

1 **Business License & Permits Committee**

**Item #: 1**

2

3 June 5, 2013

4

5 Dennis Rosen

6 Chairman

7 New York State Liquor Authority

8 80 S. Swan Street, 9<sup>th</sup> Floor

9 Albany, New York 12210

10

11 **Re: GW Market LLC**

12 **550 W. 45<sup>th</sup> Street**

13

14 Dear Chairman Rosen:

15

16 Manhattan Community Board 4 (MCB4) recommends denial of transfer restaurant license for GW  
17 Market LLC – 550 W. 45<sup>th</sup> Street unless the following stipulation, agreed to by the applicant, is part of  
18 the method of operation for this establishment with a capacity of 412, with 40 tables, 196 seats, 3 stand-  
19 up bars with 30 seats, 58/44 seats with 21/14 tables outside recessed/sidewalk.

20

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

22

23 Sincerely,

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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

<b>APPLICANT</b> GW Market LLC		<b>DOING BUSINESS AS (DBA)</b> TBD		
<b>STREET ADDRESS</b> 550 W. 45th Street		<b>CROSS STREETS</b> 10th and 11th Avenue		
<b>OWNER</b>	<b>NAME:</b> Picket Realty Construction Consultants LLC	<b>ATTORNEY</b>	<b>NAME:</b> Terry Flynn, Esq.	
	<b>PHONE:</b> (212) 599-0520		<b>PHONE:</b> (718) 945-1000	
	<b>FAX:</b> (212) 599-0917		<b>FAX:</b> (718) 318-6162	
<b>MANAGER</b>	<b>NAME:</b> AvroKO Hospitality Group LLC	<b>LANDLORD</b>	<b>NAME:</b> 44th Street Development LLC	
	<b>PHONE:</b> (212) 254-0350		<b>PHONE:</b> (212) 599-0520	
	<b>FAX:</b>		<b>FAX:</b> (212) 599-0917	
<b>DESCRIPTION OF BUSINESS</b>				
<b>Establishment Type:</b>	<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 checked="" type="radio"/> Other (Explain): <u>Eatery (Restaurants/Market/Bar)</u>			
<b>Method of Operation:</b>	<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 checked="" type="radio"/> Cafe <input checked="" type="radio"/> Other (Explain): <u>Food Market and Food Court</u>			
<b>License Type:</b>	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
<b>APPLICATION TYPE</b> (check one)	<input checked="" type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
		What is/was the name of establishment?	See attached.	
		What is/was the address of the establishment?		
		What were the dates the applicant was involved with this former premise?		
	<input type="radio"/> <b>Transfer</b>	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"/> <b>Alteration</b>	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	6am-11am	6am-11am	6am-11am	6am-11am	6am-11am	6am-11am	6am-11am
	Music	12pm-1am	12pm-1am	12pm-1am	12pm-1am	12pm-1am	12pm-1am	12pm-1am
	Kitchen	6am-11am	6am-11am	6am-11am	6am-11am	6am-11am	6am-11am	6am-11am

12 AM  
12 AM  
12 AM

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
	412	412	40	196	0	3	30	58/44	21/14

Recessed/  
Sidewalk

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
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** Occasional live music at private events ending at 1am.

**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

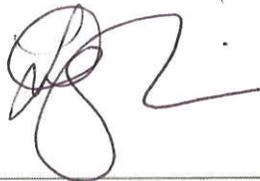
OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	<input checked="" type="radio"/> 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.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	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	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	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	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	N/A

LOCATION & ZONING			
Primary Zoning District:	R10	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	<input 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 Triggerred? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	N/A
Is a Public Assembly permit required?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	N/A
Are your plans filed with DOB?	YES	<input checked="" type="radio"/> 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 checked="" type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
<b>NOTIFICATION:</b> What organizations / community groups have you notified regarding your application?	# 1		
	# 2		
	# 3		

