



THE CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003
Phone (212) 533-5300 - Fax (212) 533-3659
www.cb3manhattan.org - info@cb3manhattan.org

Jamie Rogers, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations for Administrative Approval

I, Shilpa Sethi, as a qualified representative of 437 East 9th Street (entity to be determined) located at 437 East 9th Street, New York, NY agree to the following stipulations:

- I will operate a full-service restaurant, specifically a (type of restaurant) INDIAN CASUAL DINING
 Kitchen open and serving food every night during all hours of operation.
- My hours of operation will be 10:00 a.m./p.m. to 2:00 a.m. all days

(I understand opening is "no later than" specified opening hour, and all patrons are to be cleared from business at specified closing hour.)

- I will not use outdoor space for commercial use.
- I will operate my sidewalk café no later than _____
- I will employ a doorman/security personnel on the following days: _____
- I will install soundproofing, _____
- I will close any front or rear façade doors and windows at 10:00 P.M. every night or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances. I will have a closed fixed façade with no open doors or windows except my entrance door will close by 10:00 P.M. or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances.
- I will not have DJs, live music, promoted events, any event at which a cover fee is charged, scheduled performances, more than _____ DJs/ promoted events per _____, more than _____ private parties per _____
- I will play ambient recorded background music only.
- I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.
- I will not seek a change in class to a full on-premise liquor license without first obtaining approval from CB 3.
- I will not participate in pub crawls or have party buses come to my establishment.
- I will not have unlimited drink specials with food.
- I will not have a happy hour. I will have happy hour and it will end by 8 PM
- I will not have wait lines outside. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
- I will conspicuously post this stipulation form beside my liquor license inside of my business.
- Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: SHILPA SETHI, MANAGER Phone Number: 646-752-4362

18. I will: _____

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed Shilpa Dated 10/31/2016
Sworn to this 31st day of October 2016

Elke Hofmann
Notary Public
ELKE HOFMANN
Notary Public, State of New York
No. 02HO6176638
Qualified in Kings County
Commission Expires April 27, 2020



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Community Board 3 Liquor License Administrative Approval Application Questionnaire

Today's Date: 31 October 2016

APPLICANT:

1. Name of applicant and all principals: entity to be determined, Rupila Sethi
2. Premise Address: 437 East 9th Street
3. Cross streets: Between Avenue A and 1st
4. Trade name (DBA): tbd
5. Check which you are applying for:
 new liquor license alteration of an existing liquor license sale of assets
6. If alteration, describe nature of alteration: _____
7. Is location currently licensed? Yes No
8. Type of license: Wine and Beer
9. Previous or current use of the location: Art Gallery
10. Corporation and trade name of current license: N/A

PREMISE:

11. Type of building and number of floors: Mixed Use; 5 floors
12. Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? Yes No 12a. What is the permitted occupancy indoors and outdoors? 74
13. Do you plan to apply for Public Assembly permit? Yes No
14. What is the zoning designation (check zoning using map: <http://gis.nyc.gov/doitt/nycitymap/> -please give specific zoning designation, such as R8 or C2): R8B
15. How many licensed establishments are within 1 block? 22
16. How many On-Premise (OP) liquor licenses are within 500 feet? 15
17. Is premise within 200 feet of any school or place of worship? Yes No

PROPOSED METHOD OF OPERATION:

18. Describe your method of operation: Casual dining
19. Will any other business besides food or alcohol service be conducted at premise? Yes No
20. If yes, please describe what type: _____
21. What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space if applicable) 10am - 12am
22. Total number of tables? 10-12 23. Total number of seats? 28-32

24. How many stand-up bars/ bar seats are located on the premise? 1 (A **stand up** is any bar or counter [whether with seating or not] over which a patron can order, pay for and receive an alcoholic beverage)
25. Describe all bars (length, shape, and location): 1
26. Does premise have a full kitchen? Yes No
27. What are the hours kitchen will be open? All hours of operation
28. Is food available for sale? Yes No If yes, describe type of food and submit a menu: _____
-
29. Will a manager or principal always be on site? Yes No If yes, which? _____
30. How many employees will there be? 6
31. Do you have or plan to install French doors accordion doors or windows?
32. Will there be TVs/monitors? Yes No (If Yes, how many?) _____
33. Will premise have music? Yes No
34. If Yes, what type of music? Live musician DJ Juke box Tapes/CDs/iPod
35. If other type, please describe: _____
36. What will be the music volume? Background (quiet) Entertainment level
37. Please describe your sound system: basic sound system
38. Will you host any promoted events, scheduled performances or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed and how often? No
39. How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? (Please do not answer "we do not anticipate congestion.") _____
40. Will there be security personnel? Yes No 40a. If Yes, how many and when? _____
41. How do you plan to manage noise inside and outside your business so neighbors will not be affected? _____
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42. Do you have sound proofing installed? Yes No
43. If not, do you plan to install sound-proofing? Yes No

APPLICANT HISTORY:

44. Has this corporation or any principal been licensed previously? Yes No
45. If yes, please indicate name of establishment: _____
46. Address: _____ 47. Community Board # _____
48. Dates of operation: _____
49. Has any principal had work experience similar to the proposed business? Yes No If Yes, please attach explanation of experience or resume.
50. Does any principal have other businesses in this area? Yes No If Yes, please give trade name and describe type of business: Elements Preschool, Nursery school
51. Has any principal had SLA reports or action within the past 3 years? Yes No If Yes, attach list of violations and dates of violations and outcomes.

COMMUNITY OUTREACH:

Please see the Community Board website to find block associations or tenant associations in the immediate vicinity of your location for community outreach. Applicants are encouraged to reach out to community groups.

ATTENTION RESIDENTS & NEIGHBORS

R. Sethi on behalf of an entity to be determined

Company/DBA Name and Contact Number for Questions

plans to open a

RESTAURANT

(Please choose) Bar/Restaurant/Club and indicate if there will be a Sidewalk Café or Backyard Garden

at the following location

437 EAST 9TH STREET

Building Number and Street Name (Address)

This establishment is seeking a license to serve

BEER & WINE

Beer & Wine or Beer

R SETHI PH: 646-752-4362

Applicant Contact Information

**Contact the Applicant or COMMUNITY BOARD 3
With any questions or concerns.
info@cb3manhattan.org - www.cb3manhattan.org**