

1 **Business License & Permits Committee**

Item #: 1

2  
3 September 3, 2014

4  
5 Dennis Rosen  
6 Chairman  
7 New York State Liquor Authority  
8 80 S. Swan Street, 9<sup>th</sup> Floor  
9 Albany, New York 12210

10  
11 **Re: Meta Hospitality LLC**  
12 **d/b/a Nume**  
13 *178 9<sup>th</sup> Avenue (20/21)*

14  
15 Dear Chairman Rosen:

16  
17 Manhattan Community Board 4 (MCB4) recommends denial of a new On-Premise Liquor License for  
18 Nume – 178 9<sup>th</sup> Avenue (20/21), unless the following stipulations, agreed to by the applicant, are part of  
19 the method of operation for this establishment with a capacity of 35 people, with 11 tables with 30 seats,  
20 1 stand-up bar seating 4.

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22  
23 A signed copy of the questionnaire and stipulations are enclosed.

24  
25 Sincerely,

26  
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28  
29 Christine Berthet  
Chair

Paul Seres  
Co-Chair  
Business License & Permits  
Committee

Frank Holozubiec  
Co-Chair  
Business License & Permits  
Committee

# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License Stipulations Application

APPLICANT <b>Meta Hospitality LLC</b>		DOING BUSINESS AS (DBA) <b>NUMe</b>	
STREET ADDRESS <b>178 9<sup>TH</sup> Ave</b>		CROSS STREETS <b>W 20<sup>TH</sup> &amp; W 21<sup>ST</sup> (S/E corner of 21<sup>ST</sup> &amp; 9<sup>TH</sup>)</b>	
OWNER	NAME: <b>Melissa Muller</b>	ATTORNEY	NAME: <b>Michael Kelly</b>
	PHONE: <b>(917) 544-3972</b>		PHONE: <b>(914) 740-3580</b>
	FAX:		FAX:
MANAGER	NAME: <b>Tarek Daka</b>	LANDLORD	NAME: <b>170-178 Ninth Ave LLC</b>
	PHONE: <b>(201) 450-6926</b>		PHONE:
	FAX: <b>(Husband + Co-owner)</b>		FAX:
DESCRIPTION OF BUSINESS:			
Establishment Type:	<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization -- Members Only) <input type="radio"/> Other (Explain): Bar/Arcade		
Method of Operation:	<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): Bar/Arcade		
License Type:	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer		
APPLICATION TYPE (check one)	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES <input type="radio"/> NO
		What is/was the name of establishment?	<b>Eolo / Pasta</b>
		What is/was the address of the establishment?	<b>120 7<sup>TH</sup> Ave 186 9<sup>TH</sup> Ave 3/11/13</b>
		What were the dates the applicant was involved with this former premise?	<b>10/1/12 - Present / 3/11/13 - Present</b>
	<input type="radio"/> Transfer	What is the prior license #?	
		What is the expiration date on the prior license?	
		Are you making any alterations or operational changes?	<input type="radio"/> YES <input type="radio"/> NO
		If alterations or operational changes are being made, please attach the plans to this form.	
	<input type="radio"/> Alteration	What is the current license #?	
		What is the expiration date on the current license?	
Please describe the nature of the alterations and attach the plans			

# OPERATIONAL ISSUES

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	7am-11pm	7am-11pm	7am-11pm	7am-11pm	7am-12am	7am-12am	7am-11pm	
	Music	11	11	11	11	11	11	11	
	Kitchen	11	11	11	11	11	11	11	
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	34	11	30	0	1	4	0	0

How many floors are there? 2 floors

How many floors are there? What is the capacity for each floor? (please respond in space provided)

1-2 3-4 5+ BASEMENTS FIRST

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

Have not applied yet

Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)

YES NO N/A

In The Future

If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)

YES NO N/A

Will applicant provide contact information to neighbors and respond to complaints that arise?

YES NO N/A

Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?

YES NO N/A

If you plan to have music, what type(s)?

BACKGROUND

LIVE MUSIC

DJ

## BUILDING DESIGN

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.

YES NO N/A

Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?

YES NO N/A

Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)

YES NO N/A

## OUTDOOR ITEMS

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

## LOCATION & ZONING

Primary Zoning District:	C2-6A + R7B			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?	<input checked="" type="radio"/> YES	NO	N/A	
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="radio"/> YES	NO	N/A	
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A	
Are your plans filed with DOB?	YES	<input checked="" type="radio"/> NO	N/A	
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe:			
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe:			
NOTIFICATION:	# 1			
What organizations / community groups have you notified regarding your application?	# 2			
	# 3			

1 **Business License & Permits Committee**

Item #: 2

2  
3 September 3, 2014

4  
5 Dennis Rosen  
6 Chairman  
7 New York State Liquor Authority  
8 80 S. Swan Street, 9<sup>th</sup> Floor  
9 Albany, New York 12210

10  
11 **Re: Amarcord Hospitality Group**  
12 *558 11<sup>th</sup> Avenue (42/43)*

13  
14 Dear Chairman Rosen:

15  
16 Manhattan Community Board 4 (MCB4) recommends denial of a new On-Premise Liquor License for  
17 Amarcord Hospitality Groupo – 558 11<sup>th</sup> Avenue (42/43), unless the following stipulations, agreed to by  
18 the applicant, are part of the method of operation for this establishment with a capacity of 80 people,  
19 with 20 tables with 74 seats, 1 stand-up bar seating 12.