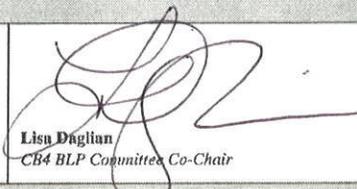
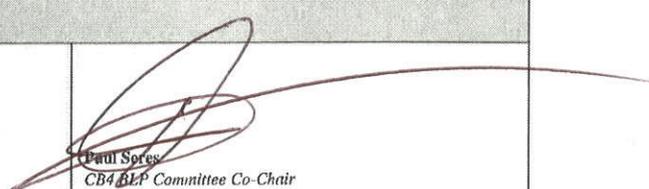
ADDITIONAL INFORMATION: (Applicant Use)

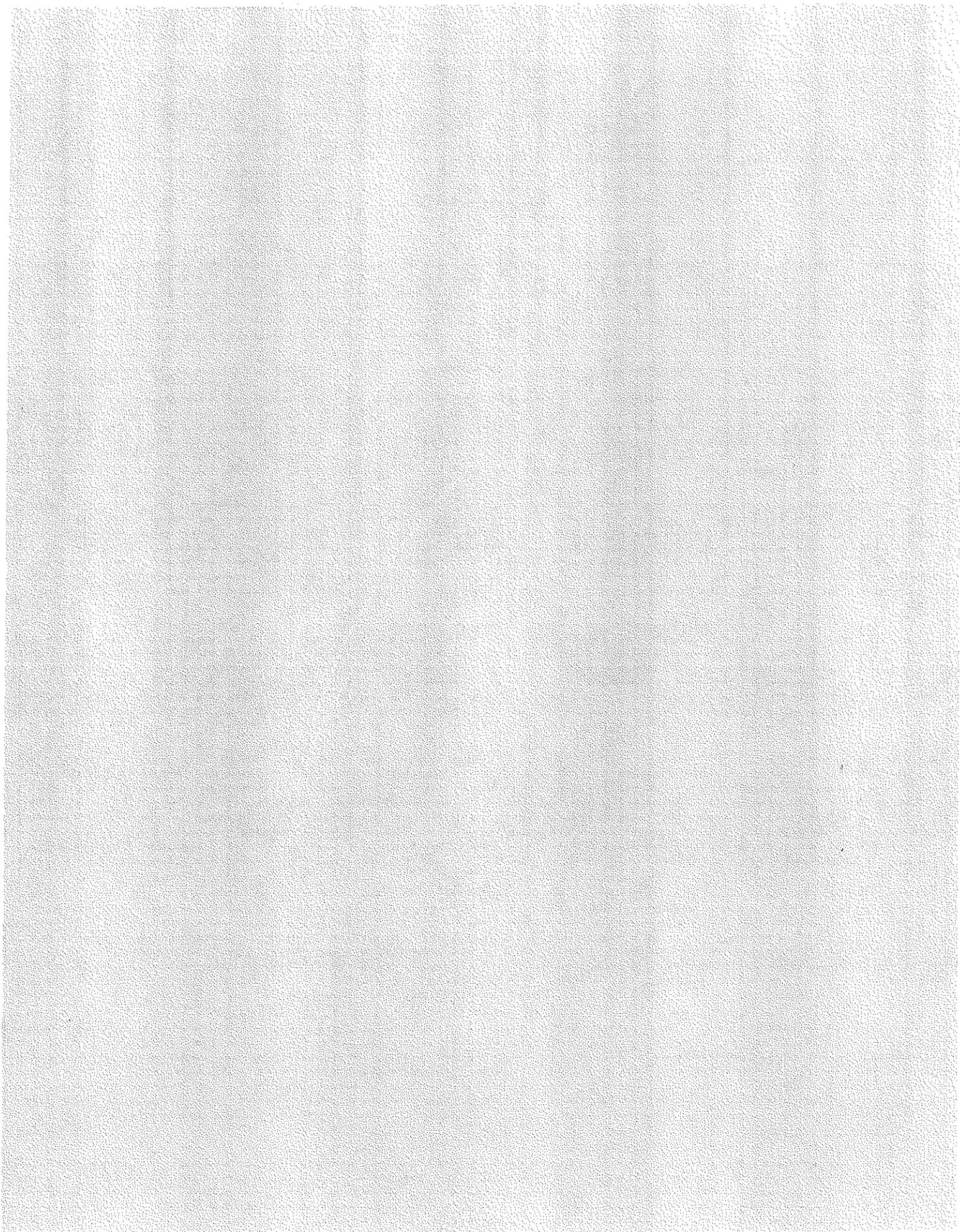
ADDITIONAL NOTES: (Office Use Only)

