

# Manhattan Community Board 4

(All Fields Must Be Completed)

# Liquor License Stipulations Application

<b>APPLICANT</b>		<b>DOING BUSINESS AS (DBA)</b>		
ASPARAGUS CATERING LLC				
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>		
347 West 34th Street		Between 8th and 9th Avenues		
<b>OWNER</b>	<b>NAME:</b> Sara Black	<b>ATTORNEY</b>	<b>NAME:</b> Baruch S. Gottesman, Esq.	
	<b>PHONE:</b> (646) 217-1888		<b>PHONE:</b> (718) 454-4422 x 103	
	<b>FAX:</b>		<b>FAX:</b> (212) 859-7307	
<b>MANAGER</b>	<b>NAME:</b> Sara Black	<b>LANDLORD</b>	<b>NAME:</b> Simon Russak	
	<b>PHONE:</b> (646) 217-1888		<b>PHONE:</b> (646) 283-2853	
	<b>FAX:</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 type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization – Members Only) <input checked="" type="radio"/> Other (Explain): Bar/Arcade      Synagogue Catering Establishment			
Method of Operation:	<input 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 checked="" type="radio"/> Other (Explain): Bar/Arcade      Kosher Kitchen in Synagogue			
License Type:	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input checked="" type="radio"/> Wine & Beer <i>Sub</i>			
<b>APPLICATION TYPE</b> <i>(check one)</i>	<input checked="" type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?	<b>YES</b>	<b>NO</b>
		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"/> <b>Transfer</b>	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	<b>YES</b>	<b>NO</b>
		<i>If alterations or operational changes are being made, please attach the plans to this form.</i>		
	<input type="radio"/> <b>Alteration</b>	What is the current license #?		
		What is the expiration date on the current license?		
<i>Please describe the nature of the alterations and attach the plans</i>				

**OPERATIONAL ISSUES**

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	OCCASSIONAL SOCIAL HALL USE 8 - 12				6-12	12-2	Occas.
	Music	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Kitchen	OCCASSIONAL SOCIAL HALL USE 7 - 10				N/A	N/A	N/A

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
	902	200	20	180	0	1	0		

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	3-4	5+	50/300/452/100					
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	Life-cycle Events					
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	N/A					
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**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 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.	<input 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.	YES	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.	YES	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 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 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 type="radio"/> YES	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	NO	<input type="radio"/> N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input 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 type="radio"/> YES	NO	N/A
Is a Public Assembly permit required?	YES	NO	<input type="radio"/> N/A
Are your plans filed with DOB?	YES	NO	<input 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: Synagogue		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
<b>NOTIFICATION:</b> What organizations / community groups have you notified regarding your application?	# 1	Rabbi Jason Herman, West Side Jewish Center	
	# 2	Centre Culturel Juif Francophonie de New York	
	# 3	Rabbi Chezky Wolff Chelsea Synagogue / Chabad	

