

1 **BUSINESS LICNESE & PERMITS COMMITTEE**

Item # 2

2
3 June 6, 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: Speak Integrated Corp.**
12 *167-169 9th Avenue (20th St.)*
13 *License # 1253082*

14
15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends **denial** of an alteration to include 169 9th Avenue
18 to license # 1253082 for **Speak Integrated Corp. – 167- 9th Avenue (20th street)**, **unless** the following
19 stipulation, agreed to by the applicant, is part of the method of operation to have no smoking in the rear,
20 no employee loitering in the rear and all stipulations agreed to by applicant in February 2010.

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

23
24
25 Sincerely,

26
27
28
29
Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT		DOING BUSINESS AS (DBA)		
Speak Integrated Corp.				
STREET ADDRESS		CROSS STREETS		
167-169 9 th Avenue		20 th Street		
OWNER	NAME: Kristin Solenne	ATTORNEY	NAME: Warren Pesestky	
	PHONE: 714-932-2256		PHONE: 212-513-1988	
	FAX: 212-944-1231		FAX: 212-385-0564	
MANAGER	NAME:	LANDLORD	NAME: LMS Realty	
	PHONE:		PHONE: 212-874-0035	
	FAX:		FAX: 212-874-5609	
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 #?	1253082 – License is pending	
What is the expiration date on the current license?				
<i>Please describe the nature of the alterations and attach the plans</i>		See Additional Notes Section		

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.	12 p.m. – 12 a.m.	
	Music	1 p.m. – 10 p.m.	1 p.m. – 10 p.m.	1 p.m. – 10 p.m.	1 p.m. – 10 p.m.	1 p.m. – 10 p.m.	1 p.m. – 10 p.m.	1 p.m. – 10 p.m.	1 p.m. – 10 p.m.	
	Kitchen	11 a.m. – 12 a.m.	11 a.m. – 12 a.m.	11 a.m. – 12 a.m.	11 a.m. – 12 a.m.	11 a.m. – 12 a.m.	11 a.m. – 12 a.m.	11 a.m. – 12 a.m.	11 a.m. – 12 a.m.	
OCCUPANCY	INDOOR				BAR			OUTSIDE		
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables	
		100	30	90	0	1	12	0	0	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	3-4	5+	1 st Floor		
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					YES	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?	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:		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?	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	N/A	
Is a Public Assembly permit required?	YES	NO	N/A	
Are your plans filed with DOB?	YES	NO	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			
	# 2			
	# 3			

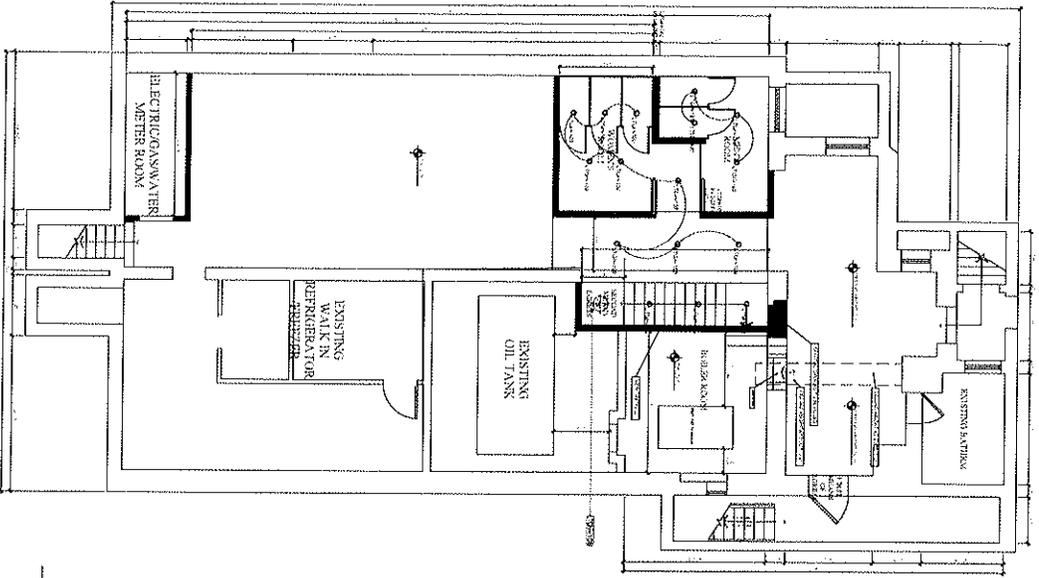
ADDITIONAL STIPULATIONS: (Office Use Only)

- See attached original stips from February 2010
- No smoking in the rear
- No employee loitering in rear

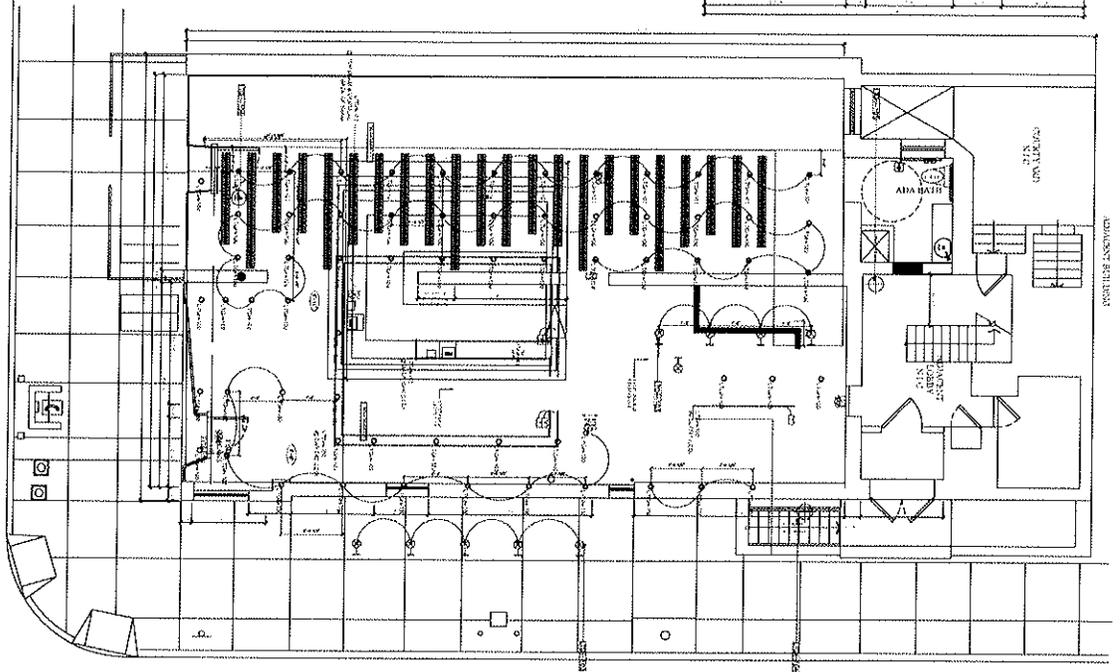
ADDITIONAL STIPULATIONS: (Office Use Only)

