



THE CITY OF NEW YORK  
 MANHATTAN COMMUNITY BOARD 3  
 59 East 4th Street - New York, NY 10003  
 Phone (212) 533-5300  
 www.cb3manhattan.org - info@cb3manhattan.org

Jamie Rogers, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations for Administrative Approval

I, KEVIN M. HEALD, as a qualified representative of Malt and Mold Inc, located at 221 East Broadway, New York, NY agree to the following stipulations:

- I will operate a full-service restaurant, specifically a (type of restaurant) SPECIALTY FOOD RETAIL SHOP  
 Kitchen open and serving food every night during all hours of operation.
  - My hours of operation will be:  
 Mon NOON-11PM; Tue NOON-11PM; Wed NOON-11PM;  
 Thu NOON-11PM; Fri NOON-11PM; Sat NOON-11PM; Sun NOON-9PM.  
 (I understand opening is no later than specified opening hour & 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 or for any physical alterations of any nature 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, including boozy brunches, with food.
  - I will not have a happy hour or drink specials with or without time limitations OR  I will have happy hour and it will end by \_\_\_\_\_
  - 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: KEVIN M. HEALD Phone Number: (646) 238-0272
18.  I will: \_\_\_\_\_

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

Signed

Sworn to this 24 day of October 2017

Dated

10/24/17



OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____



**State Liquor Authority**     **Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board**  
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1. Date Notice Was Sent:      1a. Delivered by:

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License  
 New Application     Renewal     Alteration     Corporate Change     Removal     Class Change

For **New** applicants, answer each question below using all information known to date.  
 For **Renewal** applicants, set forth your approved Method of Operation only.  
 For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s).  
 For **Corporate Change** applicants, attach a list of the current and proposed corporate principals.  
 For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation.  
 For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type.

**This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board**

3. Name of Municipality or Community Board:

**Applicant/Licensee Information**

4. License Serial Number, if Applicable:      Expiration Date, if Applicable:

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village:  ,NY     Zip Code:

9. Business Telephone Number of Applicant/Licensee:

10. Business Fax Number of Applicant/Licensee:

11. Business E-mail of Applicant/Licensee:

12. Type(s) of Alcohol sold or to be sold:     Beer & Cider     Wine, Beer & Cider     Liquor, Wine, Beer & Cider

13. Extent of Food Service:     Full food menu; Full Kitchen run by a chef or cook     Menu meets legal minimum food availability requirements; Food prep area at minimum

14. Type of Establishment:

15. Method of Operation: (Check all that apply)  
 Seasonal Establishment     Juke Box     Disc Jockey     Recorded Music     Karaoke  
 Live Music (Give details: i.e. rock bands, acoustic, jazz, etc.):   
 Patron Dancing     Employee Dancing     Exotic Dancing     Topless Entertainment  
 Video/Arcade Games     Third Party Promoters     Security Personnel  
 Other (specify):

16. Licensed Outdoor Area: (Check all that apply)  
 None     Patio or Deck     Rooftop     Garden/Grounds     Freestanding Covered Structure  
 Sidewalk Cafe     Other (specify):

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____



**State Liquor Authority**

**Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board**

(Page 2 of 2)

17. List the floor(s) of the building that the establishment is located on:
18. List the room number(s) the establishment is located in within the building, if appropriate:
19. Is the premises located within 500 feet of three or more on-premises liquor establishments?  Yes  No
20. Will the license holder or a manager be physically present within the establishment during all hours of operation?  Yes  No
21. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee.
22. Does the applicant or licensee own the building in which the establishment is located?  Yes (If Yes SKIP 23-26)  No

**Owner of the Building in Which the Licensed Establishment is Located**

23. Building Owner's Full Name:
24. Building Owner's Street Address:
25. City, Town or Village:  State:  Zip Code:
26. Business Telephone Number of Building Owner:

**Representative or Attorney representing the Applicant in Connection with the application for a license to traffic in alcohol at the establishment identified in this notice**

27. Representative/Attorney's Full Name:
28. Street Address:
29. City, Town or Village:  State:  Zip Code:
30. Business Telephone Number of Representative/Attorney:
31. Business Email Address:

I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

32. Printed Name:  Title:

Signature: X



221 EAST BROADWAY AT CLINTON STREET, NEW YORK, NY 10002

October 24, 2017

Manhattan Community Board 3  
59 East 4th Street  
New York, NY 10003

RE: Addendum to the CB3 Liquor License Application Questionnaire - Applicant Work Experience

Dear Manhattan Community Board 3:

I currently own and manage two specialty retail grocery stores:

The current Malt and Mold at 221 East Broadway, New York, NY 10002 has a Grocery Beer/Wine Product license. I manage that myself. I have owned and run this shop since May 2012.

I brought in a business partner to open C&K Grocery Corporation dba Malt and Mold at 362 2nd Avenue, New York, NY 10010 which is licensed as a Wine Tavern and is set up similar to the original Malt and Mold as a beer and cheese shop. My business partner runs that shop. Customers can enjoy a glass of beer or wine while they shop for cheese, specialty items, or beer to go. I have owned C&K Grocery Corporation since November 2014.

Please let me know if you have any questions or if I can provide any further information.

Thank you very much,

A handwritten signature in black ink that reads "Kevin M. Heald". The signature is written in a cursive style with a large, sweeping initial "K".

**Kevin M. Heald**  
**Proprietor, Chief Executive Cheese & Beer Monger**  
**Malt & Mold**  
**(646) 238-0272**  
**KHeald@MaltAndMold.com**