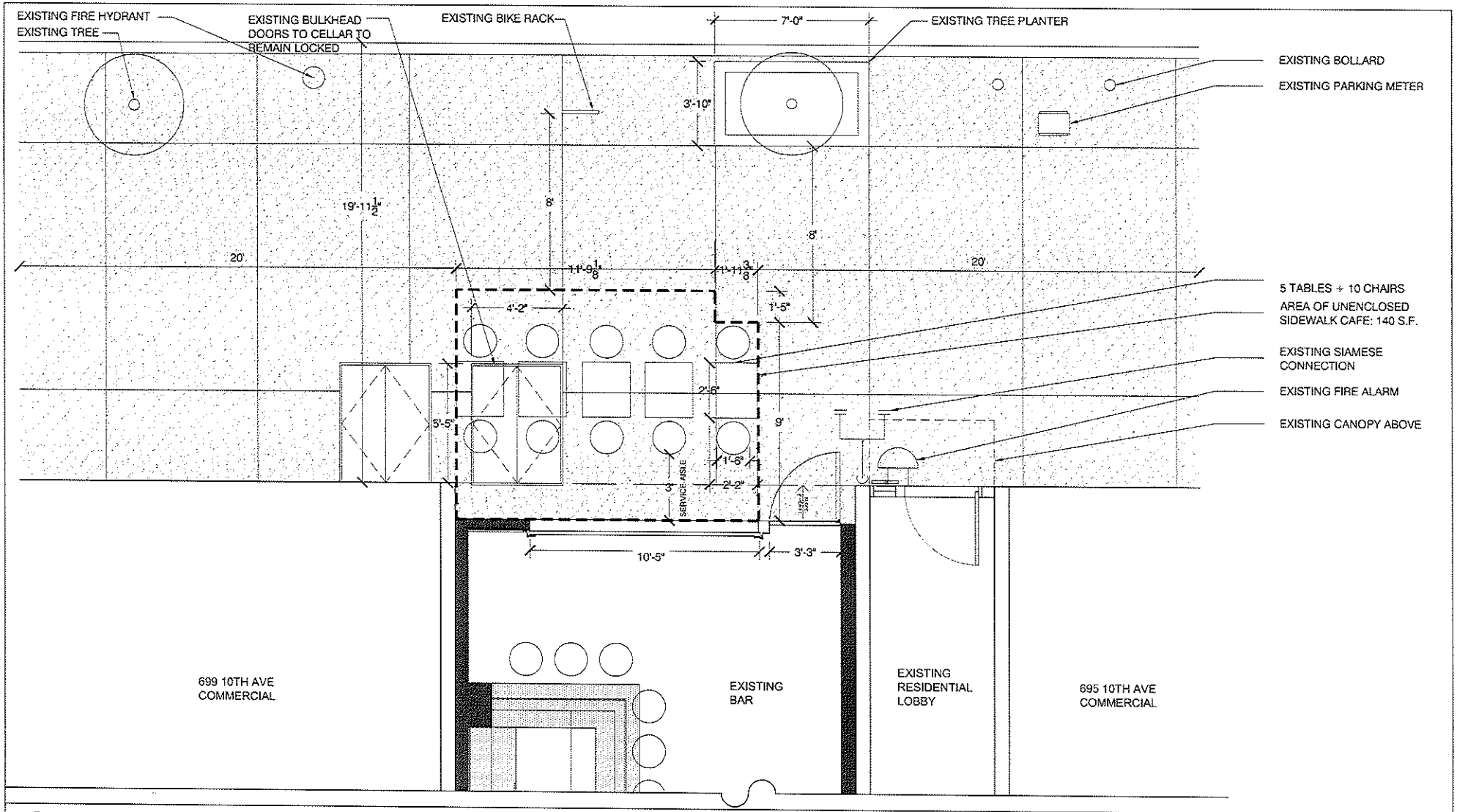
2 SITE PLAN



3 FLOOR PLAN

ACKERT ARCHITECTURE, PC
227 W 29TH ST, 7TH FL
NEW YORK NY 10001

HARDWARE BAR
697 TENTH AVENUE, 1ST FLOOR
NEW YORK, NY 10036



1 ENLARGED FLOOR PLAN

1/4" = 1' SCALE

ACKERT ARCHITECTURE, PC
227 W 29TH ST, 7TH FL
NEW YORK NY 10001

HARDWARE BAR
697 TENTH AVENUE, 1ST FLOOR
NEW YORK, NY 10036

3
JANUARY 17, 2014

Tarot Cards $10, Crystal Balls $15
PSYCHIC
READINGS
VODKA

APPLICANT	DOING BUSINESS AS (DBA)
BARRAGH INC	MAGGIE REILLYS
STREET ADDRESS	CROSS STREETS
340 9th Ave. New York 10001	29th & 30th St on 9th Ave.