- See attached original stips from February 2010

1 CELLAR RCP PLAN



2 FIRST FLOOR RCP PLAN



RESTAURANT
400 WEST 20TH STREET
UNITS:
NEW YORK, NY 10011

NOTES

1. XXXX
2. XXXXX
3. NEW LIGHT FIXTURES, Q2 TO PROVIDE POWER FOR NEW LIGHT FIXTURES.
4. ALL NEW CEILING VENTS ACCESS TRAPS & EXHAUST TO BE PAINTED.

RCP PLAN NOTES:

- CEILING HEIGHT
- EXIST. DOWNLIGHT
- NEW DOWNLIGHT - SMALL
- SPRINKLER
- FIRE ALARM
- SPEAKER
- EXIT SIGN

REVISIONS:

NO.	DATE	DESCRIPTION
1	07/13/2011	ISSUED FOR PERMITS
2	07/13/2011	ISSUED FOR PERMITS
3	07/13/2011	ISSUED FOR PERMITS
4	07/13/2011	ISSUED FOR PERMITS

GEORGE RANALLI ARCHITECT
100 WEST 41ST STREET
6TH FLOOR, NEW YORK, NY 10018
TEL: 212-512-2200
WWW.GRANALLI.COM

APPROVED BY:

DATE: 07/13/2011

SCALE: 1/8" = 1'-0"