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22 A signed copy of the questionnaire and stipulations are enclosed.

23  
24 Sincerely,

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27  
28 Christine Berthet  
Chair

Paul Seres  
Co-Chair  
Business License & Permits  
Committee

Frank Holozubiec  
Co-Chair  
Business License & Permits  
Committee

# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License Stipulations Application

APPLICANT <b>AMARCORO HOSPITALITY GROUP</b>		DOING BUSINESS AS (DBA)		
STREET ADDRESS <b>558 11<sup>TH</sup> AVENUE</b>		CROSS STREETS <b>42<sup>ND</sup> &amp; 43<sup>RD</sup></b>		
OWNER	NAME: <b>ANTONIO MAURO</b>	ATTORNEY	NAME: <b>LEONARD M. FOGELMAN</b>	
	PHONE: <b>914-714-2806</b>		PHONE: <b>212-370-1530</b>	
	FAX: <b>NA</b>		FAX: <b>212-370-2851</b>	
MANAGER	NAME:	LANDLORD	NAME: <b>MASSACHUSETTS MUTUAL LIFE INSURANCE CO.</b>	
	PHONE: <b>N/A</b>		PHONE: <b>413-788-8411</b>	
	FAX:		FAX: <b>413-744-6005</b>	
DESCRIPTION OF BUSINESS				
Establishment Type:	<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only) <input type="radio"/> Other (Explain): Bar/Arcade			
Method of Operation:	<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): Bar/Arcade			
License Type:	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
APPLICATION TYPE (check one)	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	YES	<input checked="" type="radio"/> NO
		What is/was the name of establishment?		
		What is/was the address of the establishment?		
		What were the dates the applicant was involved with this former premise?		
	<input type="radio"/> Transfer	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	YES	NO
		If alterations or operational changes are being made, please attach the plans to this form.		
	<input type="radio"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
Please describe the nature of the alterations and attach the plans				

1 a.m. 1 a.m. 1 a.m. AM

OPERATIONAL ISSUES											
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY			
	Operation	11-11	11-11	11-11	11-11	11-11	11-11	11-11	11-11		
	Music	11-11	11-11	11-11	11-11	11-11	11-11	11-11	11-11		
	Kitchen	11-11	11-11	11-11	11-11	11-11	11-11	11-11	11-11		
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		
	NOT YET OBTAINED	80	20	74	-0-	1	1				
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	3-4	5+	1			
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					YES	NO	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	THERE WILL BE NO SECURITY GUARD FOR THIS PREMISES			
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	IN FUTURE			
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	IN FUTURE			
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	LIVE MUSIC ON WEEKENDS			
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				

AM

OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	N/A SIDEWALK CAPE (IN FUTURE)
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	<input checked="" type="radio"/> NO	N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	<input checked="" type="radio"/> NO	N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	<input checked="" type="radio"/> NO	N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> NO	N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	<input checked="" type="radio"/> NO	N/A

LOCATION & ZONING			
Primary Zoning District:		Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	<input checked="" type="radio"/> NO	N/A
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	<input checked="" type="radio"/> NO	N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	<input checked="" type="radio"/> NO	N/A WILL BE FILED SOON
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe:		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe:		
NOTIFICATION:	# 1	43 <sup>RD</sup> STREET (B. 9 <sup>TH</sup> /10 <sup>TH</sup> ) BLOCK ASSOCIATION	
What organizations / community groups have you notified regarding your application?	# 2		
	# 3		

ADDITIONAL STIPULATIONS: (Office Use Only)

THERE WILL BE NO  
AMPLIFICATION OF ANY  
LIVE MUSIC.

1 **Business License & Permits Committee**

Item #: 3

2  
3 September 3, 2014

4  
5 Dennis Rosen  
6 Chairman  
7 New York State Liquor Authority  
8 80 S. Swan Street, 9<sup>th</sup> Floor  
9 Albany, New York 12210

10  
11 **Re: FJM LLC**  
12 **d/b/a Adam NYC**  
13 *765 9<sup>th</sup> Avenue (51/52)*

14  
15 Dear Chairman Rosen:

16  
17 Manhattan Community Board 4 (MCB4) recommends denial of a new On-Premise Liquor License for  
18 FJM LLC d/b/a Adam NYC – 765 9<sup>th</sup> Avenue (51/52), unless the following stipulations, agreed to by the  
19 applicant, are part of the method of operation for this establishment with a capacity of 190 people, with  
20 18-22 tables with 30-35 seats, 1 service bar and 1 stand-up bar seating 15-20.

21  
22  
23 A signed copy of the questionnaire and stipulations are enclosed.

