

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 12

2
3 March 6, 2013

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: Briciola**
12 *370 W 51st Street (8/9)*

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of an alteration of a restaurant wine license for Briciola
17 – 370 W 51st Street (8/9) unless the following stipulation, agreed to by the applicant, is part of the method of
18 operation for this establishment with a capacity of 22, with 1 tables and 13 seat, one stand-up bar seating 9.
19

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

21
22 Sincerely,

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Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

26

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

| | | | | |
|---|--|--|--------------------------|------------------------------|
| APPLICANT | | DOING BUSINESS AS (DBA) | | |
| Briciola LLC | | Briciola | | |
| STREET ADDRESS | | CROSS STREETS | | |
| 370 W 51 st Street | | 8 th & 9 th Avenue | | |
| OWNER | NAME: | Robert Passon | ATTORNEY | |
| | PHONE: | 646-201-8640 | NAME: | |
| | FAX: | | Frank Palillo | |
| | | | PHONE: | |
| | | | 212-227-1640 | |
| | | | FAX: | |
| | | | 212-349-1724 | |
| MANAGER | NAME: | Robert Passon | LANDLORD | |
| | PHONE: | | | NAME: |
| | FAX: | | | 118-25 Associates LLC |
| | | | PHONE: | |
| | | | 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 type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input checked="" 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 |
| | | <i>If alterations or operational changes are being made, please attach the plans to this form.</i> | | |
| | <input checked="" type="radio"/> Alteration | What is the current license #? | 126118 | |
| | | What is the expiration date on the current license? | February 28, 2013 | |
| Please describe the nature of the alterations and attach the plans Extend Hours of Operation | | | | |

OPERATIONAL ISSUES

| HOURS | | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|-------|-----------|-------------|-------------|-------------|-------------|--------------|--------------|-------------|
| | Operation | 11am – 12am | 11am – 12am | 11am – 12am | 11am – 1am | 11am – 130am | 11am – 130am | 11am – 12am |
| | Music | 11am – 12am | 11am – 12am | 11am – 12am |
| | Kitchen | 11am – 12am | 11am – 12am | 11am – 12am | 11am – 12am | 11am – 130am | 11am – 130am | 11am – 12am |

| 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 |
| | 22 | 22 | 1 | 13 | 0 | 1 | 9 | 0 | 0 |

| | | | |
|--|--|--|---|
| 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+ |
| 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? | <input checked="" type="checkbox"/> YES | 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 | NO | <input checked="" type="checkbox"/> 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? | <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 |
| Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage? | <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 |

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? | YES | NO | <input checked="" type="checkbox"/> 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? | YES | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> N/A |
| The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke. | YES | NO | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> N/A |
| Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors? | YES | NO | <input checked="" type="checkbox"/> N/A |

| LOCATION & ZONING | | | |
|--|--|--|---|
| Primary Zoning District: | Business District | | Overlay (If Applicable): |
| Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards? | YES | <input checked="" 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 Triggerred? If yes, which? Please attach a diagram of the establishments that triggers the rule. | YES | <input checked="" type="checkbox"/> 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="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="checkbox"/> Mixed Use <input type="radio"/> Other, describe: Hotel | | |
| Adjacent Buildings | <input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="checkbox"/> Mixed Use <input type="radio"/> Other, describe: _____ | | |
| NOTIFICATION: What organizations / community groups have you notified regarding your application? | # 1 | | |
| | # 2 | | |
| | # 3 | | |

ADDITIONAL STIPULATIONS: (Office Use Only)

- Applicant will provide sound report & implementation proof of reading from upstairs apartments
- Applicant will correct exhaust issues with down draft report
- Applicant agreed to close & vacate by 12am Sunday – Thursday, 130am Friday & Saturday as well as stop alcohol service 15 minutes before closing time
- Applicant will return in six months

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 13

2
3 March 6, 2013

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: Trip**
12 *345 W 35th Street (8/9)*

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a new on-premise liquor license for Trip – 345 W
17 35th Street (8/9) unless the following stipulation, agreed to by the applicant, is part of the method of operation for
18 this establishment with a capacity of 150, with 35 tables and 111 seat, one stand-up bar seating 10.
19

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

21
22 Sincerely,

23
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25
Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

26

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

| | | | |
|-------------------------------|---------------------|--|------------------------------|
| APPLICANT | | DOING BUSINESS AS (DBA) | |
| Corp. to Be Formed | | Trip | |
| STREET ADDRESS | | CROSS STREETS | |
| 345 W 35 th Street | | 8 th & 9 th Avenue | |
| OWNER | NAME: Mason Reese | ATTORNEY | NAME: Frank Palillo |
| | PHONE: 917-287-2644 | | PHONE: 212-227-1640 |
| | FAX: 212-496-6466 | | FAX: 212-349-1724 |
| MANAGER | NAME: Michael Stew | LANDLORD | NAME: Eros Mgmt & Realty LLC |
| | PHONE: 917-843-5796 | | PHONE: 917-263-1089 |
| | FAX: | | FAX: |

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):

Method of Operation:

Restaurant
 Dance Club
 Sports Bar
 Adult Entertainment
 Wine Bar
 Pizzeria
 Cafe

Other (Explain):

License Type:

On-Premise
 Wine
 Beer
 Wine & Beer

| | | | | |
|---|---|--|---|-----------------------------|
| APPLICATION TYPE <i>(check one)</i> | <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? | Peace & Love Hospitality | |
| | | What is/was the address of the establishment? | 211 Avenue A | |
| | | What were the dates the applicant was involved with this former premise? | 2009 - Present | |
| | <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 |
| | | <i>If alterations or operational changes are being made, please attach the plans to this form.</i> | | |
| | <input type="radio"/> Alteration | 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 | 6 .m. – 4a.m. |
| | Music | 8 p.m. – 1a.m. |
| | Kitchen | 24 hrs |

| 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 |
| | 150 | 150 | 35 | 111 | 0 | 1 | 10 | 0 | 0 |

| | | | |
|--|--|--|---|
| 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+ |
| 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? | <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? | <input checked="" type="checkbox"/> YES | NO | 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 |
| Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage? | <input checked="" type="checkbox"/> YES | NO | N/A |
| If you plan to have music, what type(s)? | <input checked="" type="checkbox"/> BACKGROUND | <input checked="" type="checkbox"/> LIVE MUSIC | <input checked="" type="checkbox"/> DJ |

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? | 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? | YES | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> N/A |
| The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke. | YES | NO | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> N/A |
| Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors? | YES | NO | <input checked="" type="checkbox"/> N/A |

LOCATION & ZONING

| | | | |
|---|---|--------------------------|-----|
| Primary Zoning District: | C6-4M | 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? | <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? | <input checked="" type="checkbox"/> YES | NO | N/A |
| Are your plans filed with DOB? | YES | NO | N/A |

Building Type: Residential Commercial Mixed Use Other, describe: **Hotel**

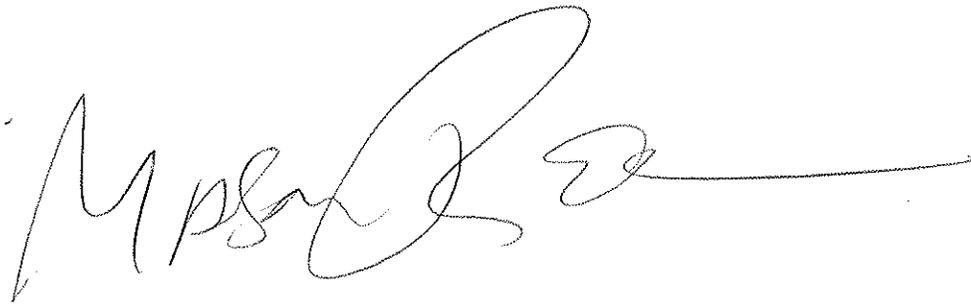
Adjacent Buildings: Residential Commercial Mixed Use Other, describe: _____

| | | |
|---|-----|--|
| NOTIFICATION: What organizations / community groups have you notified regarding your application? | # 1 | |
| | # 2 | |
| | # 3 | |

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

- hotel lounge and hotel restaurant
- no other change to method of operation

A handwritten signature in cursive script, appearing to read "M. P. [unclear]". The signature is written in black ink and is positioned below the list of notes.