OWNER	NAME: MARGARET REILLY	ATTORNEY	NAME: Terrence Flynn
	PHONE: 646 476 3209 / 646 515 4921		PHONE: 718 945 1000
	FAX: 646 476 4710		FAX: 718 318 6162
MANAGER	NAME:	LANDLORD	NAME: Danny MASHAL
	PHONE:		PHONE: 516 647 1511
	FAX:		FAX:

DESCRIPTION OF BUSINESS

Establishment Type:	● Bar/Tavern ○ Bed & Breakfast ○ Eating Place Beer ○ Cabaret ○ Night Club ○ Hotel ● Restaurant ○ Catering Establishment ○ Club (Fraternal Organization – Members Only) ○ Other (Explain): Bar/Arcade
Method of Operation:	● Restaurant ○ Dance Club ○ Sports Bar ○ Adult Entertainment ○ Wine Bar ○ Pizzeria ○ Cafe ○ Other (Explain): Bar/Arcade
License Type:	● On-Premise ○ Wine ○ Beer ○ Wine & Beer

APPLICATION TYPE *(check one)*:

○ New	Has applicant owned or managed a similar business?	YES	NO
	What is/was the name of establishment?		
	What is/was the address of the establishment?		
	What were the dates the applicant was involved with this former premise?		
○ Transfer	What is the prior license #?		
	What is the expiration date on the prior license?		
	Are you making any alterations or operational changes?	YES	NO
	If alterations or operational changes are being made, please attach the plans to this form.		
● Alteration	What is the current license #?	1268099	
	What is the expiration date on the current license?	2/28/2015	
	Please describe the nature of the alterations and attach the plans	Use of Small back yard area 18' x 7'4"	

2011-09-28 16:59 JNT# 18552989394 >> 12129479512 P 2/6

HOURS	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Operation	8Am-4Am	8Am-4Am	8Am-4Am	8Am-4Am	8Am-4Am	8Am-4Am	12-4Am
Music				11-3	11-3	11-3	
Kitchen	11Am-12	11Am-12	11Am-12	11Am-12Am	11Am-12Am	11Am-12Am	11Am-11Am

OCCUPANCY	INDOOR				BAR			OUTSIDE	
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables
	60	60	11	30	15	15	15	10	4

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	3-4	5+	1 Floor - 60 People
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)	YES	NO	N/A	
Will applicant have bottle service?	YES	NO	N/A	
Will you be hosting private parties and promotional events?	YES	NO	N/A	
Will outside promoters be used?	YES	NO	N/A	
Will the security plan submitted be implemented?	YES	NO	N/A	
Will State certified security personnel be used?	YES	NO	N/A	
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	YES	NO	N/A	
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)	YES	NO	N/A	
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	YES	NO	N/A	Back yard area
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)	YES	NO	N/A	4 tables - 10 People
Will applicant provide contact information to neighbors and respond to complaints that arise?	YES	NO	N/A	
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?	YES	NO	N/A	
If you plan to have music, what type(s)?	BACKGROUND	LIVE MUSIC	DJ	Indoors Only

BUILDING DESIGN

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.	YES	NO	N/A	
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?	YES	NO	N/A	
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)	YES	NO	N/A	

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Will applicant use the rooftop, rear yard or any outdoor space?	YES	NO	N/A	Rear yard
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	N/A	Yes
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	N/A	
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	N/A	
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Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A	

LOCATION & ZONING

Primary Zoning District:		Overlay (if Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	N/A
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	NO	N/A
Is a Public Assembly permit required?	YES	NO	N/A
Are your plans filed with DOB?	YES	NO	N/A

Building Type	○ Residential ○ Commercial ● Mixed Use ○ Other, describe:
Adjacent Buildings	○ Residential ○ Commercial ● Mixed Use ○ Other, describe:

NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	Community Board #4 /Residents
	# 2	
	# 3	

2011-09-28 17:00 JNT# 18552989394 >> 12129479512 P 4/6

Manhattan Community Board 4 (MCB4) recommends:

○ Denial ○ Approval

CB4 REPRESENTATIVES

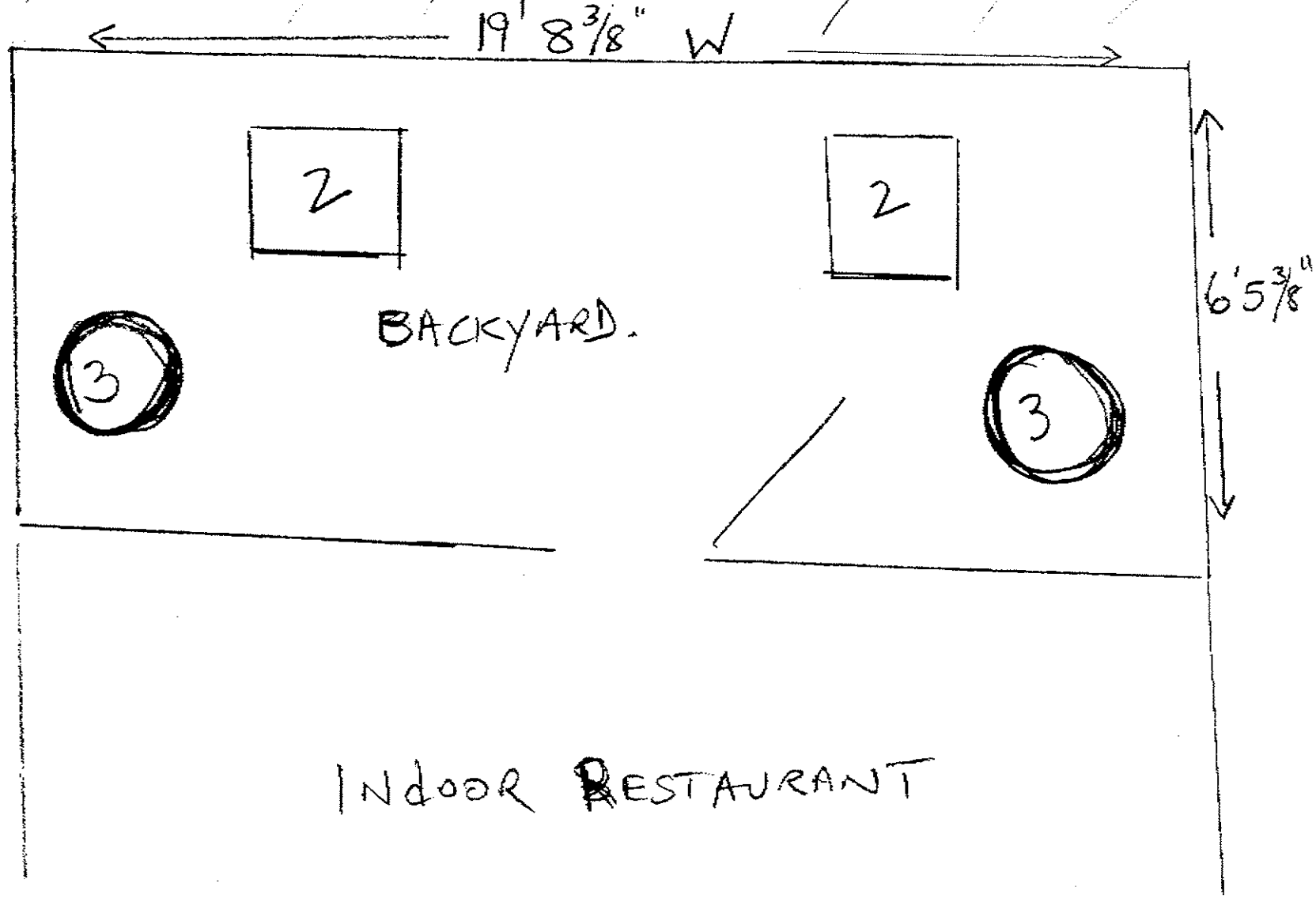
Nelly Gonzalez *CB4 Assistant District Manager*	Lisa Daglian *CB4 BLP Committee Co-Chair*	Paul Seres *CB4 BLP Committee Co-Chair*

APPLICANT AGREEMENT WITH THE COMMUNITY

Pursuant to these stipulations, this applicant agrees to have these provisions incorporated in the method of operation of their liquor license. Additionally, the applicant agrees to the community agreements as the basis for the community supporting this application.

SIGN HERE →	Margaret Kelly SIGNATURE OF APPLICANT	DATE 11/17/13

2011-09-28 17:00 JNT# 18552989394 >> 12129479512 P 5/6

WALL MAGGIE REILLYS WALL

340 9th AVE, NEW YORK, NY 10001