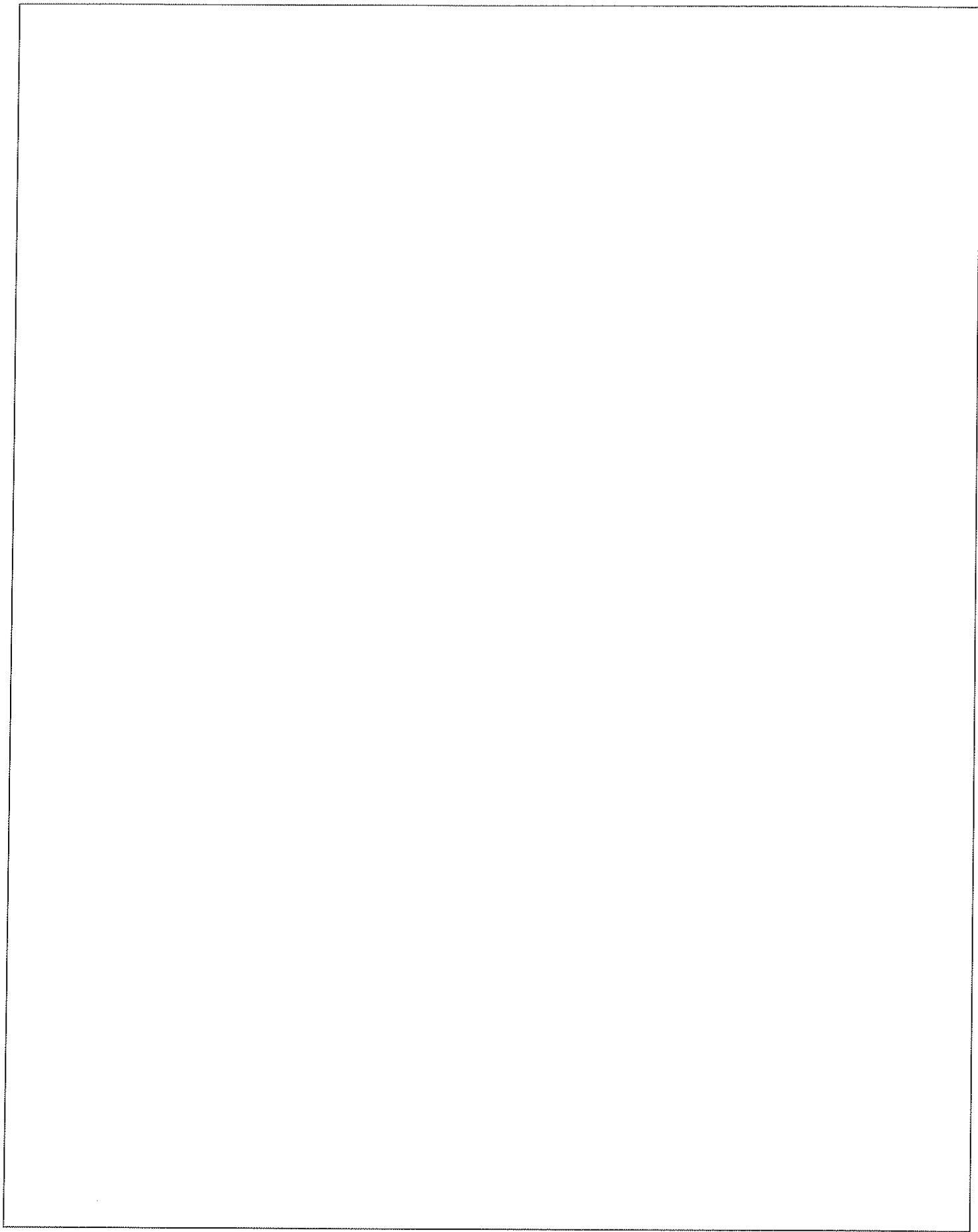
**ADDITIONAL INFORMATION: (Applicant Use)**

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

ADDITIONAL STIPULATIONS: (Office Use Only)

~~AGREES~~

WILL USE IN-HOUSE  
STAFF + SECURITY FOR  
ALL CATERED EVENTS.





Manhattan Community Board 4 (MCB4) recommends:

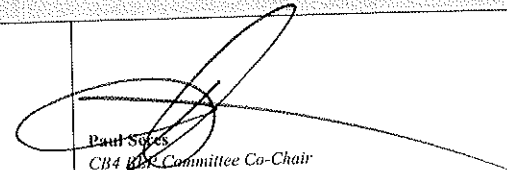
Denial unless all agreed to by applicant is part of the method of operation

Denial  Approval

**CB4 REPRESENTATIVES**

  
Nelly Gonzalez  
CB4 Assistant District Manager

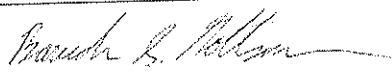
  
Frank Holozubiec  
CB4 BLP Committee Co-Chair

  
Paul Sides  
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.

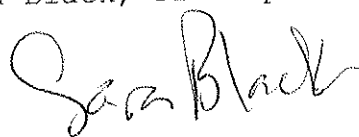
SIGN HERE →

  
SIGNATURE OF APPLICANT

DATE

12/02/2014

Baruch S. Gottesman, Esq., attorney-in-fact of  
Sara Black, Principal of Asparagus Catering LLC

 9/12/14