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 15

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March 6, 2013

Dennis Rosen
Chairman
New York State Liquor Authority
80 S. Swan Street, 9th Floor
Albany, New York 12210

Re: Desmond Tutu Conference Center
180 10th Ave (20/21)

Dear Chairman Rosen:

Manhattan Community Board 4 (MCB4) recommends denial of an alteration to remove the hotel property from the license premise for Desmond Tutu Conference Center – 180 10th Ave (20/21) unless the following stipulation, agreed to by the applicant, is part of the method of operation for this establishment with a capacity of 296, with 35-37 tables and 389 seat.

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

Sincerely,

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 Aramark Educational Services LLC & The General Theological Seminary of the Episcopal Church | | DOING BUSINESS AS (DBA) | | |
| STREET ADDRESS 180 Tenth Avenue | | CROSS STREETS 20th & 21st Streets | | |
| OWNER | NAME: The General Theological Seminary of the Episcopal Church | ATTORNEY | NAME: Donald M. Bernstein, Esq. | |
| | PHONE: 212-243-5150 | | PHONE: 212-486-6000 | |
| | FAX: | | FAX: 212-486-8668 | |
| MANAGER | NAME: Aramark Educational Services LLC | LANDLORD | NAME: N/A -- The General Theological Seminary of the Episcopal Church is fee owner | |
| | PHONE: 212-243-5150 | | PHONE: 212-243-5150 | |
| | 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 type="radio"/> Restaurant <input checked="" type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only) <input type="radio"/> Other (Explain): _____ | | |
| Method of Operation: | | <input 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 checked="" type="radio"/> Other (Explain): <u>Catering Establishment</u> | | |
| License Type: | | <input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer | | |
| APPLICATION TYPE <i>(check one)</i> | <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 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? | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| | | <i>If alterations or operational changes are being made, please attach the plans to this form.</i> | | |
| | <input checked="" type="radio"/> Alteration | What is the current license #? | | 1196144 |
| | | What is the expiration date on the current license? | | 08/31/2013 |
| Please describe the nature of the alterations and attach the plans | | removing the hotel property from the licensed premises | | |

| OPERATIONAL ISSUES | | | | | | | | | | |
|--|---|---|---------------------|--------------------|-----------------------------------|-------------------------------|-------------------------------|--------------------|---------------------|--|
| HOURS | | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY | | |
| | Operation | Varies. Is a conference center with a Catering Establishment license. | | | | | | | | |
| | Music | Not opened to the public, so there are no set hours. | | | | | | | | |
| | Kitchen | | | | | | | | | |
| 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 | |
| | 296 | will vary by event | 35-37 | 389 | 0 | 0 | N/A | N/A | N/A | |
| How many floors are there? What is the capacity for each floor? (please respond in space provided) | | | | | 1-2 | 3-4 | 5+ | 1-5 | | |
| 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 | No | | |
| Will applicant have bottle service? | | | | | YES | NO | N/A | No | | |
| Will you be hosting private parties and promotional events? | | | | | YES | NO | N/A | Yes | | |
| Will outside promoters be used? | | | | | YES | NO | N/A | No | | |
| Will the security plan submitted be implemented? | | | | | YES | NO | N/A | N/A | | |
| Will State certified security personnel be used? | | | | | YES | NO | N/A | Yes | | |
| Will New York Nightlife Association recommendations and NYPD Best Practices be followed? | | | | | YES | NO | N/A | No | | |
| 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 | No | | |
| Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided) | | | | | YES | NO | N/A | No | | |
| 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 | N/A | | |
| Will applicant provide contact information to neighbors and respond to complaints that arise? | | | | | YES | NO | N/A | Yes | | |
| Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage? | | | | | YES | NO | N/A | Yes | | |
| If you plan to have music, what type(s)? | | | BACKGROUND | LIVE MUSIC | DJ | Background music | | | | |
| 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 | 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 | 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.) | | | | | YES | NO | N/A | N/A | | |

| OUTDOOR ITEMS | | | | |
|--|-----|----|-----|-----|
| Will applicant use the rooftop, rear yard or any outdoor space? | YES | NO | N/A | No |
| 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 | 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 | 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 | 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 | 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 | N/A |
| Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors? | YES | NO | N/A | N/A |

| LOCATION & ZONING | | | | |
|---|---|--------------------------|-----|-------------------------------|
| Primary Zoning District: | C2-5 | Overlay (If Applicable): | 7RB | |
| Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards? | YES | NO | N/A | unknown |
| Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection? | YES | NO | N/A | Yes |
| 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 | N/A -- Alteration Application |
| 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 type="radio"/> Mixed Use <input checked="" type="radio"/> Other, describe: <u>Conference Center</u> | | | |
| Adjacent Buildings | <input type="radio"/> Residential <input checked="" 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 | | | |

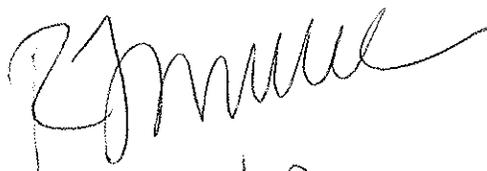
ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

license just for conference center and
catering facility.

- alteration to remove space
from hotel license.

- No other change to method of
operation.


2/12/13

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 16

2
3 March 6, 2013

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: 42nd Kava LLC d/b/a Kava Café**
12 *470 W 42nd Street (Dyer/10th)*

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a new on-premise liquor license for 42nd Kava LLC
17 d/b/a Kava Café – 470 W 42nd Street (Dyer/10th) unless the following stipulation, agreed to by the applicant, is part
18 of the method of operation for this establishment with a capacity of 74, with 11 tables and 36 seat, one stand-up bar
19 seating 9.

20
21 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

22
23 Sincerely,

24
25
26 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

27

Manhattan Community Board 4

(All Fields Must Be Completed)

| | | | | |
|--|---|--|---|--|
| APPLICANT | | DOING BUSINESS AS (DBA) | | |
| 42nd Kava LLC | | Kava Cafe | | |
| STREET ADDRESS | | CROSS STREETS | | |
| 470 West 42nd Street / New York, NY 10036 | | Dyer Avenue and 10th Avenue | | |
| OWNER | NAME: | John Saric | ATTORNEY | |
| | PHONE: | 917 207 1110 | | |
| | FAX: | N/A | | |
| MANAGER | NAME: | Lara Brumgnach | LANDLORD | |
| | PHONE: | 347 408 9290 | | |
| | FAX: | N/A | | |
| | | NAME: | Donald M. Bernstein, Esq. | |
| | | PHONE: | 212 486 6000 | |
| | | FAX: | 212 486 8668 | |
| | | NAME: | 42nd and 10th Associates LLC | |
| | | PHONE: | 212 801 3763 | |
| | | FAX: | N/A | |
| 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 type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only) <input checked="" type="radio"/> Other (Explain): <u>Cafe</u> | | |
| Method of Operation: | | <input 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 checked="" 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 checked="" type="radio"/> New | Has applicant owned or managed a similar business? | <input checked="" type="radio"/> YES <input type="radio"/> NO | |
| | | What is was the name of establishment? | 803 Kava LLC dba Kava Cafe | |
| | | What is was the address of the establishment? | 803 Washington Avenue New York, NY 10014 | |
| | | What were the dates the applicant was involved with this former premise? | April 2011 to present | |
| | <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 checked="" type="radio"/> YES <input type="radio"/> 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 | | | | |

| OUTDOOR SPACES | | | | |
|--|-----|-------------------------------------|-------------------------------------|-----|
| Will applicant use the rooftop, rear yard or any outdoor space? | YES | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Yes |
| 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"/> | <input checked="" type="checkbox"/> | Yes |
| 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 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Yes |
| The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke. | YES | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Yes |
| 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 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Yes |
| 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 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Yes |
| Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors? | YES | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Yes |

| LOCATION & ZONING | | | | |
|---|--|-------------------------------------|-------------------------------------|--|
| Primary Zoning District: | C6-4 / R8 - see attached zoning map | | Overlay (If Applicable): | *Special Purpose District - see attached zoning map |
| Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards? | <input checked="" type="checkbox"/> | NO* | <input checked="" type="checkbox"/> | see attached DOB building information page stating "Unknown" |
| Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection? | YES* | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Yes *Applicant is applying to the DOB to update CO for the commercial space for Kava Cafe. |
| 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 | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Yes |
| Is a Public Assembly permit required? | <input checked="" type="checkbox"/> | NO | <input checked="" type="checkbox"/> | No |
| Are your plans filed with DOB? | YES | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | Yes |
| Building Type | <input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____ | | | |
| Adjacent Buildings | <input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____ | | | |
| NOTIFICATION: What organizations / community groups have you notified regarding your application? | # 1 | Marisa Redanty from Manhattan Plaza | | |
| | # 2 | | | |
| | # 3 | | | |

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES (Only)

- Does not include sidewalk cafe
- Will provide consistent address documentation.



