

1 **BUSINESS LICNESE & PERMITS COMMITTEE**

Item # 24

2
3 July 25, 2012

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

10
11 **Re: 289 Hospitality LLC. d/b/a Marquee**
12 *289 Tenth Avenue (26/27)*

13
14
15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends **denial** of a new on-premise liquor license for **289 Hospitality**
18 **LLC. d/b/a Marquee – 289 Tenth Avenue (26/27)**, **unless** the following stipulation, agreed to by the applicant, is
19 part of the method of operation for this establishment with a capacity of 597, with 25 tables and 64 seats and three
20 stand-up bars.

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

24
25
26 Sincerely,

27
28
29 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

30

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT 289 Hospitality LLC		DOING BUSINESS AS (DBA) Marquee	
STREET ADDRESS 289 10 th Avenue		CROSS STREETS W 26 th & W 27 th Street	
OWNER	NAME: Noah Tepperberg, LLC Member/Mgr.	ATTORNEY	NAME: Thomas McCallen, Esq.
	PHONE: 212-420-9420 Ext. 4		PHONE: 212-732-3640
	FAX: 212-481-3763		FAX: 212-732-3670
MANAGER	NAME:	LANDLORD	NAME: Allan Rosenberg
	PHONE:		PHONE: 212-370-3769
	FAX:		FAX: 212-370-4196

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): Live Music

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 checked="" type="radio"/> Transfer	What is the prior license #?	1139450	
		What is the expiration date on the prior license?	November 30, 2013	
		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. See attached</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	8 p.m. – 4 a.m.						
	Music	8 p.m. – 4 a.m.						
	Kitchen	8 p.m. – 4 a.m.						

OCCUPANCY	INDOOR				BAR			OUTSIDE	
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables
	597	550	25	64	N/A	3	N/A	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+	1 st Floor – 504; Mezzanine – 93	
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	There will be dancing	
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 type="checkbox"/> YES	<input checked="" 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 type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> N/A		
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)	<input type="checkbox"/> YES	<input type="checkbox"/> 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	<input type="checkbox"/> NO	<input type="checkbox"/> 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	<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="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:	MI-5	Overlay (If Applicable):		
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Clinton & West Chelsea Districts
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	C of O
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 type="checkbox"/> NO	<input type="checkbox"/> N/A	
Is a Public Assembly permit required?	<input checked="" type="checkbox"/> YES	<input 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 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 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	Hudson Guild		
	# 2			
	# 3			

ADDITIONAL INFORMATION: (Applicant Use)

- 500 Foot Hearing Public Interest Statement: The applicant's operating principals have extensive experience in the nightlife food & beverage industry having operated the Marquee Night Club in Manhattan since 2003. The applicant will operate a bar/night club venue along Manhattan's "Clinton & West Chelsea" 10th Avenue Special Districts. The applicants establishments will promote convenience, advantage and the public's interest will be served in that its patron's will enjoy premium alcoholic beverages and mixed cocktails with a light fare menu in an elegant club atmosphere. The establishment is convenient to all mass transit and pedestrian traffic, and will not increase traffic in the neighborhood. The names of all on-premise liquor establishments within 500 ft of the proposed preemies, as determined by the NYSLA Lamp database is attached.

ADDITIONAL NOTES: (Office Use Only)

ADDITIONAL STIPULATIONS: (Office Use Only)

- No other changes to the method of operation
- Applicant will meet with CB office and 10th Pct to consider sidewalk barrier removal/reconfiguration
- Applicant will work with movie companies and production companies to address truck parking and idling