

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME A10 GOURMET LLC.		DOING BUSINESS AS (DBA) LE BOU CHOIX.	
STREET ADDRESS 652 10 AV.		CROSS STREETS 10AV & 46ST.	ZIP CODE 10977
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: ABDULLAH AHMED	ATTORNEY/ REPRESENTATIVE	NAME: DONALD J. WEISS, ESC
	PHONE: 212.262.0100		PHONE: 212.265.5044
	EMAIL: SALEH115@YAHOO.COM		EMAIL:
MANAGER	NAME: SAL PICCARDI	LANDLORD	NAME: GEORGE BOWMAN
	PHONE: 646.355-7127		PHONE: 212.840.0930
	EMAIL: SALPICCARDI@GMAIL		EMAIL: FREDSASSY@GMAIL.COM
APPLICATION TYPE (Check One) COM			
<input checked="" type="checkbox"/> New	Has applicant owned or managed a similar business?	YES	<input checked="" type="checkbox"/> NO
	What is/was the name and address of establishment?	N/A	
	What were the dates applicant was involved with this former premise?	N/A	
<input type="checkbox"/> Transfer	What is the prior license # and expiration date?	N/A	
	Is applicant making any alterations or operational changes?	YES	<input checked="" type="checkbox"/> NO
	If alterations or operational changes are being made, please describe/list all changes.	N/A	
<input type="checkbox"/> Alteration	What is the current license # and expiration date?	N/A	
	Please list/describe the nature of all the changes and attach the plans:	N/A	
METHOD OF OPERATION			
TYPE OF ALCOHOL	DO NOT WANT OR WILL APPLY - N/A. <input type="checkbox"/> Liquor/Wine/Beer <input type="checkbox"/> Beer <input type="checkbox"/> Wine & Beer		
ESTABLISHMENT TYPE	<input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Club (Fraternal Organization - Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	YES	<input checked="" type="checkbox"/> NO	N/A - DO NOT WANT LIQUOR LIC.
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement.	YES	<input checked="" type="checkbox"/> NO	DO NOT WANT TO
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	<input checked="" type="checkbox"/> NO	APPLY FOR LIQUOR
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	YES	<input checked="" type="checkbox"/> NO	

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)

HOURS* (Indoor Only)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	7AM-11PM	7A-11P	7A-11P	7A-11P	7A-11P	7A-11P	7A-11P
	Kitchen	11	11	11	11	11	11	11
	Music	NA	NA	NA	NA	NA	NA	NA

If you plan to have music, what type(s)? (Circle all that apply)

BACKGROUND
 LIVE MUSIC
 DJ
 JUKE BOX
 KARAOKE

NO COFO AT LOCATION OCCUPANCY

	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 Stand-Up Bar
INSIDE	30	73	8	30	NA	NA	NA
OUTSIDE (Other than sidewalk café)		32	12	32	NA	NA	NA
SIDEWALK CAFÉ		32	12	32	NA	NA	NA

How many floors are there? What is the capacity for each floor?
 ONE.

How frequently will the owner(s) be at the establishment?

Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?	YES	<input checked="" type="radio"/> NO	NA DO NOT
Will applicant have bottle or table service for beverage alcohol?	YES	<input checked="" type="radio"/> NO	NA WAIT.
Will you be hosting private, promotional or corporate events?	YES	<input checked="" type="radio"/> NO	N/A LIQUOR
Will outside promoters be used on a regular basis? If yes please describe.	YES	<input checked="" type="radio"/> NO	N/A LIC.
Will you have a security plan? If, yes please attach.	YES	<input checked="" type="radio"/> NO	N/A
Will security plan be implemented?	YES	<input checked="" type="radio"/> NO	N/A
Will State certified security personnel be used?	YES	<input checked="" type="radio"/> NO	PIA
Will New York Nightlife Association and NYPD Best Practices be followed?	YES	<input checked="" type="radio"/> NO	NA.
Will applicant be using delivery bicycles? If yes, how many?	<input checked="" type="radio"/> YES	NO	1
Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law?	<input checked="" type="radio"/> YES	NO	

Where will delivery bicycles be stored during the day when not in use?
 INSIDE BUILDING

LOCATION & ZONING		
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	<input checked="" type="radio"/> NO
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	NO