- Applicant agrees to monitor the number of patrons and add additional security each night as per the New York City Hospitality Alliance (NYHA) and NYPD Best Practices Guidelines as needed.
- Floor Plan include — 39 feet of grocery and — 39 feet of produce display that will not be occupied by tables, chairs or ban —  
Plans to be submitted by May 27<sup>th</sup> to EB4
- Signs outside exits and entrances will be placed stating to keep the noise down and to respect the neighbors



Melissa Rianno

Manhattan Community Board 4 (MCB4) recommends:		<input type="radio"/> Approval <input type="radio"/> Denial unless all agreed to by applicant is part of the method of operation <input type="radio"/> Denial	
<b>CB4 REPRESENTATIVES</b>			
Nelly Gonzalez CB4 Community Associate	 Lisa Daglian CB4 BLP Committee Co-Chair	 Paul Sorens CB4 BLP Committee Co-Chair	
<b>APPLICANT AGREEMENT WITH THE COMMUNITY</b>			
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.			
<b>SIGN HERE</b> →	 SIGNATURE OF APPLICANT		DATE 5/14/13



1 **Business License & Permits Committee**

**Item #: 2**

2  
3 June 5, 2013

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

10  
11 **Re: XL Dance Bar LLC**  
12 **512 W. 42<sup>nd</sup> Street**

13  
14 Dear Chairman Rosen:

15  
16 Manhattan Community Board 4 (MCB4) passes on taking an opinion for the alteration of restaurant  
17 license for XL Dance Bar – 512 W. 42<sup>nd</sup> Street. The alteration is merely a corporate change and no new  
18 members and/or principals are being added.

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

<b>APPLICANT</b> XL Dance Bar LLC		<b>DOING BUSINESS AS (DBA)</b> XL Dance Bar		
<b>STREET ADDRESS</b> 512 West 42nd Street, New York, NY 10036		<b>CROSS STREETS</b> Between 10th Avenue and 11th Avenue		
<b>OWNER</b>	<b>NAME:</b> Brandon Voss	<b>ATTORNEY</b>	<b>NAME:</b> Donald M. Bernstein, Victor & Bernstein P.C.	
	<b>PHONE:</b> (212) 239-2999		<b>PHONE:</b> (212) 486-6000	
	<b>FAX:</b>		<b>FAX:</b> (212) 486-8668	
<b>MANAGER</b>	<b>NAME:</b>	<b>LANDLORD</b>	<b>NAME:</b> 42nd Street Holdings LLC	
	<b>PHONE:</b>		<b>PHONE:</b> (212) 541-9840	
	<b>FAX:</b>		<b>FAX:</b>	
<b>DESCRIPTION OF BUSINESS</b>				
Establishment Type:		<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input checked="" type="radio"/> Cabaret <input checked="" 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 checked="" 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		
<b>APPLICATION TYPE</b> (check one)	<input type="radio"/> New	Has applicant owned or managed a similar business?	<b>YES</b>	<b>NO</b>
		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"/> <del>Transfer</del> Corporate Change (see Additional Information, p. 4)	What is the <del>prec</del> license #?	1248373	
		What is the expiration date on the <del>prec</del> license?	December 31, 2013	
		Are you making any alterations or operational changes?	<b>YES</b>	<b>NO</b>
		If alterations or operational changes are being made, please attach the plans to this form See below and attached.		
		What is the current license #?	1248373	
		What is the expiration date on the current license?	December 31, 2013	
<i>Please describe the nature of the alterations and attach the plans</i> Relocation of DJ Booth, existing DJ Booth to be a Coat Check Room, removing high top tables and upgrading and adding banquette seating around perimeter of bar area. See floor plans attached.				

