

1 **BUSINESS LICNESE & PERMITS COMMITTEE**

**Item # 15**

2  
3 May 2, 2012

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

10  
11 **Re: BD Stanhope LLC. d/b/a Tao**  
12 *363 West 16<sup>th</sup> Street (9<sup>th</sup> Ave)*

13  
14 Dear Chairman Rosen:

15  
16 Manhattan Community Board 4 (MCB4) recommends **denial** of a corporate name change only for **BD**  
17 **Stanhope LLC. d/b/a Tao - 363 West 16<sup>th</sup> Street (9<sup>th</sup> Avenue)**, **unless** the following stipulation,  
18 agreed to by the applicant, applicant will not apply for an alteration application until they appear before  
19 the board.

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

22  
23  
24 Sincerely,

25  
26  
27  
28  
Corey Johnson  
Chair

Paul Seres  
Co-Chair  
Business License & Permits  
Committee

Lisa Daglian  
Co-Chair  
Business License & Permits  
Committee

# Manhattan Community Board 4

# Liquor License Stipulations Application

(All Fields Must Be Completed)

<b>APPLICANT</b>		<b>DOING BUSINESS AS (DBA)</b>		
BD Stanhope LLC.		Tao		
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>		
363 W 16 <sup>th</sup> Street		9 <sup>th</sup> Avenue		
<b>OWNER</b>	<b>NAME:</b>	Marc Packer	<b>ATTORNEY</b>	
	<b>PHONE:</b>	212-399-6000/917-324-2020		
	<b>FAX:</b>	212-399-3160		
<b>MANAGER</b>	<b>NAME:</b>	Paul Goldstein	<b>LANDLORD</b>	
	<b>PHONE:</b>	914-714-2775		
	<b>FAX:</b>	212-584-0300		
<b>DESCRIPTION OF BUSINESS</b>				
Establishment Type:	<input checked="" type="radio"/> <b>Bar/Tavern</b> <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"/> <b>Restaurant</b> <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"/> <b>Restaurant</b> <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"/> <b>On-Premise</b> <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
<b>APPLICATION TYPE</b> <i>(check one)</i>	<input type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?	YES	NO
		What is/was the name of establishment?		
		What is/was the address of the establishment?		
		What were the dates the applicant was involved with this former premise?		
	<input type="radio"/> <b>Transfer</b>	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	YES	NO
		<i>If alterations or operational changes are being made, please attach the plans to this form.</i>		
	<input type="radio"/> <b>Alteration</b>	What is the current license #?		
		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	1130 a.m. – 1 a.m.	1130 a.m. – 1 a.m.	1130 a.m. – 1 a.m.	1130 a.m. – 4 a.m.	1130 a.m. – 4 a.m.	1130 a.m. – 4 a.m.	1130 a.m. – 1 a.m.	1130 a.m. – 1 a.m.	
	Music	1130 a.m. – 1 a.m.	1130 a.m. – 1 a.m.	1130 a.m. – 1 a.m.	1130 a.m. – 4 a.m.	1130 a.m. – 4 a.m.	1130 a.m. – 4 a.m.	1130 a.m. – 1 a.m.	1130 a.m. – 1 a.m.	
	Kitchen	1130 a.m. – 1 a.m.	1130 a.m. – 1 a.m.	1130 a.m. – 1 a.m.	1130 a.m. – 4 a.m.	1130 a.m. – 4 a.m.	1130 a.m. – 4 a.m.	1130 a.m. – 1 a.m.	1130 a.m. – 1 a.m.	
OCCUPANCY	INDOOR				BAR			OUTSIDE		
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables	
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			
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)?			<u>BACKGROUND</u>	<u>LIVE MUSIC</u>	<u>DJ</u>					
BUILDING DESIGN										
Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.					YES	NO	N/A			
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?					YES	NO	N/A			
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)					YES	NO	N/A			
OUTDOOR ITEMS										

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

## LOCATION & ZONING

Primary Zoning District:	Overlay (If Applicable):
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES    NO    N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES    NO    N/A
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES    NO    N/A
Is a Public Assembly permit required?	YES    NO    N/A
Are your plans filed with DOB?	YES    NO    N/A
Building Type	<input 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: _____
<b>NOTIFICATION:</b> What organizations / community groups have you notified regarding your application?	# 1    Stonehenge – The Olivia (neighboring apartment building)
	# 2    Vornado (neighboring office building)
	# 3    US Postal Service (post office is across the street from the premise)

**ADDITIONAL INFORMATION: (Applicant Use)**

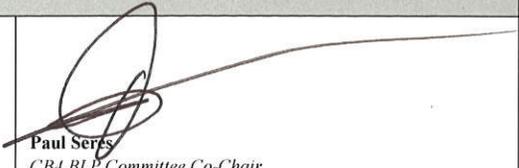
**ADDITIONAL NOTES: (Office Use Only)**

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

- **This is a Corporate Name Change Only**
- **Applicant will not file an alteration application until they appear before the board**

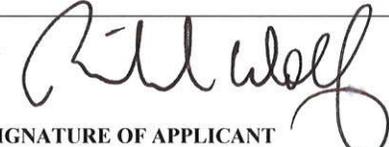
Manhattan Community Board 4 (MCB4) recommends:	<input type="radio"/> Approval <input checked="" type="radio"/> Denial unless all agreed to by applicant is part of the <b>method of operation</b> <input type="radio"/> Denial
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**CB4 REPRESENTATIVES**

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

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

<b>SIGN HERE</b> →	 SIGNATURE OF APPLICANT	DATE
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# Certificate of Occupancy

CO Number: 103044180F

This certifies that the premises described herein conforms substantially to the approved plans and specifications and to the requirements of all applicable laws, rules and regulations for the uses and occupancies specified. No change of use or occupancy shall be made unless a new Certificate of Occupancy is issued. *This document or a copy shall be available for inspection at the building at all reasonable times.*

