

1 **BUSINESS LICNESE & PERMITS COMMITTEE**

Item # 13

2
3 November 7, 2012

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: Past I Inc**
12 *186 9th Ave (21/22)*

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14
15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends denial of a new on-premise liquor license for Past I Inc. – 186
18 9th Ave (21/22), unless the following stipulation, agreed to by the applicant, is part of the method of operation for
19 this establishment with a capacity of 74, with 6 tables and 32 seat, and one stand-up bar seating 10.

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

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23
24 Sincerely,

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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

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT Pasta I Inc.		DOING BUSINESS AS (DBA) Pasta I Inc.	
STREET ADDRESS 186 9 th Avenue		CROSS STREETS W 21 st & W 22 nd Street	
OWNER	NAME: Mellisa Muller	REPRESENTATIVE	NAME: Michael Kelly
	PHONE: 917-544-3972		PHONE: 917-523-4972
	FAX:		FAX: 914-632-6034
MANAGER	NAME:	LANDLORD	NAME: Rozmae Realty
	PHONE:		PHONE: 212-243-6722
	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 <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 of establishment?	Terra Mia Enterprises		
		What is/was the address of the establishment?	190 7 th Ave		
		What were the dates the applicant was involved with this former premise?	August 2010 - Presents		
	<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 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="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	8 a.m. – 2 a.m.	8 a.m. – 2 a.m.	8 a.m. – 2 a.m.	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	8 a.m. – 2 a.m.
	Music	8 a.m. – 2 a.m.	8 a.m. – 2 a.m.	8 a.m. – 2 a.m.	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	8 a.m. – 2 a.m.
	Kitchen	8 a.m. – 130 a.m.	8 a.m. – 130 a.m.	8 a.m. – 130 a.m.	8 a.m. – 230 a.m.	8 a.m. – 230 a.m.	8 a.m. – 230 a.m.	8 a.m. – 130 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
	74	42	6	32	0	1	10	0	0

How many floors are there? What is the capacity for each floor? (please respond in space provided)	<input checked="" type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> 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	N/A	
Will the security plan submitted be implemented?	YES	<input checked="" type="checkbox"/> NO	N/A	
Will State certified security personnel be used?	YES	<input checked="" type="checkbox"/> NO	N/A	
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	YES	<input checked="" type="checkbox"/> 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="checkbox"/> 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="checkbox"/> 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	<input checked="" type="checkbox"/> NO	N/A	Will apply in future
Will applicant provide contact information to neighbors and respond to complaints that arise?	<input checked="" type="checkbox"/> 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
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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:	R7B	Overlay (If Applicable):	C2-5
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	<input checked="" type="checkbox"/> NO	N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="checkbox"/> 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		
	# 2		
	# 3		

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

- Applicant will follow DOB standards for Black Iron Exhaust for kitchen exhaust
- Applicant must do more community outreach prior to November 7th Full Board Meeting.

1 **BUSINESS LICNESE & PERMITS COMMITTEE**

Item # 14

2
3 November 7, 2012

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: PJ Bricks**
12 *735 10th Ave (50)*

13
14
15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends denial of an alteration of an on-premise liquor license for PJ
18 Bricks – 735 10th Ave (50), unless the following stipulation, agreed to by the applicant, is part of the method of
19 operation for this establishment with a capacity of 180, with 50 tables and 146 seat, and one stand-up bar seating
20 10.

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

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25 Sincerely,

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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)

APPLICANT Brick house Saloon Corp.		DOING BUSINESS AS (DBA) PJ Bricks	
STREET ADDRESS 735 10 th Avenue		CROSS STREETS W 50 th Street	
OWNER	NAME: Jon Karger	REPRESENTATIVE	NAME: Frank Buscemi
	PHONE: 646-385-0075		PHONE: 212-962-4688
	FAX:		FAX:
MANAGER	NAME: Jon Karger	LANDLORD	NAME: Pickadilly Hotel
	PHONE: 646-385-0075		PHONE: 212-586-3400 (Donna)
	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 <i>(check one)</i>	<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 #?		
		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	630 a.m. – 2 a.m.						
	Music	rec	Rec	Rec	Rec/live	Rec/live	Rec/live	rec
	Kitchen	630 a.m. – 2 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
	180	150	50	146	0	1	10	0	0

