

# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License Stipulations Application

<b>CORPORATION NAME</b>		<b>DOING BUSINESS AS (DBA)</b>	
Chez Josephine Ltd			
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>	<b>ZIP CODE</b>
414 West 42nd Street/ New York, NY		Ninth avenue & Dyer Avenue	10036
<b>OWNER</b> <i>(Attach a list of all the people that will be associated/listed with the license)</i>	<b>NAME:</b> Manuel Uzhca	<b>ATTORNEY/ REPRESENTAIVE</b>	<b>NAME:</b> Michael Ferrari
	<b>PHONE:</b> (212) 594-1925		<b>PHONE:</b> (212) 972-7040
	<b>EMAIL:</b> andria@chezjosephine.com		<b>EMAIL:</b> mf@rvferrari.com
<b>MANAGER</b>	<b>NAME:</b> Manuel Uzhca	<b>LANDLORD</b>	<b>NAME:</b> 42nd Street Development Corporation
	<b>PHONE:</b> (212) 594-1925		<b>PHONE:</b> (212) 695-4242
	<b>EMAIL:</b> andria@chezjosephine.com		<b>EMAIL:</b> blevine@42sdc.org
<b>APPLICATION TYPE (Check One)</b>			
<input type="radio"/> New	Has applicant owned or managed a similar business?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	What is/was the name and address of establishment?		
	What were the dates applicant was involved with this former premise?		
<input checked="" type="radio"/> Transfer	What is the prior license # and expiration date?	11800790 August 2015	
	Is applicant making any alterations or operational changes?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input type="radio"/> Alteration	What is the current license # and expiration date?		
	<i>Please list/describe the nature of all the changes and attach the plans:</i>		
<b>METHOD OF OPERATION</b>			
<b>TYPE OF ALCOHOL</b>	<input checked="" type="checkbox"/> Liquor/Wine/Beer <input type="checkbox"/> Beer <input type="checkbox"/> Wine & Beer		
<b>ESTABLISHMENT TYPE</b>	<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?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
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.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="checkbox"/> YES	<input 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	11:00 am to 2:00 am						
	Kitchen	11:00 am to 2:00 am						
	Music	11:00 am to 1:00 am						

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

BACKGROUND    
  LIVE MUSIC    
  DJ    
  JUKE BOX    
  KARAOKE

**OCCUPANCY** *PIANO ONLY*

	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
<b>INSIDE</b>							
<b>OUTSIDE</b> (Other than sidewalk café)							
<b>SIDEWALK CAFE</b>		16	8	16			

How many floors are there? What is the capacity for each floor?     3 floors: 65 1st floor - no public on 2nd or basement

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

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
Will applicant have bottle or table service for beverage alcohol?	YES	<input checked="" type="radio"/> NO
Will you be hosting private; promotional or corporate events?	<input checked="" type="radio"/> YES	NO
Will outside promoters be used on a regular basis? If yes please describe.	YES	<input checked="" type="radio"/> NO
Will you have a security plan? If, yes please attach.	YES	<input checked="" type="radio"/> NO
Will security plan be implemented?	YES	<input checked="" type="radio"/> NO
Will State certified security personnel be used?	YES	<input checked="" type="radio"/> NO
Will New York Nightlife Association and NYPD Best Practices be followed?	<input checked="" type="radio"/> YES	NO
Will applicant be using delivery bicycles? If yes, how many?	YES	<input checked="" type="radio"/> NO
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?	YES	<input checked="" type="radio"/> NO
Where will delivery bicycles be stored during the day when not in use?		

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Clinton
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	
Is a Public Assembly permit required?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Are your plans filed with DOB?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	

Community Notification/Relations			
<b>NOTIFICATION:</b> 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		
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.			
Who was your contact person at each group you met with?			
When did applicant post the notice that was provided?			
Where did applicant post the notice that was provided?			
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	<input type="radio"/> NO	
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	<input type="radio"/> NO	

<b>BUILDING DESIGN</b>			
State the name and type of business previously located in the space.	Chez Josephine - Restaurant		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Chez Josephine
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?	YES	<input checked="" type="radio"/> NO	
Will applicant use a storm enclosure?	<input checked="" type="radio"/> YES	<input 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?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the establishment have any of the following: (circle all that apply)	<b>FRENCH DOORS</b>	<b>GARAGE DOORS</b>	<b>WINDOWS THAT CAN BE OPENED</b>
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	<input type="radio"/> 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	<input type="radio"/> NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	<input checked="" type="radio"/> NO	
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	<input checked="" type="radio"/> NO	
Will the kitchen exhaust system extend to the roof?	YES	<input checked="" type="radio"/> 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	<input type="radio"/> NO	
Where will the air conditioner be located? What type is it?	Indoor units inside restaurant		
When was the air conditioner installed?	Original construction of the restaurant 30 years ago.		

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

<b>OUTDOOR ITEMS – SIDEWALK CAFÉ</b>		
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
Is applicant in this application seeking to include a sidewalk café in its liquor license?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	<input checked="" type="radio"/> YES	<input 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 type="radio"/> YES	<input checked="" type="radio"/> NO
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk café?	<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 checked="" type="radio"/> YES	<input type="radio"/> NO
Will the sidewalk café not provide standing space for drinking or smoking?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
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 <sup>st</sup> and March 21 <sup>st</sup> , and any other day when it rains or snows?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will applicant use umbrellas?	<input checked="" type="radio"/> YES	<input 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)**

- Will comply with all applicable law regarding size and placement of storm enclosure
- Sidewalk cafe will be closed and vacated no later than midnight every night

