



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

1
2
3
4 COREY JOHNSON
5 Chair

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

8
9 **BUSINESS LICNESE & PERMITS COMMITTEE**

Item # 1

10
11 April 4, 2012

12
13 Dennis Rosen
14 Chairman
15 New York State Liquor Authority
16 80 S. Swan Street, 9th Floor
17 Albany, New York 12210

18
19 **Re: Spanish Benevolent Society Inc. d/b/a Centro Espanol**
20 *239 W 14th Street (7th/8th)*

21
22 Dear Chairman Rosen:

23
24 Manhattan Community Board 4 (MCB4) recommends **denial** of a new club (fraternal organization –
25 members only) on-premise liquor license to **Spanish Benevolent Society Inc. d/b/a Centro Espanol**,
26 **unless** the following stipulations, agreed to by the applicant, is part of the method of operation for this
27 establishment with a capacity of 100, with 20 tables and 90 seats with one stand-up bar.
28

29 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

30
31
32 Sincerely,

33
34
35
Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

| | | | |
|--|--|---|--|
| APPLICANT Spanish Benevolent Society Inc. | | DOING BUSINESS AS (DBA) Centro Espanol | |
| STREET ADDRESS 239 W 14 th Street | | CROSS STREETS 7 th & 8 th Avenues | |
| OWNER | NAME: Spanish Benevolent Society Inc. | ATTORNEY | NAME: Elke A. Hofmann Law. PLLC |
| | PHONE: 212-929-7873 | | PHONE: 212-487-9100 |
| | FAX: | | FAX: 212-487-9131 |
| MANAGER | NAME: Robert Sanfiz (Club Officer) | LANDLORD | NAME: Spanish Benevolent Society Inc. |
| | PHONE: 917-216-5259 | | PHONE: 212-929-7873 |
| | EMAIL: robertsanfiz@gmail.com | | EMAIL: robertsanfiz@gmail.com |

DESCRIPTION OF BUSINESS

Establishment Type:

Bar/Tavern
 Bed & Breakfast
 Eating Place Beer
 Cabaret
 Night Club
 Hotel
 Restaurant
 Catering Establishment
 Club (Fraternal Organization – Members Only)
 Other (Explain): Wine Bar

Method of Operation:

Restaurant
 Dance Club
 Sports Bar
 Adult Entertainment
 Wine Bar
 Pizzeria
 Cafe
 Club (Fraternal Organization – Members Only)

License Type:

On-Premise
 Wine
 Beer
 Wine & Beer

| | | | | |
|--|---|---|--|------------------------------------|
| APPLICATION TYPE (check one) | <input checked="" type="radio"/> New | Has applicant owned or managed a similar business? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| | | What is/was the name of establishment? | See Additional Notes Section (applicant Use) | |
| | | 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? | <input type="checkbox"/> YES | <input type="checkbox"/> 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 | See | Additional | Notes | Section | (Applicant Use) | | | |
| | Music | | | | | | | | |
| | Kitchen | N/A | N/A | N/A | N/A | N/A | 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 |
| | 100 | 100 | 20 | 90 | 0 | 1 | 0 | 0 | 0 |
| 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 you be hosting private parties and promotional events? | | | | | YES | NO | N/A | Only Club activities & 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 | | |
| If you plan to have music, what type(s)? | | | BACKGROUND | LIVE MUSIC | DJ | Events include musical performances | | | |

| 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 | |

| OUTDOOR ITEMS | | | | |
|--|-----|----|-----|--|
| Will applicant use the rooftop, rear yard or any outdoor space? | YES | 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 | 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 | N/A | |
| The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke. | 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.). | 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. | YES | NO | N/A | |
| Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors? | 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 | N/A | | |
| Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection? | 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 | N/A | 500 ft rule, see attached list | |
| Is a Public Assembly permit required? | YES | NO | N/A | | |
| Are your plans filed with DOB? | YES | 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: _____ | | | | |
| NOTIFICATION: What organizations / community groups have you notified regarding your application? | # 1 | | | | |
| | # 2 | | | | |
| | # 3 | | | | |

ADDITIONAL INFORMATION: (Applicant Use)

- Hours of Operation: This is a Cultural Club, there is no predetermined schedule with set days and operational hours. All events that the club hosts will be private, members only events. Though times will vary, the applicant hopes to host events and have music until 2 a.m.
- The applicant is the Cultural Club. Robert Sanfíz, club secretary has been assigned Alcoholic Beverage Control Officer and will be responsible of All SLA related issues. All event planning will continue to be handled by the club's event coordinator.
- These premises were previously license in conjunction with the restaurant operations on the lower floor.