PROJECT: RESTAURANT CHILING PLAN

DATE: 07/13/2011

DATE	07/13/2011
SCALE	1/8" = 1'-0"
PROJECT	RESTAURANT CHILING PLAN
DATE	07/13/2011



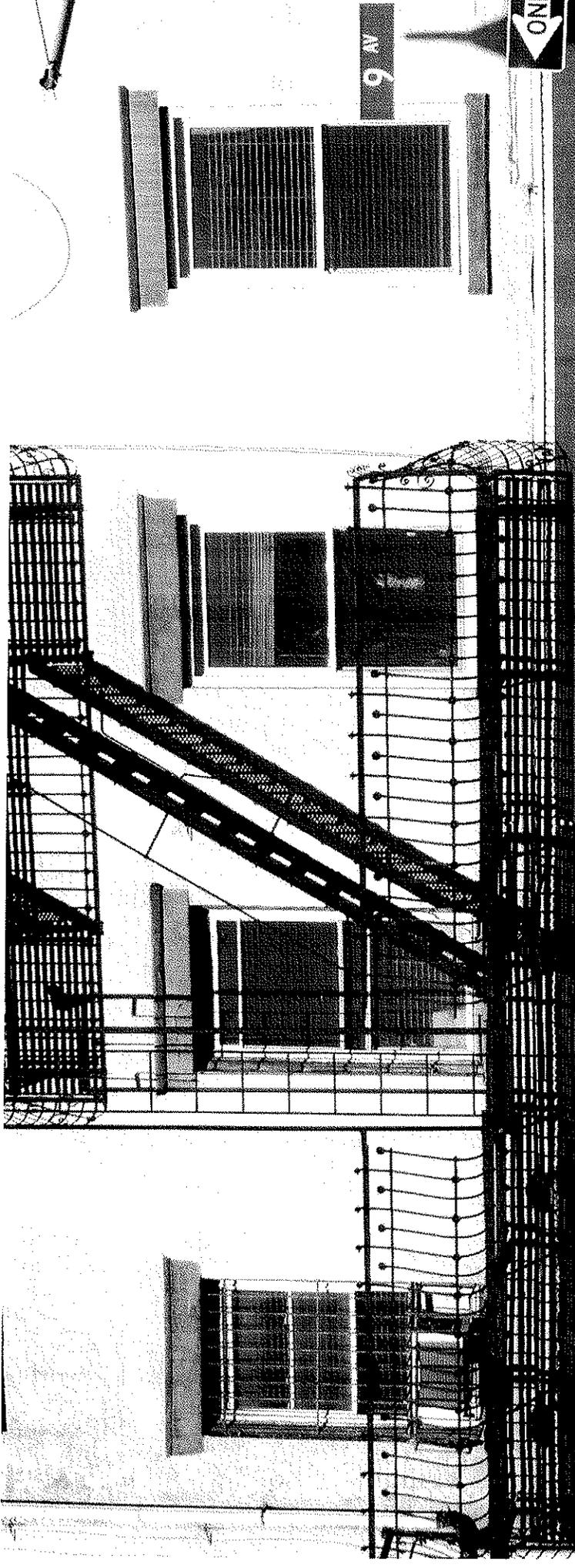
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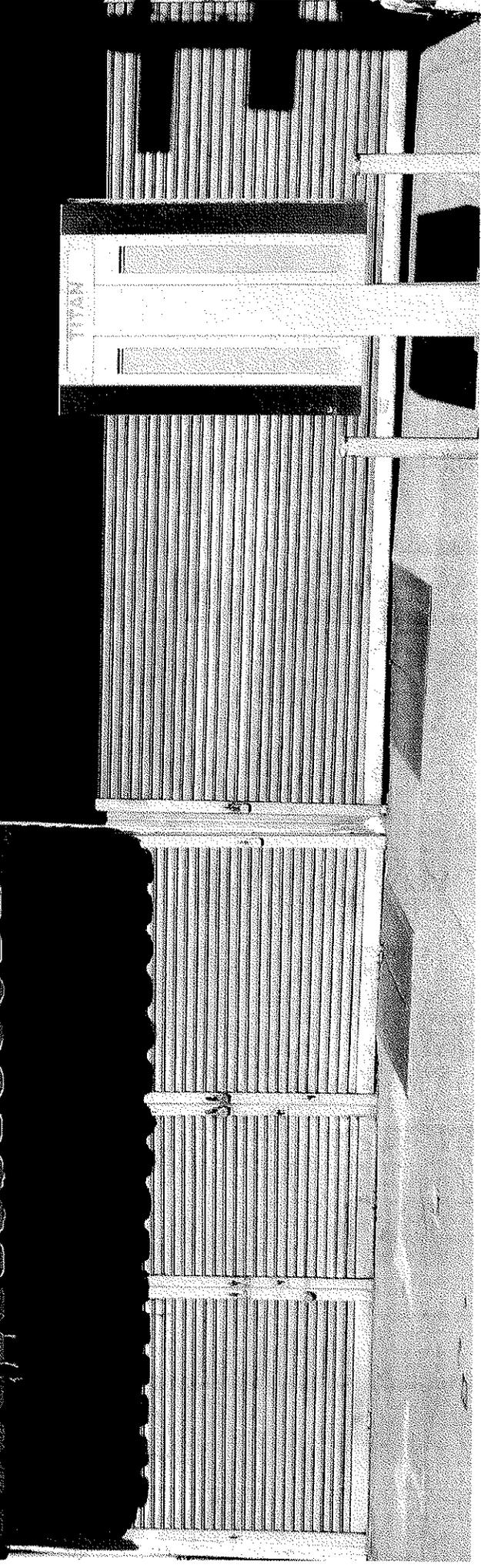
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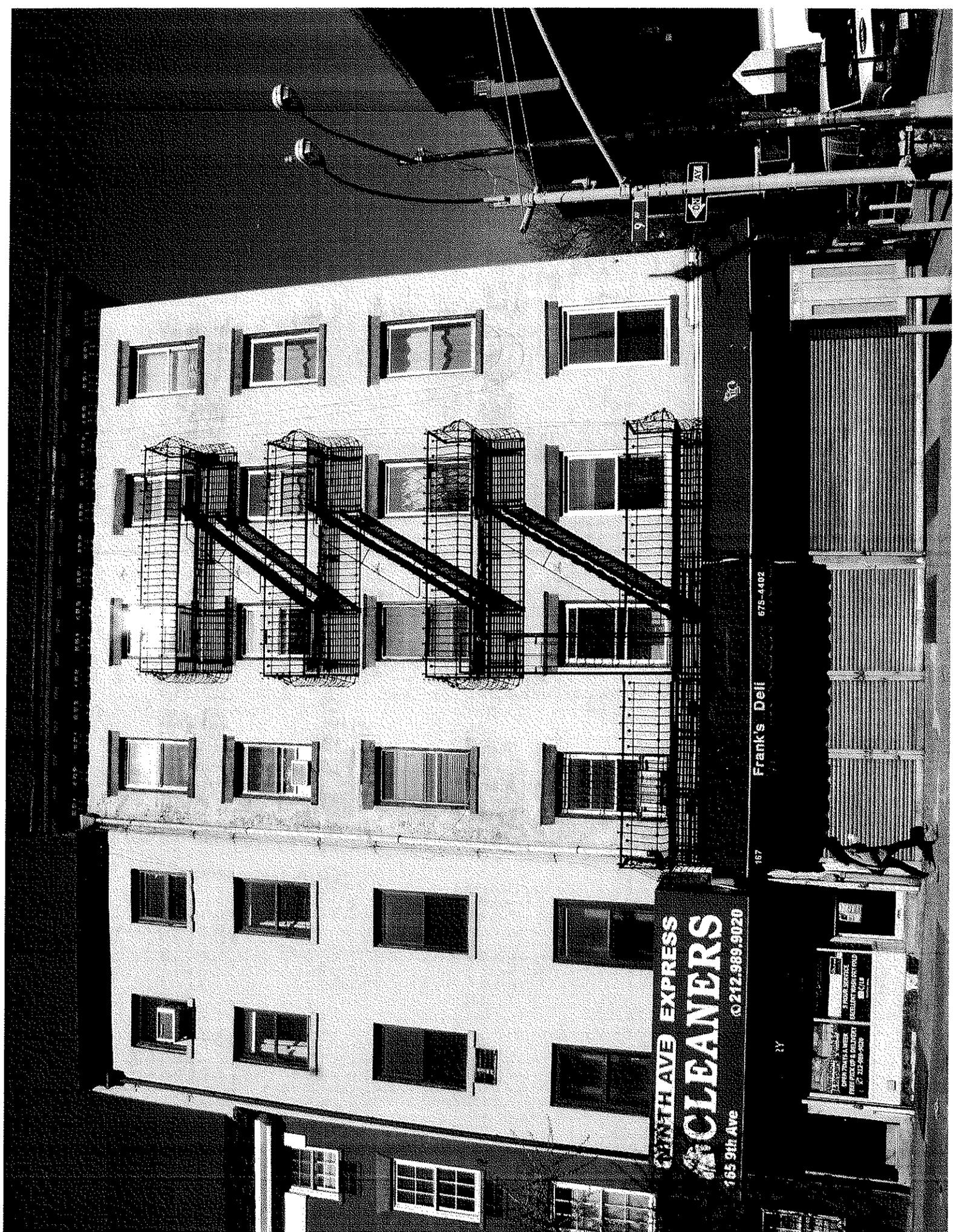
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3 FLOOR SERVICE
