BUSINESS LICNESE & PERMITS COMMITTEE **Item # 7**

July 25, 2012

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

Re: Island Rest. I Corp d/b/a Island Burgers & Shakes
766 Ninth Avenue (51/52)
License # 11200588

Dear Chairman Rosen:

Manhattan Community Board 4 (MCB4) recommends **approval** of an alteration for **Island Rest. I Corp d/b/a Island Burgers & Shakes**, to include the unenclosed sidewalk café their liquor license.
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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

DRAFT

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT	DOING BUSINESS AS (DBA)
Island Rest. I Corp.	Island Burgers & Shakes
STREET ADDRESS	**CROSS STREETS**
766 9th Avenue	West 51st & 52nd Street

OWNER	NAME:	Mark Calvino	REPRESENTATIVE	NAME:	Michael Kelly
	PHONE:	212-307-7934		PHONE:	347-256-7256
	FAX:			FAX:	914-632-6034
MANAGER	NAME:	Mark Calvino	LANDLORD	NAME:	766 Ninth Corp
	PHONE:	212-307-7934		PHONE:	212-315-1717
	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**

Corporate Change

APPLICATION TYPE

(check one)

◯ **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?		
◯ **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.		
☑ **Alteration**	What is the current license #?	**1200588**	
	What is the expiration date on the current license?	**May 31, 2013**	
	Please describe the nature of the alterations and attach the plans	**Adding sidewalk café to liquor license**	

OPERATIONAL ISSUES

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	12 p.m. – 12 a.m.	12 p.m. – 12 a.m.	12 p.m. – 12 a.m.	12 p.m. – 12 a.m.	12 p.m. – 12 a.m.	12 p.m. – 12 a.m.	12 p.m. – 12 a.m.
	Music	12 p.m. – 12 a.m.	12 p.m. – 12 a.m.	12 p.m. – 12 a.m.	12 p.m. – 12 a.m.	12 p.m. – 12 a.m.	12 p.m. – 12 a.m.	12 p.m. – 12 a.m.
	Kitchen	12 p.m. – 12 a.m.	12 p.m. – 12 a.m.	12 p.m. – 12 a.m.	12 p.m. – 12 a.m.	12 p.m. – 12 a.m.	12 p.m. – 12 a.m.	12 p.m. – 12 a.m.

OCCUPANCY	INDOOR				BAR			OUTSIDE	
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables
	74	35-40	12	28	0	1	7	8	4

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	3-4	5+	1st Floor: 30
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 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?	**YES**	NO	N/A	
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	**YES**	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**	NO	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	
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	
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	
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	**YES**	NO	N/A	

LOCATION & ZONING				
Primary Zoning District:	**C1-5**	Overlay (If Applicable):		**R8**
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?	**YES**	NO	N/A	**Letter of No Objection**
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	
Is a Public Assembly permit required?	YES	**NO**	N/A	
Are your plans filed with DOB?	**YES**	NO	N/A	
Building Type	◯ Residential ◯ Commercial ✓ **Mixed Use** ◯ Other, describe: _____			
Adjacent Buildings	◯ Residential ◯ Commercial ✓ **Mixed Use** ◯ Other, describe: _____			

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