24  
25 Sincerely,

26  
27  
28  
29 Christine Berthet  
Chair

Paul Seres  
Co-Chair  
Business License & Permits  
Committee

Frank Holozubiec  
Co-Chair  
Business License & Permits  
Committee

APPLICANT <b>FJTM LLC</b>		SUPPORTING PARTY <b>ADAM NYC</b>	
BUSINESS ADDRESS <b>765 9TH Avenue</b>		SUPPORTING PARTY ADDRESS <b>51ST + 52ND</b>	
OWNER	NAME <b>Frank DiLuzio</b>	ATTORNEY	NAME <b>RAVI SHARMA</b>
	PHONE <b>JACOB BLUMER</b>		PHONE <b>212-537-5957</b>
	PHONE <b>FACUNDO RODRIGUEZ</b>		PHONE <b>212-537-5956</b>
OWNER	NAME <b>FRANCO DiLuzio</b>	ATTORNEY	NAME <b>Manuela Kattkerman</b>
	PHONE <b>917-687-9960</b>		PHONE <b>917-670-1322</b>
	PHONE		PHONE
ESTABLISHMENT TYPE: <input checked="" type="checkbox"/> Tavern <input type="checkbox"/> Bar & Lounge <input type="checkbox"/> Night Place/Bar <input type="checkbox"/> Cocktail <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Restaurant <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Club (Franchised Organization - Venues Only) <input type="checkbox"/> Other (Specify): <b>BAR/LOUNGE</b>			
METHOD OF OPERATION: <input type="checkbox"/> Restaurant <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Lounge <input type="checkbox"/> Cigar <input checked="" type="checkbox"/> Other (Specify): <b>BAR/LOUNGE</b>			
LICENSE TYPE: <input checked="" type="checkbox"/> On-Premise <input type="checkbox"/> Wine <input type="checkbox"/> Beer <input type="checkbox"/> Wine & Beer			
APPLICANT'S HISTORY (Check one)	<input checked="" type="checkbox"/> Yes	Has applicant owned or managed a similar business?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		What was the name of establishment?	<b>G Lounge</b>
		What was the address of the establishment?	<b>224 W. 19th St.</b>
		What were the dates the applicant was involved with the former practice?	<b>10/2006 - 5/2013</b>
	<input checked="" type="checkbox"/> No	What is the prior license #?	<b>1225174</b>
		What is the expiration date on the prior license?	<b>10/31/2015</b>
		Are you making any alterations or operational changes?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		If alterations or operational changes are being made, please attach the plans to this form.	
<input type="checkbox"/> Alternative	What is the current license #?		
	What is the expiration date on the current license?		
	Please describe the nature of the alterations and attach the plans.		

RAVI@SHARMALAW.COM

STELLANO'S

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SAUNDAY	SUNDAY
HOURS	4-2	4-2	4-2	4-4	4-4	4-4	4-2
Bar/Club	"	"	"	"	"	"	"
Kitchen	"	"	"	"	"	"	"

	Estimated Employees	Estimated Customers (including take-out)	Estimated Parking Spots	Estimated Signs	Estimated Sound System	Estimated Outdoor Seating	Estimated Indoor Seating	Estimated Storage
	190	190	18-22	30-35	1	1	15-20	0

How many floors are there? What is the capacity for each floor? (please respond in space provided)

1 FLOOR

Will you be applying or intending to apply for a Caterer license? If yes, will there be banding? (please respond in space provided)

YES YES YES

Will applicant have bottle service?

YES YES YES

Will you be hosting private parties and promotional events?

YES YES YES

Will outside promoters be used?

YES YES YES

Will the security plan submitted be implemented?

YES YES YES

Will State certified security personnel be used?

YES YES YES

Will New York Nightlife Association recommendations and NYNLA Best Practices be followed?

YES YES YES

Will the applicant be using delivery bicycles? If yes, have you studied the DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant, and sign will wear the clearly reading name. (please respond in space provided)

YES YES YES

Will the applicant be applying for a Signage License now or in the future? (please respond in space provided)

YES YES YES

If yes to the above, are plans attached and submitted to DOA? How many restaurants? (please respond in space provided)

YES YES YES

Will applicant provide contact information to neighbors and respond to complaints that arise?

YES YES YES

Will you inform the Community Board office of your job openings and/or provide a hyperlink to your job webpage?

YES YES YES

If you plan to have music, what type(s)?

YES YES YES

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 on all other days.

YES YES YES

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 YES YES

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 enclose more than 18 inches from the store front.

YES YES YES

Current window system will be removed, replaced w/ non-opening windows.

Will applicant use the rooftop, rear yard or any outdoor space?	<input checked="" type="radio"/> Yes <input type="radio"/> No
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	<input checked="" type="radio"/> Yes <input type="radio"/> No
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via social food service.	<input checked="" type="radio"/> Yes <input type="radio"/> No
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Applicant will do everything in their power to provide an effective sound barrier or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code requirements. This includes possibly working with landlord's to soundproof upstairs apartments (such as installing soundproofing windows, acoustic tiles, etc.)	<input checked="" type="radio"/> Yes <input type="radio"/> No
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 on the way the windows and doors to areas that they are closed music shall be closed). The applicant will make every effort possible to limit the noise emanating from the area by posting signs outside and also on menus asking for respect of the neighbors or vary and notice. The sign will also encourage a peaceful environment, encourage outdoor dining.	<input checked="" type="radio"/> Yes <input type="radio"/> No
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="radio"/> Yes <input type="radio"/> No

-working w/ Landlord to soundproof  
-consulting engineer

Primary Zoning District:	CLINTON	Overlay (if applicable):	
Is this a Special District? If yes, is it Clinton, West Clinton or Historic Yards?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Does the building have a Certificate of Occupancy (CO or CPO) or a letter of no objection?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Is the 500 Foot Rule or 210 Foot Rule Applicable? If yes, when? Please attach a diagram of the establishment that triggers the rule.	<input checked="" type="radio"/> Yes <input type="radio"/> No		500 FT RULE
Is a Public Assembly permit required?	<input checked="" type="radio"/> Yes <input type="radio"/> No		
Are your plans filed with COB?	<input checked="" type="radio"/> Yes <input type="radio"/> No		TBD
Building Type	<input type="radio"/> Restaurant <input type="radio"/> Bar and <input checked="" type="radio"/> Kitchen <input type="radio"/> Other, describe		
Adjacent building	<input type="radio"/> Public <input type="radio"/> Commercial <input checked="" type="radio"/> Other <input type="radio"/> Other, describe		

What organizations / community groups have you notified regarding your application?