DELIVERY & PICKUP
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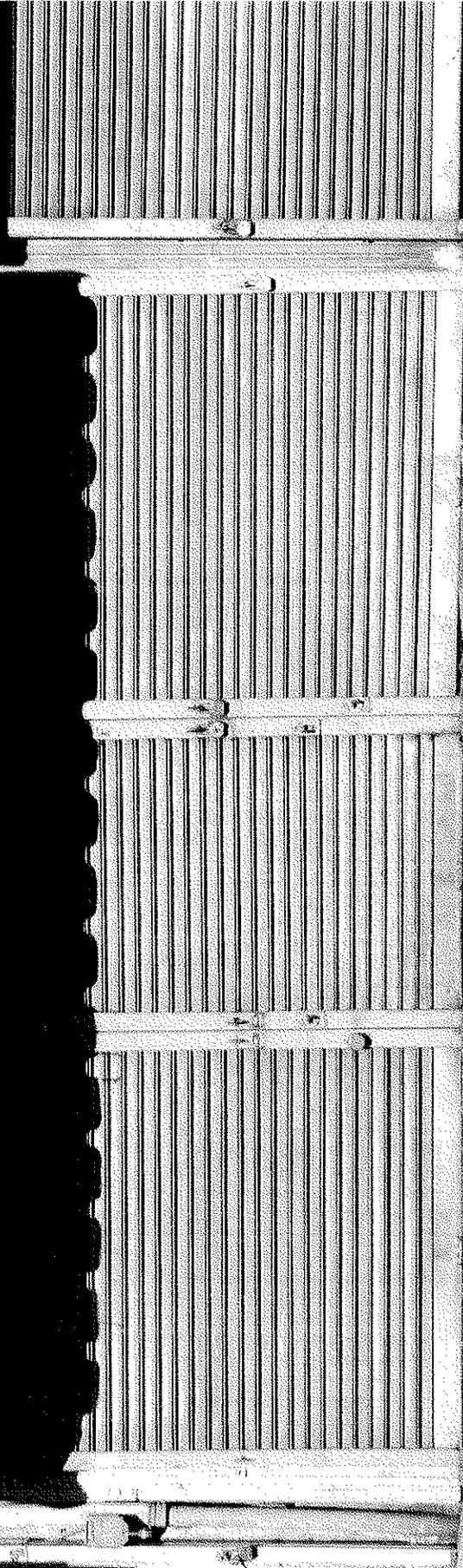
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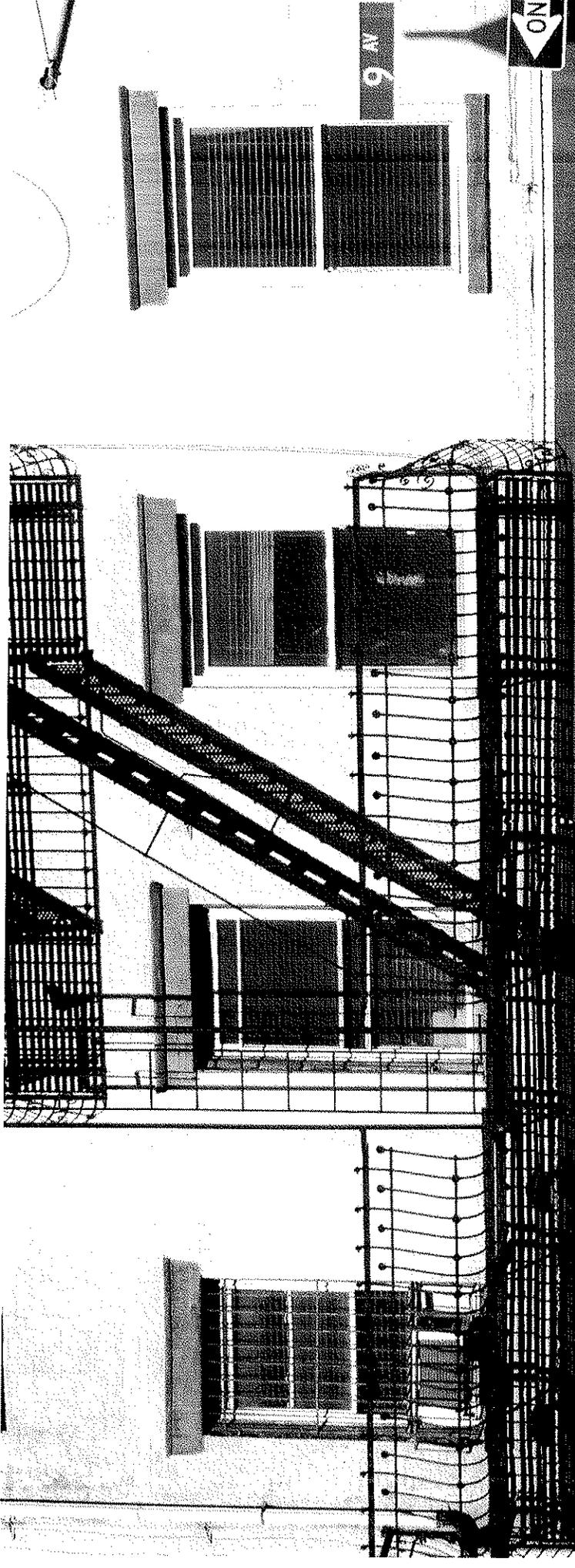
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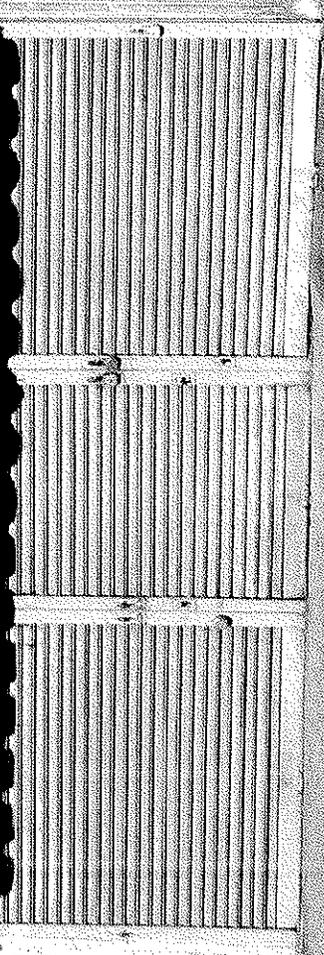
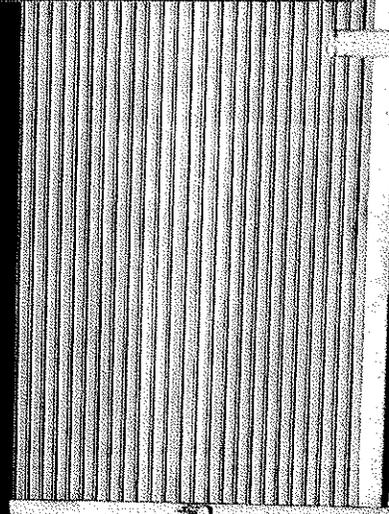
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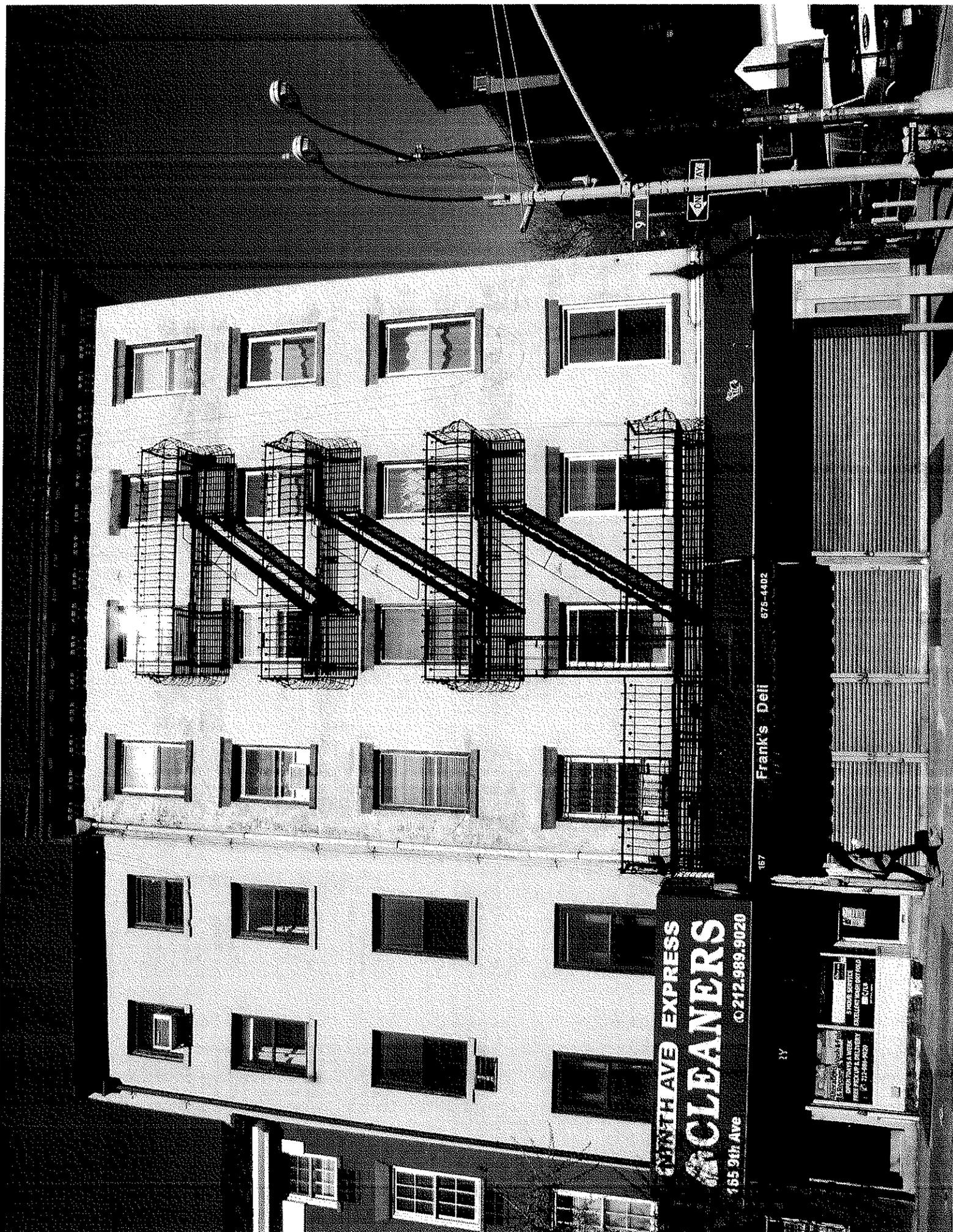




