

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)	
THE GREAT AMERICAN, LLC		THE GREAT AMERICAN	
STREET ADDRESS		CROSS STREETS	ZIP CODE
320 WEST 36TH STREET		BTW 8TH & 9TH AVE	10018
OWNER <i>(Attach a list of all the people that will be associated listed with the license)</i>	NAME:	JOSEPH SCHIMMEL	NAME: Terrance Flynn
	PHONE:	201.970.5120	PHONE: 718.945.1000
	EMAIL:	joeschimmel@gmail.com	EMAIL: trflynnjr@gmail.com
MANAGER	NAME:	Kris Bakey	NAME: LRR Holdings LLC
	PHONE:	210.219.9626	PHONE: 212 925-1950
	EMAIL:	kbakey@jackandconj.com	EMAIL: lance@raberenterprises.com
APPLICATION TYPE <i>(Check One)</i>			
<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	What is/was the name and address of establishment?		Public House & Penn6 140 east 41st nyc
	What were the dates applicant was involved with this former premise?		5/2007-7/2014
<input type="radio"/> Transfer	What is the prior license # and expiration date?		
	Is applicant making any alterations or operational changes?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	If alterations or operational changes are being made, please describe/list all changes.		
<input type="radio"/> Alteration	What is the current license # and expiration date?		
	Please list/describe the nature of all the changes and attach the plans:		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input checked="" type="checkbox"/> Liquor/Wine/Beer <input type="checkbox"/> Beer <input type="checkbox"/> Wine & Beer		
ESTABLISHMENT TYPE	<input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Club (Fraternal Organization – Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?		YES	<input checked="" type="checkbox"/>
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement.		YES	<input checked="" type="checkbox"/> I don't believe so but i will email the diagram
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.		YES	<input checked="" type="checkbox"/>
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?		<input checked="" type="checkbox"/>	NO

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)

HOURS* (Indoor Only)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	6am - 4am	6am - 4am	6am - 4am	6am - 4am	6am - 4am	6am - 4am	6am - 4am
	Kitchen	6am - 4am	6am - 4am	6am - 4am	6am - 4am	6am - 4am	6am - 4am	6am - 4am
	Music	6am - 4am	6am - 4am	6am - 4am	6am - 4am	6am - 4am	6am - 4am	6am - 4am
If you plan to have music, what type(s)? (Circle all that apply)			<input checked="" type="checkbox"/> BACKGROUND	<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> DJ	<input type="checkbox"/> JUKE BOX	<input type="checkbox"/> KARAOKE	

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 Stand-Up Bar
INSIDE	New Building	200	41	130		2	32
OUTSIDE (Other than sidewalk café)							
SIDEWALK CAFÉ							

How many floors are there? What is the capacity for each floor? 2 floors (kitchen is in the cellar floor)

How frequently will the owner(s) be at the establishment? Everyday

Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?	YES	<input checked="" type="checkbox"/> NO	
Will applicant have bottle or table service for beverage alcohol?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Servers bring food/drink to tables
Will you be hosting private; promotional or corporate events?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Corporate luncheons/functions/meetings
Will outside promoters be used on a regular basis? If yes please describe.	YES	<input checked="" type="checkbox"/> NO	
Will you have a security plan? If, yes please attach.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	All staff will receive the NYC manual
Will security plan be implemented?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	This will be part of our employee training
Will State certified security personnel be used?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	When we use security absolutely
Will New York Nightlife Association and NYPD Best Practices be followed?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant be using delivery bicycles? If yes, how many?	YES	<input checked="" type="checkbox"/> NO	
Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law?	YES	<input checked="" type="checkbox"/> NO	

Where will delivery bicycles be stored during the day when not in use?

