Manhattan Community Board 4 (All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT				DOING BUSINESS AS (DBA)							
647 Ninth	Ave. Corp.			Ember Room CROSS STREETS							
STREET AD	DRESS										
647 Ninth Avenue				45th/46th Street							
	NAME:	Ace Watanasupa	arp		NAME: Anthony Caraballo						
OWNER	PHONE:	917-859-6439		REPRESENTATIVE	PHONE:	718-875-2929	2				
	FAX:				FAX:	718-875-3737					
	NAME:	10			NAME:	Eraldo Baruetto					
MANAGER	PHONE:			LANDLORD	PHONE:	917-648-2151					
	FAX:	3			FAX:						
DESCRIPT	TION OF BU	JSINESS									
Establishment Type:		Catering Estab	Bar/Tavern Bed & Breakfast Eating Place Beer Cabaret Night Club Hotel Restaurant Catering Establishment Club (Fraternal Organization – Members Only) Other (Explain):								
Method of C	peration:	Restaurant Dance Club Sports Bar Adult Entertainment Wine Bar Pizzeria Cafe Other (Explain):									
License Typ	e:	On-Premise (Wine Beer W								
			Has applicant owned or mana	aged a similar business?		YES	NO				
		○ New	What is/was the name of esta	blishment?	=	0					
		O New	What is/was the address of th	e establishment?							
			What were the dates the appli	icant was involved with thi	s former premis	e?					
APPLICAT	ION		What is the prior license #?								
TYPE (check one)		← Transfer	What is the expiration date on the prior license?								
		0	Are you making any alteration	ns or operational changes?	YES	NO					
		8	If alterations or operational changes are being made, please attach the plans to this form.								
			What is the current license #?		1/1/	1250813	1250813				
		Alteration	What is the expiration date on	the current license?	January 31, 201	13					
			Please describe the nature of the alterations and attach the plans: See additional information section								

		MONDAY 11 a.m2 a.m. 11 a.m2 a.m.		TUESI	DAY	WEDNESDAY	THURSDAY		FRIDAY		SATURDAY		SUNDAY
	Operation			11 a.m2 1 a.m.		11 a.m2 a.m.	11 a.m2 a.m.		11 a.m2 a.m.			11 a.m2 a.m.	
HOURS	Music			11 a.n a.m		11 a.m2 a.m.	11 a.m2 a.m.		11 a.m 2 a.m.		11 a.m2 a.m.		11 a.m2 a.m. 11 a.m2 a.m.
	Kitchen			11 a.m2 a.m.		11 a.m2 a.m.	11 a.m2 a.m.		11 a.m 2 a.m.			m 2 m.	
			INDO	OR					BAR	1	OUTSIDE		
OCCUPANCY	Capacity (Certificate of Occupancy)		Maximum # of Persons You Anticipate Occupying Premises (Including Employees)		Numbe of Table		Number of Service Only Bars		Number of Stand-Up Bars		Number of Seats at Bars	Number of Seats	
	136		136		46	121	1	l	1		6	10	5
How many floor space provided)	s are there? Wh	nat is the	capacity for	each floo	r? (pleas	e respond in	1-2	<u>3-4</u>	5+	Basement; First Floor & Second Floor			
Will you be appl be dancing? (plea				ret licens	e? If yes.	, will there	YES	<u>NO</u>	N/A				
Will you be host	ing private part	ies and p	oromotional e	vents?			YES	NO	N/A	Occa	sional Pri	vate Part	ies
Will outside pror	noters be used?	?					YES	<u>NO</u>	N/A	No promoted events whatsoever			
Will the security	plan submitted	be impl	emented?				YES	NO	N/A				
Will State certific	ed security pers	sonnel be	e used?				YES	NO	N/A	Only	during la	rge priva	te parties
Will New York N be followed?	Nightlife Assoc	iation re	commendatio	ns and N	YPD Be	st Practices	YES	NO	N/A				
Will the applican bicycle rack? Del restaurant and sta provided)	livery bicycles	are to be	clearly mark	ed with the	he name	of the	YES	NO	N/A				
Will the applican respond in space		or a Side	walk Café no	w or in th	ne future	? (please	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	Table	es: 5; Seat	s: 10	
Will applicant pro hat arise?	ovide contact ir	nformatio	on to neighbo	rs and res	spond to	complaints	YES	NO	N/A				
f you plan to hav					BACKGR		MUSIC)J				