<b>A.</b>	<b>Borough:</b> Manhattan	<b>Block Number:</b> 00740	<b>Certificate Type:</b> Final
	<b>Address:</b> 88 9 AVENUE	<b>Lot Number(s):</b> 1	<b>Effective Date:</b> 05/13/2005
	<b>Building Identification Number (BIN):</b> 1013044	<b>Building Type:</b> Altered	
<i>For zoning lot metes &amp; bounds, please see BISWeb.</i>			
<b>B.</b>	<b>Construction classification:</b>	NON-COMB: 1-C	
	<b>Building Occupancy Group classification:</b>	J-1	
	<b>Multiple Dwelling Law Classification:</b>	None	
	<b>No. of stories:</b> 11	<b>Height in feet:</b> 141	<b>No. of dwelling units:</b> 121
<b>C.</b>	<b>Fire Protection Equipment:</b> Standpipe system, Fire alarm system, Sprinkler system		
<b>D.</b>	<b>Type and number of open spaces:</b> None associated with this filing.		
<b>E.</b>	<b>This Certificate is issued with the following legal limitations:</b> None		
<b>Borough Comments:</b> None			

Borough Commissioner

Commissioner

*Certificate of Occupancy*

CO Number: 103044180F

Permissible Use and Occupancy						
All Building Code occupancy group designations are 1968 designations, except RES, COM, or PUB which are 1938 Building Code occupancy group designations.						
Floor From To	Maximum persons permitted	Live load lbs per sq. ft.	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
CEL	3	100	E		6	ACCESSORY OFFICE
CEL	438	100	F-4		5,6 9,12	BALLROOM/BANQUET ROOM
CEL	196		F-4		6,9	EATING & DRINKING ESTABLISHMENT, ACCESSORY STORE MECHANICAL ROOMS, TOILETS PRIVATE PARTY RM
CEL	13	100	D-2		6	(2) ACCESSORY KITCHENS
CEL	438	100	F-4		5,6 9,12	BALLROOM/BANQUET ROOM
SC1	80	OG	B-2		5	PERMITTED ACCESSORY PARKING FOR (6) CARS, MACHINE EQUIPMENT ROOMS, STORAGE, METER ROOMS, TOILETS & LOCKER ROOMS, ACCESSORY OFFICES STAFF CAFETERIA
MEZ	284	50	F-4		5,6 9,12	BALL ROOM, LOUNGE, ACCESSORY STORAGE, LOCKER ROOMS, TOILETS
MEZ	100	50	F-4	0	6,9	LOUNGE, ACCESSORY STORAGE, TOILETS
001	216	100	F-4		6	LOBBY BAR
001	500	100	F-4		0	OPEN PLAZA
001	12	100	D-2		6	ACCESSORY KITCHEN
001	50	100	J-1	0	5	HOTEL LOBBY

*[Signature]*

Borough Commissioner

*[Signature]*

Commissioner

*Certificate of Occupancy*

CO Number: 103044180F

Permissible Use and Occupancy						
All Building Code occupancy group designations are 1968 designations, except RES, COM, or PUB which are 1938 Building Code occupancy group designations.						
Floor From To	Maximum persons permitted	Live load lbs per sq. ft.	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
001	200	100	F-4		6	EATING & DRINKING ESTABLISHMENT
002	175	40	J-1		5	ROOF TERRACES, KITCHEN
002	010 26	40	J-1		5	TWELVE (12) HOTEL ROOMS EACH FLOOR
011	26	40	J-1		5	TWELVE (12) HOTEL ROOMS .
ROF	70	100	F-4		6,9	EATING & DRINKING ESTABLISHMENT, ELEVATOR BULKHEAD
PEN	20	40	J-2	0	2	FOUR (4) APARTMENTS ELEVATOR BULKHEAD
PEN	2	40	J-2	0	2	ACCESSORY BUSINNES LOUNGE
<p>AMENDING FILED TO REVISED ORIGINAL APPROVED DRAWINGS REVISED LAYOUT SUBMITTED FOR DEAWINGS A3,A4,A5,A6,A7 AND A8. ALSO REVISED SCHEDULE A SUBMITTED SHOWING REVISED OCCUPANT LOAD. AMENDMENT FILED TO REVISED ORIGINAL APPROVED DRAWINGS LAYOUT SUBMITTED FOR DRAWINGS A3,A4,A6,A6,A7,A8 AND A9. ALSO REVISED SCHEDULE A SUBMITTED SHOWING REVISED OCCUPANCY LOAD AMENDMENT FILED TO REVISE DRAWING A6 AND ALSO REVISED SCHEDULE 'A' SUBMITTED SHOWING FIRST FLOOR OCCUPANTS FROM 925 TO 978. HERewith SUBMITTING REVISED DRAWINGS AND REVISED SCHEDULE 'A' INCREASING OCCUPANT LOAD IN BALLROOM AND SHOWING NEW KITCHEN ON 2ND FLOOR. HERewith SUBMITTING REVISED PLAN OF CELLAR INDICATING ONE ADDITIONAL DOOR AND REVISED ROOF PLAN INDICATING EATING AND DRINKING ESTABLISHMENT. NO CHANGE TO FLOOR AREA UNDER THIS AMENDMENT. HERewith SUBMITTING REVISED SCHEDULE A INDICATING EATING AND DRINKING ESTABLISHMENT ON THE SECOND FLOOR AS PER THE INSPECTOR REQUEST. ALSO SUBMITT</p> <p style="text-align: center;"><b>END OF SECTION</b></p>						

*[Signature]*

Borough Commissioner

*[Signature]*

Commissioner

END OF DOCUMENT

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