How many floors are there? What is the capacity for each floor? (please respond in space provided)	<input checked="" type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> 5+	1 st 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	<input type="checkbox"/> NO	N/A	
Will applicant have bottle service?	YES	<input type="checkbox"/> NO	N/A	
Will you be hosting private parties and promotional events?	<input checked="" type="checkbox"/> YES	NO	N/A	
Will outside promoters be used?	YES	<input type="checkbox"/> NO	N/A	
Will the security plan submitted be implemented?	YES	NO	<input type="checkbox"/> N/A	
Will State certified security personnel be used?	YES	NO	<input type="checkbox"/> N/A	
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	YES	NO	<input 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)	YES	<input type="checkbox"/> 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="checkbox"/> YES	NO	N/A	Not at this time maybe in future
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)	YES	NO	<input type="checkbox"/> N/A	Not sure at this time
Will applicant provide contact information to neighbors and respond to complaints that arise?	<input checked="" type="checkbox"/> 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	Background music most of time; live acts on thurs-Saturday occasionally
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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?	YES	NO	N/A	No Neighbors, already installed sound proof sheet rock
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="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:	Commercial Use Group 9	Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="checkbox"/> 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.	YES	<input checked="" type="checkbox"/> NO	N/A
Is a Public Assembly permit required?	<input checked="" type="checkbox"/> YES	NO	N/A
Are your plans filed with DOB?	<input checked="" type="checkbox"/> YES	NO	N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input 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: None on 10th Ave Parking lot in rear closest bldg is several hundred feet to the rear (I believe it is a methadone clinic)		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1		
	# 2		
	# 3		

ADDITIONAL INFORMATION: (Applicant Use)

Only want to add live music to method of operation on Thursday, Friday & Saturday, no other changes

ADDITIONAL NOTES: (Office Use Only)

- Applicant will not charge admission unless for a not for profit or political fundraiser
- Applicant will move sandwich board from sidewalk to lean against the building
- Applicant will have no more than 4 piece band

1 **BUSINESS LICNESE & PERMITS COMMITTEE**

Item # 15

2
3 November 7, 2012

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: Pho 66 Inc. d/b/a Pho 66**
12 *673 9th Ave (46/47)*

13
14
15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends denial of a transfer of an on-premise liquor license for Pho 66
18 Inc. d/b/a Pho 66 – 158 8th Ave (17/18), unless the following stipulation, agreed to by the applicant, is part of the
19 method of operation for this establishment with a capacity of 74, with 22 tables and 50 seat, one service bar and
20 one stand-up bar seating 0.

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

23
24
25 Sincerely,

26
27
28
29
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)

APPLICANT Pho 66 Inc.		DOING BUSINESS AS (DBA) Pho 66		
STREET ADDRESS 673 9 th Avenue		CROSS STREETS W 46 th & W 47 th Street		
OWNER	NAME: Greg Hugunin	REPRESENTATIVE	NAME: Elke Holfman	
	PHONE: 917-771-6533		PHONE: 212-478-9100	
	FAX: 212-487-9100		FAX: 212-487-9131	
MANAGER	NAME:	LANDLORD	NAME: Pioneer Management Co.	
	PHONE:		PHONE: 212-496-7322	
	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 (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 #?	1245558	
		What is the expiration date on the prior license?	August 31, 2014	
		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

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	8 a.m. – 11 p.m.						
	Music	11 a.m. – 11 p.m.						
	Kitchen	11 a.m. – 11 p.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
	74	65	22	50	1	0	0	0	0

How many floors are there? What is the capacity for each floor? (please respond in space provided)	<input checked="" type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> 5+	Basement – Storage; 1 st Floor- 74					
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	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						
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?	<input checked="" type="checkbox"/> 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						
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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	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	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	N/A Clinton
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	N/A Valid LNO
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	<input type="checkbox"/> NO	N/A
Is a Public Assembly permit required?	YES	<input checked="" type="checkbox"/> NO	N/A
Are your plans filed with DOB?	YES	<input checked="" type="checkbox"/> NO	N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="checkbox"/> 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		
	# 2		
	# 3		

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

- Applicant agrees to keep delivery bicycles clear of the sidewalk as to not cause clutter

