

## 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

Alysha Lewis-Coleman, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations for Administrative Approval

	A / II 1	1414 600		10.50			Dillows Inc	
_		IAM SOO		as a qualified re				
1.	ated at, New York, NY agree to the following stipulations:    I will operate a full-service restaurant, specifically a (type of restaurant)   AMERICAN							
Kitchen open and serving food every night during all hours of operation.						eration.		
2.	Му	My hours of operation will be:						
	Мо	n 10am-12a	am; Tue	n ; Tue 10am-12am ; Wed 10am-12am ;				
	Thu	10am-12am	; Fri _1	0am-12am	; Sat_1	Dam-12am	; Sun <u>10am-12am</u>	
(I u	understand opening is no later than specified opening hour & all patrons are to be cleared from business at specified closing hour)							
3.	X	I will not use outdoor space for commercial use.						
4.		□ I will operate my sidewalk café no later than N/A						
5.		I will employ a doorman/security personnel on the following days:						
6.		I will install so	undproofing,					
7.	at 1 play	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.			ve (	☐ 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.		
8.	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							
9.	X	I will play ambient recorded background music only.						
10.		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.						
11.		$\Box$ I will not seek a change in class to a full on-premise liquor license without first obtaining approval from CB 3.						
12.	X	I will not participate in pub crawls or have party buses come to my establishment.						
13.	X	I will not have	unlimited drink sp	pecials, including boo	zy brunche	s, with food.		
14.	□ 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 end by							
15.	X	☑ I will not have wait lines outside. ☐ I will have a staff person responsible for ensuring no loitering, noise or crowds outside.						
16.	X	I will conspicuously post this stipulation form beside my liquor license inside of my business.						
17.		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.						
Nar	ne:	WILLIAM SOC	)			Phone Number: (6	346)296-1545	
18.		will:						
	-							
Sign	ned		day of	vided above is truth	18	Vat	26, 20/8,	
				No. 01RO3	to of New Yor 050031 York County	6		



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## **Community Board 3 Liquor License Application Questionnaire**

	Today's Date: July 23, 2018							
	APPLICANT							
1.	Name of applicant and principle(s): Dillers INC							
2.	Premise address: 357 Grand Street							
3.	Cross streets: Essex ST and Clinton ST							
4.	Trade name (DBA): Diller							
5.	Check which you are applying to:  New liquor licence  Alteration of an existing license  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:							
10.	Corporation and trade name of current location: NA							
11.	Type of building and number of floors: Commercial building ground floor							
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?							
13.	Do you plan to apply for Public Assembly permit? Yes No							
14.	What is the zoning designation (check zoning using nap: <a href="http://gis.nyc.gov/doitt/nycitymap/">http://gis.nyc.gov/doitt/nycitymap/</a> -please give specific zoning							
	designation, such as R8 or C2): R8							
15.	How many licensed establishmentsare within 1 block? 2							
16.	How many On-Premise (OP) liquor licenses are within 500 feet? 2							
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: Eating and drinking establishment							
9.								
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: 7 days a week 10am-12am 22. Total number of table: 23. Total number of seats: 7							

24.	How many stand-up bars/ bar seats are located on the premise?	(A <b>stand up bar</b> is any bar							
	or counter, whether with seating or not, over which a patron can order, pay for, and re	ceive an alcholic beverage.)							
25.	Describe all bars (length, shape, and location): 0								
26.	Does premise have a full kitchen? Yes No								
27.	What are the hours kitchen will be open? 10am-12am								
28.	What type of food is available for sale? American								
29.	Will a manager or principal always be on site?  Yes  No If yes, which	? William							
30.	How many employees will there be? 2								
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. W	Vill premise have music? Yes No 33a. If Yes, what type of music?	Live Music Juke box  DJ Tapes/CDs/iPod							
34.	If other type, please describe:								
35.	What will be the music volume?  Background (quiet)  Entertainment level								
36.	Please describe your sound system: Receiver with small speakers								
37.	37. Will you host any promoted events, scheduled performances or any event at which a cover fee is charged? Yes 38. <i>If Yes</i> , what type of events or performances are proposed and how often?								
38.									
39.	How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment?  Monitor								
40.	<ul> <li>40. Will there be security personnel? Yes No 40a. If Yes, how many and when?</li> <li>41. How do you plan to manage noise inside and outside your business so neighbors will not be affected?</li> </ul>								
41.									
<b>42.</b> D	to 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 If yes, establishment(s):	please indicate name of							
45.	Address: NA 47.	Community Board # NA							
46.	<ul> <li>46. Dates of operation: NA</li> <li>47. Has any principal had work experience similar to the proposed business? Yes No <i>If yes</i>, explanation of experience or resume.</li> </ul>								
48.	Does any principal have other businesses in this area? Ves No If yes, give trade name and describe type of business: The Pickle Guys 357 Grand ST owner 22 years								
49.	Has any principal had SLA reports or action within the past 3 years? Yes No <i>If yes</i> , attach list of violations and dates of violations and outcomes.								
COMMUN	NITY OUTREACH								
	ne Community Board website to find block associations or tenant associations in the imm	nediate vicinity of your location for							
	outreach. Applicants are encouraged to reach out to community groups.	• •							