



CITY OF NEW YORK

MANHATTAN COMMUNITY BOARD FOUR

330 West 42nd Street, 26th floor New York, NY 10036
tel: 212-736-4536 fax: 212-947-9512
www.nyc.gov/mcb4

COREY JOHNSON
Chair

ROBERT J. BENFATTO, JR., ESQ.
District Manager

August 5, 2013

Dennis Rosen
Chairman
New York State Liquor Authority
80 S. Swan Street, 9th Floor
Albany, New York 12210

Re: Zegara Restaurants, LLC
d/b/a Zegara Wine Bar
216 7th Avenue (22/23)

Dear Chairman Rosen:

Manhattan Community Board 4 (MCB4) recommends denial of a transfer for an On-Premise Liquor License for Zegara Restaurants, LLC d/b/a Zegara Wine Bar – 216 7th Avenue (22/23) unless the following stipulations, agreed to by the applicant, are part of the method of operation for this establishment with a capacity of 74 people, 21 tables with 42 seats, and 1 stand-up bar with 13 seats.

- No rear yard use
- Keep sound/speakers low and compliant
- Respond to any community or neighbor concerns
- Includes sidewalk cafe

A signed copy of the questionnaire and stipulations are enclosed.

Sincerely,

Corey Johnson
Chair

[signed 7/31/13]
Paul Seres
Co-Chair
Business License & Permits
Committee

[signed 7/31/13]
Lisa Daglian
Co-Chair
Business License & Permits
Committee

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT <i>Zagora Restaurants LLC</i>		DOING BUSINESS AS (DBA) <i>Zagora Wine Bar</i>		
STREET ADDRESS <i>216 7th Avenue</i>		CROSS STREETS <i>B/n W. 22nd ; W. 23rd St</i>		
OWNER	NAME: <i>Giuseppe & Salvatore Mazzeo</i>	ATTORNEY	NAME: <i>Frank Palillo</i>	
	PHONE: <i>(917) 903-4678</i>		PHONE: <i>(212) 227-1640</i>	
	FAX:		FAX: <i>(212) 349-1724</i>	
MANAGER	NAME: <i>same as above</i>	LANDLORD	NAME: <i>Leonard Schwartz</i>	
	PHONE:		PHONE: <i>(718) 435-1202</i>	
	FAX:		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): _____			
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 checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
APPLICATION TYPE <i>(check one)</i>	<input type="radio"/> New	Has applicant owned or managed a similar business?	YES	
		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 checked="" type="radio"/> Transfer	What is the prior license #?	<i>1237811</i>	
		What is the expiration date on the prior license?	<i>5-31-14</i>	
		Are you making any alterations or operational changes?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
		If alterations or operational changes are being made, please attach the plans to this form. <i>Italian Restaurant</i>		
	<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	11:30 ^{AM} -11:30 ^{PM}	---	---	11:30-12am	11:30-12am	11:30-12am	11:30AM-11:PM
	Music	SAME AS ABOVE						
	Kitchen	SAME AS ABOVE						

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	21	42	0	1	13	16	8

rear yard use
 (5)

How many floors are there? What is the capacity for each floor? (please respond in space provided) 1-2 3-4 5+ **ground floor: 16m +**

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 **occasional private parties**

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 **T.B.D.**

Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided) YES 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 **8 Tables / 16 seats**

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 **T.B.D.**

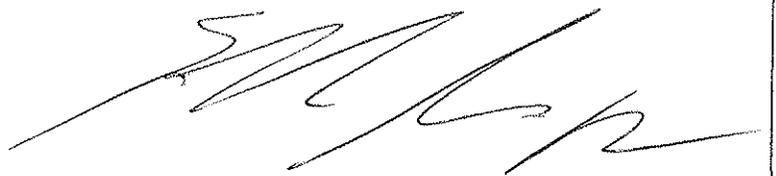
OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM 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:	R 8A / C 2-5		Overlay (If Applicable):
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input 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 Triggerred? 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 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	Community Board #4	
	# 2		
	# 3		

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

- No rear yard use
- keep sound/speakers low and compliant
- respond to any community or neighbor concerns.
- includes sidewalk cafe

A handwritten signature in black ink, appearing to be 'M. P.', located in the lower right quadrant of the page.

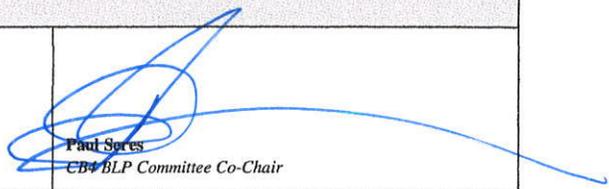
Manhattan Community Board 4 (MCB4) recommends:

Approval Denial unless all agreed to by applicant is part of the method of operation Denial

CB4 REPRESENTATIVES

Nelly Gonzalez
CB4 Community Associate

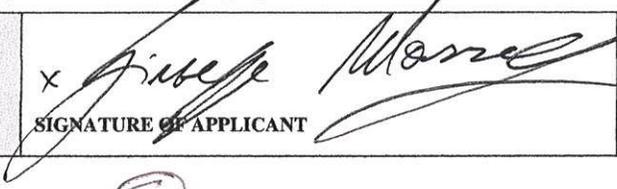

Lisa Daghan
CB4 BLP Committee Co-Chair


Paul Spies
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 →

X 
SIGNATURE OF APPLICANT

6-24-13
DATE