



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

I, STEFANIE DJIE, as a qualified representative of Skin Contact LLC located at 76 Orchard Street, New York, NY agree to the following stipulations:

- 1. I will operate a full-service restaurant... Kitchen open and serving food every night during all hours of operation.
2. My hours of operation will be: Mon 5PM-12AM; Tue 5PM-12AM; Wed 5PM-12AM; Thu 4PM-12AM; Fri 4PM-12AM; Sat 2PM-12AM; Sun 2PM-12AM.
3. I will not use outdoor space for commercial use.
4. I will operate my sidewalk cafe no later than
5. I will employ a doorman/security personnel on the following days:
6. I will install soundproofing,
7. I will close any front or rear facade doors and windows at 10:00 P.M. every night or when amplified sound is playing...
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. 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. I will not seek a change in class to a full on-premises liquor license without first obtaining approval from CB 3.
12. I will not participate in pub crawls or have party buses come to my establishment.
13. I will not have unlimited drink specials, including boozy brunches, with food.
14. 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.
15. I will not have wait lines outside. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
16. 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.

Name: STEFANIE DJIE Phone Number: 917 417 8670

18. I will:

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

Signed [Signature] Dated 5/21/19 Sworn to this 21st day of MAY 2019





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Community Board 3 Liquor License Application Questionnaire

Today's Date: May 22, 2019

APPLICANT

1. Name of applicant and principle(s): Eben Lillie, Stefanie Djie, Salma Zerrei
2. Premise address: 76 Orchard Street, North Side, NY NY 10002
3. Cross streets: Broome Street
4. Trade name (DBA): Skin Contact
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: Beer and Wine
9. Previous or current use of the location: Currently Vacant, formerly a restaurant (active 2015)
10. Corporation and trade name of current location: Vacant
11. Type of building and number of floors: C6- Multi storey walk up building, 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? _____
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): C4-4A
15. How many licensed establishments are within 1 block? 5
16. How many On-Premise (OP) liquor licenses are within 500 feet? 19
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: Wine bar serving finger food and wine, beer
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/hours each day and hours of outdoor space if applicable)
 Mon-Wed: 5-12am, Thurs, Fri 4pm-12am, Sat, Sun 2pm-12am 22. Total number of table: 11 **23.** Total number of seats: 38



24. How many stand-up bars/ bar seats are located on the premise? 1 Bar, 10 Seats (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 alcoholic beverage.)
25. Describe all bars (length, shape, and location): Rectangular, Left of entrance, 12 feet length.
26. Does premise have a full kitchen? Yes No
27. What are the hours kitchen will be open? Same as proposed hours of operation _____
28. What type of food is available for sale? Finger Food, pastries and cold cuts
29. Will a manager or principal always be on site? Yes No If yes, which? Salma Zerrei
30. How many employees will there be? 4
31. Do you have or plan to install French doors accordion doors or windows? N/A
32. Will there be TVs/monitors? Yes No (If Yes, how many?) _____
33. Will 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: Bose Audio Equipment, Tablet connection
37. Will you host any promoted events, scheduled performances or any event at which a cover fee is charged? Yes No
38. If Yes, what type of events or performances are proposed and how often? _____
39. How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? _____
We will discourage our guests from gathering in front of premise, although we don't anticipate a crowd. _____
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? Closed doors, by 10pm
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 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 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.

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.