## OPERATIONAL ISSUES

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
<b>HOURS</b>	<b>Operation</b>			4:00PM - 4:00AM				
	<b>Music</b>			4:00PM - 4:00AM				
	<b>Kitchen</b>			4:00PM - 4:00AM				

<b>OCCUPANCY</b>	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
	650	650	Approx. 37	2-4 ppl per table (approx 138 total)	0	3	10	N/A	N/A

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> NO	N/A	We will not be applying for a cabaret, we have one.
Will applicant have bottle service?	<input checked="" type="radio"/> YES	NO	N/A	
Will you be hosting private parties and promotional events?	<input checked="" type="radio"/> YES	NO	N/A	We do and will not use outside promoters but we occasionally book special or private events
Will outside promoters be used?	YES	<input checked="" type="radio"/> NO	N/A	
Will the security plan submitted be implemented?	<input checked="" type="radio"/> YES	NO	N/A	6-15 licensed security personnel, as stipulated with CB4.
Will State certified security personnel be used?	<input checked="" type="radio"/> YES	NO	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)	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	
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)?	<input checked="" type="radio"/> BACKGROUND	<input checked="" type="radio"/> LIVE MUSIC	<input checked="" 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.	YES	NO	<input checked="" type="radio"/> N/A	There are no open windows. Unless patrons entering/exiting, doors are kept closed.
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	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:	C6-4	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?	<input checked="" type="radio"/> 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="radio"/> NO	N/A This is a licensed premises.
Is a Public Assembly permit required?	<input checked="" type="radio"/> YES	NO	N/A
Are your plans filed with DOB?	<input checked="" type="radio"/> 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: _____ Premises is within a building used as a hotel.		
Adjacent Buildings	<input checked="" type="radio"/> Residential <input checked="" type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input checked="" type="radio"/> Other, describe: Industrial and Institutional Buildings. See zoning map attached.		
<b>NOTIFICATION:</b> What organizations / community groups have you notified regarding your application?  *The applicant has reached out to these individuals regarding the alterations at the premises.	# 1	Greg Gushde (MiMA)	
	# 2	Marisa Redanty (Manhattan Plaza)	
	# 3	David Solnick (The Orion)	

**ADDITIONAL INFORMATION: (Applicant Use)**

The licensee is currently controlled by 42nd Street Holdings LLC, which in turn is controlled by Mati Weiderpass and Ian Reisner. 42nd Street Holdings LLC is increasing its ownership of the licensee from 60% to 99%. Additionally, three members of the minority member of the licensee are being removed. No new members or principals are being added.

**ADDITIONAL NOTES: (Office Use Only)**

Manhattan Community Board 4 (MCB4) recommends:	<input type="radio"/> Approval <input type="radio"/> Denial unless all agreed to by applicant is part of the method of operation <input type="radio"/> Denial
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**CB4 REPRESENTATIVES**

<b>Nelly Gonzalez</b> <i>CB4 Community Associate</i>	<b>Lisa Daglian</b> <i>CB4 BLP Committee Co-Chair</i>	<b>Paul Seres</b> <i>CB4 BLP Committee Co-Chair</i>
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**APPLICANT AGREEMENT WITH THE COMMUNITY**

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.

<b>SIGN HERE</b>	<b>SIGNATURE OF APPLICANT</b>	<b>DATE</b>
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1 **Business License & Permits Committee**

Item #: 3

2  
3 June 5, 2013

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

10  
11 **Re: Witchcraft Operating LLC**  
12 **d/b/a wichcraft**  
13 **Chelsea Piers/Pier 62 (Westside Highway/22<sup>nd</sup> St.)**

14  
15 Dear Chairman Rosen:

16  
17 Manhattan Community Board 4 (MCB4) recommends denial of transfer restaurant license for Wichcraft  
18 Operating LLC d/b/a Wichcraft – Chelsea Piers/Pier 62 (Westside Highway/22<sup>nd</sup> St.) unless the  
19 following stipulation, agreed to by the applicant, is part of the method of operation for this establishment  
20 with a capacity of 62, with 24 tables, 61 seats, one stand-up bar with no seating, and 14 seats with 7  
21 tables outside within the building property line.