Community Notification/Relations		
NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted	# 1	QUEEN OF SHEBA - STORE.
	# 2	CLINTO GOURMET MKT. - STORE.
	# 3	IT'S CLEANERS - 460-W. 45th - STORE
	# 4	
	# 5	
Please provide dates when applicant met with the groups listed above.	NO - BLOCK ASSOC - Required.	
Who was your contact person at each group you met with?	N/A.	
When did applicant post the notice that was provided?	MAY - 9.	
Where did applicant post the notice that was provided?	FRONT OF STORE.	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	<input checked="" type="radio"/> YES	NO 646-327-1129
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	<input checked="" type="radio"/> YES	NO

BUILDING DESIGN

State the name and type of business previously located in the space.			
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	<input checked="" type="radio"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="radio"/> NO	
Will applicant have a vestibule within the establishment?	<input checked="" type="radio"/> YES	NO	
Will applicant use a storm enclosure?	YES	<input checked="" type="radio"/> NO	
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	YES	<input checked="" type="radio"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="radio"/> YES	NO	
Will the establishment have any of the following: (circle all that apply) <i>N/A</i>	FRENCH DOORS	GARAGE DOORS	WINDOWS THAT CAN BE OPENED
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	<input checked="" type="radio"/> YES	NO	
Will applicant close all windows, French doors, garage doors by 11 PM Friday and Saturday and 10 PM on all other days even if no music or amplified sound is played inside the establishment?	<input checked="" type="radio"/> YES	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	NO	<i>N/A - NO BAR OR CLUB</i>
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	<i>N/A</i>
Will the kitchen exhaust system extend to the roof?	<input checked="" type="radio"/> YES	NO	
Will the establishment have an illuminated sign?	YES	<input checked="" type="radio"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="radio"/> YES	NO	
Where will the air conditioner be located? What type is it?	<i>IN STORE</i>		
When was the air conditioner installed?	<i>6-1-15</i>		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO	N/A.
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	<input checked="" type="radio"/> NO	N/A.
Are the floorplans for the outdoor space(s) included?	<input checked="" type="radio"/> YES	NO	
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	<input checked="" type="radio"/> YES	NO	
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	N/A.
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	<input checked="" type="radio"/> YES	NO	
Will there be no amplified music, as per the law?	YES	NO	N/A.
If amplified sound is played inside the establishment, will windows and doors be closed?	<input checked="" type="radio"/> YES	NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<input checked="" type="radio"/> YES	NO	
Will applicant agree to train staff to encourage a peaceful environment?	<input checked="" type="radio"/> YES	NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<input checked="" type="radio"/> YES	NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="radio"/> YES	NO	

OUTDOOR ITEMS – SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant be applying for a sidewalk café now or in the future?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Now
Is applicant in this application seeking to include a sidewalk café in its liquor license?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant mark the perimeter of the café on the sidewalk?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	<input type="radio"/> YES	<input type="radio"/> NO	N/A
Will the sidewalk café not provide standing space for drinking or smoking?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	N/A
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant 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	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant use umbrellas?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
If construction or construction protection has reduced the sidewalk width, will applicant always maintain an 8 foot clear path of sidewalk between the perimeter of the café and the closes obstruction including construction barricades?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	

ADDITIONAL STIPULATIONS: (Office Use Only)

- No barriers or dividers along edges of sidewalk cafe
- Tables numbered 9 through 12 on sidewalk cafe plan dated 4/14/16 will be eliminated
- Will submit revised sidewalk cafe plan to Board office and advise Board office by 6/10/16 of DCA schedule
- Submitted revised floor plans on 6/10/16, with 8 tables and 26 seats

To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

ADDITIONAL STIPULATIONS: (Office Use Only), *Continued*

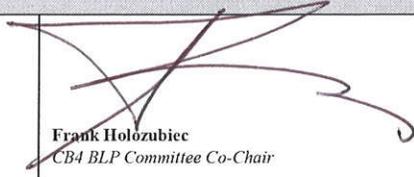
To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

Manhattan Community Board 4 (MCB4) recommends:

Denial unless all stipulations agreed to by applicant/owner are part of the method of operation
 Denial Approval