1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 17

2
3 March 6, 2013

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: Crispin's**
12 *764 10th Ave (52)*

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a new on-premise liquor license for Crispin's – 764
17 10th Ave (52) unless the following stipulation, agreed to by the applicant, is part of the method of operation for this
18 establishment with a capacity of 74, with 14 tables and 48 seat, one stand-up bar seating 6.
19

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

21
22 Sincerely,

23
24
25
Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

26

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

| | | | |
|---|--------------------------------------|--|---|
| APPLICANT | | DOING BUSINESS AS (DBA) | |
| Amoronde LLC | | Crispin's | |
| STREET ADDRESS | | CROSS STREETS | |
| 764 10th Avenue, New York, NY 10019 | | Corner of 52nd Street and 10th Avenue | |
| OWNER | NAME: | Roberto A. Taylor | ATTORNEY |
| | PHONE: | 917-370-6186 | NAME: |
| | FAX: | N/A | PHONE: |
| MANAGER | NAME: | N/A | LANDLORD |
| | PHONE: | | NAME: |
| | FAX: | | PHONE: |
| | | | 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 type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input checked="" type="radio"/> Wine & Beer | |
| APPLICATION TYPE (check one) | <input checked="" type="radio"/> New | Has applicant owned or managed a similar business? | <input checked="" type="radio"/> YES <input type="radio"/> NO |
| | | What is/was the name of establishment? | CrabKing |
| | | What is/was the address of the establishment? | 6951 Springfield, Loreda TX |
| | | What were the dates the applicant was involved with this former premise? | 2002 - 2005 |
| | <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="radio"/> YES <input type="radio"/> NO |
| | | <i>If alterations or operational changes are being made, please attach the plans to this form.</i> | |
| | <input type="radio"/> Alteration | 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 | 11am - 2am | 11am - 2am | 11am - 2am | 11am - 2am | 11am - 2am | 11am - 2am | 11am - 2am | 11am - 2am | |
| | Music | 11am - 12am | 11am - 12am | 11am - 12am | 11am - 12am | 11am - 12am | 11am - 12am | 11am - 12am | 11am - 12am | |
| | Kitchen | 11am - 2am | 11am - 2am | 11am - 2am | 11am - 2am | 11am - 2am | 11am - 2am | 11am - 2am | 11am - 2am | |
| 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 | |
| | Pending | 74 | 14 | 48 | 0 | 1 | 6 | N/A | N/A | |
| How many floors are there? What is the capacity for each floor? (please respond in space provided) | | | | | <input checked="" type="radio"/> 1-2 | <input type="radio"/> 3-4 | <input type="radio"/> 5+ | 1st floor and basement -storage | | |
| 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="radio"/> NO | N/A | | | |
| Will applicant have bottle service? | | | | | YES | NO | <input checked="" type="radio"/> N/A | Beer and wine only | | |
| Will you be hosting private parties and promotional events? | | | | | YES | <input checked="" type="radio"/> NO | N/A | | | |
| Will outside promoters be used? | | | | | YES | <input checked="" type="radio"/> NO | N/A | | | |
| Will the security plan submitted be implemented? | | | | | YES | <input checked="" type="radio"/> NO | N/A | | | |
| Will State certified security personnel be used? | | | | | YES | NO | <input checked="" type="radio"/> N/A | | | |
| Will New York Nightlife Association recommendations and NYPD Best Practices be followed? | | | | | <input checked="" type="radio"/> 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) | | | | | <input checked="" type="radio"/> YES | NO | N/A | Application to DOT to be submitted. | | |
| Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided) | | | | | YES | <input checked="" type="radio"/> 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="radio"/> N/A | | | |
| Will applicant provide contact information to neighbors and respond to complaints that arise? | | | | | <input checked="" type="radio"/> YES | NO | N/A | | | |
| Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage? | | | | | <input checked="" type="radio"/> YES | NO | N/A | | | |
| If you plan to have music, what type(s)? | | | <input checked="" type="radio"/> BACKGROUND | <input type="radio"/> LIVE MUSIC | <input type="radio"/> DJ | | | | | |
| 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="radio"/> 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="radio"/> 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="radio"/> YES | NO | N/A | | | |

| OUTDOOR ITEMS | | | |
|--|-----|-------------------------------------|--------------------------------------|
| Will applicant use the rooftop, rear yard or any outdoor space? | YES | <input checked="" type="radio"/> 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 | <input checked="" type="radio"/> 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 | <input checked="" type="radio"/> N/A |
| The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke. | YES | NO | <input checked="" type="radio"/> 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 | <input checked="" type="radio"/> 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 | <input checked="" type="radio"/> N/A |
| Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors? | YES | NO | <input checked="" type="radio"/> N/A |

LOCATION & ZONING

| | | | |
|---|--------------------------------------|-------------------------------------|--------------------------------------|
| Primary Zoning District: | R8 | Overlay (If Applicable): | C2-5 |
| Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards? | <input checked="" type="radio"/> YES | NO | N/A |
| Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection? | YES | <input checked="" type="radio"/> 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 | <input checked="" type="radio"/> N/A |
| Is a Public Assembly permit required? | YES | <input checked="" type="radio"/> NO | N/A |
| Are your plans filed with DOB? | <input checked="" type="radio"/> YES | NO | N/A |

| | |
|--------------------|---|
| Building Type | <input checked="" type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____ |
| Adjacent Buildings | <input checked="" type="radio"/> Residential <input checked="" 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)

ADDITIONAL NOTES: (Office Use Only)

Will meet with Block Association
will close any windows or doors
at 10pm Sun - Thurs Fri at Sat
at 11pm

Paul Hanylov

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 18

2
3 March 6, 2013

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: Cara Mia Restaurant Corp. d/b/a Cara Mia**
12 *654 9th Avenue (45/46)*

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a new on-premise liquor license for Cara Mia – 654
17 9th Ave (45/46) unless the following stipulation, agreed to by the applicant, is part of the method of operation for this
18 establishment with a capacity of 74, with 38 tables and 65 seat.

19
20 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

21
22 Sincerely,

23
24
25 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

26

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

| APPLICANT | | DOING BUSINESS AS (DBA) | | | |
|---------------------------|--------|---|----------|--------|-------------------------------------|
| Cara Mia Restaurant Corp. | | Cara Mia | | | |
| STREET ADDRESS | | CROSS STREETS | | | |
| 654 9 th Ave | | 45 th & 46 th St. | | | |
| OWNER | NAME: | Robert Molta | ATTORNEY | NAME: | Pesetsky & Bookman |
| | PHONE: | 917-567-1060 | | PHONE: | 212-513-1988 |
| | FAX: | 212-262-6767 | | FAX: | 212-385-0564 |
| MANAGER | NAME: | Mauro Rabino | LANDLORD | NAME: | 664 9 th Ave Realty Corp |
| | PHONE: | 212-262-6767 | | PHONE: | 212-874-0035 |
| | FAX: | 212-874-5609 | | FAX: | 212-874-5609 |

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):

Method of Operation:

Restaurant
 Dance Club
 Sports Bar
 Adult Entertainment
 Wine Bar
 Pizzeria
 Cafe

Other (Explain):

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? | 9 th Ave Tomato Inc | |
| | | What is/was the address of the establishment? | 635 9 th Ave | |
| | | What were the dates the applicant was involved with this former premise? | Present | |
| | <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 |
| | | <i>If alterations or operational changes are being made, please attach the plans to this form.</i> | | |
| | <input type="radio"/> Alteration | 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 | 12pm-12am |
| | Music | | | | | | | | |
| | Kitchen | 11am-12am | |

| 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 | 74 | 38 | 65 | 0 | 0 | 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+ | Ground |
| 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 | NO | <input checked="" type="checkbox"/> N/A | |
| Will New York Nightlife Association recommendations and NYPD Best Practices be followed? | YES | NO | <input checked="" type="checkbox"/> 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) | 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 | N/A | |
| Will applicant provide contact information to neighbors and respond to complaints that arise? | <input checked="" type="checkbox"/> YES | NO | N/A | |
| Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage? | YES | NO | <input checked="" type="checkbox"/> 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 | |

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? | <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? | YES | <input checked="" type="checkbox"/> 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 |
| 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 | <input checked="" type="checkbox"/> NO | N/A |
| The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke. | YES | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> N/A |
| Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors? | YES | NO | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> 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. | <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 | 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 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)

ADDITIONAL NOTES: (Office Use Only)

- full license from beer & wine
- no other charge to method of
practice Robert W. W. W.