1 **BUSINESS LICNESE & PERMITS COMMITTEE**

Item # 16

2
3 November 7, 2012

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 Clinic**
12 340 9th Ave (29/30)

13
14
15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends denial of a transfer of an on-premise liquor license for The
18 Clinic – 340 9th Ave (29/30), unless the following stipulation, agreed to by the applicant, is part of the method of
19 operation for this establishment with a capacity of 60, with 15 tables and 41 seat, and one stand-up bar seating 16.
20

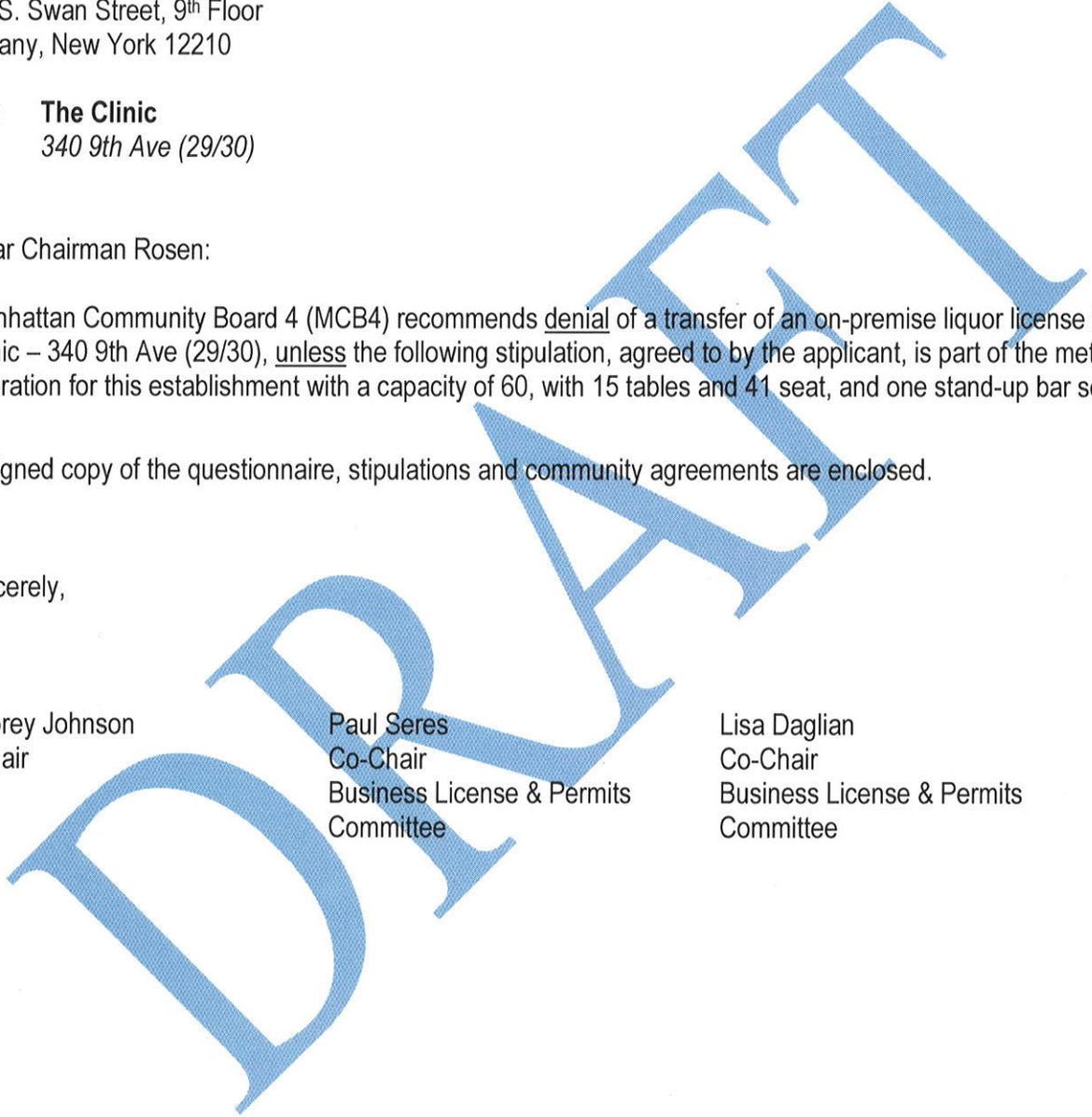
21 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