51<sup>ST</sup> ST. Neighborhood / Block Assoc  
Tenants of Building

- we have plans to remove the existing exterior (garage door) and replace it with a solid wall structure (w/ sound proof non-opening windows)
- we also plan to add to existing interior sound proofing.

WILL SUBMIT SECURITY PLAN  
PRIOR TO FULL BOARD  
MEETING ON 9/3/14.

WILL SUBMIT ACOUSTICAL  
PLAN PRIOR TO 9/3/14.

WILL SUBMIT CLEAR FLOOR  
PLAN PRIOR TO 9/3/14.

WILL REACH OUT TO  
NEIGHBORS AGAIN PRIOR TO 9/3/14

1 **Business License & Permits Committee**

Item #: 4

2  
3 September 3, 2014

4  
5 Dennis Rosen  
6 Chairman  
7 New York State Liquor Authority  
8 80 S. Swan Street, 9<sup>th</sup> Floor  
9 Albany, New York 12210

10  
11 **Re: BK 19 Inc.**  
12 **d/b/a Adella**  
13 *410 West 43<sup>rd</sup> Street (9/10)*

14  
15 Dear Chairman Rosen:

16  
17 Manhattan Community Board 4 (MCB4) recommends denial of an alteration application to include  
18 outdoor seating to its restaurant wine and beer license for Adella – 410 West 43<sup>rd</sup> Street (9/10), unless  
19 the following stipulations, agreed to by the applicant, are part of the method of operation for this  
20 establishment with a capacity of 74 people, with 8 tables with 22 seats, 0 service bar and 0 stand-up bar,  
21 seating at bar 9, outdoor area: 5 tables with 20 seats.

22  
23  
24 A signed copy of the questionnaire and stipulations are enclosed.

25  
26 Sincerely,

27  
28  
29  
30 Christine Berthet  
Chair

Paul Seres  
Co-Chair  
Business License & Permits  
Committee

Frank Holozubiec  
Co-Chair  
Business License & Permits  
Committee

31

# Manhattan Community Board 4

## Liquor License Stipulations Application

(All Fields Must Be Completed)

<b>APPLICANT</b>		<b>DOING BUSINESS AS (DBA)</b>	
BK 19 Inc.		Adella	
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>	
410 West 43rd Street, New York, NY 10036		9th and 10th Avenues	
<b>OWNER</b>	<b>NAME:</b>	Babak Khorrami	<b>ATTORNEY</b>
	<b>PHONE:</b>	212-273-0737	
	<b>FAX:</b>	-	
<b>MANAGER</b>	<b>NAME:</b>	Same as Owner	<b>LANDLORD</b>
	<b>PHONE:</b>		
	<b>FAX:</b>		
<b>DESCRIPTION OF BUSINESS</b>			
Establishment Type:		<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization – Members Only) <input type="radio"/> Other (Explain): Bar/Arcade	
Method of Operation:		<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): Bar/Arcade	
License Type:		<input type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input checked="" type="radio"/> Wine & Beer	
<b>APPLICATION TYPE</b> (check one)		<input type="radio"/> 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?	
		<input type="radio"/> Transfer	
		What is the prior license #?	
		What is the expiration date on the prior license?	
Are you making any alterations or operational changes?			
YES			
NO			
If alterations or operational changes are being made, please attach the plans to this form.			
<input checked="" type="radio"/> Alteration		What is the current license #? Restaurant Wine	
What is the expiration date on the current license?		05/31/2016	
Please describe the nature of the alterations and attach the plans		To include outdoor seating	

OPERATIONAL ISSUES										
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation	5:00 PM	5:00 PM	5:00 PM	5:00 PM	5:00 PM	5:00 PM	5:00 PM	5:00 PM	
	Music	till	till	till	till	till	till	till	till	
	Kitchen	12:00 MN	12:00 MN	12:00 MN	12:00 MN	12:00 MN	12:00 MN	12:00 MN	12:00 MN	
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	44	8	22	None	None	9	20	5	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	3-4	5+	1 - 2		
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					YES	NO	N/A	No		
Will applicant have bottle service?					YES	NO	N/A	No		
Will you be hosting private parties and promotional events?					YES	NO	N/A	Yes - Under 30-40 patrons		
Will outside promoters be used?					YES	NO	N/A	No		
Will the security plan submitted be implemented?					YES	NO	N/A	No		
Will State certified security personnel be used?					YES	NO	N/A	No		
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					YES	NO	N/A	No		
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	No		
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					YES	NO	N/A	No		
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	N/A		
Will applicant provide contact information to neighbors and respond to complaints that arise?					YES	NO	N/A	Yes		
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?					YES	NO	N/A	Yes		
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	Yes		
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	Yes		
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	Yes		