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 19

2
3 March 6, 2013

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: Rocky's Bar & Restaurant Inc.**
12 *460 W 34th Street (9/10)*

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a new on-premise liquor license for Rocky's Bar &
17 Restaurant Inc – 460 W 34th Street (9/10) unless the following stipulation, agreed to by the applicant, is part of the
18 method of operation for this establishment with a capacity of 150, with 20 tables and 40 seat, one service bar, two
19 stand-up bar seating 20.
20

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

22
23 Sincerely,

24
25
26 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

27

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

| | | | |
|-------------------------------|---------------|--|-----------------|
| APPLICANT | | DOING BUSINESS AS (DBA) | |
| Rocky's Bar & Restaurant Inc. | | | |
| STREET ADDRESS | | CROSS STREETS | |
| 460 W 34 th Street | | 10 th Avenue | |
| OWNER | NAME: | Matt T. Hoxhaj & Indrit Kraja | ATTORNEY |
| | PHONE: | 917-832-3871 | |
| | FAX: | 866-929-4534 | |
| MANAGER | NAME: | | LANDLORD |
| | PHONE: | | |
| | FAX: | | |
| | NAME: | Marek Schwedt | |
| | PHONE: | 917-734-0073 | |
| | FAX: | 866-929-4534 | |
| | NAME: | 460 W 34 th St. Association | |
| | PHONE: | 212-563-6252 | |
| | FAX: | | |

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):

Method of Operation:

Restaurant
 Dance Club
 Sports Bar
 Adult Entertainment
 Wine Bar
 Pizzeria
 Cafe

Other (Explain):

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? | Rocky's I Pizza Rest. | | |
| | | What is/was the address of the establishment? | 304 W 14 th Street | | |
| | | What were the dates the applicant was involved with this former premise? | Since opening | | |
| | <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 | |
| | | <i>If alterations or operational changes are being made, please attach the plans to this form.</i> | | | |
| | <input type="radio"/> Alteration | 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 | 12 p.m. – 4a.m. |
| | Music | 12 p.m. – 4a.m. |
| | Kitchen | 12 p.m. – 4a.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 |
| | 150 | Less than 100 | 20 | 40 | 1 | 2 | 20 | 0 | 0 |

| | | | |
|--|--|--|-----------------------------|
| 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+ |
| 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? | <input checked="" type="checkbox"/> YES | 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? | <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 | N/A |
| Will applicant provide contact information to neighbors and respond to complaints that arise? | YES | NO | N/A |
| Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage? | <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 |

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? | YES | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> N/A |
| The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke. | YES | NO | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> N/A |
| Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors? | YES | NO | <input checked="" type="checkbox"/> N/A |

LOCATION & ZONING

| | | | |
|---|---|--|-----|
| Primary Zoning District: | C6-21 | Overlay (If Applicable): | |
| Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards? | <input checked="" type="checkbox"/> YES | 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. | YES | <input checked="" type="checkbox"/> NO | N/A |
| Is a Public Assembly permit required? | YES | <input checked="" type="checkbox"/> NO | N/A |
| Are your plans filed with DOB? | YES | <input checked="" type="checkbox"/> 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 type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____ |

| | | |
|---|-----|--|
| NOTIFICATION: What organizations / community groups have you notified regarding your application? | # 1 | Hell's Kitchen Neighborhood Association |
| | # 2 | 34th Street Partnership |
| | # 3 | |

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

- will not apply for Public Assembly
if they do will return to CB for alterations!
- will store bicycles insides
- will apply for bike rack

I. K

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 20

2
3 March 6, 2013

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: The Fifth Pine Inc.**
12 401 W 24th Street (9/10)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of an alteration to add space in the rear of the premise
17 for The Fifth Pine Inc. – 401 W 24th Street (9/10) unless the following stipulation, agreed to by the applicant, is part
18 of the method of operation for this establishment with a capacity of 70, with 15 tables and 45 seat, one stand-up bar
19 seating 13.

20
21 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

22
23 Sincerely,

24
25
26 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

27

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

| | | | | |
|--|--|--|--------------------------|-----------|
| APPLICANT | | DOING BUSINESS AS (DBA) | | |
| The Fifth Pine Inc | | El Quinto Pino | | |
| STREET ADDRESS | | CROSS STREETS | | |
| 401 W 24th St. | | corner of 9th Avenue | | |
| OWNER | NAME: | Alex Rajj | ATTORNEY | |
| | PHONE: | 212-598-5858 | NAME: | |
| | FAX: | 212-487-9131 | Elke A Hofmann Law, PLLC | |
| MANAGER | PHONE: | | PHONE: | |
| | FAX: | | 212-487-9100 | |
| | | | FAX: | |
| | | | 212-487-9131 | |
| | | LANDLORD | NAME: | |
| | | | Golden Equities Corp. | |
| | | | PHONE: | |
| | | | 212-525-29120 | |
| | | | 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 |
| | | <i>If alterations or operational changes are being made, please attach the plans to this form.</i> | | |
| | <input checked="" type="radio"/> Alteration | What is the current license #? | 1189579 | |
| | | What is the expiration date on the current license? | 08/31/2013 | |
| Please describe the nature of the alterations and attach the plans | | | | |
| Additional dining space being added to the rear of the premises. | | | | |

| OPERATIONAL ISSUES | | | | | | | | | |
|--|---|---|---|----------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|----------------------------------|---------------------|
| HOURS | | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY | |
| | Operation | 5pm-12am | 5pm-12am | 5pm-12am | 5pm-12am | 5pm-1am | 5pm-1am | 5pm-12am | |
| | Music | 5pm-12am | 5pm-12am | 5pm-12am | 5pm-12am | 5pm-1am | 5pm-1am | 5pm-12am | |
| | Kitchen | 5pm-12am | 5pm-12am | 5pm-12am | 5pm-12am | 5pm-1am | 5pm-1am | 5pm-12am | |
| 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 |
| | td | 70 | 15 | 45 | 0 | 1 | 13 | N/A | N/A |
| How many floors are there? What is the capacity for each floor? (please respond in space provided) | | | | | <input checked="" type="radio"/> 1-2 | <input type="radio"/> 3-4 | <input type="radio"/> 5+ | 1 fl, occupancy to be determined | |
| 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="radio"/> NO | N/A | | |
| Will applicant have bottle service? | | | | | YES | <input checked="" type="radio"/> NO | N/A | | |
| Will you be hosting private parties and promotional events? | | | | | YES | <input checked="" type="radio"/> NO | N/A | | |
| Will outside promoters be used? | | | | | YES | <input checked="" type="radio"/> NO | N/A | | |
| Will the security plan submitted be implemented? | | | | | YES | NO | <input checked="" type="radio"/> N/A | | |
| Will State certified security personnel be used? | | | | | YES | NO | <input checked="" type="radio"/> N/A | | |
| Will New York Nightlife Association recommendations and NYPD Best Practices be followed? | | | | | YES | NO | <input checked="" type="radio"/> 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="radio"/> 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="radio"/> 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="radio"/> N/A | | |
| Will applicant provide contact information to neighbors and respond to complaints that arise? | | | | | <input checked="" type="radio"/> YES | NO | N/A | | |
| If you plan to have music, what type(s)? | | | <input checked="" type="radio"/> BACKGROUND | <input type="radio"/> LIVE MUSIC | <input type="radio"/> DJ | | | | |
| 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="radio"/> 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="radio"/> YES | NO | N/A | if necessary. | |
| 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="radio"/> YES | NO | N/A | | |

