



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

Andrea Gordillo, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.

The following items and questionnaire package are due by date listed in email invite:

- ☐ Schematics, floor plans or architectural drawings of the inside of the premise
- ☐ A proposed food and or drink menu.

The following items are due by noon Friday before the meeting:

- ☐ Petition in support of proposed business or change in business with signatures from residential tenants at location and in buildings adjacent to, across the street from and behind proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar. (petition provided)
- ☐ Notice of proposed business to block or tenant association if one exists. You can find community groups and contact information on the CB 3 website:
https://www1.nyc.gov/site/manhattancb3/resources/community_groups.page
(this is not required but strongly suggested if a relevant group exists)
- ☐ Proof of conspicuous posting of notices at the site for 7 days prior to the meeting (please include newspaper with date in photo or a timestamped photo).

Check which you are applying for:

- ☐ new liquor license
- ☒ alteration of an existing liquor license
- ☐ corporate change

Check if either of these apply:

- ☐ sale of assets
- ☐ upgrade (change of class) of an existing liquor license

Today's Date: 8/2/24

Is location currently licensed? ☒ Yes ☐ No Type of license: Full Liquor

If alteration, describe nature of alteration: Add DJ in addition to 7th and 8th St. Have already installed sound equipment

Previous or current use of the location: Restaurant & Bar

Corporation and trade name of current license: Pineapple Club LLC

APPLICANT:

Premise address: 509 E 6th St. 10009

Cross streets: 6th St Between Ave A & B

Name of applicant and all principals: Pineapple Club LLC

Travis Odegaard 3 Nazor Habib

Trade name (DBA): Pineapple Club

PREMISE:

Type of building and number of floors: Cafe/Bar/3 residential

Does premise have a valid Certificate of Occupancy, including for any back/side yard or roof use?

☒ Yes ☐ No What is maximum NUMBER of people permitted 140

What is the zoning designation (check zoning using map: <http://gis.nyc.gov/dotit/nycitymap/> please give specific zoning designation, such as R8 or C2): R7B

PROPOSED METHOD OF OPERATION:

What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space, if applicable) _____

Will any other business besides food or alcohol service be conducted at premise, i.e., retail? ☒ Yes ☐ No

If yes, please describe what type: Merch

Number of indoor tables? 40 Total number of indoor seats? 100

How many stand-up bars/bar seats are located on the premise (number, length, and location) 40 bar seats

(A stand-up bar is any bar or counter with seating or not, where you can order, pay for, and receive alcohol)

Does premise have a full kitchen? ☒ Yes ☐ No

Does it have a food preparation area? ☒ Yes ☐ No (If any, show on diagram)

Is food available for sale? ☒ Yes ☐ No If yes, describe type of food and submit a menu _____

What are the hours the kitchen will be open? 5pm - 11pm

Will a manager or principal always be on site? ☒ Yes ☐ No If yes, which? _____

How many employees will there be? 30

Do you have or plan to install ☐ French doors ☐ accordion doors or ☐ windows?

Will there be TVs/monitors? ☐ Yes ☒ No (If Yes, how many?) _____

Will premise have music? ☒ Yes ☐ No

If Yes, what type of music? ☐ Live musician ☒ DJs ☒ Streaming services/playlists

If other type, please describe _____

What will be the music volume? ☒ Background (conversational) ☒ Entertainment (live music venue level) Please describe your sound system: SBL Speakers and Sound Abatement

Will you host any promoted events, scheduled performances, or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed and how often? No

If promoted events, please explain the nature in which you plan to promote? social media / online ads / outside promoters? No

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment?

Please attach plans. (Please do not answer "we do not anticipate congestion")
Our door turn is turned to handle

Will there be security personnel? ☐ Yes ☒ No (if Yes, how many and when)

How do you plan to manage noise inside and outside your business so neighbors will not be affected?

Please attach plans. Sound Abatement & ensuring no outdoor Congregation

Is sound proofing installed? ☒ Yes ☐ No

If not, do you plan to install sound proofing? ☐ Yes ☐ No

Are there current plans to use the Open Restaurants program for the sale or consumption of alcoholic beverages outdoors? (includes roof & yard) ☐ Yes ☒ No If Yes, describe and show on diagram:

APPLICANT HISTORY:

Has this corporation or any principal been licensed for sale of alcohol previously? ☒ Yes ☐ No

If yes, please indicate name of establishment:

Address: 509 E 6th St / 65 N 7th St Community Board # 321

Dates of operation:

Has any principal had work experience similar to the proposed business? ☒ Yes ☐ No If Yes, please attach explanation of experience or resume. Note: failure to disclose previous experience or information hampers the ability to evaluate this application.

Does any principal have other businesses in this area? ☐ Yes ☒ No If Yes, please give trade name, address and describe the business

Has any principal had SLA reports or action within the past 5 years? ☐ Yes ☒ No If Yes, attach list of violations and dates of violations and outcomes, if any.

Attach a separate diagram that indicates the location (name and address) and total number of establishments selling/serving beer, wine (B/W) or liquor (OP) for 2 blocks in each direction. Please indicate whether establishments have On-Premise (OP) licenses. Please label streets and avenues and identify your location. Use letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.

LOCATION:

How many licensed establishments are within 1 block? 6

How many On-Premise (OP) liquor licenses are within 500 feet? 5

Is the premise within 200 feet on the same street of any school or place of worship? ☐ Yes ☒ No

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, but it is not required. Also use provided petitions, which clearly state the name, address, license for which you are applying, and the hours and method of operation of your establishment at the top of each page. (Attach additional sheets of paper as necessary)

We are including the following questions to be able to prepare stipulations and have the meeting be faster and more efficient. Please answer per your business plan; do not plan to negotiate at the meeting.