OUTDOOR ITEMS				
Will applicant use the rooftop, rear yard or any outdoor space?	YES	NO	N/A	Yes
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	Yes
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	N/A	Yes
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	Yes
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	Yes
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A	Yes

LOCATION & ZONING				
Primary Zoning District:	M1-6		Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	N/A	No
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	N/A	Yes
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	N/A
Is a Public Assembly permit required?	YES	NO	N/A	Yes
Are your plans filed with DOB?	YES	NO	N/A	Yes
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe:			
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: <u>Manhattan Plaza</u>			
<b>NOTIFICATION:</b> What organizations / community groups have you notified regarding your application?	# 1	Manhattan Community Board 4		
	# 2	Manhattan Plaza Tenant Association		
	# 3	Manhattan Plaza President/Vice President		

**ADDITIONAL INFORMATION: (Applicant Use)**

Diagrams and plans along with proof of Notice postings will be submitted at scheduled Community Board meeting.

**ADDITIONAL NOTES: (Office Use Only)**

1 **Business License & Permits Committee**

Item #: 5

2  
3 September 3, 2014

4  
5 Dennis Rosen  
6 Chairman  
7 New York State Liquor Authority  
8 80 S. Swan Street, 9<sup>th</sup> Floor  
9 Albany, New York 12210

10  
11 **Re: TBB Tavern Corp.**  
12 **d/b/a House of Brews**  
13 *302 West 51<sup>st</sup> Street (8/9)*  
14

15 Dear Chairman Rosen:

16  
17 Manhattan Community Board 4 (MCB4) recommends denial of an alteration application to have a small  
18 storage room converted in to additional floor space to its on-premise liquor license for House of Brews –  
19 302 West 51<sup>st</sup> Street (8/9), unless the following stipulations, agreed to by the applicant, are part of the  
20 method of operation for this establishment with a capacity of 203 people, with 32 tables with 128 seats,  
21 2 stand-up bar with 25seats, outdoor area: 5 tables with 12 seats.  
22

23  
24 A signed copy of the questionnaire and stipulations are enclosed.

25  
26 Sincerely,  
27  
28  
29  
30

Christine Berthet  
Chair

Paul Seres  
Co-Chair  
Business License & Permits  
Committee

Frank Holozubiec  
Co-Chair  
Business License & Permits  
Committee

# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License Stipulations Application

<b>APPLICANT</b>		<b>DOING BUSINESS AS (DBA)</b>				
TBB Tavern Corporation		House of Brews				
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>				
302 W 51st St, New York, NY		8th & 9th Avenues				
<b>OWNER</b>	<b>NAME:</b>	Brian Connell	<b>ATTORNEY</b>			
	<b>PHONE:</b>	(917) 653-7390				
	<b>FAX:</b>	n/a				
<b>MANAGER</b>	<b>NAME:</b>	Robert Doyle	<b>LANDLORD</b>			
	<b>PHONE:</b>	(212) 541-7080				
	<b>FAX:</b>	N/A				
<b>DESCRIPTION OF BUSINESS</b>						
Establishment Type:		<input checked="" type="checkbox"/> Bar/Tavern <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Eating Place Beer <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Restaurant <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Club (Fraternal Organization - Members Only) <input type="checkbox"/> Other (Explain): Bar/Arcade				
Method of Operation:		<input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Pizzeria <input type="checkbox"/> Cafe <input type="checkbox"/> Other (Explain): Bar/Arcade				
License Type:		<input checked="" type="checkbox"/> On-Premise <input type="checkbox"/> Wine <input type="checkbox"/> Beer <input type="checkbox"/> Wine & Beer				
<b>APPLICATION TYPE</b> (check one)		<input type="radio"/> 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?			
		<input type="radio"/> Transfer	What is the prior license #?			
			What is the expiration date on the prior license?			
			Are you making any alterations or operational changes?	YES	NO	
			If alterations or operational changes are being made, please attach the plans to this form.			
		<input checked="" type="radio"/> Alteration	What is the current license #?		1026424	
			What is the expiration date on the current license?		2/28/15	
Please describe the nature of the alterations and attach the plans						

Business Licenses & Permits Committee

See diagram. A small storage room will be converted into additional floor space.

OPERATIONAL ISSUES										
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation	11-4	11-4	11-4	11-4	11-4	11-4	11-4	12-4	
	Music	no live music								
Kitchen	11-12	11-12	11-12	11-2	11-2	11-2	11-2	11-12		
OCCUPANCY	INDOOR				BAR			OUTSIDE		
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables	
	203	203	32	128	0	2	25	12	5	
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	<input checked="" type="radio"/> NO	N/A			
Will applicant have bottle service?					YES	<input checked="" type="radio"/> NO	N/A			
Will you be hosting private parties and promotional events?					YES	<input checked="" type="radio"/> NO	N/A			
Will outside promoters be used?					YES	<input checked="" type="radio"/> NO	N/A			
Will the security plan submitted be implemented?					YES	NO	<input checked="" type="radio"/> N/A			
Will State certified security personnel be used?					YES	NO	<input checked="" type="radio"/> N/A			
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					<input checked="" type="radio"/> YES	NO	N/A			
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)					<input checked="" type="radio"/> YES	NO	N/A	No bicycle racks used, because bicycle is kept inside establishment		
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					YES	<input checked="" type="radio"/> NO	N/A			
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					YES	NO	<input checked="" type="radio"/> N/A			
Will applicant provide contact information to neighbors and respond to complaints that arise?					<input checked="" type="radio"/> YES	NO	N/A			
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?					<input checked="" type="radio"/> YES	NO	N/A			
If you plan to have music, what type(s)?					<input checked="" type="radio"/> BACKGROUND	<input type="radio"/> LIVE MUSIC	<input type="radio"/> DJ			
BUILDING DESIGN										
Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.					<input checked="" type="radio"/> YES	NO	N/A			
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?					<input checked="" type="radio"/> YES	NO	N/A			
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)					YES	NO	<input checked="" type="radio"/> N/A	Not used		