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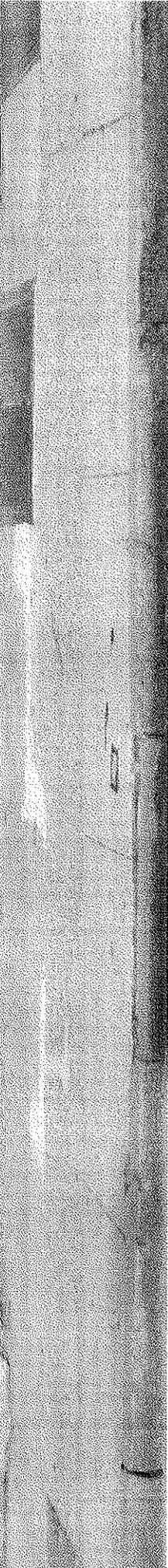
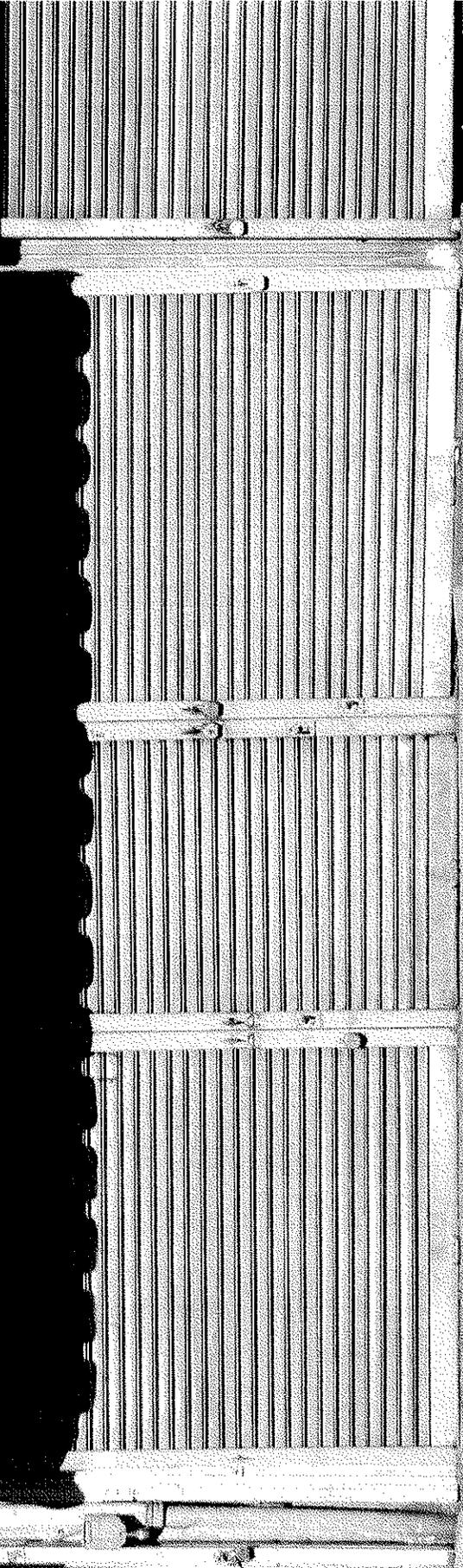
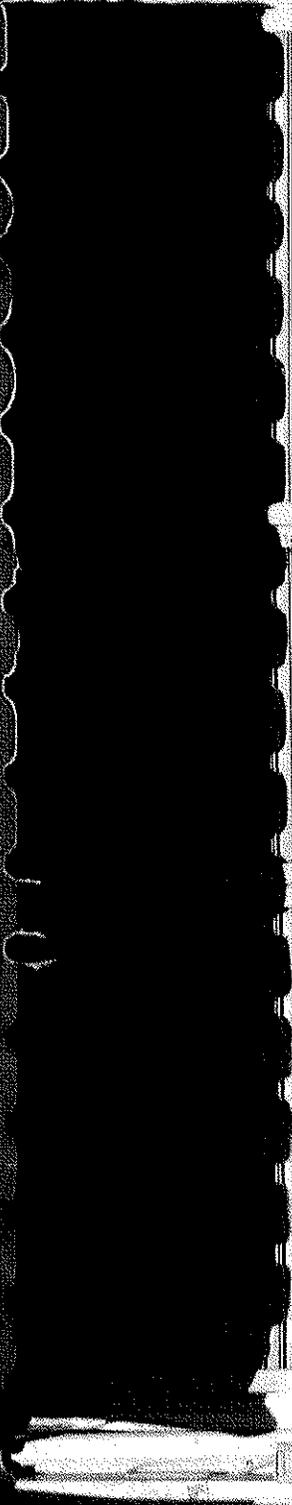
9th Ave
ONE WAY