CB4 REPRESENTATIVES


Nelly Gonzalez
CB4 Assistant District Manager


Frank Holozubiec
CB4 BLP Committee Co-Chair


Burt Lazarin
CB4 BLP Committee Co-Chair

APPLICANT AGREEMENT WITH THE COMMUNITY

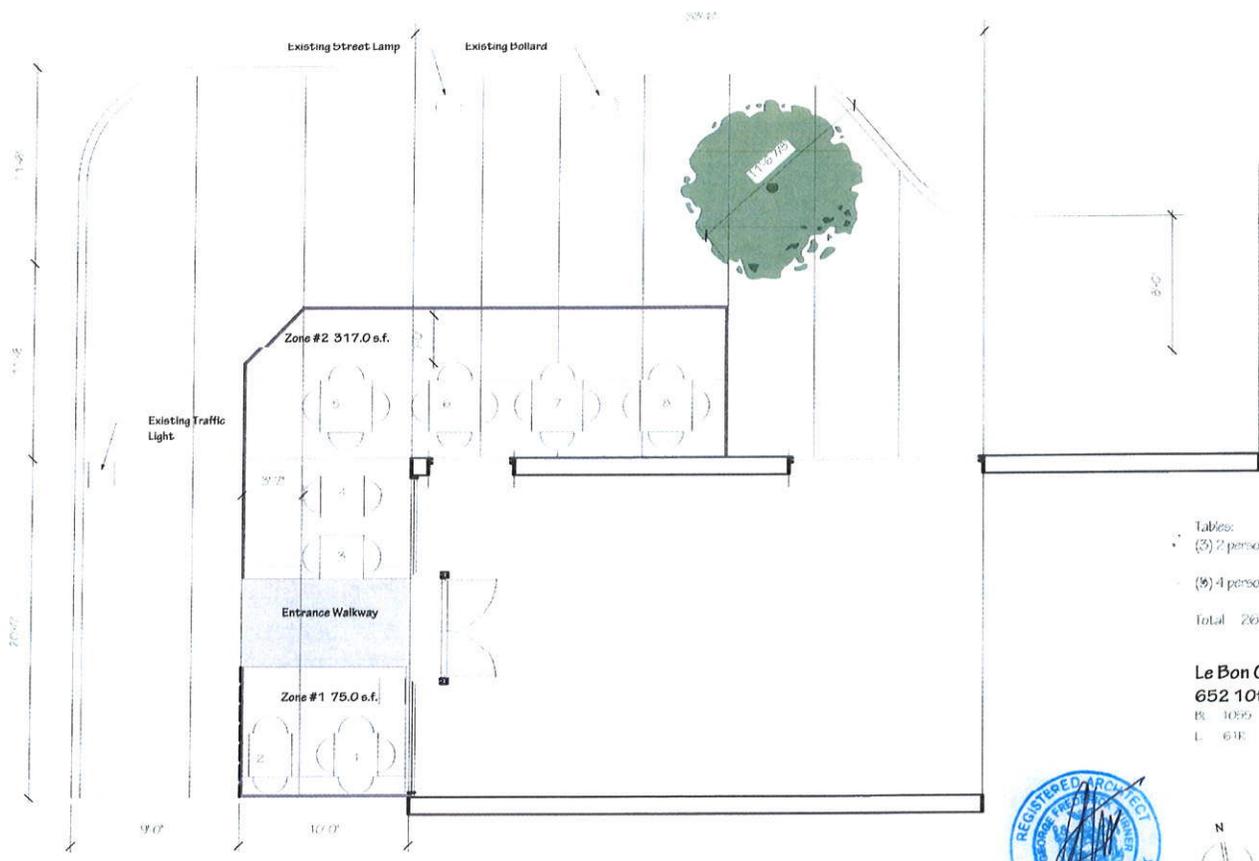
Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of operation of its liquor license. The stipulations in this application constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 and applicant. These stipulations supersede any oral statements or representations in connection with this application.

SIGN HERE →

~~John A. Nowitz~~
SAC RICHARD
PRINT NAME OF APPLICANT


SIGNATURE OF APPLICANT

~~03/27/2016~~
6-6-16
DATE



- Tables:
- (3) 2 person tables total of 6 seats
- (9) 4 person tables total of 20 seats
- Total 26 seats

Le Bon Choix Cafe
 652 10th Ave
 BR 10889
 L 6TH

Proposed Sidewalk Cafe
 ARCHITECT Terra Project, New York
 255 10th Ave New York NY 10011-3907

A. Proposed Table Scheme: Le Bon Choix



5C-101.0
 April 14, 2016