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)

APPLICANT Margaret Reilly – Barragh Corp.		DOING BUSINESS AS (DBA) The Clinic	
STREET ADDRESS 340 9 th Avenue		CROSS STREETS W 29 th & W 30 th Street	
OWNER	NAME: Margaret Reilly	REPRESENTATIVE	NAME: Terry Flynn
	PHONE: 646-515-4921		PHONE: 718-913-4974
	FAX: 718-429-4742		FAX: 718-318-6162
MANAGER	NAME: Margaret Reilly	LANDLORD	NAME: Danny Mishay
	PHONE: 646-515-4921		PHONE: 516-647-1511
	FAX: 718-429-4742		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): Irish Pub

License Type:

On-Premise
 Wine
 Beer
 Wine & Beer

APPLICATION TYPE (check one)	<input type="radio"/> New	Has applicant owned or managed a similar business?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> 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	8 a.m. – 4 a.m.	8 a.m. – 4 a.m.	8 a.m. – 4 a.m.	8 a.m. – 4 a.m.	8 a.m. – 4 a.m.	8 a.m. – 4 a.m.	12 p.m. – 4 a.m.	
	Music					10 p.m. – 2 a.m.	10 p.m. – 2 a.m.		
	Kitchen	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	12 p.m. – 3 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
	60	60	15	41	0	1	16	0	0

How many floors are there? What is the capacity for each floor? (please respond in space provided)	<input checked="" type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> 5+	Basement – Storage; 1 st Floor- 60
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	N/A	
Will the security plan submitted be implemented?	<input checked="" type="checkbox"/> YES	NO	N/A	
Will State certified security personnel be used?	<input checked="" type="checkbox"/> YES	NO	N/A	
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	<input checked="" type="checkbox"/> 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="checkbox"/> 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="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	N/A	
Will applicant provide contact information to neighbors and respond to complaints that arise?	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Karaoke
--	--	-------------------------------------	-----------------------------	----------------------------------

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:		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?	<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.	YES	NO	<input checked="" type="checkbox"/> N/A 500 Ft Rule
Is a Public Assembly permit required?	YES	NO	<input checked="" type="checkbox"/> N/A
Are your plans filed with DOB?	YES	<input checked="" type="checkbox"/> 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	
	# 2	
	# 3	

1 **BUSINESS LICNESE & PERMITS COMMITTEE**

Item # 17

2
3 November 7, 2012

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: Three Clovers Inc.**
12 *402 W 47th Street*

13
14
15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends denial of a transfer of a wine & beer license for Three Clovers
18 Inc. – 402 W 47th Street, unless the following stipulation, agreed to by the applicant, is part of the method of
19 operation for this establishment with a capacity of 62, with 16 tables and 50 seat, and one stand-up bar seating 8.
20

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

22
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

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT Three Clovers Inc.		DOING BUSINESS AS (DBA) Pending	
STREET ADDRESS 402 W 47 th Street		CROSS STREETS 9 th & 10 th Avenue	
OWNER	NAME: John Dempsey	REPRESENTATIVE	NAME: Mitchel Sundel
	PHONE: 917-577-1827		PHONE: 212-566-7403
	FAX: 646-657-0984		FAX: 212-619-3208
MANAGER	NAME: Sarah Hake	LANDLORD	NAME: Scott Almey
	PHONE: 917-692-8264		PHONE: 212-496-7322
	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 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 checked="" 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?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 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 #?	1169088		
		What is the expiration date on the prior license?	January 31, 2013		
		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="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	8 a.m. – 11 p.m.	8 a.m. – 11 p.m.	8 a.m. – 12 a.m.	8 a.m. – 11 p.m.			
	Music	8 a.m. – 11 p.m.	8 a.m. – 11 p.m.	8 a.m. – 12 a.m.	8 a.m. – 11 p.m.			
	Kitchen	8 a.m. – 11 p.m.	8 a.m. – 11 p.m.	8 a.m. – 12 a.m.	8 a.m. – 11 p.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
		62	16	50	0	1	8	18	9