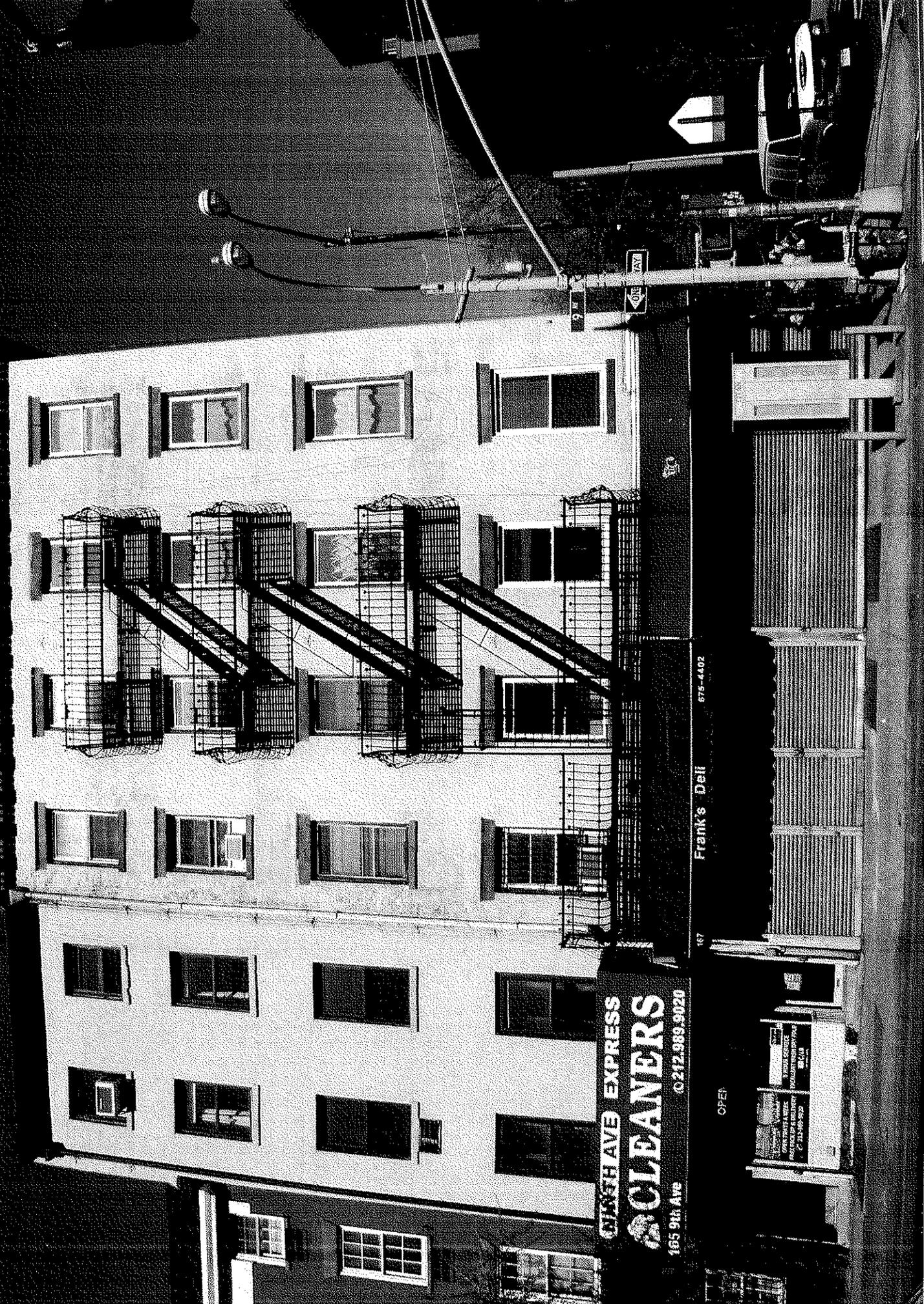
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167

