

1 **BUSINESS LICNESE & PERMITS COMMITTEE**

Item # 5

2
3 September 5, 2012

4
5 Dennis Rosen
6 Chairman
7 New York State Liquor Authority
8 80 S. Swan Street, 9th Floor
9 Albany, New York 12210

10
11 **Re: Beer Authority**
12 *613 8th Avenue (40)*
13 *License # 1261533*
14

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16 Dear Chairman Rosen:

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18 Manhattan Community Board 4 (MCB4) recommends denial of an alteration application for **Beer Authority, unless**
19 the following stipulation, agreed to by the applicant of no other changes to the method of operation, no change in
20 the capacity and will be turning the service only bar to a stand-up bar with 10 stools to roof top bar.
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23 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

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26 Sincerely,

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29 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

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Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT Beer Authority		DOING BUSINESS AS (DBA) Beer Authority	
STREET ADDRESS 613 8 th Ave (300 W 40 th Street)		CROSS STREETS 40 th Street & 8 th Avenue	
OWNER	NAME: Joe Donaghue	ATTORNEY	NAME: Joseph Levey
	PHONE: 917-417-1242		PHONE: 212-219-1193
	FAX: 212-510-8408		FAX: 212-226-7554
MANAGER	NAME: Eamon Donnelly	LANDLORD	NAME: Longearl Associates
	PHONE: 917-416-7216		PHONE: 212-751-1607
	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 type="radio"/> New	Has applicant owned or managed a similar business?	YES	NO
		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"/> Transfer	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	YES	NO
		If alterations or operational changes are being made, please attach the plans to this form.		
	<input checked="" type="radio"/> Alteration	What is the current license #?	1261533	
		What is the expiration date on the current license?	March 31, 2014	
Please describe the nature of the alterations and attach the plans See Attached Letter				

OPERATIONAL ISSUES

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	10 a.m. – 4 a.m.						
	Music	10 a.m. – 4 a.m.						
	Kitchen	10 a.m. – 4 a.m.						

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
	290	290	40	100	1	2	30	70	15

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> NO	N/A
Will applicant have bottle service?	YES	NO	N/A
Will you be hosting private parties and promotional events?	<input checked="" type="checkbox"/> YES	NO	N/A
Will outside promoters be used?	YES	<input checked="" type="checkbox"/> NO	N/A
Will the security plan submitted be implemented?	YES	NO	<input checked="" type="checkbox"/> N/A
Will State certified security personnel be used?	<input checked="" type="checkbox"/> YES	NO	N/A
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> NO	N/A
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	YES	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> N/A
Will applicant provide contact information to neighbors and respond to complaints that arise?	<input checked="" type="checkbox"/> YES	NO	N/A

If you plan to have music, what type(s)?	<input checked="" type="checkbox"/> BACKGROUND	<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> DJ
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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.	<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> 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.)	<input checked="" type="checkbox"/> YES	NO	N/A

OUTDOOR ITEMS

Will applicant use the rooftop, rear yard or any outdoor space?	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> NO	N/A	See attached stipulations from July 2011
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.	<input checked="" type="checkbox"/> YES	NO	N/A	
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	<input checked="" type="checkbox"/> 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.).	<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> YES	NO	N/A	
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> YES	NO	<input checked="" type="checkbox"/> N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> YES	NO	N/A
Is a Public Assembly permit required?	YES	<input checked="" type="checkbox"/> NO	N/A
Are your plans filed with DOB?	YES	NO	<input checked="" type="checkbox"/> N/A
Building Type	<input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Other, describe: _____		
Adjacent Buildings	<input type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Other, describe: _____		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1		
	# 2		
	# 3		

ADDITIONAL STIPULATIONS: (Office Use Only)

- Applicant is turning the service only bar to stand-up bar
- Applicant will add 10 stools to roof top bar
- No other changes to the method of operation
- No change in capacity