| OUTDOOR ITEMS | | | | |
|--|-----|-------------------------------------|--------------------------------------|--|
| Will applicant use the rooftop, rear yard or any outdoor space? | YES | <input checked="" type="radio"/> 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 | <input checked="" type="radio"/> 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 | <input checked="" type="radio"/> N/A | |
| The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke. | YES | NO | <input checked="" type="radio"/> 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 | <input checked="" type="radio"/> 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 | <input checked="" type="radio"/> N/A | |
| Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors? | YES | NO | <input checked="" type="radio"/> N/A | |

| LOCATION & ZONING | | | | |
|---|--|-------------------------------------|--------------------------------------|---|
| Primary Zoning District: | R8A | Overlay (If Applicable): | C1-5 | |
| Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards? | YES | <input checked="" type="radio"/> NO | N/A | No |
| Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection? | <input checked="" type="radio"/> YES | NO | N/A | Existing Letter of No Objection, but seeking to amend to include additional space |
| 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 | <input checked="" type="radio"/> N/A | |
| Is a Public Assembly permit required? | YES | <input checked="" type="radio"/> NO | N/A | No |
| Are your plans filed with DOB? | YES | NO | N/A | Pending |
| Building Type | <input checked="" type="radio"/> Residential <input checked="" type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____ | | | |
| Adjacent Buildings | <input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" 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)

ADDITIONAL NOTES: (Office Use Only)

- converting residential space to commercial.
- adding 30 seats, 15 tables
- will reach out to London Terrace and nearby tenants.
- no other change to method of operation
- provide CB w/ soundproofing recs and implementation

J.A.

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 21

2
3 March 6, 2013

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: Adresia**
12 510 W 52nd Street (10/11)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a new on-premise liquor license for Adresia – 210
17 W 52nd Street (10/11) unless the following stipulation, agreed to by the applicant, is part of the method of operation
18 for this establishment with a capacity of 74, with 12 tables and 24 seat, one stand-up bar seating 15.

19
20 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

21
22 Sincerely,

23
24
25 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

26

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

| | | | |
|-----------------------------|---------------------|--------------------------------|-------------------------------|
| APPLICANT | | DOING BUSINESS AS (DBA) | |
| The Vendange Group LLC | | Ardesia | |
| STREET ADDRESS | | CROSS STREETS | |
| 510 W. 52 nd St. | | 10 th & 11 Ave. | |
| OWNER | NAME: Mandy Oser | ATTORNEY | NAME: Ralph Hochberg |
| | PHONE: 917-838-9384 | | PHONE: 212-593-3000 |
| | FAX: 212-247-8181 | | FAX: 212-593-0353 |
| MANAGER | NAME: N/A | LANDLORD | NAME: Clinton Green South LLC |
| | PHONE: | | PHONE: 212-262-1220 |
| | FAX: | | FAX: 212-915-3801 |

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
 Other (Explain):

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? | YES | <input checked="" type="checkbox"/> 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 |
| | | <i>If alterations or operational changes are being made, please attach the plans to this form.</i> | | |
| | <input type="radio"/> Alteration | 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 | 8AM-2AM | 8AM-2AM | 8AM-2AM | 8AM-2AM | 8AM-2AM | 8AM-2AM | 8AM-2AM |
| | Music | 8AM-2AM | 8AM-2AM | 8AM-2AM | 8AM-2AM | 8AM-2AM | 8AM-2AM | 8AM-2AM |
| | Kitchen | 8AM-2AM | 8AM-2AM | 8AM-2AM | 8AM-2AM | 8AM-2AM | 8AM-2AM | 8AM-2AM |

| 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 | 12 | 24 | 0 | 1 | 15 | 24 | 6 |

| | | | | |
|--|---|--|---|-----------------------|
| How many floors are there? What is the capacity for each floor? (please respond in space provided) | <input checked="" type="checkbox"/> 1-2 | 3-4 | 5+ | Ground floor level-70 |
| 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? | <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? | YES | NO | <input checked="" type="checkbox"/> N/A | |
| Will New York Nightlife Association recommendations and NYPD Best Practices be followed? | YES | NO | <input checked="" type="checkbox"/> 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? | YES | NO | <input checked="" type="checkbox"/> N/A | |
| Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage? | YES | NO | <input checked="" type="checkbox"/> 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 |
|--|--|-------------------------------------|-----------------------------|

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 | <input type="checkbox"/> NO | <input checked="" type="checkbox"/> N/A | <i>ok bed</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 | <input checked="" type="checkbox"/> 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.) | YES | NO | <input checked="" type="checkbox"/> N/A | |

| OUTDOOR ITEMS | | | |
|--|---|-----------------------------|------------------------------|
| Will applicant use the rooftop, rear yard or any outdoor space? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> 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. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> 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. | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> 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 | <input type="checkbox"/> NO | <input type="checkbox"/> 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 | <input type="checkbox"/> NO | <input type="checkbox"/> 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 | <input type="checkbox"/> NO | <input type="checkbox"/> 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 | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

LOCATION & ZONING

| | | | |
|---|---|--|------------------------------|
| Primary Zoning District: | Residential | Overlay (If Applicable): | |
| Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards? | <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input 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 | <input type="checkbox"/> NO | <input type="checkbox"/> 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 | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Is a Public Assembly permit required? | <input checked="" type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | <input type="checkbox"/> N/A |
| Are your plans filed with DOB? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A |

| | |
|--------------------|--|
| Building Type | <input checked="" type="radio"/> Residential <input type="radio"/> Commercial <input 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 | None |
| | # 2 | |
| | # 3 | |

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

- no other change to method of practice
- will submit revised application re doors & windows - revised p. 2 of 6

OKMD

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 22

2
3 March 6, 2013

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: Diego's Mexican Grill**
12 714 9th Avenue (48/49)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of transfer of an on-premise liquor license for Diego's
17 Mexican Grill – 714 9th Avenue (48/49) unless the following stipulation, agreed to by the applicant, is part of the
18 method of operation for this establishment with a capacity of 74, with 26 tables and 52 seat, one stand-up bar
19 seating 12.

20
21 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

22
23 Sincerely,

24
25
26 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

27

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

| | | | |
|----------------------------|---------------|---|--------------------|
| APPLICANT | | DOING BUSINESS AS (DBA) | |
| T. Taco | | Diego's Mexican Grill | |
| STREET ADDRESS | | CROSS STREETS | |
| 714 9 th Avenue | | 48 th & 49 th Streets | |
| OWNER | NAME: | Salma A. Lopez | ATTORNEY |
| | PHONE: | | NAME: |
| | FAX: | | Franklin DiPacheco |
| MANAGER | NAME: | | PHONE: |
| | PHONE: | | 212-567-7113 |
| | FAX: | | FAX: |
| | | | 212-567-5368 |
| | NAME: | | LANDLORD |
| | PHONE: | | NAME: |
| | FAX: | | Walter G. Steckman |
| | | | PHONE: |
| | | | 917-921-7929 |
| | | | FAX: |

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):

Method of Operation:

Restaurant
 Dance Club
 Sports Bar
 Adult Entertainment
 Wine Bar
 Pizzeria
 Cafe

Other (Explain):

License Type:

On-Premise
 Wine
 Beer
 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 checked="" type="radio"/> Transfer | What is the prior license #? | 1026420 | | |
| | | What is the expiration date on the prior license? | October 31, 2014 | | |
| | | Are you making any alterations or operational changes? | YES | NO | |
| | | <i>If alterations or operational changes are being made, please attach the plans to this form.</i> | | | |
| | <input type="radio"/> Alteration | 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 | 12pm-11 PM | 12pm-11 PM | 12pm-11 PM | 12pm-11 PM | 12pm-1 AM | 12 PM-1 AM | 12 PM-11 PM |
| | Music | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | Kitchen | 12-10 PM | 12-10 PM | 12-10 PM | 12-10 PM | 12-10 PM | 11 AM- 10- PM | 11 AM- 10- PM |

| 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 | 64 | 26 | 52 | 0 | 1 | 12 | N/A | N/A |

| | | | |
|--|---|--|---|
| 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+ |
| 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 | NO | <input checked="" type="checkbox"/> N/A |
| Will State certified security personnel be used? | YES | NO | <input checked="" type="checkbox"/> N/A |
| Will New York Nightlife Association recommendations and NYPD Best Practices be followed? | YES | NO | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> 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 |
| Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage? | <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 |
|--|--|-------------------------------------|-----------------------------|

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? | YES | NO | <input checked="" type="checkbox"/> 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? | YES | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> N/A |
| The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke. | YES | NO | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> N/A |
| Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors? | YES | NO | <input checked="" type="checkbox"/> 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 | <input checked="" 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. | YES | NO | <input checked="" type="checkbox"/> N/A |
| Is a Public Assembly permit required? | YES | NO | <input checked="" type="checkbox"/> N/A |
| Are your plans filed with DOB? | YES | NO | <input checked="" type="checkbox"/> N/A |
| Building Type | <input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="checkbox"/> Mixed Use <input type="radio"/> Other, describe: _____ | | |
| Adjacent Buildings | <input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="checkbox"/> Mixed Use <input type="radio"/> Other, describe: _____ | | |
| NOTIFICATION: What organizations / community groups have you notified regarding your application? | # 1 | | |
| | # 2 | | |
| | # 3 | | |

ADDITIONAL STIPULATIONS: (Office Use Only)

- Applicant agrees to close French doors at 11pm Friday & Saturday, 10pm Sunday – Thursday and whenever amplified music is played

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 23

2
3 March 6, 2013

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: Tartina**
12 653 9th Avenue (45/46)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of an alteration of class change from restaurant wine
17 license to on-premise liquor license for Tartina – 653 9th Avenue (45/46) unless the following stipulation, agreed to
18 by the applicant, is part of the method of operation for this establishment with a capacity of 30, with 7 tables and 19
19 seat, one service bar and one stand-up bar seating 7.

20
21 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

22
23 Sincerely,

24
25
26 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

27

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

| | | | |
|-------------------------|---------------|---|-------------------------------|
| APPLICANT | | DOING BUSINESS AS (DBA) | |
| Romcargio LLC | | Tartina | |
| STREET ADDRESS | | CROSS STREETS | |
| 653 9 th Ave | | 45 th & 46 th St. | |
| OWNER | NAME: | Romeo DeGobbi | ATTORNEY |
| | PHONE: | 305-812-7036 | NAME: |
| | FAX: | | PHONE: |
| | | | Pesetsky & Bookman |
| | | | 212-513-1988 |
| | | | 212-385-1988 |
| MANAGER | NAME: | Carlo DiGuilio, Giovanni DiGigiulio | LANDLORD |
| | PHONE: | 917-531-4894, 347-712-8154 | NAME: |
| | FAX: | | 653 Ninth LLC |
| | | | PHONE: |
| | | | 212-228-9300 |
| | | | FAX: |
| | | | |

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):

Method of Operation:

Restaurant
 Dance Club
 Sports Bar
 Adult Entertainment
 Wine Bar
 Pizzeria
 Cafe

Other (Explain):

License Type:

On-Premise
 Wine
 Beer
 Wine & Beer

| | | | | |
|--|--|--|-------------------|-----------|
| APPLICATION TYPE <i>(check one)</i> | <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 |
| | | <i>If alterations or operational changes are being made, please attach the plans to this form.</i> | | |
| | <input checked="" type="radio"/> Alteration | What is the current license #? | 1266162 | |
| | | What is the expiration date on the current license? | 10/31/2013 | |
| <i>Please describe the nature of the alterations and attach the plans</i> Class Change from RW to OP Liquor License | | | | |

OPERATIONAL ISSUES

| HOURS | | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY |
|-------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|
| | Operation | 7AM-1AM | 7AM-1AM | 7AM-1AM | 7AM-1AM | 7AM-1AM | 8AM-2PM | 8AM-2PM |
| | Music | | | | | | | |
| | Kitchen | 11AM-11PM | 11AM-11PM | 11AM-11PM | 11AM-11PM | 11AM-11PM | 11AM-11PM | 11AM-10PM |

| 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 |
| | 30 | 40 | 7 | 19 | 1 | 1 | 7 | 0 | 0 |

| | | | | | |
|--|---|--|---|-------------------|--|
| 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+ | 1 Fl, 36 Persons | |
| 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 | If needed | |
| Will the security plan submitted be implemented? | YES | <input checked="" type="checkbox"/> NO | N/A | | |
| Will State certified security personnel be used? | YES | NO | <input checked="" type="checkbox"/> N/A | | |
| Will New York Nightlife Association recommendations and NYPD Best Practices be followed? | YES | NO | <input checked="" type="checkbox"/> 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) | YES | NO | <input checked="" type="checkbox"/> N/A | 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 | Did not apply yet | |
| Will applicant provide contact information to neighbors and respond to complaints that arise? | YES | NO | <input checked="" type="checkbox"/> N/A | | |
| Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage? | <input checked="" type="checkbox"/> YES | NO | N/A | | |

| | | | |
|--|--|--|--|
| If you plan to have music, what type(s)? | <input checked="" type="checkbox"/> BACKGROUND | <input checked="" type="checkbox"/> LIVE MUSIC | <input checked="" type="checkbox"/> DJ |
|--|--|--|--|

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? | YES | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> N/A | |
| The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke. | YES | NO | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> 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? | YES | NO | N/A | Clinton |
| 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 | *See attached |
| 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 | *See attached |
| Is a Public Assembly permit required? | YES | <input checked="" type="checkbox"/> NO | N/A | |
| Are your plans filed with DOB? | <input checked="" type="checkbox"/> YES | NO | N/A | |
| Building Type | <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Mixed Use <input type="checkbox"/> Other, describe: _____ | | | |
| Adjacent Buildings | <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Mixed Use <input type="checkbox"/> Other, describe: _____ | | | |
| NOTIFICATION: What organizations / community groups have you notified regarding your application? | # 1 | | | |
| | # 2 | | | |
| | # 3 | | | |

1 **BUSINESS LICNESE & PERMITS COMMITTEE**

Item # 24

2
3 March 6, 2013

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: Lace Two**
12 689 8th Avenue (43/44)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of an alteration of its on-premise liquor license to add a
17 bar for Lace Two – 689 8th Avenue (43/44) unless the following stipulation, agreed to by the applicant, is part of the
18 method of operation for this establishment with the no use of velvet ropes prior to 8 p.m., will keep ropes within 3 ft.
19 of door.

20
21 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

22
23 Sincerely,

24
25
26 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

27

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

| | | | | |
|--|--|--|--------------------|----|
| APPLICANT | | DOING BUSINESS AS (DBA) | | |
| 44 th Enterprise Corp. | | Lace Two | | |
| STREET ADDRESS | | CROSS STREETS | | |
| 689 Eighth Ave | | 43 rd & 44 th St. | | |
| OWNER | NAME: | Anthony Capeci | ATTORNEY | |
| | PHONE: | 631-921-2415 | | |
| | FAX: | 631-421-4734 | | |
| MANAGER | NAME: | | LANDLORD | |
| | PHONE: | | | |
| | FAX: | | | |
| | | NAME: | Warren Pesetsky | |
| | | PHONE: | 212-513-1988 | |
| | | FAX: | 212-385-0564 | |
| | | NAME: | Adcourt Realty Ltd | |
| | | PHONE: | | |
| | | FAX: | | |
| DESCRIPTION OF BUSINESS | | | | |
| Establishment Type: | <input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input checked="" type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input 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 type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input checked="" 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 |
| | | <i>If alterations or operational changes are being made, please attach the plans to this form.</i> | | |
| | <input checked="" type="radio"/> Alteration | What is the current license #? | 1191455 | |
| | | What is the expiration date on the current license? | 9/30/13 | |
| <i>Please describe the nature of the alterations and attach the plans</i> Adding a bar | | | | |

