

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 9 *Notification*

2
3 May 1, 2013

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: The Fifth Pine Inc. d/b/a El Quinto Pino**
12 401 W 24th Street (9/10)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of an alteration On-Premise liquor license for additional
17 dining space to be added to the rear of the premises and storage space in the basement for **The Fifth Pine Inc.**
18 **d/b/a Quinto Pino – 401 W. 24th St.,** unless the following stipulation, agreed to by the applicant, is part of the
19 method of operation for this establishment with a capacity of 70, with 15 tables, 45 seats, one stand-up bar with 13
20 seats.

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

23
24 Sincerely,

25
26
27
Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

28

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT The Fifth Pine Inc		DOING BUSINESS AS (DBA) El Quinto Pino		
STREET ADDRESS 401 W 24th St.		CROSS STREETS corner of 9th Avenue		
OWNER	NAME: Alex Rajj	ATTORNEY	NAME: Elke A Hofmann Law, PLLC	
	PHONE: 212-598-5858		PHONE: 212-487-9100	
	FAX: 212-487-9131		FAX: 212-487-9131	
MANAGER	NAME:	LANDLORD	NAME: Golden Equities Corp.	
	PHONE:		PHONE: 212-525-29120	
	FAX:		FAX:	
DESCRIPTION OF BUSINESS				
Establishment Type:	<input type="radio"/> Bar/Tavern <input type="radio"/> Bcd & 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 #?	1189579	
		What is the expiration date on the current license?	08/31/2013	
Please describe the nature of the alterations and attach the plans		Additional dining space being added to the rear of the premises.		

OPERATIONAL ISSUES

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
HOURS	Operation	5pm-12am	5pm-12am	5pm-12am	5pm-12am	5pm-1am	5pm-1am	5pm- 12am	
	Music	5pm-12am	5pm-12am	5pm-12am	5pm-12am	5pm-1am	5pm-1am	5pm- 12am	
	Kitchen	5pm-12am	5pm-12am	5pm-12am	5pm-12am	5pm-1am	5pm-1am	5pm- 12am	
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
	tbcd	70	15	45	0	1	13	N/A	N/A

How many floors are there? What is the capacity for each floor? (please respond in space provided)	<input checked="" type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5+	1 fl, occupancy to be determined
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	
Will applicant have bottle service?	YES	<input checked="" type="radio"/> NO	N/A	
Will you be hosting private parties and promotional events?	YES	<input checked="" type="radio"/> NO	N/A	
Will outside promoters be used?	YES	<input checked="" type="radio"/> NO	N/A	
Will the security plan submitted be implemented?	YES	NO	<input checked="" type="radio"/> N/A	
Will State certified security personnel be used?	YES	NO	<input checked="" type="radio"/> N/A	
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	YES	NO	<input checked="" type="radio"/> 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	
If you plan to have music, what type(s)?	<input checked="" type="checkbox"/> BACKGROUND	<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> DJ	

BUILDING DESIGN

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.	<input checked="" type="radio"/> 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?	<input checked="" type="radio"/> YES	NO	N/A	If necessary.
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	<input checked="" 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	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	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	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	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	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	NO	<input checked="" type="radio"/> N/A

LOCATION & ZONING			
Primary Zoning District:	RBA	Overlay (If Applicable):	C1-5
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	N/A No
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 Existing Letter of No Objection, but seeking to amend to include additional space
Is the 500 Foot Rule or 200 Foot Rule Triggerred? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	NO	<input checked="" type="radio"/> N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A NO
Are your plans filed with DOB?	YES	NO	N/A Pending
Building Type	<input checked="" type="radio"/> Residential <input checked="" 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		
	# 2		
	# 3		

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

- converting residential space to commercial.
- adding 30 seats, 15 tables
- will reach out to London Terrace and nearby tenants.
- no other change to method of operation
- provide CB w/ sound proofing recs and implementation

J.A.

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 10

2
3 May 1, 2013

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: Bocca 2 Corp.**
12 635 9th Avenue (44/45)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of transfer restaurant license for Bocca 2 Corp. - 635
17 9th Avenue (44/45) unless the following stipulation, agreed to by the applicant, is part of the method of operation for
18 this establishment with a capacity of 90, with 22 tables, 60 seats, one stand-up bar with 14 seats.

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

APPLICANT		DOING BUSINESS AS (DBA)			
BOCCA 2 Corp.					
STREET ADDRESS		CROSS STREETS			
635 9th Avenue		West 44th St And West 45th St.			
OWNER	NAME:	Robert Malta	NAME:		
	PHONE:	212-262-2525	PHONE:		
	FAX:	212-245-5662	FAX:		
MANAGER	NAME:	TBD	NAME:		
	PHONE:		PHONE:		
	FAX:		FAX:		
DESCRIPTION OF BUSINESS		ATTORNEY			
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)			
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			
		<input type="radio"/> Other (Explain): _____			
APPLICATION TYPE (check one)		<input type="radio"/> New			
		Has applicant owned or managed a similar business?			
		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;">NO</td> </tr> </table>		YES	NO
		YES	NO		
		What is/was the name of establishment?			
		What is/was the address of the establishment?			
		What were the dates the applicant was involved with this former premise?			
		<input checked="" type="radio"/> Transfer			
		What is the prior license #?			
		What is the expiration date on the prior license?			
Are you making any alterations or operational changes?					
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">YES</td> <td style="width: 50%; text-align: center;"><input checked="" type="radio"/> NO</td> </tr> </table>		YES	<input checked="" type="radio"/> NO		
YES	<input checked="" type="radio"/> NO				
If alterations or operational changes are being made, please attach the plans to this form.					
<input type="radio"/> Alteration					
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

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS	Operation	12pm-4am						
	Music	12pm-4am						
	Kitchen	11am-3:30am						

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
	90	90	22	60	0	1	14	0	0

How many floors are there? What is the capacity for each floor? (please respond in space provided) 2 3-4 5+ ground floor - Restaurant
Basement - Storage

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? (occasionally) YES NO N/A Baptisms Bar mitzva, corp. 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

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 ipod, soft 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

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	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	<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	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	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	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	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	NO	<input checked="" type="radio"/> N/A

LOCATION & ZONING			
Primary Zoning District:		Overlay (If Applicable):	N/A
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	<input checked="" type="radio"/> NO	N/A Clinton
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 letter of no objection Applied for
Is the 500 Foot Rule or 200 Foot Rule Triggerred? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	<input checked="" type="radio"/> NO	N/A premises has been continuously licensed since 1998
Is a Public Assembly permit required?	<input checked="" type="radio"/> YES	NO	N/A
Are your plans filed with DOB?	yes	<input checked="" type="radio"/> NO	N/A to be filed after CB appearance.
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	N/A	
	# 2		
	# 3		

ADDITIONAL STIPULATIONS: (Office Use Only)

Method of Operator will not change

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 11

2
3 May 1, 2013

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: Crudo LLC.**
12 522 9th Avenue (39)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a new on-premise liquor license for **Crudo LLC. –**
17 **522 9th Avenue, unless** the following stipulation, agreed to by the applicant, is part of the method of operation for
18 this establishment with a capacity of 64, with 17 tables, 43 seats, one stand-up bar with 15 seats.