How many floors are there? What is the capacity for each floor? (please respond in space provided)	<input checked="" type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> 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	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?	<input checked="" type="checkbox"/> 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)	<input checked="" type="checkbox"/> YES	NO	N/A	Will apply to DOT & make sure all staff wear proper attire
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	<input checked="" type="checkbox"/> YES	NO	N/A	Will apply for sidewalk permit within next 60 days
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)	YES	<input checked="" type="checkbox"/> NO	N/A	
Will applicant provide contact information to neighbors and respond to complaints that arise?	<input checked="" type="checkbox"/> YES	NO	N/A	917-577-1827
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?	<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> YES	NO	N/A	
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	<input checked="" type="checkbox"/> 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.).	<input checked="" type="checkbox"/> 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="checkbox"/> 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="checkbox"/> 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?	<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 Triggerred? 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	<input checked="" type="checkbox"/> NO	N/A Plans no figured
Building Type	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Other, describe: with commercial space		
Adjacent Buildings	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input type="checkbox"/> Mixed Use <input type="checkbox"/> Other, describe: with commercials pace on east side & only residential on left side		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	47 th Street Block Association	
	# 2		
	# 3		

ADDITIONAL INFORMATION: (Applicant Use)

Own & Operate the following: Vynl – 754 9th Ave; El Centro – 824 9th Ave; Hell's Kitchen – 679 9th Ave; Therapy – 348 W 52nd St; Barrage – 401 W 47th St.

ADDITIONAL NOTES: (Office Use Only)

- Applicant will work with the Block Association to insure the best location for bicycle storage during the day

1 **BUSINESS LICNESE & PERMITS COMMITTEE**

Item # 18

2
3 November 7, 2012

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: Sweet Concessions Inc.**
12 *416 W 42nd Street (Playwrights Horizon Theater)*

13
14
15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends denial of a alteration to change from a tavern liquor license to
18 an on-premise liquor license for Sweet Concessions Inc – 416 W 42nd Street (Playwrights Horizon Theater), unless
19 the following stipulation, agreed to by the applicant, is part of the method of operation for this establishment with
20 one stand-up bar seating 0.

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

23
24
25 Sincerely,

26
27
28 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

29

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT Sweet Concessions Inc.		DOING BUSINESS AS (DBA)		
STREET ADDRESS 416 W 42 nd Street (Playwrights Horizon Theater)		CROSS STREETS 9 th & 10 th Avenue		
OWNER	NAME: Julie Rose	REPRESENTATIVE	NAME:	
	PHONE: 212-582-5472		PHONE:	
	FAX: 212-582-8470		FAX:	
MANAGER	NAME:	LANDLORD	NAME: Playwrights Horizons Theatre	
	PHONE:		PHONE: 212-564-1235	
	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 type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization – Members Only) <input type="radio"/> Other (Explain): Broadway Theatre			
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 type="radio"/> Other (Explain): Broadway Theatre			
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) Class Change – Tavern to On-Premise	<input type="radio"/> New	Has applicant owned or managed a similar business?	<input type="radio"/> YES <input 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?	<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	All	Hours	When	Theatre	Is Open	To	Patrons	
	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
			N/A	N/A	N/A	1	0	0	0
How many floors are there? What is the capacity for each floor? (please respond in space provided)					<input checked="" type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> 5+	Bar is located in the first floor Lobby	
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	<input type="checkbox"/> N/A		
Will applicant have bottle service?					YES	<input checked="" type="checkbox"/> NO	N/A		
Will you be hosting private parties and promotional events?					<input checked="" type="checkbox"/> YES	NO	N/A		
Will outside promoters be used?					YES	NO	<input type="checkbox"/> N/A		
Will the security plan submitted be implemented?					YES	NO	<input type="checkbox"/> N/A		
Will State certified security personnel be used?					YES	NO	<input type="checkbox"/> N/A		
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					YES	NO	<input 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)					YES	NO	<input type="checkbox"/> 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="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 type="checkbox"/> N/A		
Will applicant provide contact information to neighbors and respond to complaints that arise?					YES	NO	<input type="checkbox"/> N/A		
If you plan to have music, what type(s)?			BACKGROUND	LIVE MUSIC	DJ	Theater responsibility			
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	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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	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?	<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.	YES	<input checked="" type="checkbox"/> NO	N/A
Is a Public Assembly permit required?	<input checked="" type="checkbox"/> 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		
	# 2		
	# 3		

ADDITIONAL INFORMATION: (Applicant Use)

This application is for a class change to our current tavern license to an on-premise license. There should be no significant changes in operation which would require action from the community board.