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

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

(All Fields Must Be Completed)

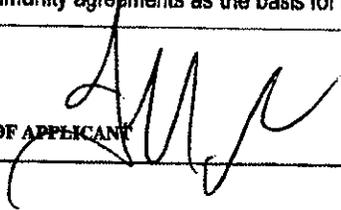
## Liquor License Stipulations Application

<b>APPLICANT</b> 'wichcraft Operating LLC		<b>DOING BUSINESS AS (DBA)</b> 'wichcraft		
<b>STREET ADDRESS</b> Chelsea Piers/Pier 62 New York, NY 10011		<b>CROSS STREETS</b> Westside Highway and 22nd Street		
<b>OWNER</b>	<b>NAME:</b> Jeffrey Zurofsky also see attached list	<b>ATTORNEY</b>	<b>NAME:</b> Donald M. Bernstein, Esq.	
	<b>PHONE:</b> 212 780 0577		<b>PHONE:</b> 212 486 6000	
	<b>FAX:</b> N/A		<b>FAX:</b> 212 486 8668	
<b>MANAGER</b>	<b>NAME:</b> Lawrence Green	<b>LANDLORD</b>	<b>NAME:</b> Waterfront Services LLC Chelsea Piers - Pier 62 Suite 300 New York, NY 10011	
	<b>PHONE:</b> 718 915 1221		<b>PHONE:</b> 212 336 6500	
	<b>FAX:</b> N/A		<b>FAX:</b> N/A	
<b>DESCRIPTION OF BUSINESS</b>				
<b>Establishment Type:</b>	<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): _____			
<b>Method of Operation:</b>	<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): _____			
<b>License Type:</b>	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
<b>APPLICATION TYPE</b> (check one)	<input checked="" type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?	<b>YES</b>	<b>NO</b>
		What is/was the name of establishment?	see attached list	
		What is/was the address of the establishment?	see attached list	
		What were the dates the applicant was involved with this former premise?	see attached list	
	<input type="radio"/> <b>Transfer</b>	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	<b>YES</b>	<b>NO</b>
		If alterations or operational changes are being made, please attach the plans to this form.		
	<input type="radio"/> <b>Alteration</b>	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	8AM-2AM	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	8AM-2AM	
	Kitchen	8AM-2AM	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	
	62	62	24	61	None	One	None	14	7	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	<del>3-4</del>	<del>5</del>	1st floor= 42 and Mezzanine= 20		
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 - private parties only		
Will outside promoters be used?					YES	NO	N/A	No		
Will the security plan submitted be implemented?					YES	NO	N/A	NA as Chelsea Piers has their own security personnel		
Will State certified security personnel be used?					YES	NO	N/A	NA as Chelsea Piers has their own security personnel		
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					YES	NO	N/A	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	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, the general manager		
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 see wichcraft webpage and Craig's list		
If you plan to have music, what type(s)?			BACKGROUND *	LIVE MUSIC *	DJ	Background and Live 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	Yes		
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 - there is a sound system already in place.		
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 as the premises already has a storm enclosure in place.		

<b>OUTDOOR ITEMS</b>				
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<del>NO</del>	<del>N/A</del>	Yes, there is a patio/deck
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	<del>NO</del>	<del>N/A</del>	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	<del>NO</del>	<del>N/A</del>	Yes
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	<del>NO</del>	<del>N/A</del>	
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.).	<del>YES</del>	<del>NO</del>	N/A	N/A as there are no residential tenants in the area.
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.	<del>YES</del>	<del>NO</del>	N/A	N/A as there are no residential tenants in the area.
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	<del>NO</del>	<del>N/A</del>	Yes

<b>LOCATION &amp; ZONING</b>				
Primary Zoning District:	Manufacturing*	Overlay (If Applicable):	N/A	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<del>YES</del>	NO	<del>N/A</del>	No
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	<del>NO</del>	<del>N/A</del>	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.	<del>YES</del>	NO	<del>N/A</del>	No
Is a Public Assembly permit required?	<del>YES</del>	NO	<del>N/A</del>	No
Are your plans filed with DOB?	<del>YES</del>	<del>NO</del>	N/A	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: _____			
<b>NOTIFICATION:</b> What organizations / community groups have you notified regarding your application?	# 1	N/A		
	# 2			
	# 3			