167

NO

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NYC Department of Buildings

Work Permit Data

Premises: 167 9 AVENUE MANHATTAN

BIN: 1012580 Block: 717 Lot: 43

Filed At: 400 WEST 20 STREET MANHATTAN

Job Type: A2 - ALTERATION TYPE 2

Job No: 120978834

Permit No: 120978834-02-EW-MH

Seq. No.: 01

Work:

Issued: 02/24/2012

Filing Date: 02/23/2012 INITIAL

Proposed Job Start: 02/24/2012

Fee: STANDARD

Expires: 03/29/2012

Status: ISSUED

Work Approved: 02/14/2012

ALTERATION TYPE 2 - MECH/HVAC

INSTALLATION OF PLUMBING FIXTURES AND RELATED MECHANICAL WORK AS PER PLANS
SUBMITTED.

Use: COM - COMMERCIAL BUILDINGS - OLD CODE

Landmark: YES

Stories: 5

Site Fill: NOT APPLICABLE

Review is requested under Building Code: Prior-to-1968

Issued to: GOWKARRAN BUDHU

GENERAL
CONTRACTOR - NON- 0603690-GC
REGISTERED:Business: THERMO TECH MECHANICAL IN
528 LELAND AVENUE BRONX NY 10473

Phone: 917-292-1707



[CLICK HERE TO SIGN UP FOR BUILDINGS NEWS](#)

NYC Department of Buildings
Work Permit Data

Premises: 167 9 AVENUE MANHATTAN
BIN: 1012580 Block: 717 Lot: 43

Filed At: 400 WEST 20 STREET MANHATTAN
Job Type: A2 - ALTERATION TYPE 2

CONCRETE WORK NOT AUTHORIZED - CONCRETE PLACEMENT, FORMWORK, STEEL REINFORCING NOT PERMITTED

Job No:	<u>120978834</u>	Fee:	STANDARD
Permit No:	120978834-01-EW-OT	Issued:	02/24/2012
Seq. No.:	01	Filing Date:	02/23/2012 INITIAL
Work:		Proposed Job Start:	02/24/2012
		Expires:	03/29/2012
		Status:	ISSUED
		Work Approved:	02/14/2012

ALTERATION TYPE 2 - GEN. CONSTR.
GENERAL CONSTRUCTION WORK, INCLUDING THE REMOVAL AND INSTALLATION OF WALLS,
CEILINGS, FINISHED FLOORS, NEW CABINETRY WORK AS PER PLANS SUBMITTED.

Use: COM - COMMERCIAL BUILDINGS - OLD CODE Landmark: YES Stories: 5
Site Fill: NOT APPLICABLE
Review is requested under Building Code: Prior-to-1968

Adding more than three stories: No
Removing one or more stories: No
Performing work in 50% or more of the area of the building: No
Demolishing 50% or more of the area of the building: No
Performing a vertical or horizontal enlargement adding more than 25% of the area of the building: No
Mechanical equipment other than handheld devices to be used for demolition or removal of debris to be used: No

Approved work includes concrete: No
Concrete work has been completed: No
Work includes 2,000 cubic yards or more of concrete: No

Issued to: GOWKARRAN BUDHU GENERAL
CONTRACTOR - NON- 0603690-GC
REGISTERED:
Business: THERMO TECH MECHANICAL IN Phone: 917-292-1707
528 LELAND AVENUE BRONX NY 10473

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.

NYC Buildings



Work Permit Department of Buildings

Permit Number: 121031310-01-EW-OT

Issued: 04/06/2012

Expires: 06/11/2012

Address: MANHATTAN 400 WEST 20 STREET

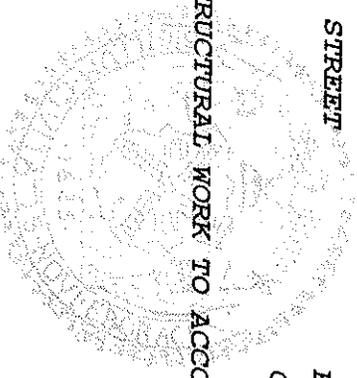
Issued to: LORENZO DEVARDO

Business: VARDI CONSTRUCTION CORP

Contractor No: GC-2362

Description of Work:

ALTERATION TYPE 2 - STRUCTURAL STRUCTURAL WORK TO ACCOMMODATE NEW STAIRS AS PER PLANS SUBMITTED.



Review is requested under Building Code: Prior-to-1968

SITE FILL: NOT APPLICABLE

To see a Zoning Diagram (ZD1) or to challenge a zoning approval filed as part of a New Building application or Alteration application filed after 7/13/2009, please use "My Community" on the Buildings Department web site at www.nyc.gov/buildings.

Emergency Telephone Day or Night: 311

Borough Commissioner:

Commissioner of Buildings:

Tampering with or knowingly making a false entry in or falsely altering this permit is a crime that is punishable by a fine, imprisonment or both.



