

## THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003 Phone (212) 533-5300 www.cb3manhattan.org - mn03@cb.nyc.gov

Alysha Lewis-Coleman, B	3oard C	nair
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Susan Stetzer, District Manager

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Wilson Acosta as a qualified representative of Karibbean Restaurant Corp
located at 125 Avenue D, New York, NY agree to the following stipulations:
I will operate a full-service restaurant, specifically a (type of restaurant) Spanish Food     Kitchen open and serving food every night during all hours of operation.
2. My hours of operation will be:  Mon & am - 19 fm ; Tue & am - 10 fm ; Wed & am - 10 fm ;  Thu & am - 10 fm ; Fri & am - 12 am ; Sat & am - 12 am ; Sun & am - 10 fm .
(I understand opening is no later than specified opening hour & all patrons are to be cleared from business at specified closing hour)
3. 🔀 I will not use outdoor space for commercial use.
4.   1 will operate my sidewalk cafe no later than
5. I will employ a doorman/security personnel on the following days:
6. D I will install soundproofing,
7. It 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 DIs, 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 DIs, 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 private parties 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 of 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 body 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 Please indicate one of the above -
15. 🔀   will not have walt lines outside. 🖾 I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
16. 🗵   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: Wilson Acosta Phone Number: 917-294-6723
18. ET with
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
Wil son Acorta
Signed Deted
Sworn to this 13th day of TEDALA-V 2020 LIN CHILLE ELIVE OVIEDO
Notary Public Notary Public State of New York Registration #010/06191216 Qualified in Kings County Commission Expires August 4, 20



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Alysha Lewis-Coleman, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire Today's Date: **APPLICANT** 1. Name of applicant and principle(s): Karibbean Restaurant Conf 2. Premise address: 125 Avenue D 3. Cross streets: 8th Street & 9th Street 4. Trade name (DBA): 5. Check which you are applying to: ☐ New liquor license ☐ 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: Restaurant wine 9. Previous or current use of the location: Restaurant 10. Corporation and trade name of current location: Michelle Restaurant Corl 11. Type of building and number of floors: Private building - 4 Floors 12. Does premise have a yalid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? Wes No 12a. What is the permitted occupancy indoors and outdoors? 40 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): 15. How many licensed establishments are within 1 block? 16. How many On-Premise (OP) liquor licenses are within 500 feet? \_\_ 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: Spanish & American Food 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: Sunday thru Thursday 8:00 a.m. - 10:00 P.m., Friday and Saturday 8am-12am 22. Total number of table: 10 Tables 23. Total number of seats: 34 Seats 24. 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,

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and receive an alcoholic beverage.)

25.	Describe all bars (length, shape, and location): 48 Street, L Shape		
26.	Does premise have a full kitchen? ☐ No		
27.	What are the hours kitchen will be open? Saturday thru Thursday 80m - 10 Pm, Friday-Saturd		
28.	What type of food is available for sale? Spanish & American Food		
29.	What are the hours kitchen will be open? Saturday thru Thursday 80m - 10 Pm, Friday - Saturday 80m - 10 Pm, Friday - 10 Pm, Friday - 10 Pm, Friday - 10 Pm, Friday - 1		
30.	How many employees will there be? 5 Employees		
31.	Do you have or plan to install? ☐ French doors ☐ accordion doors ☐ windows		
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 ☐ Jukebox ☐ 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:		
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?		
	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?		
41.	How do you plan to manage noise inside and outside your business so neighbors will not be affected?		
42.	Do you have sound proofing installed? ☐ Yes ☐ No		
43.	If not, do you plan to install sound-proofing?   Yes		
AP	PLICANT HISTORY		
44.	Has this corporation or any principal been licensed previously? ☐ Yes ☐ No If yes, please indicate name of establishment(s):		
45.	Address: 45a. Community Board		
	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 business in the 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 Two 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.

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