

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT MS RESTAURANT OWNERS LLC		DOING BUSINESS AS (DBA) MORNING STAR RESTAURANT		
STREET ADDRESS 879 9TH AVENUE, NEW YORK, NY 10019		CROSS STREETS CORNER OF 9TH AVENUE & 57TH STREET		
OWNER	NAME: COSTAS NESTOROS	ATTORNEY	NAME: STACEY WEISS	
	PHONE: 212-246-1593		PHONE: 212-521-0828	
	FAX: 212-246-1644		FAX:	
MANAGER	NAME: N/A	LANDLORD	NAME: 401-403 REALTY CORP.	
	PHONE:		PHONE: 914-741-6632	
	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 (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?	MORNING STAR RESTAURANT	
		What is/was the address of the establishment?	879 NINTH AVENUE NEW YORK, NY 10019	
		What were the dates the applicant was involved with this former premise?	SINCE JUNE 1, 1989	
	<input type="radio"/> Transfer	What is the prior license #?	SERIAL #1260166	
		What is the expiration date on the prior license?	FEBRUARY 28, 2014	
		Are you making any alterations or operational changes?	<input checked="" type="radio"/> YES <input 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 #?		
		What is the expiration date on the current license?		
<i>Please describe the nature of the alterations and attach the plans</i>				

OPERATIONAL ISSUES

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS	Operation	7am - 11 pm	7am - 11pm	7am-11pm	7am-11pm	7am-11pm	7am-11pm	7am-11pm
	Music	Radio	Radio	Radio	Radio	Radio	Radio	Radio
	Kitchen	7am - 11 pm	7am - 11pm	7am-11pm	7am-11pm	7am-11pm	7am-11pm	7am-11pm

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
	55	55	14	50	1	0	3-4	0	0

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	3-4	5+	Only one floor street level
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?	YES	NO	<input checked="" type="radio"/> 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)	YES	NO	<input checked="" type="radio"/> N/A	Morning Star holds an enclosed sidewalk cafe license #0832749
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, 24 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?	YES	NO	<input checked="" type="radio"/> N/A	<i>AV</i>

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	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> 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	

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:	MIXED	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 <i>Attached</i>
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	NO	N/A <i>Attached</i>
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A
Are your plans filed with DOB?	YES	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	Notice to be displayed on both 9th avenue and 57th street (copy attached)	
	# 3	Notices in daily and weekly newspapers per State Liquor Authority Specifications.	

ADDITIONAL INFORMATION: (Applicant Use)

Although Morning Star currently holds a Beer & Wine license since 1989, we are applying for a full liquor license because we have added an extensive dinner menu to our breakfast and lunch fare, and a lot of our customers are asking for cocktails while they wait for their meal which is cooked to order, of course.

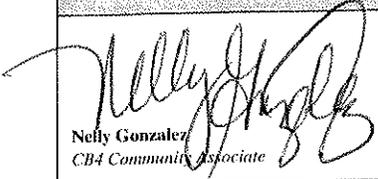
The restaurant closes at 11 pm and the kitchen closes before that, so it will never be a bar where people can just hang out and drink.

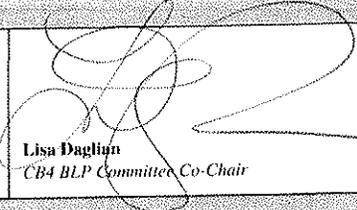
ADDITIONAL NOTES: (Office Use Only)

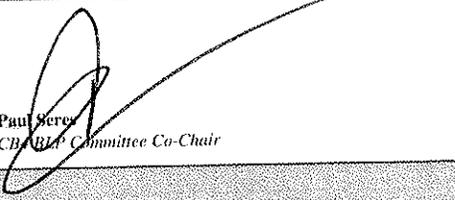
Manhattan Community Board 4 (MCB4) recommends:

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

CB4 REPRESENTATIVES


Nelly Gonzalez
CB4 Community Associate


Lisa Daglun
CB4 BLP Committee Co-Chair


Paul Seres
CB4 BLP Committee Co-Chair

APPLICANT AGREEMENT WITH THE COMMUNITY

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

SIGN HERE →


SIGNATURE OF APPLICANT

10/8/13
DATE