*M-9266*

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

LOCATION & ZONING			
Primary Zoning District:	R8		Overlay (If Applicable):
Is this a Special District? If yes, is it <u>Clinton</u> West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Is a Public Assembly permit required?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Are your plans filed with DOB?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Architect is in the process of filing plan			
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe:		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe:		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	51st Street Block Association	
	# 2		
	# 3		

1 **Business License & Permits Committee**

Item #: 6

2  
3 September 3, 2014

4  
5 Dennis Rosen  
6 Chairman  
7 New York State Liquor Authority  
8 80 S. Swan Street, 9<sup>th</sup> Floor  
9 Albany, New York 12210

10  
11 **Re: Janda Latino 46 LLC**  
12 **d/b/a Sangria 46**  
13 *338 West 46<sup>th</sup> Street (8/9)*

14  
15 Dear Chairman Rosen:

16  
17 Manhattan Community Board 4 (MCB4) recommends denial of an alteration application to change the  
18 hours of closing for the rear yard and the doors leading to the yard for Sangria 46 – 338 West 46<sup>th</sup> Street  
19 (8/9), unless the following stipulations, agreed to by the applicant, are part of the method of operation  
20 for this establishment with a capacity of 74 people, with 25 tables with 68 seats, 1 stand-up bar seating  
21 6, rear yard: 8 tables with 16 seats.

22  
23  
24 A signed copy of the questionnaire and stipulations are enclosed.

25  
26 Sincerely,

27  
28  
29  
30 Christine Berthet  
Chair

Paul Seres  
Co-Chair  
Business License & Permits  
Committee

Frank Holozubiec  
Co-Chair  
Business License & Permits  
Committee

31

**Manhattan Community Board 4**  
(All Fields Must Be Completed)

Liquor License Stipulations Application

<b>APPLICANT</b>		<b>DOING BUSINESS AS (DBA)</b>		
JANDA Latino 46 LLC		Sangria 46		
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>		
338 West 46 <sup>th</sup> Street		8 <sup>th</sup> & 9 <sup>th</sup> Avenue		
<b>OWNER</b>	<b>NAME:</b>	<b>ATTORNEY</b>	<b>NAME:</b>	
	<b>PHONE:</b>		<b>PHONE:</b>	
	<b>FAX:</b>		<b>FAX:</b>	
NAME: Ariel Gonzalez / Judith Shopless PHONE: 917-658-0806		NAME: George Karp PHONE: 646-732-1008		
<b>MANAGER</b>	<b>NAME:</b>	<b>LANDLORD</b>	<b>NAME:</b>	
	<b>PHONE:</b>		<b>PHONE:</b>	
	<b>FAX:</b>		<b>FAX:</b>	
NAME: PHONE: FAX:		NAME: 338 W. 46 <sup>th</sup> Realty LLC PHONE: 212-816-9787 FAX:		
<b>DESCRIPTION OF BUSINESS</b>				
<b>Establishment Type:</b>	<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only) <input type="radio"/> Other (Explain): Bar/Arcade			
<b>Method of Operation:</b>	<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): Bar/Arcade			
<b>License Type:</b>	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
<b>APPLICATION TYPE</b> (check one)	<input type="radio"/> 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?		
	<input type="radio"/> Transfer	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	YES	NO
		If alterations or operational changes are being made, please attach the plans to this form.		
	<input checked="" type="radio"/> Change of operation <del>Alteration</del>	What is the current license #?		
		What is the expiration date on the current license?		
Please describe the nature of the alterations and attach the plans. change hours of closing outdoor yard & closing doors				

OPERATIONAL ISSUES									
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	←	11:00 AM	-	To 11 PM	-	7 days		
	Music	↓							
	Kitchen	↓							
OCCUPANCY	INDOOR				BAR			OUTSIDE	
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables
	74	74	25	68	0	1	6	16	8
How many floors are there? What is the capacity for each floor? (please respond in space provided)					12	24	8+		
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					YES	NO	N/A		
Will applicant have bottle service?					YES	NO	N/A		
Will you be hosting private parties and promotional events?					YES	NO	N/A		
Will outside promoters be used?					YES	NO	N/A		
Will the security plan submitted be implemented?					YES	NO	N/A		
Will State certified security personnel be used?					YES	NO	N/A		
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					YES	NO	N/A		
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)					YES	NO	N/A		
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					YES	NO	N/A		
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					YES	NO	N/A		
Will applicant provide contact information to neighbors and respond to complaints that arise?					YES	NO	N/A		
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?					YES	NO	N/A		
If you plan to have music, what type(s)?					BACKGROUND	LIVE MUSIC	DJ		
BUILDING DESIGN									
Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.					YES	NO	N/A		
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?					YES	NO	N/A		
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)					YES	NO	N/A		