ADDITIONAL NOTES: (Office Use Only)

ADDITIONAL STIPULATIONS: (Office Use Only)

- **No other changes to the method of operation**
- **This application is to finalize the license split between establishments**

8 Form 54 (Rev. 8/5)

THE CITY OF NEW YORK



DEPARTMENT OF BUILDINGS ALT# 1332/86
CERTIFICATE OF OCCUPANCY

BOROUGH MANHATTAN

DATE: JAN 13 1988 NO: 1332/86

ZONING DISTRICT C6-2M

This certificate supersedes C.O. No. ~~1000~~
 THIS CERTIFIES that the ~~1000~~ altered ~~1000~~ building - premises located at
 239 West 14th Street NS 319' 11 1/4" East of 8th Avenue Block 764 Lot 18
 CONFORMS SUBSTANTIALLY TO THE APPROVED PLANS AND SPECIFICATIONS AND TO THE REQUIREMENTS OF ALL APPLICABLE
 LAWS, RULES, AND REGULATIONS FOR THE USES AND OCCUPANCIES SPECIFIED HEREIN

PERMISSIBLE USE AND OCCUPANCY

| STORY | LIVE LOAD LBS. PER SQ. FT. | MAXIMUM NO. OF PERSONS PERMITTED | ZONING DWELLING OR BOARDING UNITS | BUILDING CODE HABITABLE ROOMS | ZONING USE GROUP | BUILDING CODE OCCUPANCY GROUP | DESCRIPTION OF USE |
|-----------|----------------------------------|---|--|--|---------------------|--|----------------------------------|
| Cellar | 0.6. | | | | | | Ordinary |
| Basement | 100 | 70 | | | 6 | F1b F4 | Kitchen, dining and club room |
| 1st Floor | 100 | 100 | | | 6 | F1b | Meeting hall |
| 2nd Floor | 50 | 20 | | | 6 | | Offices |
| 3rd Floor | 40 | | | | 2 | | One (1) apartment |
| 4th Floor | 40 | | | | 2 | | One (1) apartment |
| | | | COMMERCIAL / RESIDENTIAL OLD CODE | | | | |

THIS CERTIFICATE OF OCCUPANCY MUST BE POSTED
 WITHIN THE BUILDING IN ACCORDANCE WITH THE RULES
 OF THE DEPARTMENT PROMULGATED MARCH 31ST, 1957.

OPEN SPACE USES _____ (SPECIFY - PARKING SPACES, LOADING BERTHS, OTHER USES, NONE)

N.B. NO CHANGES OF USE OR OCCUPANCY SHALL BE MADE UNLESS
 A NEW AMENDED CERTIFICATE OF OCCUPANCY IS OBTAINED
 THIS CERTIFICATE OF OCCUPANCY IS ISSUED SUBJECT TO FURTHER LIMITATIONS, CONDITIONS AND
 SPECIFICATIONS NOTED ON THE REVERSE SIDE.

George C. ... BOARD SUPERINTENDENT *...* COMMISSIONER

ORIGINAL OFFICE COPY - DEPARTMENT OF BUILDINGS COPY

Spanish Benevolent Society Inc., Centro Espanol
239 W 14th St., 1st Floor
New York, NY 10011

List of Licenses within 500 ft

Flannerys bar. (Con & Con caterers inc)
205 West 14th St # 1
New York, NY 10011

Coppelia Restaurant (De Armas Enterprises Corp.)
207 West 14th Street
New York, NY 10011

Jeanne & Gaston (Concept Restaurant Corp.)
212 West 14th Street
New York, NY 10011

Woody McHale's LLC
234 West 14th Street
New York, NY 10011

Honey (Green Tree Restaurant Group LLC)
243 West 14th Street
New York, NY 10011

Crispo (Faylow Corp.)
240 West 14th Street
New York, NY 10011

Snap (14th Street Hospitality Group LLC)
248 West 14th Street
New York, NY 10011

McKennas Bar (245 West 14th Street Tavern Corp.)
250 West 14th Street
New York, NY 10011-7220

Ipanema (TEJO REST INC)
244 W 14th St
New York, NY 10011