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

APPLICANT <i>CRUDO LLC</i>		DOING BUSINESS AS (DBA) <i>T.B.D.</i>			
STREET ADDRESS <i>522 9th Avenue ^{at 142} 356 W. 39th St</i>		CROSS STREETS <i>Corner of West 39th Street</i>			
OWNER	NAME: <i>Dorian Geshi</i>	ATTORNEY	NAME: <i>Frank Palillo</i>		
	PHONE: <i>(646) 286-4552</i>		PHONE: <i>(212) 227-1640</i>		
	FAX:		FAX: <i>(212) 349-1724</i>		
MANAGER	NAME: <i>same as above</i>	LANDLORD	NAME: <i>Ninth K Realty LLC</i>		
	PHONE:		PHONE: <i>(516) 295-5156</i>		
	FAX:		FAX:		
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 <i>(check one)</i>	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
		What is/was the name of establishment?	<i>MEDI WINE BAR LLC</i>		
		What is/was the address of the establishment?	<i>811-13 9th Ave NYC</i>		
		What were the dates the applicant was involved with this former premise?	<i>2011 - Present</i>		
	<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 type="radio"/> Alteration	What is the current license #?			
		What is the expiration date on the current license?			
<i>Please describe the nature of the alterations and attach the plans</i>					

OPERATIONAL ISSUES

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	7AM - 12 am	7AM - 12AM	7AM - 12AM	7AM - 12AM	7AM - 2AM	10AM - 2AM	10AM - 12AM
	Music	12AM - 12am	11AM - 12AM	11AM - 12am	11AM - 12AM	11AM - 2AM	11AM - 2AM	11AM - 12AM
	Kitchen	11AM - 11:30PM	11AM - 11:30pm	11AM - 11:30pm	11AM - 11:30pm	11AM - 1:30AM	11AM - 1:30AM	11AM - 11:30pm

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
	N/A	64	17	43	-0-	1	15	—	—

How many floors are there? What is the capacity for each floor? (please respond in space provided) 1-2 3-4 5+ *ground floor: bsmt*

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 *occasional private parties*

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 *undecided*

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

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	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:	Mixed Use		Overstay (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?	YES	NO	N/A Pending
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	NO	N/A To be provided
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A
Are your plans filed with DOB?	YES	NO	N/A not yet
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	Community Board #4	
	# 2		
	# 3		

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 12

2
3 May 1, 2013

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: Pocket Bar 455 W 48th Corp. d/b/a Pocket Bar NYC**
12 455 W 48th Street (9/10)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a new restaurant wine 7 beer license for **Pocket Bar**
17 **455 W 48th Corp. d/b/a Pocket Bar NYC - 455 W 48th Street (9/10)**, unless the following stipulation, agreed to by
18 the applicant, is part of the method of operation for this establishment with a capacity of 22, with 2 tables, 20 seats,
19 one stand-up bar with 10 seats.

20
21 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

22
23 Sincerely,

24
25
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

APPLICANT Pocket Bar 455 W 48th Corp		DOING BUSINESS AS (DBA) Pocket Bar NYC	
STREET ADDRESS 455 W 48th St. NY, NY 10036		CROSS STREETS W 48th St + 10th Ave	
OWNER	NAME: SUZANNE DARLING	ATTORNEY	NAME: WARREN PESETSKY
	PHONE: 917-690-1224		PHONE: 212-513-1988
	FAX:		FAX: 212-385-0564
MANAGER	NAME: JOSEPH WITHAM	LANDLORD	NAME: 1086 Tenth Tenants IN COMMON
	PHONE: 917-648-8378		PHONE: 212-532-4902
	FAX:		FAX:

DESCRIPTION OF BUSINESS

Establishment Type:

Bar/Tavern
 Bed & Breakfast
 Eating Place Beer
 Cabaret
 Night Club
 Hotel
 Restaurant
 Catering Establishment
 Club (Fraternal Organization - Members Only)
 Other (Explain): _____

Method of Operation:

Restaurant
 Dance Club
 Sports Bar
 Adult Entertainment
 Wine Bar
 Pizzeria
 Cafe
 Other (Explain): **craft spirits, cocktail menu, micro-brews**

License Type:

On-Premise
 Wine
 Beer
 Wine & Beer

APPLICATION TYPE (check one)	<input checked="" type="checkbox"/> 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="checkbox"/> 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="checkbox"/> Alteration	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	4-12	4-12	4-12	4-12	4-1	4-2	4-12
	Music	"	"	"	"	"	"	"
	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
		22	2	20	0	1	10	0	0

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 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	2 total staff
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	Acoustic Only

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	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	<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	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	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.).	<input checked="" type="radio"/> 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.	<input checked="" type="radio"/> YES	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	NO	N/A

LOCATION & ZONING

Primary Zoning District:	Clinton		Overlay (If Applicable):	SEE ZONING MAP
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?	YES	<input checked="" type="radio"/> NO	N/A	LNO to be obtained
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="radio"/> YES	NO	N/A	
Is a Public Assembly permit required?	YES	<input checked="" 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 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	Community Board # 430 Day Notice		
	# 2	W 47-48 Street Block Association		
	# 3	Open House, April 1, 2013, 455 W 48th		

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 13

2
3 May 1, 2013

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: ABA Turkish Restaurant LLC d/b/a ABA Turkish Restaurant**
12 325 West 57th Street (8/9)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of new restaurant wine and beer license for ABA
17 Turkish restaurant – 325 West 57th Street, unless the following stipulation, agreed to by the applicant, is part of the
18 method of operation for this establishment with a capacity of 100 with 32 tables and 76 seats.

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

APPLICANT		DOING BUSINESS AS (DBA)		
ABA TURKISH RESTAURANT LLC		ABA TURKISH RESTAURANT		
STREET ADDRESS		CROSS STREETS		
325 West 57th st		8th & 9th Avenue		
OWNER	NAME:	ALI YALAZA		
	PHONE:	212 969 1782		
	FAX:	212 969 9881		
MANAGER	NAME:			
	PHONE:			
	FAX:			
ATTORNEY	NAME:			
	PHONE:			
	FAX:			
LANDLORD	NAME:	LEYA LLC		
	PHONE:	212-840 1500		
	FAX:			
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 type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input checked="" type="radio"/> Wine & Beer			
APPLICATION TYPE (check one)	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	YES	<input checked="" type="radio"/> 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 type="radio"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
<i>Please describe the nature of the alterations and attach the plans</i>				

OPERATIONAL ISSUES										
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation	10AM-11PM	10AM-11PM	10-11PM	10-11PM	10-11PM	10-11PM	10-11PM	10-11PM	
	Music	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE	
	Kitchen	10-11 AM-PM	10-11 AM-PM	10-11 AM-PM	10-11 AM-PM	10-11 AM-PM	10-11 AM-PM	10-11 AM-PM	10-11 AM-PM	
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	76	32	76	NONE	NONE	NONE	18	8	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	3-4	5+	Main floor Restaurant Basement Prep Area.		
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					
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	Side Walk
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	<input checked="" type="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.	YES	<input checked="" 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 checked="" type="radio"/> YES	<input type="radio"/> NO	<input 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 checked="" type="radio"/> YES	<input type="radio"/> NO	<input 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 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 type="radio"/> N/A
Is a Public Assembly permit required?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Are your plans filed with DOB?	<input 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 type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1		
	# 2		
	# 3		

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 14

2
3 May 1, 2013

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: Sheridin Fast Food Inc. d/b/a Mi Nidito**
12 789 9th Avenue (52/53)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a new on-premise liquor license for **Sheridin Fast**
17 **Food Inc. d/b/a Mi Nidito – 789 9th Ave**, unless the following stipulation, agreed to by the applicant, is part of the
18 method of operation for this establishment with a capacity of 20, with 5 tables and 10 seats, with one stand up bar
19 with 3 seats.