Manhattan Community Board 4 (MCB4) recommends:		<input type="radio"/> Approval <input type="radio"/> Denial unless all agreed to by applicant is part of the method of operation <input type="radio"/> Denial
<b>CB4 REPRESENTATIVES</b>		
Nelly Gonzalez <i>CB4 Community Associate</i>	Lisa Daghian <i>CB4 BLP Committee Co-Chair</i>	Paul Serec <i>CB4 BLP Committee Co-Chair</i>
<b>APPLICANT AGREEMENT WITH THE COMMUNITY</b>		
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.		
<b>SIGN HERE</b> →	 SIGNATURE OF APPLICANT	DATE 4/24/13

1 **Business License & Permits Committee**

Item #: 4

2  
3 June 5, 2013

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

10  
11 **Re: Cap Restaurant Corp**  
12 **301 W. 48<sup>th</sup> Street**

13  
14  
15 Dear Chairman Rosen:

16  
17 Manhattan Community Board 4 (MCB4) recommends denial of transfer restaurant license for Cap  
18 Restaurant Corp. – 301 W. 48<sup>th</sup> Street unless the following stipulation, agreed to by the applicant, is part  
19 of the method of operation for this establishment with a capacity of under 75, with 15 tables, 4 seats, one  
20 service bar, one stand-up bar with 10 seats, and 10 seats with 5 tables outside within the building  
21 property line.

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

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

(All Fields Must Be Completed)

## Liquor License Stipulations Application

<b>APPLICANT</b>		<b>DOING BUSINESS AS (DBA)</b>		
CAP RESTAURANT Corp				
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>		
301 West 48 <sup>th</sup> Street		8 <sup>th</sup> + 9 <sup>th</sup> Avenue		
<b>OWNER</b>	<b>NAME:</b>	<b>ATTORNEY</b>	<b>NAME:</b>	
	<b>PHONE:</b>		<b>PHONE:</b>	
	<b>FAX:</b>		<b>FAX:</b>	
Patrick Lima 917-647-9725		George Karp 646-732-1008 646-329-5825		
<b>MANAGER</b>	<b>NAME:</b>	<b>LANDLORD</b>	<b>NAME:</b>	
	<b>PHONE:</b>		<b>PHONE:</b>	
	<b>FAX:</b>		<b>FAX:</b>	
		Marin Management 212 213-0123		
<b>DESCRIPTION OF BUSINESS</b>				
<b>Establishment Type:</b>	<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): _____			
<b>Method of Operation:</b>	<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): _____			
<b>License Type:</b>	<input type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
<b>APPLICATION TYPE</b> <i>(check one)</i>	<input type="radio"/> <b>New</b>	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"/> <b>Transfer</b>	What is the prior license #?	<del>1110670</del>	
		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"/> <b>Alteration</b>	What is the current license #?	1110670	
		What is the expiration date on the current license?	1/31/2015	
<i>Please describe the nature of the alterations and attach the plans</i> - See attached				

**OPERATIONAL ISSUES**

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS	Operation							
	Music	ALL AS CURRENTLY EXISTING						
	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
	Under 75	74	15	4	1	1	10	10	5

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	3-4	5+	2		
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 <u>private parties</u> 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	As Existing		
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	As Existing		
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?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	Front sidewalk Cafe
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 type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A	As currently used
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 type="radio"/> YES	<input type="radio"/> 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	<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 type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> 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 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 type="radio"/> NO	<input checked="" type="radio"/> N/A
Is a Public Assembly permit required?	<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
Are your plans filed with DOB?	<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
Building Type	<input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Other, describe: _____		
Adjacent Buildings	<input checked="" type="checkbox"/> Residential <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Other, describe: _____		
<b>NOTIFICATION:</b> What organizations / community groups have you notified regarding your application?	# 1		
	# 2		
	# 3		

**ADDITIONAL INFORMATION: (Applicant Use)**

**ADDITIONAL NOTES: (Office Use Only)**

Agrees to close all Fresh Windows / Doors  
as per the MCBT guidelines

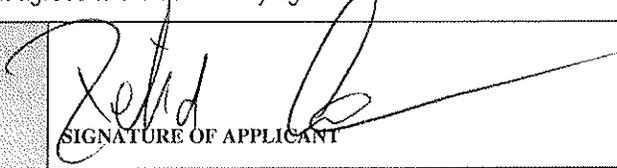
Manhattan Community Board 4 (MCB4) recommends:	<input type="radio"/> Approval <input type="radio"/> Denial unless all agreed to by applicant is part of the method of operation <input type="radio"/> Denial
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**CB4 REPRESENTATIVES**

<p>Nelly Gonzalez <i>CB4 Community Associate</i></p>	<p>Lisa Daglian <i>CB4 BLP Committee Co-Chair</i></p>	<p> Paul Sykes <i>CB4 BLP Committee Co-Chair</i></p>
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**APPLICANT AGREEMENT WITH THE COMMUNITY**

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.

