

1 **BUSINESS LICNESE & PERMITS COMMITTEE**

**Item # 7**

2  
3 December 5, 2012

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

10  
11 **Re: Balkanika**  
12 *691 Ninth Avenue (47/48)*

13  
14  
15 Dear Chairman Rosen:

16  
17 Manhattan Community Board 4 (MCB4) recommends denial of an alteration application to upgrade to an on-  
18 premise liquor license for Balkanika – 691 Ninth Aven(47/48), unless the following stipulation, agreed to by the  
19 applicant, is part of the method of operation for this establishment with a capacity of 75, with 26 tables and 54 seat,  
20 one service bar and one stand-up bar seating 12.

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

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# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License Stipulations Application

<b>APPLICANT</b> <b>Balkan Burek LLC.</b>		<b>DOING BUSINESS AS (DBA)</b> <b>Balkanika</b>	
<b>STREET ADDRESS</b> <b>691 9<sup>th</sup> Avenue</b>		<b>CROSS STREETS</b> <b>47<sup>th</sup> &amp; 48<sup>th</sup> Street</b>	
<b>OWNER</b>	<b>NAME:</b> <b>Goce Blazeski (LLC Manager)</b>	<b>REPRESENTATIVE</b>	<b>NAME:</b> <b>Gen Ceballos</b>
	<b>PHONE:</b> <b>973-725-3741</b>		<b>PHONE:</b> <b>347-642-5077</b>
	<b>FAX:</b>		<b>FAX:</b> <b>888-502-5620</b>
<b>MANAGER</b>	<b>NAME:</b> <b>Svetozar Savreski LLC Member</b>	<b>LANDLORD</b>	<b>NAME:</b> <b>Kerman Company</b>
	<b>PHONE:</b> <b>973-725-3741</b>		<b>PHONE:</b> <b>212-750-8200</b>
	<b>FAX:</b>		<b>FAX:</b> <b>212-421-3241</b>

### 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

<b>APPLICATION TYPE</b> <i>(check one)</i>	<input type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?	YES	NO
		What is/was the name of establishment?		
		What is/was the address of the establishment?		
		What were the dates the applicant was involved with this former premise?		
	<input type="radio"/> <b>Transfer</b>	What is the prior license #?	1232843	
		What is the expiration date on the prior license?	June 30, 2012	
		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"/> <b>Alteration</b>	What is the current license #?	1232843	
		What is the expiration date on the current license?	June 12, 2013	
		Please describe the nature of the alterations and attach the plans <b>Changing from a beer/wine to on-premise</b>		

OPERATIONAL ISSUES										
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation	10 a.m. – 4 a.m.	10 a.m. – 4 a.m.	10 a.m. – 4 a.m.	10 a.m. – 4 a.m.	10 a.m. – 4 a.m.	10 a.m. – 4 a.m.	10 a.m. – 4 a.m.	10 a.m. – 4 a.m.	
	Music									
	Kitchen	10 a.m. – 3 a.m.	10 a.m. – 3 a.m.	10 a.m. – 3 a.m.	10 a.m. – 3 a.m.	10 a.m. – 3 a.m.	10 a.m. – 3 a.m.	10 a.m. – 3 a.m.	10 a.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	
	75	75	26	54	1	1	12	N/A	N/A	
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 <sup>st</sup> 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 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)					YES	NO	<input checked="" 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 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	LIVE MUSIC	DJ	Acoustic Muisc				
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:	<b>C1-5, R8</b>	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.	<input checked="" type="checkbox"/> YES	NO	N/A
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 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: _____		
<b>NOTIFICATION:</b> What organizations / community groups have you notified regarding your application?	# 1	N/A	
	# 2	N/A	
	# 3	N/A	

**ADDITIONAL INFORMATION: (Applicant Use)**

- This is an application in support of changing from a beer & wine license to an on-premise liquor license

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

No other change to method of operation

