



THE CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003
Phone (212) 533-5300 - Fax (212) 533-3659
www.cb3manhattan.org - info@cb3manhattan.org

Jamie Rogers, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations for Administrative Approval

I, Matthew LaRue, as a qualified representative of TD CLINTON, located at 69 CLINTON, New York, NY, agree to the following stipulations:

- 1. [X] I will operate a full-service restaurant, specifically a (type of restaurant) Mexican Restaurant
[X] Kitchen open and serving food every night during all hours of operation.
2. My hours of operation will be:
Mon 10am - 12 midnight; Tue 10am - 12 midnight; Wed 10am - 12 midnight;
Thu 10am - 12 midnight; Fri 10am - 12 midnight; Sat 10am - 12 midnight; Sun 10am - 12 midnight;
3. [X] I will not use outdoor space for commercial use.
4. [] I will operate my sidewalk cafe no later than Not applicable
5. [] I will employ a doorman/security personnel on the following days: Not applicable
6. [] I will or have already installed soundproofing.
7. [X] I will close any front or rear facade 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.
8. I will not have [X] DJs, [X] live music, [X] promoted events, [X] any event at which a cover fee is charged, [X] scheduled performances, [] more than ___ DJs/ promoted events per ___, [] more than ___ private parties per ___
9. [X] I will play ambient recorded background music only.
10. [X] I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.
11. [X] 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 specials with food.
14. [X] I will not have a happy hour OR [] 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. [X] 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: Matthew La Rue Phone Number: 212-901-5309

18. [] I will: _____

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

Signed [Signature]

Dated 3/21/17

Sworn to this 21 day of March 2017

MAX BOOKMAN
NOTARY PUBLIC-STATE OF NEW YORK
NO. 02B06334211
QUALIFIED IN NEW YORK COUNTY
MY COMMISSION EXPIRES 12-14-2019



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Community Board 3 Liquor License Application Questionnaire

Today's Date: March 21, 2017

APPLICANT

1. Name of applicant and principle(s): Matthew LaRue, Eli Halali, Mitch Kahn, Oren Halali & Wada Vandegrift
2. Premise address: 69 Clinton Street
3. Cross streets: Stanton & Rivington
4. Trade name (DBA): Taqueria Diana
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: Pawn Shop
10. Corporation and trade name of current location: Vacant - Not applicable
11. Type of building and number of floors: mixed use; 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? 20 (indoors only)
13. Do you plan to apply for Public Assembly permit? Yes No
14. What is the zoning designation (check zoning usingnap; <http://gis.nyc.gov/doitt/nycitymap/> - please give specific zoning designation, such as R8 or C2): R7A & C15
15. How many licensed establishments are within 1 block? 17
16. How many On-Premise (OP) liquor licenses are within 500 feet? 15
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: Mexican Restaurant
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):
10am - 12 midnight (7 days)
22. Total number of table: 5
23. Total number of seats: 10

24. How many stand-up bars/ bar seats are located on the premise? 0 (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): NA
26. Does premise have a full kitchen? Yes No
27. What are the hours kitchen will be open? 10am - 12 midnight; seven days a week
28. What type of food is available for sale? Mexican
29. Will a manager or principal always be on site? Yes No If yes, which? TBD
30. How many employees will there be? 7
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. 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: three small speakers and a ipod
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? _____
This is a 10 seat restaurant - not a destination location
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 No

APPLICANT HISTORY

44. Has this corporation or any principal been licensed previously? Yes No If yes, please indicate name of establishment(s): Taqueria Diana
45. Address: 524 9th Avenue 47. Community Board # 4
46. Dates of operation: Jan 2016 - Present
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: Taqueria Diana
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.

ATTENTION RESIDENTS & NEIGHBORS

TD Clinton / Taqueria Diana

Company/DBA Name and Contact Number for Questions

plans to open a

Mexican Restaurant

(NO
SIDEWALK/
NO
BACK
YARD)

(Please choose) Bar/Restaurant/Club and indicate if there will be a Sidewalk Café or Backyard Garden

at the following location

69 Clinton Street

Building Number and Street Name (Address)

This establishment is seeking a license to serve

BEER & WINE

Beer & Wine or Beer

MATTHEW LA RUE

212-
901-
5309

Applicant Contact Information

Contact the Applicant or COMMUNITY BOARD 3
With any questions or concerns.
info@cb3manhattan.org - www.cb3manhattan.org