<p><b>SIGN HERE</b> →</p>	<p> SIGNATURE OF APPLICANT</p>	<p>DATE 5/14/12</p>
---------------------------	--	---------------------

1 **Business License & Permits Committee**

**Item #: 5**

2  
3 June 5, 2013

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

10  
11 **Re: Sweet Concessions Inc.**  
12 **d/b/a Atlantic Theater Company/Linda Gross Theater**  
13 **336 W. 20<sup>th</sup> Street**

14  
15 Dear Chairman Rosen:

16  
17 Manhattan Community Board 4 (MCB4) recommends denial of transfer restaurant license for  
18 Sweet Concessions Inc. d/b/a Atlantic Theater Company/Linda Gross Theater – 336 W. 20<sup>th</sup>  
19 Street unless the following stipulation, agreed to by the applicant, is part of the method of  
20 operation for this establishment with a capacity of 200, with no tables, no seating, and one stand-  
21 up bar with no seating.

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

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

(All Fields Must Be Completed)

## Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)		
Sweet Concessions Inc.				
STREET ADDRESS		CROSS STREETS		
Atlantic Theater Company / Linda Gross Theater 336 West 20 <sup>th</sup> Street		ON 20 <sup>th</sup> Between 8 <sup>th</sup> & 9 <sup>th</sup>		
OWNER	NAME:	Julie Rose	ATTORNEY	
	PHONE:	212-582-5472	NAME:	
	FAX:	212-582-8470	PHONE:	
MANAGER	NAME:		LANDLORD	
	PHONE:		NAME:	
	FAX:		PHONE:	
		St. Peter's Episcopal Church		
		212-929-2390		
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): Theater with Live performances		
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): Live theater concession counter		
License Type:		<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer Currently hold NYS Wine & Beer Permit #1268631		
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
		If alterations or operational changes are being made, please attach the plans to this form.		
	<input type="radio"/> Alteration class change	What is the current license #?	1268631	
		What is the expiration date on the current license?	1/31/2015	
Please describe the nature of the alterations and attach the plans				

No physical or operational changes - Change 1 of 6 License only.

OPERATIONAL ISSUES										
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation	2 hours preceding opening of the theater to patrons								
	Music	until 1/2 hour after show ends - Variable depending								
	Kitchen	upon show								
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	
	213 - see Attached	200	0	0	0	1	0	0	0	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					13	32	54	Bar is in Basement Lobby		
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	Theater related events		
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	Theater Responsibility				
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	<input type="radio"/> 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 type="radio"/> 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	<input type="radio"/> 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	<input type="radio"/> 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	<input type="radio"/> 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	<input type="radio"/> 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	<input type="radio"/> NO	<input checked="" type="radio"/> 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 type="radio"/> NO	<input checked="" 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 <i>See Attached</i>
Is the 500 Foot Rule or 200 Foot Rule Triggerred? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A <i>This operation is exempt from the 200' Rule, as it is non-profit</i>
Is a Public Assembly permit required?	YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
Are your plans filed with DOB?	YES	<input type="radio"/> NO	<input checked="" type="radio"/> 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 checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1		
	# 2		
	# 3		

Manhattan Community Board 4 (MCB4) recommends:	<input type="radio"/> Approval <input type="radio"/> Denial unless all agreed to by applicant is part of the method of operation <input type="radio"/> Denial
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**CB4 REPRESENTATIVES**

Nelly Gonzalez <i>CB4 Community Associate</i>	Lisa Daglian <i>CB4 BLP Committee Co-Chair</i>	Paul Seres <i>CB4 BLP Committee Co-Chair</i>
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**APPLICANT AGREEMENT WITH THE COMMUNITY**

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.