20
21 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

22
23 Sincerely,

24
25
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

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT Sheridin Fast Food Inc.		DOING BUSINESS AS (DBA) Mi Nidato.	
STREET ADDRESS 789 Ninth Avenue		CROSS STREETS 52nd & 53rd Street	
OWNER	NAME: Bina Hundalani	ATTORNEY Representative	NAME: Michael Szegeida
	PHONE: 917-767-2296		PHONE: 212-474-9835
	FAX: -		FAX: 212-474-9836
MANAGER	NAME: Prakash Hundalani	LANDLORD	NAME: Beach Lane Mgmt Inc
	PHONE: 917-767-2297		PHONE: 917-817-9494
	FAX: -		FAX: -

DESCRIPTION OF BUSINESS

Establishment Type:

Bar/Tavern
 Bed & Breakfast
 Eating Place Beer
 Cabaret
 Night Club
 Hotel
 Restaurant

Catering Establishment
 Club (Fraternal Organization – Members Only)

Other (Explain): _____

Method of Operation:

Restaurant
 Dance Club
 Sports Bar
 Adult Entertainment
 Wine Bar
 Pizzeria
 Cafe

Other (Explain): _____

License Type:

On-Premise
 Wine
 Beer
 Wine & Beer

APPLICATION TYPE (check one)	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
		What is/was the name of establishment?	Sherry's Rest. of NY Inc		
		What is/was the address of the establishment?	852 8th Ave NY NY 10019		
		What were the dates the applicant was involved with this former premise?	Oct. 93 to Dec. 2012		
	<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?	<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"/> Alteration	What is the current license #?			
		What is the expiration date on the current license?			
<i>Please describe the nature of the alterations and attach the plans</i>					

OPERATIONAL ISSUES

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	<i>11am-11pm</i> / <i>11am-11pm</i> / <i>11am-11pm</i> / <i>11am-11:45pm</i> / <i>11am-11:45pm</i> / <i>11am-11:45pm</i> / <i>11am-11pm</i>							
	Music								
	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
	1	20	5	10	0	1	3	-	-

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

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	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.	YES	<input checked="" 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.	YES	<input checked="" 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	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	NO	N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	<input checked="" type="radio"/> NO	N/A

LOCATION & ZONING

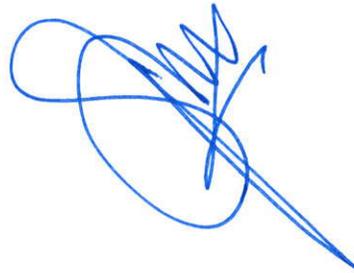
Primary Zoning District:		Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO	N/A
Is the 500 Foot Rule or 200 Foot Rule Triggerred? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="radio"/> YES	NO	N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	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 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? <i>None</i>	# 1		
	# 2		
	# 3		

500 foot rule only

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

Will Add A Bicycle Rack
Signage will Be Flat against store front.
Will Submit A Floor plan prior to the
Full Board 5/1/13



1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 15

2
3 May 1, 2013

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: SBCO-NYC, LLC and 365 Management Company, LLC. d/b/a Courtyard New York Manhattan- Times**
12 **Square West**
13 307 West 37th Street (8/9)

14
15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends denial of a new on-premise liquor license for **SBCO NYC,**
18 **LLC and 365 Management Company, LLC. d/b/a Courtyard New York Manhattan- Times Square West, unless**
19 the following stipulation, agreed to by the applicant, is part of the method of operation for this establishment with a
20 capacity of 573, with 25 tables and 64 seats, one stand-up with 5 seats; 4 tables and 22 seats in the rear yard.

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

23
24 Sincerely,

25
26
27 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

28

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT SBCO-NYC, LLC and 365 Management Company, LLC		DOING BUSINESS AS (DBA) Courtyard New York Manhattan-Times Square West		
STREET ADDRESS 307 West 37th Street		CROSS STREETS 8th and 9th Avenue		
OWNER	NAME: SBCO-NYC, LLC	ATTORNEY	NAME: Jonathan Bing, Esq.	
	PHONE: (303) 785-3101		PHONE: (518) 449-8893	
	FAX: (303) 785-3105		FAX: (518) 449-4292	
MANAGER	NAME: Robert Handler	LANDLORD	NAME: SBCO-NYC Owner, LLC	
	PHONE: (631) 235-6630		PHONE: (303) 785-3101	
	FAX: N/A		FAX: (303) 785-3105	
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 checked="" 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 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>Hotel</u>			
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 checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
		What is/was the name of establishment?	Residence Inn NYC Manhattan Midtown East	
		What is/was the address of the establishment?	148 East 48th Street, New York, NY	
		What were the dates the applicant was involved with this former premise?	2012 - Present	
	<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?	<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"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
<i>Please describe the nature of the alterations and attach the plans</i>				

OPERATIONAL ISSUES

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	Hotel: 24/7						
	Music	N/A - No Music	N/A - No Music	N/A - No Music	N/A - No Music	N/A - No Music	N/A - No Music	N/A - No Music
	Kitchen	8 am - 10 am; 5 pm - 10 pm	6 am - 10 am; 5 pm - 10 pm	6 am - 10 am; 5 pm - 10 pm	6 am - 10 am; 5 pm - 10 pm	6 am - 10 am; 5 pm - 10 pm	6 am - 10 am; 5 pm - 10 pm	6 am - 10 am; 5 pm - 10 pm

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
	C/O Pending	573	25	64	0	1	5	22	4

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	3-4	5+	Varies
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	Business meetings in meeting room in cellar
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	

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	Rear Yard
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	<input checked="" type="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 checked="" type="radio"/> NO	<input type="radio"/> N/A	There is standing room, but smoking is not permitted
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	<input 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 checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	

LOCATION & ZONING				
Primary Zoning District:	M1-5 and M1-6	Overlay (If Applicable):		
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	Garment Center Preservation P-2 & Industrial Business Zone
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A	The C of O is pending.
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	500 Foot
Is a Public Assembly permit required?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Building Type	<input type="radio"/> Residential <input checked="" type="checkbox"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____			
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="checkbox"/> 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			

ADDITIONAL INFORMATION: (Applicant Use)

The Courtyard New York Manhattan-Times Square West is a hotel with a small restaurant food area. While the restaurant food area is open to the public, the primary use of this space will be to provide food service to hotel guests. This will not be a late night neighborhood establishment, but rather a convenience for the guests of the hotel.