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Garment District/Chelsea
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	New Building
Is a Public Assembly permit required?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	We will have over 75 patrons
Are your plans filed with DOB?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Everything is in the process

Community Notification/Relations			
NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted	# 1	West 36th Street Block Association: Frank Strock mcgee79@aol.com	
	# 2	KNA Association: Kathleen Treat at kathleentreat123@gmail.com	
	# 3	Hotel Americano: (212) 216-6000	
	# 4	Highline 537: (212) 518-4942	
	# 5	We are still in the process of introducing ourselves to every building in the area Hope to have met everyone by next week.	
Please provide dates when applicant met with the groups listed above.		We are setting up dates to meet in person	
Who was your contact person at each group you met with?		Listed above, once i have every building manager i will email	
When did applicant post the notice that was provided?		Wednesday August 24th 2016	
Where did applicant post the notice that was provided?		Directly in front of the location 320 west 36th	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO joseph schimmel 201.970.5120
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO 100% always in search of great applicants

BUILDING DESIGN			
State the name and type of business previously located in the space.	New Building		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	<input checked="" type="checkbox"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	New Building
Will applicant have a vestibule within the establishment?	<input checked="" type="checkbox"/> YES	NO	There will be a revolving door
Will applicant use a storm enclosure?	YES	<input checked="" type="checkbox"/> NO	
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	<input checked="" type="checkbox"/> YES	NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/> YES	NO	
Will the establishment have any of the following: (circle all that apply)	FRENCH DOORS	GARAGE DOORS	WINDOWS THAT CAN BE <input checked="" type="checkbox"/> OPENED
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	<input checked="" type="checkbox"/> YES	NO	
Will applicant close all windows, French doors, garage doors by 11 PM Friday and Saturday and 10 PM on all other days even if no music or amplified sound is played inside the establishment?	<input checked="" type="checkbox"/> YES	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	<input checked="" type="checkbox"/> YES	NO	
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	
Will the kitchen exhaust system extend to the roof?	<input checked="" type="checkbox"/> YES	NO	
Will the establishment have an illuminated sign?	YES	<input checked="" type="checkbox"/> NO	
Will the establishment have a canopy extending over the sidewalk?	YES	<input checked="" type="checkbox"/> NO	
Where will the air conditioner be located? What type is it?	roof, water cooled unit		
When was the air conditioner installed?	being installed october 2016		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFE			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	Have read but we will not have a roof
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Are the floorplans for the outdoor space(s) included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA
Will there be no amplified music, as per the law?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA
If amplified sound is played inside the establishment, will windows and doors be closed?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	We can post in front of restaurant
Will applicant agree to train staff to encourage a peaceful environment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	NA

OUTDOOR ITEMS – SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Have read, we do not have side walk cafe
Will applicant be applying for a sidewalk café now or in the future?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	NA
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	NA
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	NA
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	NA
Will applicant mark the perimeter of the café on the sidewalk?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	NA
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	NA
Will the sidewalk café not provide standing space for drinking or smoking?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	NA
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	NA
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	NA
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	NA
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	NA
Will applicant use umbrellas?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	NA
If construction or construction protection has reduced the sidewalk width, will applicant always maintain an 8 foot clear path of sidewalk between the perimeter of the café and the closes obstruction including construction barricades?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	NA

ADDITIONAL STIPULATIONS: (Office Use Only)

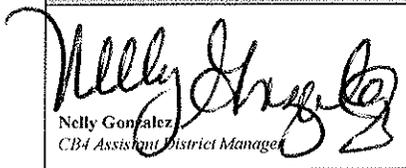
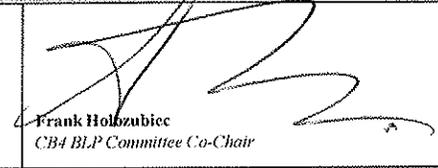
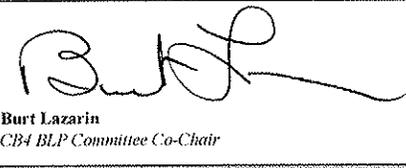
To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

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

To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

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

 Nelly Gonzalez <i>CB4 Assistant District Manager</i>	 Frank Holzubiec <i>CB4 BLP Committee Co-Chair</i>	 Burt Lazarin <i>CB4 BLP Committee Co-Chair</i>
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APPLICANT AGREEMENT WITH THE COMMUNITY

Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of operation of its liquor license. The stipulations in this application constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 and applicant. These stipulations supersede any oral statements or representations in connection with this application.

SIGN HERE →	Joseph Schimmel <small>PRINT NAME OF APPLICANT</small>	 <small>SIGNATURE OF APPLICANT</small>	8.26.16 <small>DATE</small>
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The restaurant will be in a hotel " HY 36 ". We are responsible for serving for to their guests from 6am - 4am