

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT Hono LLC		DOING BUSINESS AS (DBA) T.B.D.		
STREET ADDRESS 356 West 44th Street		CROSS STREETS B/n 8th & 9th Avenues		
OWNER	NAME: Padraig Dwyer	ATTORNEY	NAME: Frank W. Palillo	
	PHONE: (646) 472-9170		PHONE: (212) 227-1640	
	FAX:		FAX: (212) 349-1724	
MANAGER	NAME: Padraig Dwyer	LANDLORD	NAME: Lori Realty Co.	
	PHONE: (646) 472-9170		PHONE:	
	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	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 checked="" type="radio"/> Transfer	What is the prior license #?	1149230	
		What is the expiration date on the prior license?	8/31/14	
		Are you making any alterations or operational changes?	YES	<input checked="" type="radio"/> 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 #?	N/A	
		What is the expiration date on the current license?	N/A	
<i>Please describe the nature of the alterations and attach the plans</i>				

OPERATIONAL ISSUES

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS	Operation	11AM-4	11AM-4	11AM-4AM	11AM-4AM	11AM-4AM	11AM-4AM	12PM-4PM
	Music	same as above						
	Kitchen	11AM-12PM	11AM-12PM	11AM-12PM	11AM-12PM	11AM-12PM	11AM-12PM	11AM-12PM

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
	195	150	32	91	-0-	2	24	6	3

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	<input checked="" type="radio"/> 3-4	5+	7; 100; 88
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?	<input checked="" type="radio"/> YES	NO	N/A	occasional
Will outside promoters be used?	YES	<input checked="" type="radio"/> NO	N/A	
Will the security plan submitted be implemented?	<input checked="" type="radio"/> YES	NO	N/A	
Will State certified security personnel be used?	<input checked="" type="radio"/> YES	NO	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)	YES	<input checked="" type="radio"/> NO	N/A	
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	<input checked="" type="radio"/> 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)	<input checked="" type="radio"/> YES	NO	N/A	sidewalk cafe 3 tables; 6 seats
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 checked="" 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.)	<input checked="" type="radio"/> YES	NO	N/A

no
outdoor
at
this
time

not at
this
time.

OUTDOOR ITEMS				
Will applicant use the rooftop, rear yard or any outdoor space?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	N/A	<i>sidewalk cafe</i>
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 type="radio"/> NO	<input checked="" type="radio"/> N/A	<i>11pm weekdays; 1AM weekends</i>
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	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	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	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	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	N/A	

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LOCATION & ZONING

Primary Zoning District:	<i>C6-2</i>	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	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	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	N/A
Is a Public Assembly permit required?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	N/A
Are your plans filed with DOB?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	N/A
Building Type	<input checked="" type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
Adjacent Buildings	<input checked="" type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		

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

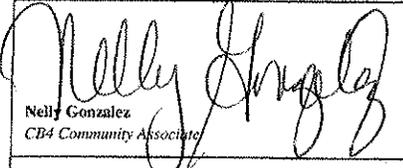
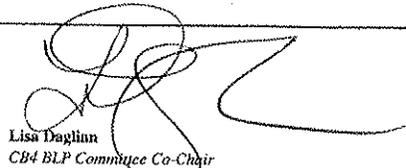
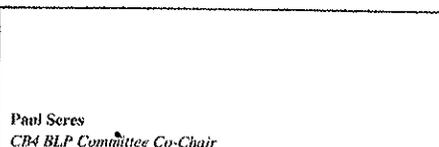
ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

- Does not include sidewalk cafe.
- no DJ
- French doors & windows closed when amplified music and at 10PM Sun-Thurs and 11PM Fri + Sat

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ADDITIONAL STIPULATIONS: (Office Use Only)

Manhattan Community Board 4 (MCB4) recommends:		<input type="radio"/> Approval <input checked="" type="radio"/> Denial unless all agreed to by applicant is part of the method of operation <input type="radio"/> Denial
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>
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	9-4-13 DATE

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