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

LOCATION & ZONING			
Primary Zoning District:	<u>Commercial</u>		Overlay (If Applicable):
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Is a Public Assembly permit required?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Are your plans filed with DOB?	<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	<u>45<sup>th</sup> Street / 46<sup>th</sup> St</u>	
	# 2	<u>Block associations</u>	
	# 3		

1 **Business License & Permits Committee**

Item #: 7

2  
3 September 3, 2014

4  
5 Dennis Rosen  
6 Chairman  
7 New York State Liquor Authority  
8 80 S. Swan Street, 9<sup>th</sup> Floor  
9 Albany, New York 12210

10  
11 **Re: Ngan's Viet Grill Inc.**  
12 **d/b/a Chelsea Cottage**  
13 *206 9<sup>th</sup> Avenue (22/23)*

14  
15 Dear Chairman Rosen:

16  
17 Manhattan Community Board 4 (MCB4) recommends denial of a new Wine & Beer License for Chelsea  
18 Cottage – 206 9<sup>th</sup> Avenue (22/23), unless the following stipulations, agreed to by the applicant, are part  
19 of the method of operation for this establishment with a capacity of 74 people, with 17 tables with 34.

20  
21  
22 A signed copy of the questionnaire and stipulations are enclosed.

23  
24 Sincerely,

25  
26  
27  
28 Christine Berthet  
Chair

Paul Seres  
Co-Chair  
Business License & Permits  
Committee

Frank Holozubiec  
Co-Chair  
Business License & Permits  
Committee

# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License Stipulations Application

<b>APPLICANT</b>		<b>DOING BUSINESS AS (DBA)</b>		
Ngan's Viet Grill Inc.		Chelsea Cottage		
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>		
206 9th Avenue, New York, NY 10011		West 22 Street & West 23 Street		
<b>OWNER</b>	<b>NAME:</b>	Allen Ngan		
	<b>PHONE:</b>	212-366-4881		
	<b>FAX:</b>			
<b>MANAGER</b>	<b>NAME:</b>			
	<b>PHONE:</b>			
	<b>FAX:</b>			
<b>ATTORNEY</b>	<b>NAME:</b>			
	<b>PHONE:</b>			
	<b>FAX:</b>			
<b>LANDLORD</b>	<b>NAME:</b>	Sidney Rubell		
	<b>PHONE:</b>	212-243-2370		
	<b>FAX:</b>			
<b>DESCRIPTION OF BUSINESS</b>				
<b>Establishment Type:</b>	<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): _____			
<b>Method of Operation:</b>	<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): _____			
<b>License Type:</b>	<input type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input checked="" type="radio"/> Wine & Beer			
<b>APPLICATION TYPE</b> (check one)	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	YES	NO
		What is/was the name of establishment?	Ngan's Viet Grill Inc.	
		What is/was the address of the establishment?	206 9th Avenue	
		What were the dates the applicant was involved with this former premise?	April 1, 2014	
	<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	<input checked="" type="radio"/> NO
		If alterations or operational changes are being made, please attach the plans to this form.		
	<input type="radio"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
Please describe the nature of the alterations and attach the plans				

OPERATIONAL ISSUES									
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	11AM-4AM	11AM-4AM	11AM-4AM	11AM-4AM	11AM-4AM	11AM-4AM	11AM-4AM	
	Music	11AM-4AM	11AM-4AM	11AM-4AM	11AM-4AM	11AM-4AM	11AM-4AM	11AM-4AM	
	Kitchen	11AM-4AM	11AM-4AM	11AM-4AM	11AM-4AM	11AM-4AM	11AM-4AM	11AM-4AM	
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
	LNO/74	74	17	34	N/A	N/A	N/A	N/A	N/A
How many floors are there? What is the capacity for each floor? (please respond in space provided)					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 applicant have bottle service?					YES	NO	N/A		
Will you be hosting private parties and promotional events?					YES	NO	N/A		
Will outside promoters be used?					YES	NO	N/A		
Will the security plan submitted be implemented?					YES	NO	N/A		
Will State certified security personnel be used?					YES	NO	N/A		
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					YES	NO	N/A		
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)					YES	NO	N/A		
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					YES	NO	N/A		
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					YES	NO	N/A		
Will applicant provide contact information to neighbors and respond to complaints that arise?					YES	NO	N/A		
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?					YES	NO	N/A		
If you plan to have music, what type(s)?			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	<input checked="" type="radio"/> NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	<input checked="" type="radio"/> N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	<input checked="" type="radio"/> N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	NO	<input checked="" type="radio"/> N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	<input checked="" type="radio"/> N/A

LOCATION & ZONING			
Primary Zoning District:	C1-6A		Overlay (If Applicable):
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO	N/A
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	NO	<input checked="" type="radio"/> N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A
Are your plans filed with DOB?	YES	<input checked="" type="radio"/> NO	N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
Adjacent Buildings	<input checked="" type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
<b>NOTIFICATION:</b> What organizations / community groups have you notified regarding your application?	# 1		
	# 2		
	# 3		

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

WILL SUBMIT COPY OF PERMIT  
FOR CANOPY PRIOR TO FULL  
BOARD MEETING ON 9/3.