| OPERATIONAL ISSUES | | | | | | | | | | |
|--|---|---|--|--|---|-------------------------------|-------------------------------|--------------------|---------------------|----------|
| HOURS | | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY | | |
| | Operation | 12AM-4AM | 12AM-4AM | 12AM-4AM | 12AM-4AM | 12AM-4AM | 12AM-4AM | 12AM-4AM | 12AM-4AM | 12AM-4AM |
| | Music | 12AM-4AM | 12AM-4AM | 12AM-4AM | 12AM-4AM | 12AM-4AM | 12AM-4AM | 12AM-4AM | 12AM-3AM | 12AM-3AM |
| | Kitchen | N/A | 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 | |
| | | | | | | | | | | |
| How many floors are there? What is the capacity for each floor? (please respond in space provided) | | | | | <input checked="" type="checkbox"/> 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) | | | | | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | Already have one | | |
| Will applicant have bottle service? | | | | | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | N/A | | | |
| Will you be hosting private parties and promotional events? | | | | | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | N/A | | | |
| Will outside promoters be used? | | | | | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | N/A | | | |
| Will the security plan submitted be implemented? | | | | | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | N/A | | | |
| Will State certified security personnel be used? | | | | | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | N/A | | | |
| Will New York Nightlife Association recommendations and NYPD Best Practices be followed? | | | | | <input checked="" type="checkbox"/> YES | <input 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 | <input type="checkbox"/> 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 | <input 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) | | | | | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | | | |
| Will applicant provide contact information to neighbors and respond to complaints that arise? | | | | | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | N/A | | | |
| Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage? | | | | | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | N/A | | | |
| If you plan to have music, what type(s)? | | | <input checked="" type="checkbox"/> BACKGROUND | <input checked="" type="checkbox"/> LIVE MUSIC | <input checked="" type="checkbox"/> DJ | | | | | |
| 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 | <input type="checkbox"/> 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 | <input type="checkbox"/> 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 | <input type="checkbox"/> NO | N/A | | | |

| OUTDOOR ITEMS | | | | |
|--|-----|--|---|--|
| Will applicant use the rooftop, rear yard or any outdoor space? | YES | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> N/A | |
| The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke. | YES | NO | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> N/A | |
| Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors? | YES | NO | <input checked="" type="checkbox"/> N/A | |

LOCATION & ZONING

| | | | | |
|---|---|--|---|--|
| Primary Zoning District: | CL-MID | Overlay (If Applicable): | Clinton & Midtown | |
| 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? | <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. | YES | <input checked="" type="checkbox"/> NO | N/A | |
| Is a Public Assembly permit required? | YES | NO | N/A | |
| Are your plans filed with DOB? | YES | NO | <input checked="" type="checkbox"/> N/A | |

| | |
|--------------------|---|
| Building Type | <input type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: |
| Adjacent Buildings | <input 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)

ADDITIONAL NOTES: (Office Use Only)

- will not use velvet ropes prior to 8PM
- will keep ropes w/in 3 ft. of door
- no other change to method of operation

AQ
→

1 **BUSINESS LICNESE & PERMITS COMMITTEE**

Item # 25

2
3 March 6, 2013

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: Yum Yum Bangkok**
12 650-652 9th Avenue (45/46)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of an on-premise liquor license for Yum Yum Bangkok
17 – 650-652 9th Avenue (45/46) unless the following stipulation, agreed to by the applicant, is part of the method of
18 operation for this establishment with a capacity of 90, with 38 tables and 84 seat, one stand-up bar seating 6.
19

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

21
22 Sincerely,

23
24
25 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

26

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

| | | | | |
|---|--|---|---|-----------|
| APPLICANT | | DOING BUSINESS AS (DBA) | | |
| Tum Tum BKK Corp. | | Yum Yum Bangkok | | |
| STREET ADDRESS | | CROSS STREETS | | |
| 650-652 9 th Avenue | | 45 th & 46 th Street | | |
| OWNER | NAME: | Peter Kwanchiapruck | ATTORNEY | |
| | PHONE: | 917-747-5759 | NAME: | |
| | FAX: | | Stanley Chin | |
| MANAGER | PHONE: | | PHONE: | |
| | FAX: | | 212-625-3474 | |
| | NAME: | | FAX: | |
| | | | 212-233-2019 | |
| LANDLORD | NAME: | | NAME: | |
| | PHONE: | | 650 9th Ave LLC | |
| | FAX: | | PHONE: | |
| | | | P.O. Box 6356, Hillsborough NJ 08844 | |
| | | | 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 checked="" type="radio"/> Transfer | What is the prior license #? | 1174475 | |
| | | What is the expiration date on the prior license? | July 31, 2014 | |
| | | Are you making any alterations or operational changes? | YES | NO |
| | | <i>If alterations or operational changes are being made, please attach the plans to this form.</i> | | |
| | <input type="radio"/> Alteration | 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 | 12 p.m. – 1a.m. |
| | Music | 12 p.m. – 1a.m. |
| | Kitchen | 12 p.m. – 1a.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 |
| | 90 | 90 | 38 | 84 | 0 | 1 | 6 | 0 | 0 |

| | | | | |
|--|---|--|---|------|
| 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+ | |
| 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 | NO | <input checked="" type="checkbox"/> N/A | |
| Will State certified security personnel be used? | YES | NO | <input checked="" type="checkbox"/> N/A | |
| Will New York Nightlife Association recommendations and NYPD Best Practices be followed? | YES | NO | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> 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 | |
| Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage? | <input checked="" type="checkbox"/> YES | NO | N/A | |
| If you plan to have music, what type(s)? | BACKGROUND | LIVE MUSIC | DJ | None |

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? | YES | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> N/A |
| The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke. | YES | NO | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> 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 | <input checked="" type="checkbox"/> N/A |
| Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors? | YES | NO | <input checked="" type="checkbox"/> N/A |

LOCATION & ZONING

| | | | |
|---|--|--|---|
| Primary Zoning District: | C6-21 | Overlay (If Applicable): | |
| Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards? | 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? | YES | NO | <input checked="" type="checkbox"/> 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 type="checkbox"/> Commercial <input checked="" type="checkbox"/> Mixed Use <input type="checkbox"/> Other, describe: _____ | | |
| Adjacent Buildings | <input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> Mixed Use <input type="checkbox"/> Other, describe: _____ | | |
| NOTIFICATION: What organizations / community groups have you notified regarding your application? | # 1 | | |
| | # 2 | | |
| | # 3 | | |

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 26

2
3 March 6, 2013

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: La Rosetta**
12 243 W 14th Street (7/8)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a new on-premise liquor license for La Rosetta –
17 243 W 14th Street (7/8) unless the following stipulation, agreed to by the applicant, is part of the method of
18 operation for this establishment with a capacity of 128, with 29 tables and 104 seat, one stand-up bar seating 11.
19

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

21
22 Sincerely,

23
24
25 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

26

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

| | | | |
|---|---|---|---|
| APPLICANT <i>Alianza Restaurant Group</i> | | DOING BUSINESS AS (DBA) <i>La Rosetta</i> | |
| STREET ADDRESS <i>243 West 14th St.</i> | | CROSS STREETS <i>8th Avenue</i> | |
| OWNER | NAME: <i>Alianza Rest. Group</i> | ATTORNEY | NAME: <i>Joe Hurtado</i> |
| | PHONE: <i>203-243-5551 cell</i> | | PHONE: <i>212-906-1200</i> |
| | FAX: | | Cell: <i>646-525-5426</i> FAX: |
| MANAGER | NAME: <i>VINCENT R. DORIA</i> | LANDLORD | NAME: <i>Charles Fridman</i> |
| | PHONE: <i>203 243 5551</i> | | PHONE: <i>212-534-3939</i> |
| | | | 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 <i>(check one)</i> | <input checked="" type="radio"/> New | Has applicant owned or managed a similar business? | <input checked="" type="radio"/> YES | <input type="radio"/> NO | |
| | | What is/was the name of establishment? | <i>Vincent Doria's</i> | | |
| | | What is/was the address of the establishment? | <i>540 Saw Mill Rv Rd. Ch...</i> | | |
| | | What were the dates the applicant was involved with this former premise? | <i>1981 - New York</i> | | |
| | <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="radio"/> YES | <input type="radio"/> NO | |
| | | <i>If alterations or operational changes are being made, please attach the plans to this form.</i> | | | |
| | <input type="radio"/> Alteration | 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 | 12 PM-11PM | 12 PM-11PM | 12 PM-11PM | 12 PM-11PM | 12 PM-2 AM | 12 PM-2 AM | 12 PM-11PM |
| | Music | N/A | N/A | N/A | N/A | N/A | N/A | N/A |
| | Kitchen | 12 PM- 10 PM | 12PM-12AM | 12PM-12AM | 12PM-10pm |

