

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT		DOING BUSINESS AS (DBA)		
SWR Café Inc.		Rafaella's		
STREET ADDRESS		CROSS STREETS		
178 9th Avenue		Corner of 21st Street		
OWNER	NAME:	Oualid Mammami	Rep.	
	PHONE:	917-721-0256		
	FAX:			
MANAGER	NAME:	Mourad BenRondhane	LANDLORD	
	PHONE:	212-741-3230		
	FAX:			
NAME:		Michael Kelly		
PHONE:		914-632-6036		
FAX:		914-632-6034		
DESCRIPTION OF BUSINESS				
Establishment Type:	<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant			
	<input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization – Members Only)			
	<input type="radio"/> Other (Explain): _____			
Method of Operation:	<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe			
	<input type="radio"/> Other (Explain): _____			
License Type:	<input type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input checked="" type="radio"/> Wine & Beer			
APPLICATION TYPE <i>(check one)</i>	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	YES	NO
		What is/was the name of establishment?	Atlas Cafe	
		What is/was the address of the establishment?	73 2nd Avenue	
		What were the dates the applicant was involved with this former premise?	Still involved	
	<input type="radio"/> Transfer	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	YES	NO
		<i>If alterations or operational changes are being made, please attach the plans to this form.</i>		
	<input type="radio"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
<i>Please describe the nature of the alterations and attach the plans</i>				

OPERATIONAL ISSUES										
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation	7am-12am	7am-12am	7am-12am	7am-12am	7am-12am	7am-12am	7am-12am	7am-12am	
	Music	7am-12am	7am-12am	7am-12am	7am-12am	7am-12am	7am-12am	7am-12am	7am-12am	
	Kitchen	7am-12am	7am-12am	7am-12am	7am-12am	7am-12am	7am-12am	7am-12am	7am-12am	
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	
	35	30	7	28	1	0	0	0	0	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	3-4	5 +			
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					YES	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	Maybe		
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					YES	NO	N/A			
Will applicant provide contact information to neighbors and respond to complaints that arise?					YES	NO	N/A			
If you plan to have music, what type(s)?			<u>BACKGROUND</u>	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					YES	NO	N/A		

buildings, including placing speakers on the floor of the establishment?				
OUTDOOR ITEMS				
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<u>NO</u>	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	<u>N/A</u>	
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	<u>N/A</u>	
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	<u>N/A</u>	
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.).	<u>YES</u>	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	<u>N/A</u>	
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	<u>N/A</u>	

LOCATION & ZONING				
Primary Zoning District:	R7B	Overlay (If Applicable):	C2-61A	
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?	<u>YES</u>	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	<u>NO</u>	N/A	
Is a Public Assembly permit required?	YES	<u>NO</u>	N/A	
Are your plans filed with DOB?	YES	<u>NO</u>	N/A	Existing
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> <u>Mixed Use</u> <input type="radio"/> Other, describe: _____			
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> <u>Mixed Use</u> <input type="radio"/> Other, describe: _____			
NOTIFICATION: What organizations / community groups have you notified regarding	# 1			
	# 2			

your application?

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ADDITIONAL INFORMATION: (Applicant Use)

- There has been a wine license at this location in the past

ADDITIONAL NOTES: (Office Use Only)

ADDITIONAL STIPULATIONS: (Office Use Only)

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

Nelly Gonzalez <i>CB4 Community Associate</i>	Lisa Daglian <i>CB4 BLP Committee Co-Chair</i>	Paul Seres <i>CB4 BLP Committee Co-Chair</i>
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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 OR ATTORNEY	DATE
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