ADDITIONAL NOTES: (Office Use Only)

Change the size of the 10 person communal table outside to coincide w/ the MCB4 Guidelines for outdoor use. No more than 20 people in the backyard @ one time. Outdoor space will close no later than 11 PM and have no music played. No planters in front and trees ^{planted} as prescribed by zoning.

JLB

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 16

2
3 May 1, 2013

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: 22nd Street Restaurant Group, LLC d/b/a Café Svago**
12 162 11th Avenue (22)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a new on-premise liquor license for **22nd Street**
17 **Restaurant Group, LLC d/b/a Café Svago** unless the following stipulation, agreed to by the applicant, is part of
18 the method of operation for this establishment with a capacity of 140, with 29 tables and 119 seats (first floor
19 capacity: 70, 20 tables and 59 seats; basement: capacity: 70 with 9 tables and 60 seats), two stand up bars with 17
20 seats.

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

23
24 Sincerely,

25
26
27 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

28

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)		
22ND STREET RESTAURANT GROUP, LLC		CAFÉ SVAGO		
STREET ADDRESS		CROSS STREETS		
162 11 th AVENUE, NY, NY		22ND STREET		
OWNER	NAME:	JOHN DELUCIE	ATTORNEY	
	PHONE:	917-304-9723		
	FAX:	917-525-2099		
MANAGER	NAME:		LANDLORD	
	PHONE:			
	FAX:			
		NAME:	GABRIEL FISCHBARG, ESQ	
		PHONE:	917-514-6261	
		FAX:	203-399-0031	
		NAME:	22ND STREET BUILDING, LLC	
		PHONE:	917-859-6854	
		FAX:	917-525-2099	
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 checked="" type="radio"/> New	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 page 4	
		What is/was the address of the establishment?	see page 4	
		What were the dates the applicant was involved with this former premise?	see page 4	
	<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?	<input type="radio"/> YES	<input type="radio"/> NO
		If alterations or operational changes are being made, please attach the plans to this form.		
	<input type="radio"/> Alteration	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	7AM - 4AM							
	Music								
	Kitchen	6AM - 3AM							

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
	1st FL - 70	70	20	59	0	2	10	10	5
BASEMENT - TBD	70	9	60			7			

How many floors are there? What is the capacity for each floor? (please respond in space provided)	<input checked="" type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5+	1st FLOOR - 70 BASEMENT - C of O Pending
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	
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	
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	
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)	<input checked="" type="radio"/> 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)	<input checked="" type="radio"/> YES	NO	N/A	5 tables, 2 seats at each table
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?	<input checked="" type="radio"/> YES	NO	N/A	

If you plan to have music, what type(s)?	<input checked="" type="radio"/> BACKGROUND	<input type="radio"/> LIVE MUSIC	<input type="radio"/> DJ	IPOD
--	---	----------------------------------	--------------------------	------

BUILDING DESIGN

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.	<input checked="" type="radio"/> 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?	<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	<input checked="" 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	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	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	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	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	NO	N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	<input checked="" type="radio"/> N/A

FOR SIDEWALK DINERS

LOCATION & ZONING			
Primary Zoning District:	C6-3		Overlay (If Applicable):
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	NO	N/A West Chelsea
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	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.	YES	<input checked="" type="radio"/> NO	N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	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 type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1		
	# 2		
	# 3		

ADDITIONAL INFORMATION: (Applicant Use)

<u>Other establishment owned</u>	<u>Address</u>	<u>Dates</u>
LION RESTAURANT	62 W. 9TH ST, NYC	5/10 to present
CROWN RESTAURANT	24 E. 81 st ST, NYC	9/10 to present
BILL'S RESTAURANT	57 E. 54 th ST, NYC	4/12 to present

ADDITIONAL NOTES: (Office Use Only)

2nd floor will be used for office space only.

Basement will be built to code

Sound Proofing will be installed
to mitigate sound disturbances

①

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 17

2
3 May 1, 2013

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: 353 Live LLC. d/b/a 353 West NYC**
12 353 W 46th Street (8/9)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a new On-Premise catering liquor license for 353 West
17 NYC – 353 W. 46th Street unless the following stipulation, agreed to by the applicant, is part of the method of
18 operation for this establishment with a capacity of 74, with 0-8 tables and less than 74 seats, and one stand-up bar
19 with no seating.

20
21 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

22
23 Sincerely,

24
25
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

APPLICANT 353 Live LLC		DOING BUSINESS AS (DBA) 353 West NYC		
STREET ADDRESS 353 West 46 th Street		CROSS STREETS Between 8 th and 9 th Ave		
OWNER	NAME: Vincent Pellegrino	ATTORNEY	NAME: Leonard Fogelman	
	PHONE: 212-956-2188		PHONE: 212-370-3530	
	FAX: 212-956-2632		FAX: 212-370-2851	
MANAGER	NAME: Joseph Pellegrino	LANDLORD	NAME:	
	PHONE: 973-204-3606		PHONE:	
	FAX: 212-956-2632		FAX:	
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 checked="" 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 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>Catering</u>			
License Type:	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer (Catering)			
APPLICATION TYPE (check one)	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	YES	<input checked="" type="radio"/> NO
		What is/was the name of establishment?	N/A	
		What is/was the address of the establishment?	N/A	
		What were the dates the applicant was involved with this former premise?	N/A	
	<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	<input checked="" type="radio"/> NO
		If alterations or operational changes are being made, please attach the plans to this form.		
	<input type="radio"/> Alteration	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				

Catering Establishment - Open when events are booked

OPERATIONAL ISSUES									
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation		-12am	-12am	-12am	-12am	-1am	-1am	-12am
	Music								
	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
	74	74	0-8	↓ 74	0	1	0		N/A

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	3-4	5+	1
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	NO
Will applicant have bottle service?	YES	<input checked="" type="radio"/> NO	N/A	NO
Will you be hosting private parties and promotional events?	<input checked="" type="radio"/> YES	NO	N/A	Yes
Will outside promoters be used?	YES	<input checked="" type="radio"/> NO	N/A	NO
Will the security plan submitted be implemented?	<input checked="" type="radio"/> YES	NO	N/A	Yes
Will State certified security personnel be used?	<input checked="" type="radio"/> YES	NO	N/A	Yes
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> NO	N/A	NO
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	NO
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	N/A
Will applicant provide contact information to neighbors and respond to complaints that arise?	<input checked="" type="radio"/> 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	if needed
If you plan to have music, what type(s)?	BACKGROUND	LIVE MUSIC	DJ	ALL 3

BUILDING DESIGN				
Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.	<input checked="" type="radio"/> 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?	<input checked="" type="radio"/> YES	NO	N/A	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.)	<input checked="" type="radio"/> YES	NO	N/A	Yes

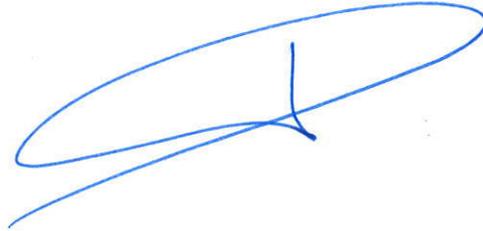
OUTDOOR ITEMS				
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	N/A	NO
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	<input checked="" 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	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	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.).	<input checked="" type="radio"/> 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.	<input checked="" type="radio"/> YES	NO	N/A	Yes
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="radio"/> YES	NO	N/A	Yes

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 checked="" type="radio"/> 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	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.	<input checked="" type="radio"/> YES	NO	N/A	YES
Is a Public Assembly permit required?	YES	NO	N/A	NO
Are your plans filed with DOB?	YES	NO	N/A	Yes
Building Type	<input checked="" type="radio"/> Residential <input checked="" 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	West 46 th Street Black Association		
	# 2			
	# 3			

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

- ~~Close by Monday. Every night they are open~~
- Not open to the public
- Close by midnight Sun - Thurs.
- Close by 1 AM Fri - SAT.