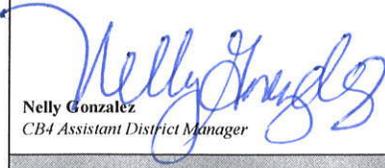
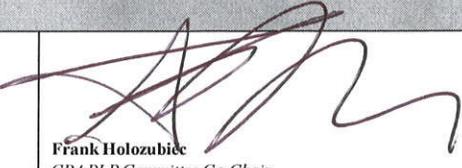
***To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.***

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

*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:	<input checked="" type="radio"/> Denial unless all stipulations agreed to by applicant/owner are part of the method of operation <input type="radio"/> Denial <input type="radio"/> Approval
--	---

**CB4 REPRESENTATIVES**

 <b>Nelly Gonzalez</b> <i>CB4 Assistant District Manager</i>	 <b>Frank Holozubiec</b> <i>CB4 BLP Committee Co-Chair</i>	<b>Burt Lazarin</b> <i>CB4 BLP Committee Co-Chair</i>
---	--	--

**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.

<b>SIGN HERE</b> →	Manuel Uzhca <b>PRINT NAME OF APPLICANT</b>	 <b>SIGNATURE OF APPLICANT</b>	April 6, 2016 <b>DATE</b>
--------------------	--	---	------------------------------

on 12/16



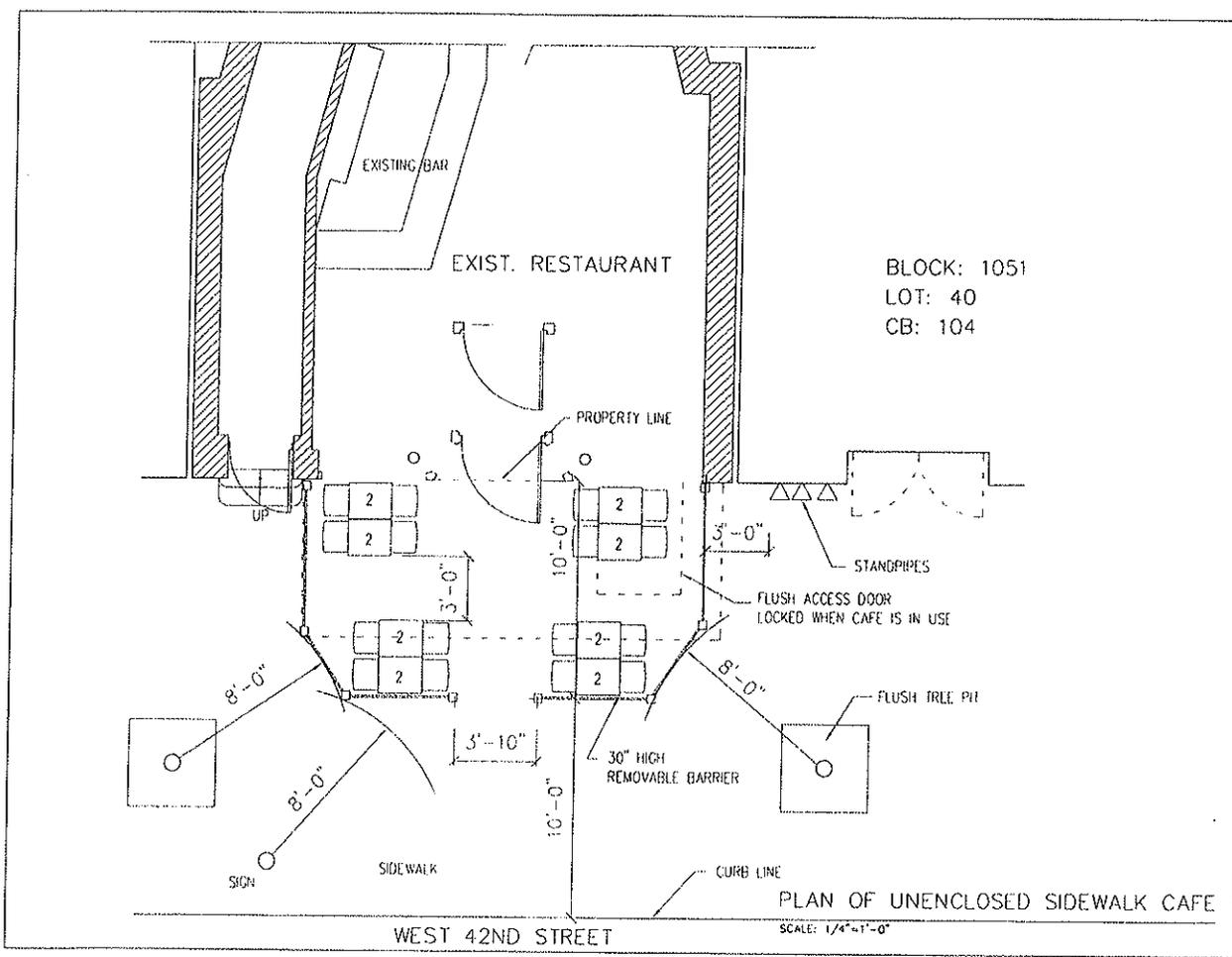
REVISED PLAN 7/22/09  
AS PER C.A. 16, RECORD CONDITIONS

**UNENCLOSED  
SIDEWALK CAFE**  
CHEZ JOSEPHINE  
414 W 42ND ST.  
NEW YORK, NY

ARCHITECTS  
DLD ARCHITECTS  
209 WEST 162 STREET  
SUITE #1  
NEW YORK, N.Y. 10032

SIDEWALK CAFE  
PLAN

**A1.1**



BLOCK: 1051  
LOT: 40  
CB: 104

PLAN OF UNENCLOSED SIDEWALK CAFE  
SCALE: 1/4" = 1'-0"

WEST 42ND STREET