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NYC Department of Buildings
C of O PDF Listing for Property

Premises: 167 9 AVENUE MANHATTAN

BIN: [1012580](#) Block: 717 Lot: 43

Download the [Adobe Acrobat Reader](#) if you are unable to open the PDF files

To report a problem with any of these images, please use the [CO Image Problem Form](#)

THERE ARE NO CERTIFICATES OF OCCUPANCY ON FILE FOR THIS ADDRESS

[Back](#)

If you have any questions please review these [Frequently Asked Questions](#), the [Glossary](#), or call the 311 Citizen Service Center by dialing 311 or (212) NEW YORK outside of New York City.



CITY OF NEW YORK

MANHATTAN COMMUNITY BOARD FOUR

330 West 42nd Street, 26th floor New York, NY 10036
tel: 212-736-4536 fax: 212-947-9512
www.nyc.gov/mcb4

JOHN WEIS
Chair

ROBERT J. BENFATTO, JR., ESQ.
District Manager

February 18, 2010

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

Re: Speak Integrated Corp
167 Ninth Avenue (corner of W20th Street)

Dear Chairman Rosen:

Manhattan Community Board 4 recommends denial of the application of Speak Integrated Corp for a new On Premises liquor license unless the following stipulations, agreed to by the applicant, are part of this establishment's method of operation:

- 1) Hours of operation will be from no earlier than noon to no later than 12 am seven days a week.
- 2) This establishment will have a capacity of no more than 60 people with no more than 20 tables seating no more than 50 people and one bar seating no more than eight people.
- 3) They will play no music other than soft background music not audible from outside the establishment and the music will cease by 10 pm.
- 4) They will serve only cold food.
- 5) French doors and sliding windows will be closed whenever amplified music is played inside as per law; in all events they will be closed by 11 pm Friday and Saturday and by 10 pm on all other days.
- 6) Riders of delivery bicycles will wear identifying clothing and bikes when not in use will be stored off the street.

A signed copy of the stipulations is enclosed. This is a new establishment.

Sincerely,

John Weis
Chair
Manhattan Community Board
4

[Signed 2/17/11]
Burt Lazarin
Co-Chair
Business License & Permits
Committee – South

[Signed 2/17/11]
Hugh Weinburg
Co-Chair
Business License & Permits
Committee – South

Manhattan Community Board 4

Liquor License Application Questionnaire

APPLICANT		SOUTH BUSINESS AD (DBA)	
NAME		SPEAK INTEGRATED CORP	
STREET ADDRESS		167 9TH AVENUE E 20TH ST	
OWNER	NAME	OWNER	NAME
	Kristin Sollenne		Warren Resetsky
	PHONE 212-939-2256		PHONE 212-513-1988
	FAX 212-449-1447		FAX 212-395-0564
MANAGER	NAME	MANAGER	NAME
	Same as above		
	PHONE		PHONE
	FAX		FAX

Please describe the nature of your proposed venue: **Fully Restaurant Food**

License Type

Restaurant Wine & Beer
 On-Premises Liquor
 Eating Place Beer
 Hotel Beer
 Club Beer
 Cabaret Liquor
 Club Wine & Beer
 Tavern Wine
 Catering Establishment
 Hotel Wine & Beer

APPLICATION TYPE (check one)

New

Has applicant owned or managed a similar business? **NO**

What was the name of former premises? **N/A**

What was the address of the former premises?

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**

If alterations or operational changes are being made, please attach the plans to this form.

Alteration

What is the current license #? **N/A**

What is the expiration date on the current license?

Please describe the nature of the alterations and attach the plans

Is the 500 Foot Rule Triggered? **NO**

Is the 200 Foot Rule Triggered? **NO**

Are your plans filed with DOB? **NO**

Is a Public Assembly permit required? **NO**

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS	Operation	12-12	12-12	12-12	12-12	12-12	12-12	12-12
	Music	1-10	1-10	1-10	1-10	1-10	1-10	1-10
	Kitchen	11-12	11-12	11-12	11-12	11-12	11-12	11-12
OCCUPANCY	Capacity (Certificate of Occupancy)	60	50	20	0	0	8	N/A/N/A
	Number of Employees							
Will you be applying or intending to apply for a cabaret license?					<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	
Will you be hosting private parties and promotional events?					<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	
Will outside promoters be used?					<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	
Will the security plan submitted be implemented?					<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	
Will State certified security personnel(s) be used?					<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	
Will New York Nightlife Association recommendations be followed?					<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	
Will the applicant be using delivery bicycles?					<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	
Will applicant have music?					<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA	
If you plan to have music, what type(s)?					RECORD/PI	LIVE MUSIC	NA	

French doors and sliding windows will be closed when any amplified music is played (per law) 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	<input type="radio"/> NO	<input type="radio"/> NA
Will the kitchen exhaust system be designed to be compliant with NYC building codes and be constructed to not disturb neighboring tenants?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA
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	<input type="radio"/> NO	<input type="radio"/> NA
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	<input type="radio"/> NO	<input type="radio"/> NA
If applicant decides to apply for alterations, as defined by SLA or DCA (as applicable), he/she will reappear before CB4 to describe these alterations.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> NA

Will applicant use the rooftop or rear yard?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
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 type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
Will applicant 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
Will applicant 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
Will applicant 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

Primary Zoning District:		Overlay (If Applicable):	
Does the building have a Certificate of Occupancy ("C of O")?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
If the building has a "C of O" is the proposed occupancy permitted?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> 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	Manhattan Community Board 4	
	# 2		
	# 3		
	# 4		

Coco Kitchen
No Hot Food
Use of
No part bar space

Nelly Gonzalez
CBA Community Associate


CBA BLP Committee Co-Chair


CBA BLP Committee Co-Chair

Pursuant to these stipulations, this applicant agrees to have these provisions incorporated in the method of operation of their liquor license. Additionally, the applicant agrees to the community agreements as the basis for the community supporting this application.


SIGNATURE OF APPLICANT OR ATTORNEY

DATE

12/29/16