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						

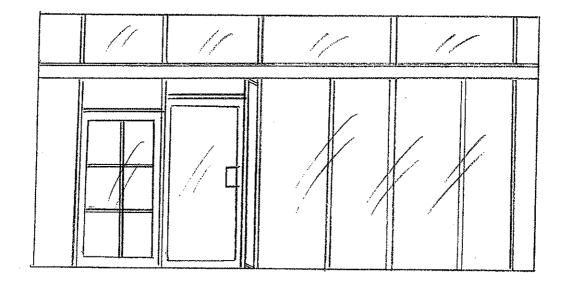
OUTDOOR ITEMS				
Will applicant use the rooftop, rear yard or any outdoor space?	YES	NO	N/A	
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	N/A	
The service and consumption of alcohol in 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: R8						ay (If A	Applica	ble):	C1-5
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yard							NO	N/A	
Does the building have a Certificate of Occupancy ("C of O") or a letter of n objection?							NO	N/A	
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.						YES	NO	N/A	
Is a Public Assembly permit	required?					YES	NO	N/A	
Are your plans filed with DO	DB?					<u>YES</u>	NO	N/A	
Building Type					d Use	00	Other, de	scribe:	
Adjacent Buildings Residential Commercial Mixed Us					d Use	00	Other, de	scribe:	•
NOTIFICATION: #1			⊗	v					
What organizations / commu groups have you notified reg your application?	# 2				Я				
2000	# 3								

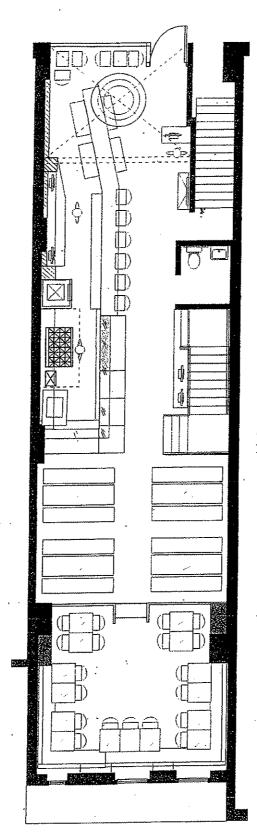
•	The restaurant has started to see a significant increase in the business and patrons are turned away due to early closing hours. The turning away of patrons could lead to a decrease in business and customer loyalty. The operators would like to provide a setting and an atmosphere in which people do not feel rushed to vacate the restaurant as a result of its closing hour. Likewise, the operators would also like to provide a setting in which patrons can enjoy an adult cocktail. As such, we are seeking to extend the hours of operation to 2 a.m., seven days a week. There will be no other changes at this time to the method of operation, nor will there be any other changes to the stipulations established by the Community Board, which were agreed upon on July 22 nd , 2010.
ADDI	TIONAL NOTES: (Office Use Only)

ADDITIONAL STIPULATIONS: (Office Use Only)	
This application should include the unenclosed sidewalk café	
No other changes to the method of operation	

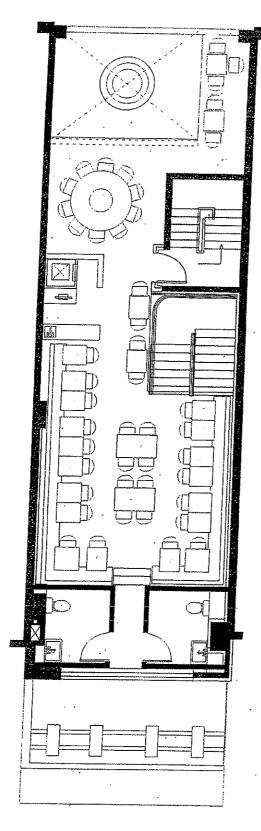
Manhattan Community Board 4 (M	MCB4) recommends:	Approval Denial unless all agreed to by applicant is part of the method of operation Denial						
CB4 REPRESENTATIVES								
Nelly Gonzalez CB4 Community Associate	Lisa Daglian CB4 BLP Committee Co-Chair	7.	Paul Series CB4 BLP Committee	Co-Chair				
APPLICANT AGREEMENT WITH THE COMMUNITY								
Pursuant to these stipulations, this applicant agrees to have these provisions incorporated in the method of operation of their liquor license. Additionally, the applicant agrees to the community agreements as the basis for the community supporting this application.								
SIGN HERE ->	SIGNATURE OF APPLICAN	T OR ATTORNEY	2 DAT	1/14/12				



647 NINTH AVE CORP. 647 NINTH AVENUE NEW YORK, N.Y. 10036 FRONT ELEVATION



647 NINTH AVENUE CORP
647 NINTH AVENUE
NEW YORK, NY 10036
1ST FLOOR INTERIOR DIAGRAM



647 NINTH AVENUE CORP 647 NINTH AVENUE NEW YORK, NY 10036 2ND FLOOR INTERIOR DIAGRAM