<b>SIGN HERE</b> →	SIGNATURE OF APPLICANT	DATE
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1 **Business License & Permits Committee**

**Item #: 6**

2  
3 June 5, 2013

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

10  
11 **Re: 505 Event Spaces Inc.**  
12 **d/b/a Pillars 37**  
13 **517 W. 37<sup>th</sup> Street**

14  
15 Dear Chairman Rosen:

16  
17 Manhattan Community Board 4 (MCB4) recommends denial of transfer restaurant license for  
18 505 Event Spaces Inc. d/b/a Pillars 38 – 517 W. 37<sup>th</sup> Street unless the following stipulation,  
19 agreed to by the applicant, is part of the method of operation for this establishment with a  
20 capacity of 200, with varying numbers of tables and seats, two service bars and varying number  
21 of tables and seats outside within building property line.

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

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

<b>APPLICANT</b> 505 Event Spaces Inc.		<b>DOING BUSINESS AS (DBA)</b> Pillars 37		
<b>STREET ADDRESS</b> 517 W. 37th St., New York, NY 10018		<b>CROSS STREETS</b> 10th and 11th Avenues		
<b>OWNER</b>	<b>NAME:</b> James Brady	<b>ATTORNEY</b>	<b>NAME:</b> John Springer (REP)	
	<b>PHONE:</b> 201-923-5511		<b>PHONE:</b> 631-331-3334	
	<b>FAX:</b>		<b>FAX:</b> 631-880-7101	
<b>MANAGER</b>	<b>NAME:</b> James Brady	<b>LANDLORD</b>	<b>NAME:</b> 505 W. 37th LLC	
	<b>PHONE:</b> 201-923-5511		<b>PHONE:</b> 877-505-3737	
	<b>FAX:</b>		<b>FAX:</b>	
<b>DESCRIPTION OF BUSINESS</b>				
<b>Establishment Type:</b>	<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): _____			
<b>Method of Operation:</b>	<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>Special events space / private bookings</u>			
<b>License Type:</b>	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
<b>APPLICATION TYPE</b> (check one)	<input checked="" type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?	<b>YES</b>	<b>NO</b>
		What is/was the name of establishment?	statement attachment	
		What is/was the address of the establishment?	as exhibit A	
		What were the dates the applicant was involved with this former premise?		
	<input type="radio"/> <b>Transfer</b>	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	<b>YES</b>	<b>NO</b>
		If alterations or operational changes are being made, please attach the plans to this form.		
	<input type="radio"/> <b>Alteration</b>	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	6 p- 4a	6 p- 4a	6 p- 4a	6 p- 4a	6 p- 4a	6 p- 4a	6 p- 4a
	Music	varies by event	varies	varies	varies	varies	varies	varies
	Kitchen	varies by event	varies	varies	varies	varies	varies	varies

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	200	varies	varies	2	0	0	varies	varies

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	3-4	5+	1st floor only		
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 cabaret permit will be sought, but there will be small-scale patron dancing not subject to special permit (i.e. weddings, bar/bat mitzvahs)		
Will applicant have bottle service?	YES	NO	N/A	No		
Will you be hosting private parties and promotional events?	YES	NO	N/A	Private parties only		
Will outside promoters be used?	YES	NO	N/A	No		
Will the security plan submitted be implemented?	YES	NO	N/A	Yes		
Will State certified security personnel be used?	YES	NO	N/A	No		
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	YES	NO	N/A	Yes		
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 & 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	Yes
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	If necessary, yes
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	yes

<b>OUTDOOR ITEMS</b>				
Will applicant use the rooftop, rear yard or any outdoor space?	YES	NO	N/A	yes. courtyard
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	We'll discuss BLP on 5/14
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	This will be discussed with BLP.
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	N/A	This will be discussed with BLP.
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	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	NO	N/A	Yes.
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A	Yes

<b>LOCATION &amp; ZONING</b>				
Primary Zoning District:	Com Use Group 6		Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	N/A	No
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	N/A	pending
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	yes.. list and map attached
Is a Public Assembly permit required?	YES	NO	N/A	Yes
Are your plans filed with DOB?	YES	NO	N/A	Yes
Building Type	<input type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____			
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