**BUSINESS LICNESE & PERMITS COMMITTEE** **Item # 8**

May 2, 2012

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

**Re: Mahyoub Murshed or Corp to be formed**
*713 8th Avenue(Basement) (44/45)*

Dear Chairman Rosen:

Manhattan Community Board 4 (MCB4) recommends denial of a new bar/lounge/tavern/cabaret on-premise liquor license to **Mahyoub Murshed or Corp to be formed – 713 8th Avenue (Basement) (44/45)**, **unless** the following stipulations, agreed to by the applicant, is part of the method of operation for this establishment with a capacity of 150, with 25 tables and 100 seats with one stand-up bar seating 20.

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

Sincerely,

| | | |
|---|---|---|
| Corey Johnson<br>Chair | Paul Seres<br>Co-Chair<br>Business License & Permits Committee | Lisa Daglian<br>Co-Chair<br>Business License & Permits Committee |

DRAFT

# Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

| APPLICANT | DOING BUSINESS AS (DBA) |
|---|---|
| **Mahyoub Murshed or Corp. to be formed** | **TBD** |
| **STREET ADDRESS** | **CROSS STREETS** |
| **713 8th Avenue (Basement)** | **West 44th & 45th Streets** |

| | | | | | |
|---|---|---|---|---|---|
| **OWNER** | **NAME:** | **Mahyoub Murshed** | **ATTORNEY** | **NAME:** | **Terry Flynn** |
| | **PHONE:** | **917-907-1830** | | **PHONE:** | **718-945-1000** |
| | **FAX:** | **212-582-1012** | | **FAX:** | **718-318-6162** |
| **MANAGER** | **NAME:** | **Manour Almohan** | **LANDLORD** | **NAME:** | **Hazels LLC** |
| | **PHONE:** | **917-907-1830** | | **PHONE:** | **212-492-2102** |
| | **FAX:** | **212-582-1012** | | **FAX:** | **212-262-1420** |

**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): Bar/Lounge** |
| Method of Operation: | ◯ Restaurant ◯ Dance Club ◯ Sports Bar ◯ Adult Entertainment ◯ Wine Bar ◯ Pizzeria ◯ Cafe ◯ **Other (Explain): Bar/Lounge** |
| License Type: | ◯ **On-Premise** ◯ Wine ◯ Beer ◯ Wine & Beer |

| **APPLICATION TYPE** *(check one)* | | | | |
|---|---|---|---|---|
| | ◯ **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? | | |
| | ◯ **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.* | | |
| | ◯ **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 | 4 p.m. – 4 a.m. | 4 p.m. – 4 a.m. | 4 p.m. – 4 a.m. | 4 p.m. – 4 a.m. | 4 p.m. – 4 a.m. | 4 p.m. – 4 a.m. | 4 p.m. – 4 a.m. |
| | Music | 5 p.m. – 4 a.m. | 5 p.m. – 4 a.m. | 5 p.m. – 4 a.m. | 5 p.m. – 4 a.m. | 5 p.m. – 4 a.m. | 5 p.m. – 4 a.m. | 5 p.m. – 4 a.m. |
| | Kitchen | 5 p.m. – 3 a.m. | 5 p.m. – 3 a.m. | 5 p.m. – 3 a.m. | 5 p.m. – 3 a.m. | 5 p.m. – 3 a.m. | 5 p.m. – 3 a.m. | 5 p.m. – 3 a.m. |

| | INDOOR | | | | BAR | | | OUTSIDE | |
|---|---|---|---|---|---|---|---|---|---|
| OCCUPANCY | 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 |
| | | 150 | 25 | 100 | 0 | 1 | 20 | 0 | 0 |

| | | | | |
|---|---|---|---|---|
| How many floors are there? What is the capacity for each floor? (please respond in space provided) | 1-2 | 3-4 | 5 + | 1st Floor |
| Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided) | YES | NO | N/A | |
| Will you be hosting private parties and promotional events? | YES | NO | N/A | |
| Will outside promoters be used? | YES | NO | N/A | |
| Will the security plan submitted be implemented? | YES | NO | N/A | |
| Will State certified security personnel be used? | YES | NO | N/A | |
| Will New York Nightlife Association recommendations and NYPD Best Practices be followed? | YES | NO | N/A | |
| Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided) | YES | NO | N/A | |
| Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided) | YES | NO | N/A | |
| If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided) | YES | NO | N/A | |
| Will applicant provide contact information to neighbors and respond to complaints that arise? | YES | NO | N/A | |

| | | | |
|---|---|---|---|
| If you plan to have music, what type(s)? | BACKGROUND | LIVE MUSIC | DJ |

## BUILDING DESIGN

| | | | | |
|---|---|---|---|---|
| Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days. | YES | NO | N/A | |
| Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment? | YES | NO | N/A | |
| Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.) | YES | NO | N/A | |

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

| LOCATION & ZONING | | | | | |
|---|---|---|---|---|---|
| Primary Zoning District: | | Overlay (If Applicable): | | | |
| Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards? | YES | NO | N/A | | |
| Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection? | YES | NO | N/A | | |
| Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule. | YES | NO | N/A | | |
| Is a Public Assembly permit required? | YES | NO | N/A | | |
| Are your plans filed with DOB? | YES | NO | N/A | | |
| Building Type | ◯ Residential | ◯ Commercial | ◯ Mixed Use | ◯ Other, describe: _____ | |
| Adjacent Buildings | ◯ Residential | ◯ Commercial | ◯ Mixed Use | ◯ Other, describe: _____ | |
| **NOTIFICATION:** What organizations / community groups have you notified regarding your application? | # 1 | | | | |
| | # 2 | | | | |
| | # 3 | | | | |

**ADDITIONAL INFORMATION: (Applicant Use)**

- **This application is for the basement**

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

- **Applicant may apply for cabaret with Dept. of Consumer Affairs and will resubmit with MCB4**

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

| Manhattan Community Board 4 (MCB4) recommends: | ◯ Approval ◯ Denial unless all agreed to by applicant is part of the method of operation ◯ Denial |
|---|---|

**CB4 REPRESENTATIVES**

| | | |
|---|---|---|
| **Nelly Gonzalez**<br>*CB4 Community Associate* | **Lisa Daglian**<br>*CB4 BLP Committee Co-Chair* | **Paul Seres**<br>*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 APPLICANT OR ATTORNEY** | **DATE** |
|---|---|---|