1. My license type is: ☐ beer & cider ☐ wine, beer & cider ☒ liquor, wine, beer & cider
2. ☒ I will operate a full-service restaurant, specifically a (type of restaurant) Tropical restaurant, or
☐ I will operate a _____
☒ with a kitchen open and serving food during all hours of operation OR ☐ with less than a full-service kitchen but serving food during all hours of operation OR ☐ Other _____
3. My hours of operation will be:
Mon 5^{PM} - 11^{PM}; Tue 5^{PM} - 11^{PM}; Wed 5^{PM} - 11^{PM}
Thu 5^{PM} - 12^{AM}; Fri 5^{PM} - 2^{AM}; Sat 11^{PM} - 2^{AM};
Sun 11^{AM} - 10^{PM} (I understand opening is "no later than" specified opening hour, and all patrons are to be cleared from business at specified closing hour.)
4. ☒ I will not use outdoor space for commercial use (including Open Restaurants) OR
☐ I will close all outdoor dining allowed under the temporary Open Restaurants program and any other subsequent uses by 10:00 P.M. all days and not have any speakers or TV monitors outdoors
5. ☐ I will employ a doorman/security personnel: _____
6. ☒ I will install soundproofing, Already Done

7. ☒ 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, or during unamplified performances or televised sports.

☐ I will have a closed fixed façade with no open doors or windows except my entrance door, which 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, or during unamplified performances or televised sports.

8. I will not have ☐ DJs, ☐ live music, ☒ third party promoted events, ☒ any event at which a cover fee is charged, ☒ scheduled performances, ☐ more than _____ DJs 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 restrictions 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: _____

Phone Number: _____

Travis Odegard
(402) 371-1164



07.12.2024

please alert your server of any allergies
(GF) = Gluten Free
(GFM) = Can be Modified to be Gluten Free
(GFC) = Gluten from contact

OYSTERS

Wellfleets from MA, Cocktail Sauce, Mignonette (GF)

Half Dozen - 20
Dozen - 36

\$1 OYSTER MONDAYS, 5 PM - CLOSE**TO SHARE**

CHIPS & GUAC 14
Tajin, Micro Cilantro, and Housemade Tortilla Chips (GFC)
Extra Chips + \$2

BUTTERMILK BRINED FRIED CHICKEN BITES 17
Boneless, Yuzu Yogurt Dipping Sauce

CRISPY CALAMARI 21
Herbal Galangal Dipping Sauce

GLAZED PORK BELLY BITES 22
Sweet Ginger Scallion Sauce (GFC)

BURRATA 19
Fresh Burrata Cheese, Pineapple Jam, Thai Basil
Gremolata, Toasted Baguette (GFM)
GF Bread - +\$3

BAJA FISH TACOS 23
(2 PC) Crispy Swordfish, Sweet & Spicy Mayo, Spicy Slaw,
Sesame, Cilantro
+ Extra Taco \$11

CRISPY SALMON SUSHI 24
(4 PC) Spicy Mayo, Crispy Rice, Honey-Soy (GFC)
+ Extra Piece \$5

SNACKS & SIDES

FRENCH FRIES 10 **HOUSE-MADE** 2
(GFC) **TORTILLA CHIPS**
(GFC)

BBQ SEASONED FRIES 11
(GFC)

**@PINEAPPLECLUBNYC****SANDWICHES & SALAD**

PC BURGER 24
2 x 4oz. Patties, Cheddar, Pickles, Secret Sauce, Potato
Roll. Served with French Fries (GFM)
GF Bun + \$4 | BBQ Fries + \$1
+ Bacon \$6 | + Avocado \$6

YUZU FRIED CHICKEN SAMMY 23
Buttermilk Brined Fried with Yuzu Yogurt Coleslaw, Garlic
Aioli, Brioche Bun. Served with French Fries + Pickle
GF Bun + \$4 | BBQ Fries + \$1

GRILLED CHICKEN SANDWICH 24
Sweet & Spicy Tomato Spread, Spicy Mayo, Parmesan
Reggiano, Arugula, Sesame Bun. Served with French Fries
(GFM)
GF Bun + \$4 | BBQ Fries + \$1

GRILLED VEGETABLE SANDWICH 19
Grilled Bell Pepper, Eggplant, Zucchini, Tomato, Onion,
Garlic Aioli, Sesame Bun. Served with French Fries (GFM)
GF Bun + \$4 | BBQ Fries + \$1

RAW BABY KALE CAESAR 18
Parmesan and Lemon, Croutons (GFM)
+ Grilled Chicken - \$10
+ Fried Chicken - \$10
+ Steak 4oz NY Strip - \$21
+ Grilled Salmon - \$20
+ Smoked Salmon - \$10

ENTREES

GRILLED SALMON WITH CORN PUDDING 32
6oz, Served atop Corn Pudding and Cherry Tomato
Vinaigrette (GF)

STEAK FRITES 38
8 oz. NY Strip, Chimichurri, French Fries (GFM)

DESSERT

NY CHEESECAKE 12
Blueberry Compote

GELATO AND SORBET 6
Chocolate, Vanilla, Coconut (GF)
Kiwi Sorbet (V, GF)

Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.

* Auto-gratuity of 20% added to parties of 6 or more guests

