

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
0-1-14	

l, lo	P	Aris MC6arry as a qualified representative of Lucka Gem LLC at110 Forsyth Street, Unit 1,2, aka 114 Forsyth Street
1.	Σ	
2.	M	ly hours of operation will be:
	M	lon 8am - 12am ; Tue Ram - 12am ; Wed Ram - 12am ;
	Th	nu 8am - 12am ; Fri 8am - 12am ; Sat 8am - 12am ; Sun 8am - 12am .
{l (unde	erstand opening is no later than specified opening hour & all patrons are to be cleared from business at specified closing hour
3.	E	I will not use outdoor space for commercial use.
4.		i will operate my sidewalk café no later than
5.		
6.		i will install soundproofing,
7.	at pla no	I will close any front or rear façade doors and windows 10:00 P.M. every night or when amplified sound is saying, including but not limited to DJs, live music and live nomusical performances.
8.	l w	ill not have 図 DJs, 図 live music, 図 promoted events, 図 any event at which a cover fee is charged, 図 scheduled formances, 口 more than DJs/ promoted events per, 口 more than private parties per
9.	X	i will play ambient recorded background music only.
10.	con	I will not apply for an alteration to the method of operation or for any physical alterations of any nature without first ming before CB 3.
		from CB 3.
12.	E	I will not participate in pub crawls or have party buses come to my establishment.
13,	H	I will not have unlimited drink specials, including boozy brunches, with food.
14.	⊠ end	I will not have a happy hour or drink specials with or without time limitations <u>OR</u> I will have happy hour and it will by
15.	E3	I will not have wait lines outside. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
L6.	Ei	I will conspicuously post this stipulation form beside my liquor license inside of my business.
17.	IXI revi	Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will sit the above-stated method of operation if necessary in order to minimize my establishment's impact on my pelable are
lan	1e: _	Paris McGarry Phone Number: (310) 297 0233
.8,	—i	will:
her	eby	certify that the information provided above is truthful and accurate based upon my personal belief.
#	Ļ	11/14/17
WOI	rn to	this 14 day of November 2017 Dated
		Notable Mental Notable

Notary Public, State of New York
No. 02HO6176638
Qualified in Kings County
Commission Expires April 27, 20



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	Today's Date: 11/13/2017
	APPLICANT
1.	Name of applicant and principle(s): Eureka gem LLC (Paris McGarry)
2.	Premise address:110 Forsyth Street, Unit 1,2 a/k/a 114 Forsyth Street, New York, NY 10002
3.	Forsyth between Broome and Delancey Cross streets:
4.	Trade name (DBA):
	Check which you are applying to: New liquor licence Alteration of an existing license X Sale of assets
6.	If alteration, describe nature of alteration:
7.	Is location currently licensed? 🗔 Yes 🗌 No
8.	Type of license: Tavern Wine
9.	Previous or current use of the location: Cafe
10.	Corporation and trade name of current location: Downtown Cafe LLC dba Cafe Henrie
11.	Type of building and number of floors: Mixed use (residential and retail), 6 story
	Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? X Yes No 12a. What is the permitted occupancy indoors and outdoors? less than 75 Letter of no objection issued in 2015 for use as an eating and drinking establishment) Do you plan to apply for Public Assembly permit? Yes No
14.	What is the zoning designation (check zoning using nap: http://gis.nyc.gov/doitt/nycitymap/-please give specific zoning
	designation, such as R8 or C2): C4-4A
15.	How many licensed establishments are within 1 block?5
16.	How many On-Premise (OP) liquor licenses are within 500 feet? 10
	Is premise within 200 feet of any school or place of worship? XYes No (mixed use building)
	PROPOSED METHOD OF OPERATION
18.	Describe your method of operation:
19.	Will any other business besides foodor alcohol service beconducted at premise? Yes X No
20.	If yes, please describe what type:
21.	What are the proposed days/hours of operation (specify days/hours each day and hours of outdoor space if applicable
	Daily 8 a m until midnight 22. Total number of table: 10 23. Total number of seats:

	2	4. How many stand-up bars/ bar seats are located on the premise? (A stand up bar is any bar
		or counter, whether with seating or not, over which a patron can order, pay for, and receive an alcholic beverage.)
	2	Describe all bars (length, shape, and location):
		5. Does premise have a full kitchen? Yes No
	* 2	7. What are the hours kitchen will be open? 12 p.m. until closing
- 4	28	. What type of food is available for sale?
	29	2. Will a manager or principal always be on site? XYes No If yes, which? Manager and/or chef
	30	How many employees will there be?
	31	. Do you have or plan to install French doors accordion doors or x windows?
	32	Will there be TVs/monitors? Yes No (If Yes, how many?)
	33. ¹	Will premise have music? Yes No 33a. If Yes, what type of music? Live Music Juke box
2	34	If other type, please describe: DJ X Tapes/CDs/iPod
	35	. What will be the music volume? 🔀 Background (quiet) 📗 Entertainment level
•	36.	Please describe your sound system:
	37.	Will you host any promoted events, scheduled performances or any event at which a cover fee is charged? Yes XNo
	38.	
ļ s	39	How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment?
	40.	Will there be security personnel? Yes No 40a. If Yes, how many and when?
		How do you plan to manage noise inside and outside your business so neighbors will not be affected? Quiet music and
. 4		o you have sound proofing installed? Yes X No 43. If not, do you plan to install sound-proofing? Yes X No
		APPLICANT HISTORY
	44.	Has this corporation or any principal been licensed previously? Yes No If yes, please indicate name of establishment(s):
	45.	Address:47. Community Board #
	46.	Dates of operation:
	47.	Has any principal had work experience similar to the proposed business? Yes X No If yes, explanation of experience or resume.
	48.	Does any principal have other businesses in this area? Yes No If yes, give trade name and describe type of business:
	49.	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.
COMIN	<u>IUN</u>	ITY OUTREACH
		Community Board website to find block associations or tenant associations in the immediate vicinity of your location for
commun	ity or	treach. Applicants are encouraged to reach out to community groups.