1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 18

2
3 May 1, 2013

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: Pulperia NYC Corp. d/b/a Pulperia**
12 371 West 46th Street (8/9)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a transfer on-premise liquor license for **Pulperia**
17 **NYC Corp. d/b/a Pulperia – 371 W. 46th St.**, unless the following stipulation, agreed to by the applicant, is part of
18 the method of operation for this establishment with a capacity of 75, with 20 tables and 56 seats, with one stand up
19 bar and 10 seats; with one table and two seats outside, within the building property line.

20
21 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

22
23 Sincerely,

24
25
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

APPLICANT PULPERIA NYC CORP		DOING BUSINESS AS (DBA) PULPERIA			
STREET ADDRESS 371 West 46 th St, New York, NY 10036		CROSS STREETS 8 th and 9 th Avenues			
OWNER	NAME:	Carlos Barroz	ATTORNEY		
	PHONE:	718-809-7182		NAME:	
	FAX:			George Karp	
			PHONE:		
			646-732-1208		
			FAX:		
			MAIL: georgekarp28@aol.com		
MANAGER	NAME:	LANDLORD			
	PHONE:			NAME:	
	FAX:			Gerald Kahn, as Receiver	
			PHONE:		
			914-476-0600		
			FAX:		
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 checked="" type="radio"/> Transfer	What is the prior license #?	1116952		
		What is the expiration date on the prior license?	5/31/13		
		Are you making any alterations or operational changes?	<input checked="" type="radio"/> YES	NO	
		If alterations or operational changes are being made, please attach the plans to this form. - See sketch			
	<input type="radio"/> Alteration	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	11 ^{AM} - Midnite	—————>			11 AM - 2:00 AM	—————>			11 - Midnite
	Music	//	//	//	//	//	//	//		
	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	under 75	20	50	CB	1	10	2	1

How many floors are there? What is the capacity for each floor? (please respond in space provided)	<input checked="" type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5+	
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	MAIN FL - Under 75 Basement - Storage
Will applicant have bottle service?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Will you be hosting private parties and promotional events?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	Private Parties
Will outside promoters be used?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Will the security plan submitted be implemented?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Will State certified security personnel be used?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	1 table, 2 seats within building line
Will applicant provide contact information to neighbors and respond to complaints that arise?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
If you plan to have music, what type(s)?	<input checked="" type="radio"/> BACKGROUND	<input checked="" type="radio"/> LIVE MUSIC	<input type="radio"/> DJ	Acoustic CB

BUILDING DESIGN

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> 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	<input type="radio"/> NO	<input type="radio"/> 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	2 seats, 1 table within building
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	<input checked="" type="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 checked="" 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	

dining
line

LOCATION & ZONING

Primary Zoning District:		Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	<input 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 checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Is a Public Assembly permit required?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Are your plans filed with DOB?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input checked="" 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	
	# 2	
	# 3	

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 19

2
3 May 1, 2013

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: Todosmex, LLC. d/b/a Pinche Taqueria**
12 103 West 14th Street (6/7)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a new restaurant wine and beer license for
17 **Todosmex, LLC. d/b/a Pinche Taqueria – 103 W. 14th St.**, unless the following stipulation, agreed to by the
18 applicant, is part of the method of operation for this establishment with a capacity of 281, with 15 tables and 64
19 seats.

20
21 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

22
23 Sincerely,

24
25
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

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT TODOSMEX, LLC		DOING BUSINESS AS (DBA) PINCHE TAQUERIA		
STREET ADDRESS 103 W. 14th St, New York, NY 10011		CROSS STREETS 14th St & 6th Ave		
OWNER	NAME: BRENT ALAN BOSTWICK	ATTORNEY	NAME: Robert D. Skene	
	PHONE: 206 498-2957		PHONE: 732 727-5030	
	FAX:		FAX: 732 727-5028	
MANAGER	NAME: BRENT ALAN BOSTWICK	LANDLORD	NAME: STONE HENGE MANAGEMENT Andrew Hoffman	
	PHONE: 206 498-2957		PHONE: 646 878-2053	
	FAX:		FAX: 646 395-4968	
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 type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input checked="" type="radio"/> Wine & Beer		
APPLICATION TYPE (check one)	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	YES	<input checked="" type="radio"/> NO
		What is/was the name of establishment?	N/A	
		What is/was the address of the establishment?	N/A	
		What were the dates the applicant was involved with this former premise?	N/A	
	<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	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

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS	Operation	8am - 11pm	8am - 11pm	8am - 11pm	8am - 11pm	8am - 2am	8am - 2am	11am - 10pm
	Music							
	Kitchen	8am - 11pm	8am - 11pm	8am - 11pm	8am - 11pm	8am - 2am	8am - 2am	11am - 10pm

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
	A-2 281	75	15	64	∅	∅	∅	∅	∅

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	1-4	5+	1: 281 allowed 2: Employees 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			
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	YES, DOT application yes, marked & attire		
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**

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	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	<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 sealed food service.	YES	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	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	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	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	NO	<input checked="" type="radio"/> N/A

LOCATION & ZONING			
Primary Zoning District:	C62A C63A / 8D		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?	YES	<input checked="" type="radio"/> 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. No 200 ft. issues.	<input checked="" type="radio"/> YES	NO	N/A See attached map and note that we are only seeking a Restaurant Wine license at this time.
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 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		

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 20

2
3 May 1, 2013

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: Oxido Corp. d/b/a To be filed**
12 753 9th Avenue (50/51)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a new on-premise liquor license for **Oxido Corp.**
17 **d/b/a To be filed – 753 9th Ave,** unless the following stipulation, agreed to by the applicant, is part of the method of
18 operation for this establishment with a capacity of 99, with 14 tables and 50 seats, one stand-up with 11 seats.

