

APR 04 2025

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by Community Board 3, Man.

**Liquor  
Authority****Standardized NOTICE FORM for Providing Notice to a Local Municipality  
for Adding or Removing Contiguous and/or Non-Contiguous Municipal Space**

1. Date Notice Was Sent: 04/03/2025 1a. Delivered by: Overnight Mail with Tracking

2. This form must be submitted to the clerk or Local Municipality when filing for a Sunday On-Premises Sales Permit

**This Notice is Being Provided to the Clerk of the following Local Municipality**

3. Name of Municipality: Manhattan Community Board Three

**Licensee Information**

4. License ID Number: 0340-22-111142, 0423-22-113097 &amp; 0423-22-113018

6. License name: Orchard Street Restaurant Management LLC

7. Trade Name (if any):

8. Street Address of Establishment: 9 Orchard Street

9. City, Town or Village: New York ,NY Zip Code: 10002

10. Business Telephone Number of Applicant/Licensee: 212-804-9940

11. Business E-mail of Applicant/Licensee: adam.falcheck@dljrecp.com

12. Describe municipal space to be added: Sidewalk Cafe under DOT Dining Out Program

12a. What date did you apply for a municipal permit? 2/13/25

**Representative or Attorney representing the licensee**

13. Representative/Attorney's Full Name: Benjamin Savitsky / Bernstein Redo &amp; Savitsky PC

14. Street Address: 1177 Avenue of the Americas - 5th Floor

15. City, Town or Village: New York State: NY Zip Code: 10036

16. Business Telephone Number of Representative/Attorney: 2126513100

17. Business Email Address: ben@brpclaw.com

I am the licensee that is applying for the permit and I certify that I know the contents of the above application and the statements and answers therein; that the same are true to my knowledge; that I have been authorized, by order of the Board of Directors of said licensee to make the statements and answers in this application on behalf of said licensee with the same force and effect as if said licensee made such statements and answers itself.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

18. Printed Name: Michael Mullen Title: Authorized Agent

Signature: X

The above captioned on-premises licensee is applying for an alteration to their existing license with the State Liquor Authority to sell alcoholic beverages on municipal space.

Please forward any concerns regarding the issuance of the alteration to the attention of  
The New York State Liquor Authority by e-mail [community@sla.ny.gov](mailto:community@sla.ny.gov)



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

April 11, 2025

New York State Liquor Authority  
80 South Swan Street, Suite 900  
Albany, New York 12210-8002

Re: Orchard Street Restaurant Management LLC d/b/a Corner Bar/Swan Room  
Application for alteration to add municipal space with stipulations: Sidewalk  
54 Canal Street a.k.a. 9 Orchard Street  
New York, NY 10002

Dear New York State Liquor Authority,

**Community Board 3, Manhattan has no objection to the alteration of Orchard Street Restaurant Management LLC d/b/a Corner Bar/Swan Room at 54 Canal Street a.k.a. 9 Orchard Street, for adding municipal space as long as the agreed upon attached stipulations are added to the license.**

1. Will close all outdoor seating by 10 pm.
2. All outdoor dining patrons will be seated at tables.
3. Will not have music, amplified sound, or TVs outdoors as per Open Dining Guidelines, and will remove all outdoor speakers.
4. For sidewalk seating, business will comply with DOT guidelines. Will have 18 tables and 36 chairs.
- ~~5. For roadbed seating, will comply with DOT guidelines. Will have tables and chairs.~~
6. Will have a staff person responsible for ensuring no loitering, noise or crowds outside.
7. Will conspicuously post this stipulation form beside liquor license inside of business.
8. Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. Will revisit the above-stated method of operation if necessary in order to minimize establishment's impact on neighbors.

Sincerely,

Andrea Gordillo, Chair

Clint Smeltzer, Chair

Cc: Benjamin Savitsky, applicant's representative



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## Community Board 3 Open Dining Stipulations for Administrative Approval

I, Luis Garza, as a qualified representative of Orchard Street Restaurant Management LLC.  
located at 54 Canal Street, New York, NY 10002, New York, NY agree to the following stipulations:

☒ Application for Sidewalk Café ☒ Application for Curbside Dining

1. I will close all outdoor seating by 10 pm.
2. All outdoor dining patrons will be seated at tables.
3. I will not have music, amplified sound, or TVs outdoors as per Open Dining Guidelines, and I will remove all outdoor speakers.
4. For sidewalk seating, I will comply with DOT guidelines. I will have 18 tables and 36 chairs.
5. For roadbed seating, I will comply with DOT guidelines. I will have 20 tables and 60 chairs.
6. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
7. I will conspicuously post this stipulation form beside my liquor license inside of my business.
8. 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: Luis Garza Phone Number: 929-647-1215

9. ☐ I will: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Luis Garza Luis Garza

03/13/25

Signed

Dated

Sworn to this 13 day of March, 2025

Kevin An

Notary Public

DU XIAOXIAO  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 01DU6329494  
Qualified in New York County  
My Commission Expires August 24, 2027