| 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 |
| | 128 | 128 | 29 | 104 | 0 | 1 | 11 | 6 | 3 |

| | | | | |
|--|--|-------------------------------------|------------------------------|---|
| 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+ | |
| Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided) | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| Will applicant have bottle service? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| Will you be hosting private parties and promotional events? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| Will outside promoters be used? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| Will the security plan submitted be implemented? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| Will State certified security personnel be used? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| Will New York Nightlife Association recommendations and NYPD Best Practices be followed? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> 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 | <input type="checkbox"/> NO | <input type="checkbox"/> 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 | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | Possibly. Three tables at restaurant level, which is three steps below sidewalk level |
| If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided) | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | 3/12 |
| Will applicant provide contact information to neighbors and respond to complaints that arise? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |
| Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> 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 | |

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 | <input type="checkbox"/> NO | <input type="checkbox"/> 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 | <input type="checkbox"/> NO | <input type="checkbox"/> 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 | <input type="checkbox"/> NO | <input type="checkbox"/> N/A | |

| OUTDOOR ITEMS | | | | |
|--|--------------------------------------|--------------------------|---------------------------|--------------------------------------|
| Will applicant use the rooftop, rear yard or any outdoor space? | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A | 3 tables below sidewalk per 11/22/21 |
| 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="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> 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. | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> 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="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> 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="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> 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="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A | |
| Applicant will 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 | <input type="radio"/> N/A | |

| LOCATION & ZONING | | | | |
|---|--|-------------------------------------|---------------------------|---------------------------|
| Primary Zoning District: | Chelsea | | Overlay (If Applicable): | |
| Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards? | <input type="radio"/> YES | <input checked="" type="radio"/> NO | <input type="radio"/> N/A | |
| 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 | <input type="radio"/> 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 type="radio"/> YES | <input checked="" type="radio"/> NO | <input type="radio"/> N/A | |
| Is a Public Assembly permit required? | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A | |
| Are your plans filed with DOB? | <input checked="" type="radio"/> YES | <input type="radio"/> NO | <input type="radio"/> N/A | IN PROCESS of being filed |
| Building Type | <input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____ | | | |
| Adjacent Buildings | <input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____ | | | |
| NOTIFICATION: What organizations / community groups have you notified regarding your application? | # 1 | Manh. Community Board 4 | | |
| | # 2 | State Liquor Auth (to be filed) | | |
| | # 3 | | | |

ADDITIONAL INFORMATION: (Applicant Use)

Owner: Alianza Restaurant Group- equal partners (Vincent R. Doria, Sr. *, Fre Mero, & Safet 'Steve' Djencic)
Vincent R. Doria, Sr. has owned & operated many restaurants.

ADDITIONAL NOTES: (Office Use Only)

ADDITIONAL STIPULATIONS: (Office Use Only)

- Applicant agrees the outside will be closed and vacated by 10pm Sunday0 Thursday and 11pm Friday & Saturday

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 27

2
3 March 6, 2013

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: Via Trenta**
12 536 W 30th Street (10/11)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a new on-premise liquor license for Via Trenta – 536
17 W 30th Street (10/11) unless the following stipulation, agreed to by the applicant, is part of the method of operation
18 for this establishment with a capacity of 73, with 6 tables and 24 seat, one service bar, one stand-up bar seating 12.

19
20 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

21
22 Sincerely,

23
24
25 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

26

(All Fields Must Be Completed)

| | | | | | |
|--|---|--|------------------------------------|----------------------|----|
| APPLICANT Trenta LLC | | DOING BUSINESS AS (DBA) Via Trenta | | | |
| STREET ADDRESS 536 West 30th Street | | CROSS STREETS 10th and 11th avenue | | | |
| OWNER | NAME: Michele Iuliano | ATTORNEY | NAME: Antonino D'Aiuto, Esq | | |
| | PHONE: 718-288-2802 | | PHONE: 212-228-0551 | | |
| | FAX: 212-925-8845 | | FAX: 646-219-4943 | | |
| MANAGER | NAME: Eden Tesfamariam Gain | LANDLORD | NAME: DD 11th Avenue, LLC | | |
| | PHONE: 646-508-5273 | | PHONE: 212-643-2349 | | |
| | FAX: 212-967-4099 | | FAX: | | |
| DESCRIPTION OF BUSINESS | | | | | |
| Establishment Type: | | <input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place <input type="radio"/> 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 checked="" type="radio"/> New | Has applicant owned or managed a similar business? | | YES | NO |
| | | What is/was the name of establishment? | | Ovest Pizzoteca | |
| | | What is/was the address of the establishment? | | 513 W 27th St | |
| | | What were the dates the applicant was involved with this former premise? | | 9/09 through present | |
| | <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 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 | 8-11 | 8-11 | 8-11 | 8-11 | 8-11 | 12-11 | 12-11 | |
| | Music | ambient 8-11 | ambient 8-11 | ambient 8-11 | ambient 8-11 | ambient 8-11 | ambient 12-11 | ambient 12-11 | |
| | Kitchen | 8-11 | 8-11 | 8-11 | 8-11 | 8-11 | 12-11 | 12-11 | |
| 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 |
| | 73 | 55 | 6 | 24 | 1 | 1 | 12 | / | / |
| 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 applicant have bottle service? | | | | | YES | NO | N/A | | |
| Will you be hosting private parties and promotional events? | | | | | YES | NO | N/A | | |
| 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 | 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 | NO | N/A | WILL APPLY NEXT SEASON | |
| Will applicant provide contact information to neighbors and respond to complaints that arise? | | | | | YES | NO | N/A | | |
| Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage? | | | | | YES | NO | N/A | | |
| If you plan to have music, what type(s)? | | | | | BACKGROUND | LIVE MUSIC | DJ | | |
| 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 | | |
| 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.) | | | | | YES | NO | N/A | | |

| OUTDOOR ITEMS | | | |
|--|--------------------------------------|-------------------------------------|--------------------------------------|
| Will applicant use the rooftop, rear yard or any outdoor space? | YES | <input checked="" type="radio"/> 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 | <input checked="" type="radio"/> 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 | <input checked="" type="radio"/> N/A |
| The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke. | YES | NO | <input checked="" type="radio"/> 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 | <input checked="" type="radio"/> 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="radio"/> YES | NO | N/A |
| Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors? | YES | NO | <input checked="" type="radio"/> N/A |

| LOCATION & ZONING | | | |
|---|--|-------------------------------------|--------------------------|
| Primary Zoning District: | COMMERCIAL C6-4 HUDSON YARDS DISTRICT | | Overlay (If Applicable): |
| Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards? | YES | <input checked="" type="radio"/> NO | N/A |
| Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection? | YES | <input checked="" type="radio"/> 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 | <input checked="" type="radio"/> NO | N/A |
| Is a Public Assembly permit required? | YES | <input checked="" type="radio"/> NO | N/A |
| Are your plans filed with DOB? | <input checked="" type="radio"/> 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 type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> Mixed Use <input checked="" type="radio"/> Other, describe: NO ADJACENT BUILDINGS AT THIS TIME | | |
| NOTIFICATION: What organizations / community groups have you notified regarding your application? | # 1 | Manhattan Community Board 4 | |
| | # 2 | | |
| | # 3 | | |

ADDITIONAL INFORMATION: (Applicant Use)

I am the same owner and operator of Ovest Pizzoteca located at 513 West 27th Street b/w 10th and 11th Avenue. I have been at that location, serving the community since 2009. My establishment was the first to take a chance in that area and we have enjoyed an overwhelmingly positive response by the community.

ADDITIONAL NOTES: (Office Use Only)