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

APPLICANT		DOING BUSINESS AS (DBA)		
Oxido Corp.		To be filed		
STREET ADDRESS		CROSS STREETS		
753 Ninth Avenue, New York, NY 10019		50 & 51 Street		
OWNER	NAME: Pablo Raimondi	ATTORNEY	NAME: Alan J. Gardner	
	PHONE: (917)817-8360		PHONE: (212)227-1700	
	FAX:		FAX: (212)766-2628	
MANAGER	NAME: Tom Mazar	LANDLORD	NAME: 753 Ninth Avenue Realty LLC	
	PHONE: (917)531-4442		PHONE: c/o Guy Arad, Esq. (212)584-1955	
	FAX:		FAX:	
DESCRIPTION OF BUSINESS				
Establishment Type:	<input checked="" type="checkbox"/> Bar/Tavern <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Eating Place Beer <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Restaurant <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Club (Fraternal Organization - Members Only) <input type="checkbox"/> Other (Explain): _____			
Method of Operation:	<input type="checkbox"/> Restaurant <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Pizzeria <input type="checkbox"/> Cafe <input checked="" type="checkbox"/> Other (Explain): <u>Bar/Lounge</u>			
License Type:	<input checked="" type="checkbox"/> On-Premise <input type="checkbox"/> Wine <input type="checkbox"/> Beer <input type="checkbox"/> Wine & Beer			
APPLICATION TYPE (check one)	<input type="checkbox"/> New	Has applicant owned or managed a similar business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
		What is/was the name of establishment?	Ajaccio, Inc.	
		What is/was the address of the establishment?	40 Ave. C, NY, NY	
		What were the dates the applicant was involved with this former premise?	2010-Pres.	
	<input type="checkbox"/> Transfer	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
		<i>If alterations or operational changes are being made, please attach the plans to this form.</i>		
	<input type="checkbox"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
<i>Please describe the nature of the alterations and attach the plans</i>				

OPERATIONAL ISSUES										
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation	3pm-4am Daily inc. Sunday								
	Music	Same								
	Kitchen	Same								
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	
	99	99	14	50	0	1	11	N.A.		
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	3-4	5+	1 floor (basement storage)		
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	No		
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	Yes		
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	N/A		
If you plan to have music, what type(s)?			BACKGROUND	LIVE MUSIC	DJ		DJ (Weekends); Bkground			
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	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		

OUTDOOR ITEMS				
Will applicant use the rooftop, rear yard or any outdoor space?	YES	NO	N/A	No
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	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	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	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	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	N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A	N/A

LOCATION & ZONING				
Primary Zoning District:	R-8		Overlay (If Applicable):	C1-5
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Clinton
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Yes
Is a Public Assembly permit required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Yes
Are your plans filed with DOB?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	No
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	50/51 Street Block Association		
	# 2			
	# 3			

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 21

2
3 May 1, 2013

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: Sherena International Inc. d/b/a Mamasita Bar & Grill**
12 818 10th Avenue (54/55)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a new on-premise liquor license for **Sherena**
17 **International Inc. d/b/a Mamasita Bar & Grill – 818 10th Ave**, unless the following stipulation, agreed to by the
18 applicant, is part of the method of operation for this establishment with a capacity of 74, with 5 tables and 10 seats,
19 one stand-up with 3 seats.

20
21 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

22
23 Sincerely,

24
25
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

APPLICANT Sherena International Inc.		DOING BUSINESS AS (DBA) Mamasita Bar & Grill		
STREET ADDRESS 818 Tenth Ave., New York, NY		CROSS STREETS 54th and 55th		
OWNER	NAME: Prakash Hundalani	ATTORNEY	NAME: Vivian K. Tozaki, Esq.	
	PHONE: 917-767-2295		PHONE: 347-401-0295	
	FAX: 631-880-7101		FAX: 631-382-8190	
MANAGER	NAME:	LANDLORD	NAME: Icon Realty Management	
	PHONE:		PHONE: unknown	
	FAX:		FAX:	
DESCRIPTION OF BUSINESS				
Establishment Type:	<input checked="" 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 type="radio"/> Other (Explain): _____			
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): <u>tavern serving food at all hours of operation</u>			
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 checked="" type="radio"/> New	Has applicant owned or managed a similar business?	YES XXX	NO
		What is/was the name of establishment?	Sherry's Restaurant	
		What is/was the address of the establishment?	852 8th Ave.	
		What were the dates the applicant was involved with this former premise?	10/93-12/2012	
	<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 type="radio"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
<i>Please describe the nature of the alterations and attach the plans</i>				

OPERATIONAL ISSUES

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	11a-1a	11a-1a	11a-1a	11a-1a	11a-1a	11a-1a	11a-1a
	Music	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Kitchen	11a-1a	11a-1a	11a-1a	11a-1a	11a-1a	11a-1a	12p-1a

OCCUPANCY	INDOOR				BAR			OUTSIDE	
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables
	74	25	5	10	0	1	3	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		
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	no		
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	yes		
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 / ambient		

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		
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		

OUTDOOR ITEMS				
Will applicant use the rooftop, rear yard or any outdoor space?	YES	NO	N/A	no
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	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	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	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	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	n/a
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A	n/a

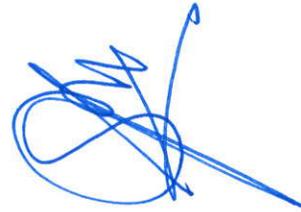
LOCATION & ZONING				
Primary Zoning District:	C	Overlay (If Applicable):		F4
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	N/A	no
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	N/A	yes
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	NO	N/A	no
Is a Public Assembly permit required?	YES	NO	N/A	no
Are your plans filed with DOB?	YES	NO	N/A	yes
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	CB 4		
	# 2			
	# 3			

ADDITIONAL INFORMATION: (Applicant Use)

Mamasita's Bar & Grill will be small, quiet neighboring gathering place. A light menu including appetizers, pub food and some entrees will be served at all hours of operation. The applicant, an experienced restaurant operator, is aware of quality of life issues and promises to be respectful of the rights and needs of neighbors at all times.

ADDITIONAL NOTES: (Office Use Only)

*kitchen will be vented to the roof
as per DOB code.*



1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 22

2
3 May 1, 2013

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: LGG Rest Corp d/b/a Macellaio**
12 345 West 35th Street (8/9)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a new on-premise liquor license for **LGG Rest Corp**
17 **d/b/a Macellaio – 345 W. 35th St.**, unless the following stipulation, agreed to by the applicant, is part of the method
18 of operation for this establishment with a capacity of 144, with 17 tables and 85 seats, one stand-up with 12 seats.

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

APPLICANT		DOING BUSINESS AS (DBA)		
I. G. G Rest Corp		Macellano		
STREET ADDRESS		CROSS STREETS		
345 West 35th Street, New York, N.Y. 10018		Eighth Avenue & Ninth Avenue		
OWNER	NAME:	Co-Principal: Saoro Gasni	ATTORNEY NAME: Carreras & McCullen PLLC	
	PHONE:	(347) 647-0145	PHONE: (212) 732-3640	
	FAX:	(212) 481-3767	FAX: (212) 732-3670	
MANAGER	NAME:	Tim Gasni	LANDLORD NAME: Eros Management & Realty LLC	
	PHONE:	(917) 495-3574	PHONE: (914) 263-1089	
	FAX:	(212) 481-3767	FAX: Not applicable	
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 checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES <input type="radio"/> NO	
		What was the name of establishment?	30 E 30 Zana Inc.(Acuve)	
		What was the address of the establishment?	30 East 30th Street, NY, NY 10016	
		What were the dates the applicant was involved with this business premises?	07/2002 to Present	
	<input type="radio"/> Transfer	What is the new license #?	1131179	
		What is the expiration date for the new license?	02/28/2015	
		Are you making any alterations or operational changes?	<input type="radio"/> YES <input checked="" type="radio"/> NO	
	<i>If alterations or operational changes are being made, please attach the plans to this form.</i>			
	<input type="radio"/> Alteration	What is the current license #?	Not applicable	
		What is the expiration date for the current license?	Not applicable	
Please describe the nature of the alterations and attach the plans		Not applicable		