ADDITIONAL NOTES: (Office Use Only)

1 **BUSINESS LICNESE & PERMITS COMMITTEE**

Item # 19

2
3 November 7, 2012

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: Sweet Concessions Inc.**
12 *336 W 20th Street (Atlantic Theater Co. & Linda Gross Theater)*

13
14
15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends denial of a new wine license for Sweet Concessions Inc –
18 336 W 20th Street (Atlantic Theater Co. & Linda Gross Theater), unless the following stipulation, agreed to by the
19 applicant, is part of the method of operation for this establishment with a capacity of 213, and one stand-up bar
20 seating 0.

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

23
24
25 Sincerely,

26
27
28
29
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)

APPLICANT Sweet Concessions Inc.		DOING BUSINESS AS (DBA)	
STREET ADDRESS 336 W 20 th St. (Atlantic Theater Co. & Linda Gross Theater)		CROSS STREETS 8 th & 9 th Avenue	
OWNER	NAME: Julie Rose	REPRESENTATIVE	NAME:
	PHONE: 212-582-5472		PHONE:
	FAX: 212-582-8470		FAX:
MANAGER	NAME:	LANDLORD	NAME: St. Peter's Episcopal Church
	PHONE:		PHONE: 212-929-2390
	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): Theatre with Live performances

Method of Operation:

Restaurant
 Dance Club
 Sports Bar
 Adult Entertainment
 Wine Bar
 Pizzeria
 Cafe
 Other (Explain): Theatre with Live performances

License Type:

On-Premise
 Wine
 Beer
 Wine & Beer

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 of establishment?	Atlantic Theater Co.		
		What is/was the address of the establishment?	336 W 20 th Street		
		What were the dates the applicant was involved with this former premise?	2005-2009		
	<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="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="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	2 Hours	Proceeding	Opening of	The	Theater	To Patrons	Until ½ Hr
	Music	After show	Ends.	Variable	Depending	Upon	Show	
	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
	213 (see attached)	200	0	0	0	1	0	0	0

How many floors are there? What is the capacity for each floor? (please respond in space provided)	<input checked="" type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> 5+	Bar is in basement lobby
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?	<input checked="" type="checkbox"/> YES	NO	N/A	Theater related events
Will outside promoters be used?	YES	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)	YES	<input checked="" type="checkbox"/> NO	N/A	
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	YES	NO	<input checked="" type="checkbox"/> 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	

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

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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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:		Overlay (If Applicable):		
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	<input checked="" type="checkbox"/> 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	See attached
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	<input checked="" type="checkbox"/> NO	N/A	This operation is exempt from the 200 ft rule, as it is non-profit
Is a Public Assembly permit required?	YES	NO	<input checked="" type="checkbox"/> N/A	
Are your plans filed with DOB?	YES	NO	<input checked="" type="checkbox"/> 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			
	# 2			
	# 3			

1 **BUSINESS LICNESE & PERMITS COMMITTEE**

Item # 20

2
3 November 7, 2012

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: Tempest Bar**
12 *407 8th Avenue (30/31)*

13
14
15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends denial of an alteration of an on-premise liquor license for
18 Tempest Bar – 407 8th Avenue, unless the following stipulation, agreed to by the applicant, is part of the method of
19 operation for this establishment with a capacity of 74, with 9 tables and 34 seat, and one stand-up bar seating 16.
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)

APPLICANT AJK Café Inc.		DOING BUSINESS AS (DBA) Tempest Bar		
STREET ADDRESS 407 8 th Avenue		CROSS STREETS W 30 th & W 31 st Street		
OWNER	NAME: Anthony Kennedy	REPRESENTATIVE	NAME: David Korngut	
	PHONE: 212-643-1502		PHONE: 212-566-5021	
	FAX:		FAX: 212-766-2628	
MANAGER	NAME:	LANDLORD	NAME:	
	PHONE:		PHONE:	
	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): Tavern			
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
		If alterations or operational changes are being made, please attach the plans to this form.		
	<input checked="" type="radio"/> Alteration	What is the current license #?	1133456	
		What is the expiration date on the current license?	November 30, 2012	
Please describe the nature of the alterations and attach the plans				

