

1 **BUSINESS LICNESE & PERMITS COMMITTEE**

Item # 27

2
3 July 25, 2012

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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: W. 27 Highline Owners LLC. d/b/a Hotel Americano**
12 *518 W 27th Street (10/11)*

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15 Dear Chairman Rosen:

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17 Manhattan Community Board 4 (MCB4) recommends **denial** of an alteration of on-premise liquor license for **W. 27**
18 **Highline Owners LLC. d/b/a Hotel Americano – 518 W 27th Street (10/11)**, **unless** the following stipulation,
19 agreed to by the applicant, is part of the method of operation to change the hours of operation for the rooftop to 12
20 a.m. Sunday – Wednesday, 1 a.m. Thursday – Saturday.

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

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26 Sincerely,

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29 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

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Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT W. 27 Highline Owner LLC		DOING BUSINESS AS (DBA) HotelAmericano	
STREET ADDRESS 518 W 27 th Street		CROSS STREETS W 27 th Street	
OWNER	NAME: W 27 Highline Owners	ATTORNEY	NAME: Warren Pesetsky
	PHONE: 212-216-0000		PHONE: 212-513-1988
	FAX:		FAX: 212-385-0564
MANAGER	NAME: Marxo Cilia	LANDLORD	NAME: W 27 Highline Owners
	PHONE: 212-216-0000		PHONE: 212-216-0000
	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): With Bar

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 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 #?	1232070	
		What is the expiration date on the current license?	August 31, 2013	
<i>Please describe the nature of the alterations and attach the plans</i>		Time extension of rooftop		

OPERATIONAL ISSUES

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	10 a.m. – 12 a.m.	10 a.m. – 12 a.m.	10 a.m. – 12 a.m.	10 a.m. – 1 a.m.	10 a.m. – 1 a.m.	10 a.m. – 1 a.m.	10 a.m. – 12 a.m.
	Music	10 a.m. – 10 p.m.	10 a.m. – 10 p.m.	10 a.m. – 10 p.m.	10 a.m. – 11 p.m.	10 a.m. – 11 p.m.	10 a.m. – 11 p.m.	10 a.m. – 10 p.m.
	Kitchen	10 a.m. – 10 p.m.	10 a.m. – 10 p.m.	10 a.m. – 10 p.m.	10 a.m. – 11 p.m.	10 a.m. – 11 p.m.	10 a.m. – 11 p.m.	10 a.m. – 10 p.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
		140	24	48	0	1	6	80	40

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	
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	
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?	<input checked="" type="checkbox"/> YES	<input 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.).	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 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	<input type="checkbox"/> NO	N/A

LOCATION & ZONING			
Primary Zoning District:		Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	N/A West Chelsea
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	N/A Temporary CofO
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	N/A Attached
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 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		
	# 2		
	# 3		

ADDITIONAL STIPULATIONS: (Office Use Only)

- This application is for the change of the hours of operation for the rooftop to 12 a.m. Sunday – Wednesday and 1 a.m. Thursday – Saturday