OPERATIONAL ISSUES										
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation	6:30AM to 12:00AM	6:30AM to 12:00AM	6:30AM to 12:00AM	6:30AM to 12:00AM	6:30AM to 12:00AM	6:30AM to 12:00AM	6:30AM to 12:00AM	6:30AM to 12:00AM	
	Music	6:30AM to 12:00AM	6:30AM to 12:00AM	6:30AM to 12:00AM	6:30AM to 12:00AM	6:30AM to 12:00AM	6:30AM to 12:00AM	6:30AM to 12:00AM	6:30AM to 12:00AM	
	Kitchen	6:30AM to 12:00AM	6:30AM to 12:00AM	6:30AM to 12:00AM	6:30AM to 12:00AM	6:30AM to 12:00AM	6:30AM to 12:00AM	6:30AM to 12:00AM	6:30AM to 12:00AM	
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	
	144	120	17	85	0	1	12	0	0	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					0	144	17	Restaurant is comprised of Lobby & Mezzanine Levels, 145 Occupancy		
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					YES	NO	N/A			
Will you be hosting private parties and promotional events?					YES	NO	N/A			
Will outside promoters be used?					YES	NO	N/A			
Will the security plan submitted be implemented?					YES	NO	N/A			
Will State certified security personnel be used?					YES	NO	N/A			
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					YES	NO	N/A			
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)					YES	NO	N/A			
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					YES	NO	N/A			
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					YES	NO	N/A			
Will applicant provide contact information to neighbors and respond to complaints that arise?					YES	NO	N/A			
If you plan to have music, what type(s)?					BACKGROUND	LIVE MUSIC	DJ			
BUILDING DESIGN										
Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.					YES	NO	N/A			
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?					YES	NO	N/A			
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.					YES	NO	N/A			

OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	NO	N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A

LOCATION & ZONING			
Primary Zoning District:	Industrial - Business Zone	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 *Temporary Certificate of Occupancy
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 500' Foot Rule is triggered 200' Foot Rule is not triggered NYSLA - LAMP Proximity Report annexed
Is a Public Assembly permit required?	YES	NO	N/A
Are your plans filed with DOB?	YES	NO	N/A
Building Type	<input type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
Adjacent Buildings	<input type="radio"/> Residential <input 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	Application Notices will be posted for public comment in accordance with CB4 directions	
	# 2		
	# 3		

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 23

2
3 May 1, 2013

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: Babu of India, Inc. d/b/a Seven Nights**
12 314 West 36th Street (8/9)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a new on-premise liquor license for **Seven Nights –**
17 **314 West 36th St.**, unless the following stipulation, agreed to by the applicant, is part of the method of operation for
18 this establishment with a capacity of 75, with 12 tables and 30 seats, one stand-up with 10 seats.

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

APPLICANT		DOING BUSINESS AS (DBA)		
BABU OF INDIA, INC.		SEVEN NIGHTS		
STREET ADDRESS		CROSS STREETS		
314 WEST 36TH STREET, NEW YORK, NY 10018		WEST 36TH STREET & 8TH AVENUE		
OWNER	NAME: Chowdhuary M. Elahi	ATTORNEY	NAME: Marek Schwedt	
	PHONE: (917)304-2666		PHONE: (917)734-0073	
	FAX: (866)929-4534		FAX: (866)929-4534	
MANAGER	NAME:	LANDLORD	NAME: HDFC Housing Development Fund Co.	
	PHONE:		PHONE: (212)967-2173	
	FAX:		FAX:	
DESCRIPTION OF BUSINESS				
Establishment Type:	<input checked="" type="checkbox"/> Bar/Tavern <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Eating Place Beer <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Restaurant <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Club (Fraternal Organization – Members Only) <input type="checkbox"/> Other (Explain): _____			
Method of Operation:	<input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Pizzeria <input type="checkbox"/> Cafe <input type="checkbox"/> Other (Explain): _____			
License Type:	<input checked="" type="checkbox"/> On-Premise <input type="checkbox"/> Wine <input type="checkbox"/> Beer <input type="checkbox"/> Wine & Beer			
APPLICATION TYPE (check one)	<input checked="" type="checkbox"/> New	Has applicant owned or managed a similar business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
		What is/was the name of establishment?	Best Burgers & Shakes	
		What is/was the address of the establishment?	Same Address	
		What were the dates the applicant was involved with this former premise?	Since opening day.	
	<input type="checkbox"/> Transfer	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		<i>If alterations or operational changes are being made, please attach the plans to this form.</i>		
	<input type="checkbox"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
<i>Please describe the nature of the alterations and attach the plans</i>				

OPERATIONAL ISSUES

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	11 AM-4 AM	11 AM-4 AM	11 AM-4 AM	11 AM-4 AM	11 AM-2 AM	11 AM-2 AM	11am-2am
	Music	<-----S A M E A S A B O V E----->						
	Kitchen	11 AM-12 AM	11AM-12AM	11AM-12AM	11AM-12AM	11AM-12AM	11AM-12AM	11AM-11PM

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
	75	Less than 70	12	30	NONE	1	10	NOT Applicable	

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	<input checked="" type="checkbox"/> NO	N/A	
Will applicant have bottle service?	YES	<input checked="" type="checkbox"/> NO	N/A	
Will you be hosting private parties and promotional events?	YES	<input checked="" type="checkbox"/> NO	N/A	
Will outside promoters be used?	YES	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	
Will the security plan submitted be implemented?	YES	NO	<input checked="" type="checkbox"/> N/A	
Will State certified security personnel be used?	YES	NO	<input checked="" type="checkbox"/> N/A	
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	YES	NO	<input checked="" type="checkbox"/> N/A	
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)	<input checked="" type="checkbox"/> YES	NO	N/A	Applicant attended seminars and has attire and IDs for all delivery boys to use on each delivery trip.
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	YES	<input checked="" type="checkbox"/> 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="checkbox"/> N/A	
Will applicant provide contact information to neighbors and respond to complaints that arise?	YES	NO	<input checked="" type="checkbox"/> N/A	
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?	YES	NO	<input checked="" type="checkbox"/> N/A	
If you plan to have music, what type(s)?	<input checked="" type="checkbox"/> BACKGROUND	<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> DJ	

BUILDING DESIGN

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.	<input checked="" type="checkbox"/> YES	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?	<input checked="" type="checkbox"/> 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="checkbox"/> YES	NO	N/A	

OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="checkbox"/> NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	<input checked="" type="checkbox"/> N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	<input checked="" type="checkbox"/> N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	<input checked="" type="checkbox"/> N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	NO	<input checked="" type="checkbox"/> N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	<input checked="" type="checkbox"/> N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	<input checked="" type="checkbox"/> N/A

LOCATION & ZONING			
Primary Zoning District:	C6-4M	Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="checkbox"/> YES	NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> YES	NO	N/A
Is a Public Assembly permit required?	YES	<input checked="" type="checkbox"/> NO	N/A
Are your plans filed with DOB?	YES	NO	<input checked="" type="checkbox"/> N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> Mixed Use <input checked="" type="checkbox"/> Other, describe: <u>Multi Walk-Up</u>		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> Mixed Use <input checked="" type="checkbox"/> Other, describe: <u>Multi Walk-Up</u>		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	HCC/West Side Neighborhood Alliance Clinton/Hell's Kitchen CPS	
	# 2		
	# 3		

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

NO Hookup.