OPERATIONAL ISSUES

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	11 a.m. – 4 a.m.	12 p.m. – 4 a.m.					
	Music	11 a.m. – 4 a.m.	12 p.m. – 4 a.m.					
	Kitchen	12 p.m. – 3 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
	74	70	9	34	0	1	16	0	0

How many floors are there? What is the capacity for each floor? (please respond in space provided)	<input checked="" type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> 5+	Main – 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	<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	N/A		
Will the security plan submitted be implemented?	<input checked="" type="checkbox"/> YES	NO	N/A		
Will State certified security personnel be used?	<input checked="" type="checkbox"/> YES	NO	N/A		
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	<input checked="" type="checkbox"/> 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="checkbox"/> 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="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?	<input checked="" type="checkbox"/> 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.	YES	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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:		Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> NO	N/A
Are your plans filed with DOB?	YES	NO	N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="checkbox"/> 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		
	# 2		
	# 3		

ADDITIONAL INFORMATION: (Applicant Use)

Application is to regularize records of Liquor Authority – to convert existing kitchen area to patron seating; to install food preparation area

ADDITIONAL NOTES: (Office Use Only)

1 **BUSINESS LICNESE & PERMITS COMMITTEE**

Item # 21

2
3 November 7, 2012

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: Avadom Inc.**
12 147 W 24th Street

13
14
15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends denial of a new on-premise liquor license for Avadom Inc –
18 147 W 24th Street, unless the following stipulation, agreed to by the applicant, is part of the method of operation for
19 this establishment with a capacity of 74, with 6 tables and 24 seat, and one stand-up bar seating 16.

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

22
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

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT Avadom Inc.		DOING BUSINESS AS (DBA) TBD	
STREET ADDRESS 147 W 24 th Street		CROSS STREETS 6 th & 7 th Avenue	
OWNER	NAME: Joe DiPietro	REPRESENTATIVE	NAME: David Korngut
	PHONE: 212-777-0100		PHONE: 212-566-5021
	FAX:		FAX:
MANAGER	NAME:	LANDLORD	NAME:
	PHONE:		PHONE:
	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): Tavern with Pub Food

License Type:

On-Premise
 Wine
 Beer
 Wine & Beer

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 of establishment?	No Idea	
		What is/was the address of the establishment?	30 E 20 th Street	
		What were the dates the applicant was involved with this former premise?	1992 - 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 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="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	4 p.m. – 1 a.m.	4 p.m. – 2 a.m.	4 p.m. – 2 a.m.	4 p.m. – 1 a.m.			
	Music	4 p.m. – 12 a.m.	4 p.m. – 1 a.m.	4 p.m. – 1 a.m.	4 p.m. – 12 a.m.			
	Kitchen	Food Prep Area						

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
	To be obtained	74	6	24	0	1	16	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	<input type="checkbox"/> NO	N/A	
Will applicant have bottle service?	YES	<input type="checkbox"/> NO	N/A	
Will you be hosting private parties and promotional events?	YES	<input type="checkbox"/> NO	N/A	
Will outside promoters be used?	YES	<input type="checkbox"/> NO	N/A	
Will the security plan submitted be implemented?	<input checked="" type="checkbox"/> YES	NO	N/A	
Will State certified security personnel be used?	<input checked="" type="checkbox"/> YES	NO	N/A	
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	<input checked="" type="checkbox"/> 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 type="checkbox"/> NO	N/A	
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	YES	<input 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	N/A	
Will applicant provide contact information to neighbors and respond to complaints that arise?	<input checked="" type="checkbox"/> 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="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	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.).	<input checked="" type="checkbox"/> 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="checkbox"/> 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="checkbox"/> 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	<input checked="" type="checkbox"/> 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 Triggerred? 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	NO	N/A
Are your plans filed with DOB?	<input checked="" type="checkbox"/> 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		
	# 2		
	# 3		

No C of O