

1 **BUSINESS LICNESE & PERMITS COMMITTEE**

Item # 7

2  
3 September 5, 2012

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

10  
11 **Re: Kashkaval Kitchen LLC d/b/a Kashkaval Garden**  
12 *852 9<sup>th</sup> Avenue (55/56)*

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14  
15 Dear Chairman Rosen:

16  
17 Manhattan Community Board 4 (MCB4) recommends denial of a new on-premise liquor license for **Kashkaval**  
18 **Kitchen LLC d/b/a Kashkaval Garden**, unless the following stipulation, agreed to by the applicant, is part of the  
19 method of operation for this establishment with a capacity of 74, with 11 tables and 22 seats with one stand-up bar  
20 seating 10.

21  
22  
23 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

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25  
26 Sincerely,

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28  
29  
30  
Corey Johnson  
Chair

Paul Seres  
Co-Chair  
Business License & Permits  
Committee

Lisa Daglian  
Co-Chair  
Business License & Permits  
Committee

# Manhattan Community Board 4

# Liquor License Stipulations Application

(All Fields Must Be Completed)

<b>APPLICANT</b> Kashkaval Kitchen LLC.		<b>DOING BUSINESS AS (DBA)</b> Kashkaval Garden	
<b>STREET ADDRESS</b> 852 9 <sup>th</sup> Avenue		<b>CROSS STREETS</b> 55 <sup>th</sup> and 56 <sup>th</sup> Street	
<b>OWNER</b>	<b>NAME:</b> Daniel Assaf	<b>ATTORNEY</b>	<b>NAME:</b>
	<b>PHONE:</b> 917-945-0118		<b>PHONE:</b>
	<b>FAX:</b> 646-292-5161		<b>FAX:</b>
<b>MANAGER</b>	<b>NAME:</b>	<b>LANDLORD</b>	<b>NAME:</b> Maxine Danowitz
	<b>PHONE:</b>		<b>PHONE:</b> 212-249-4014
	<b>FAX:</b>		<b>FAX:</b>

**DESCRIPTION OF BUSINESS**

<b>Establishment Type:</b>	<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"/> <b>Restaurant</b>
	<input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization – Members Only)
	<input type="radio"/> Other (Explain): _____
<b>Method of Operation:</b>	<input checked="" type="radio"/> <b>Restaurant</b> <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): _____
<b>License Type:</b>	<input checked="" type="radio"/> <b>On-Premise</b> <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer

<b>APPLICATION TYPE</b> <i>(check one)</i>	<input checked="" type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?	<input checked="" type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>	
		What is/was the name of establishment?	Kashkaval		
		What is/was the address of the establishment?	856 9 <sup>th</sup> Ave		
		What were the dates the applicant was involved with this former premise?	2004 - Present		
	<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?	<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <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	11 a.m. – 2 a.m.	11 a.m. – 2 a.m.	11 a.m. – 2 a.m.	11 a.m. – 3 a.m.	11 a.m. – 3 a.m.	11 a.m. – 3 a.m.	11 a.m. – 12 a.m.
	Music	11 a.m. – 2 a.m.	11 a.m. – 2 a.m.	11 a.m. – 2 a.m.	11 a.m. – 3 a.m.	11 a.m. – 3 a.m.	11 a.m. – 3 a.m.	11 a.m. – 12 a.m.
	Kitchen	11 a.m. – 2 a.m.	11 a.m. – 2 a.m.	11 a.m. – 2 a.m.	11 a.m. – 3 a.m.	11 a.m. – 3 a.m.	11 a.m. – 3 a.m.	11 a.m. – 12 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
	74	70 42	11	22	0	1	10	38	15

How many floors are there? What is the capacity for each floor? (please respond in space provided)	<input checked="" type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> 5+	Basement + 1 <sup>st</sup> Floor
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	<input checked="" type="checkbox"/> NO	N/A	
Will you be hosting private parties and promotional events?	YES	<input checked="" type="checkbox"/> NO	N/A	
Will outside promoters be used?	YES	<input checked="" type="checkbox"/> NO	N/A	
Will the security plan submitted be implemented?	YES	<input checked="" type="checkbox"/> NO	N/A	
Will State certified security personnel be used?	YES	<input checked="" type="checkbox"/> NO	N/A	
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	YES	<input checked="" type="checkbox"/> 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)	<input checked="" type="checkbox"/> YES	NO	N/A	
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	<input checked="" type="checkbox"/> YES	NO	N/A	In the Future
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)	YES	<input checked="" type="checkbox"/> NO	N/A	In the Future
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	<b>Enclosed backyard</b>
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 checked="" type="checkbox"/> YES	NO	N/A	<b>To discuss</b>
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:	<b>R-8</b>	Overlay (If Applicable):	<b>C1-5</b>
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	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 type="checkbox"/> NO	N/A
Are your plans filed with DOB?	YES	<input type="checkbox"/> NO	N/A
Building Type	<input type="checkbox"/> Residential <input checked="" type="checkbox"/> <b>Commercial</b> <input type="checkbox"/> Mixed Use <input type="checkbox"/> Other, describe: _____		
Adjacent Buildings	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> <b>Mixed Use</b> <input type="checkbox"/> Other, describe: _____		
<b>NOTIFICATION:</b> What organizations / community groups have you notified regarding your application?	# 1		
	# 2		
	# 3		

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

- Applicant will not use the rear yard at this time
- Applicant can reapply for rear yard use once DOB approves enclosure for rear yard