MS

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 24

2
3 May 1, 2013

4
5 Ms. Beverly Gotay
6 Assistant Director of Licensing
7 NYC Department of Consumer Affairs
8 42 Broadway, 8th floor
9 New York, New York 10004

10
11 **Re: B & R Sorrento Corp. d/b/a Intermezzo**
12 202 8th Ave (20/21)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a New Unenclosed Sidewalk Cafe license for
17 Intermezzo – 202 8th Avenue (20/21) unless the following stipulation, agreed to by the applicant, is part of the
18 method of operation for this establishment, with 4 tables and 8 seats.
19 .

20
21 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

22
23 Sincerely,

24
25
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

Unenclosed Sidewalk Café Stipulations Application

APPLICANT B & R Sorrento corp	ADDRESS 202 8TH AVE		
DOING BUSINESS AS (DBA) Intermezzo	CROSS STREETS W 20 TH - W 21 ST		OWNER: Besim KUKAJ
DESCRIPTION OF APPLICATION Sidewalk Cafe with 4 Tables + 8 seats using 6' of sidewalk width leaving 8'6" for pedestrians			OWNER:
			Michael Kelly
			DCA LICENSE NUMBER: 1459360
			SLA LICENSE NUMBER: 1258239 1125112 -12/11/13
ON SITE CONTACT: (Name, position & phone number): Besim KUKAJ (212) 929-3433			

Side-walk café hours of Operation	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
		12-10 ^{Pm}	12-10 ^{Pm}	12-10 ^{Pm}	12-10 ^{Pm}	12-11 ^{Pm}	12-11 ^{Pm}
DCA Hours Allowed	8-12	8-12	8-12	8-12	8-1	8-1	12-12
SEATING & TABLES	DESCRIPTION		NOTES				
	SEATS 8	TABLES 4					

OPERATIONAL ISSUES

Will you follow the rule prohibiting speakers for music in the outdoor space?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Will you close all French doors and sliding windows when any interior amplified music is played (per law)?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
The sidewalk café will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Will you be serving alcohol on the sidewalk? If so, will you have waiter service as required by DCA?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
The service and consumption of alcohol on the sidewalk café will be only via seated food service.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
The sidewalk café will not provide standing space for drinking or smoking.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Will the outdoor furniture be removed when not in use?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Will the applicant be using delivery bicycles? If so, explain where you will store them since you'll have a sidewalk café.	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Do you intend to use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	<input type="radio"/> YES	<input checked="" 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	

ADDITIONAL NOTES: (Office Use Only)

Includes Alteration to SLA License
4 TABLES w/ 8 sects.



ADDITIONAL STIPULATIONS: (Office Use Only)

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 25

2
3 May 1, 2013

4
5 Ms. Beverly Gotay
6 Assistant Director of Licensing
7 NYC Department of Consumer Affairs
8 42 Broadway, 8th floor
9 New York, New York 10004

10
11 **Re: Dorian Gashi d/b/a Medi Winebar, LLC**
12 811 9th Avenue (53/54)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a new Unenclosed Sidewalk Cafe license for **Dorian**
17 **Gashi d/b/a Medi Winebar, LLC – 811 9th Ave**, unless the following stipulation, agreed to by the applicant, is part
18 of the method of operation for this establishment with three tables and built in benches, with two persons on each
19 bench.

20
21 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

22
23 Sincerely,

24
25
26
27
Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

Manhattan Community Board 4

Unenclosed Sidewalk Café Stipulations Application

APPLICANT DORIAN GASHI		ADDRESS 811 9TH AVENUE, NY NY 10019					
DOING BUSINESS AS (DBA) MEDI WINEBAR, LLC		CROSS STREETS BETWEEN W 53RD/W 54TH ST			OWNER: DORIAN GASHI		
DESCRIPTION OF APPLICATION UNENCLOSED SIDEWALK CAFE APPLICATION FOR MEDI WINEBAR LLC, LOCATED AT 811 9TH AVENUE							LAWYER: Frank Palillo 212-227-1640
							DCA LICENSE NUMBER: 1457455
							SLA LICENSE NUMBER: serial #1237983
ON SITE CONTACT: (Name, position & phone number): DORIAN GASHI, CO-OWNER/PRESIDENT - 212-586-1201							
Side-walk café hours of Operation	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	3-10	11-10	11-10	11-10	11-11	10-11	12-10
DCA Hours Allowed	8-12	8-12	8-12	8-12	8-1	8-1	12-12
SEATING & TABLES	DESCRIPTION		NOTES				
	SEATS 3 *	TABLES 3	3 TABLES WITH BUILT-IN BENCHES, 2 PERSONS PER BENCH = 12 PERSONS TOTAL				
OPERATIONAL ISSUES							
Will you follow the rule prohibiting speakers for music in the outdoor space?				<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Will you close all French doors and sliding windows when any interior amplified music is played (per law)?				<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
The sidewalk café 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	
Will you be serving alcohol on the sidewalk? If so, will you have waiter service as required by DCA?				<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
The service and consumption of alcohol on the sidewalk café will be only via seated food service.				<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
The sidewalk café will not provide standing space for drinking or smoking.				<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Will the outdoor furniture be removed when not in use?				<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Will the applicant be using delivery bicycles? If so, explain where you will store them since you'll have a sidewalk café.				<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A	
Do you intend to use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?				<input type="radio"/> YES	<input checked="" 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 type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A	

SOUND ISSUES

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

CAFÉ DESIGN

Is the sidewalk a minimum of 12 feet? Subtracting the width of the proposed sidewalk café from the width of the entire sidewalk, do you at least leave 8 feet of clearance?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Is there a minimum clearance of 8 feet between the sidewalk café and all sidewalk obstructions including parking meters, traffic signs and installed City-sanctioned street furniture (current DCA regs exempt those items)?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Is there a minimum clearance of 8 feet between the sidewalk café and the tree trunk of a tree with a flush grate (regs exempt trees with flush grates)?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Is there a minimum clearance of 4 feet between the sidewalk café and subway grating to be consistent with ADA standards (regs require 3 ft)	<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
Is there a minimum clearance of 3 feet between a sidewalk café and a residential building entrance (regs do not apply to residences)?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Is there a minimum 3 feet wait service aisle to ensure no public space is used by the café to service its clientele?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Are the sidewalk-café outer boundaries marked on the sidewalk as requested by DCA regulations?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
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"/> N/A

ADDITIONAL INFORMATION: (Applicant Use)

On the days where the hours of operation for the sidewalk cafe begin at 11:00am, alcohol will be served after 12:00 noon, as per SLA guidelines. Petition to extend the liquor license to the sidewalk cafe is in process. Request to meet with the Community Board regarding this extension has been submitted on April 1st (see attached letter of attorney).