IF APPLICANT DOES NOT HAVE  
PERMIT <sup>FOR</sup> CANOPY, APPLICANT WILL  
OBTAIN PERMIT OR REMOVE  
CANOPY

2  
3 MEMORANDUM OF UNDERSTANDING  
4  
5  
6  
7

8 THIS MEMORANDUM OF UNDERSTANDING (“MOU”) is made as of the 26th day of  
9 August 2014, by Meatpacking Area BID Formation Steering Committee Chairman Paul  
10 Pariser, on behalf of the full Steering Committee (hereinafter collectively referred to as the  
11 “Steering Committee”), and New York City Council Member Corey Johnson, Democratic  
12 representative of Council District 3 in Manhattan (hereinafter referred to as the “Council  
13 Member”) and Manhattan Community Board 2 and Manhattan Community Board 4.  
14

15 WHEREAS, Pursuant to Local Law 82 of 1990, authorized by section 980 of the New  
16 York General Municipal Law, codified in Chapter 4 of Title 25 of the Administrative Code of  
17 the city of New York, the City Council assumed responsibility for adopting the legislation that  
18 would establish individual business improvement districts, which are specifically defined areas  
19 of designated properties; and  
20

21 WHEREAS, Business Improvement Districts use the City's real property tax collection  
22 mechanism to collect a special assessment on commercial property to pay for additional  
23 services beyond those that the City provides; and  
24

25 WHEREAS, Business Improvement Districts collect contributions through fundraising  
26 mechanisms for expenditures on services beyond those that the City provides and on capital  
27 projects as determined at the discretion of the BID; and  
28

29 WHEREAS, The additional services, which are in the areas of public safety, sanitation,  
30 landscaping and beautification services, and related economic development and business  
31 support services, are intended to maintain a clean, safe and beautiful neighborhood and to  
32 support local businesses; and  
33

34 WHEREAS, The BID may enter into contract with the City Department of Transportation  
35 for the care, maintenance, and management of the Ninth Avenue public plazas and Chelsea  
36 Triangle;  
37

38 WHEREAS, it is recognized that transportation, noise and traffic issues significantly impact  
39 the area within the BID boundaries and these issues flow into neighboring areas impacting  
40 the residential blocks adjacent to the BID's boundaries;  
41

42 WHEREAS, While it is the intent of the of Meatpacking Area BID to directly improve  
43 conditions within the commercial core of the BID boundaries, the BID contends that  
44 addressing these issues will mitigate impacts on affected residential neighborhoods; and  
45

46 NOW, THEREFORE, THE STEERING COMMITTEE AND THE COUNCIL MEMBER  
47 HEREBY AGREE AND CONSENT TO THE FOLLOWING CONDITIONS, PRIOR TO  
48 INITIATING THE PROCESS ESTABLISHED BY LOCAL LAW 82 OF 1990 TO  
49 ESTABLISH THE MEATPACKING AREA BID:

1. Designate the geographic areas adjacent to the BID's southern and northern boundaries as the "Impact Area(s)," defined in two portions; firstly by Horatio Street to the north, 12th Street to the south, West Street to the west, and 8<sup>th</sup> Avenue to the east; and secondly by 18<sup>th</sup> Street to the north, 17<sup>th</sup> Street to the south, West Street to the west, and 8<sup>th</sup> Avenue to the east.
2. Establish an Impact Area(s) Advisory Committee, which will consist of residential representatives of the Impact Area(s) as defined by the enclosed Impact Area Map.
3. The BID Executive Director and the Impact Area(s) Advisory Committee will meet on a quarterly basis.
4. The Impact Area(s) Advisory Committee will elect two representatives from the Committee who will be appointed to the BID Board of Directors in a non-voting capacity and will be entitled to participation on BID Subcommittees pertaining to the Impact Area(s) (such as traffic mitigation, public safety, and sanitation).
5. Establishment of an official committee structure to be specified by the BID by-laws, and intended to include committee(s) focusing on key quality of life issues by the Board of Directors and the Impact Area(s) Advisory Committee. The elected Impact Area(s) board members will serve on the committee(s) intended to address these quality of life issues.
6. The BID will explore opportunities to raise and spend capital dollars in an effort to enhance the physical environment of the district.
7. Transition of the City Department of Transportation contract(s) for management of the public plazas, currently held by the existing organization(s), the Meatpacking Improvement Association, Inc. and the Chelsea Improvement Company, Inc. to the BID upon expiration of the current contract(s). In the event the city changes regulations and commercial events are no longer being held in the plazas, the BIDs will concede that the contract with the City to manage the space would no longer include management of commercial events.
8. This agreement shall take effect upon its execution by the Steering Committee, the Council Member, and upon the adoption of Int. 598, A Local Law to amend the administrative code of the city of New York, in relation to the establishment of the Meatpacking Area BID by the City Council.
9. This agreement shall continue until such a time as the Meatpacking Area BID is dissolved, or ceases operations, or as required by amendment of the bylaws.
10. If any clause, sentence, paragraph, section or part of this agreement shall be adjudged by any court of competent jurisdiction to be invalid, such judgment shall not affect, impair or invalidate the remainder thereof, but shall be confined in its operation to the clause, sentence, paragraph, section or part thereof directly involved in the controversy in which such judgment shall have been rendered.

Signature Page

August 26, 2014

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Steering Committee Chairman  
Paul Pariser

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District 3 Council Member  
Corey Johnson

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Community Board 2 Chair  
David Gruber

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Community Board 4 Chair  
Christine Berthet

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Steering Committee Member

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Steering Committee Member

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Steering Committee Member

Impact Area Map

