



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, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Stipulations for Administrative Approval

I, Randy Settenbrino, as a qualified representative of Blue Moon Hotel, located at 100 Orchard Street, New York, NY agree to the following stipulations:

- I will operate a full-service restaurant, specifically a (type of restaurant) _____
 Kitchen open and serving food every night during all hours of operation.
- My hours of operation will be:
 Mon 5 pm - 10 pm; Tue 5 pm to 10 pm; Wed 5 pm to 10 pm;
 Thu 5 pm to 10 pm; Fri closed; Sat 5 pm to 10 pm; Sun 5 pm to 10 pm.

(I understand opening is no later than specified opening hour & all patrons are to be cleared from business at specified closing hour)

- I may apply for sidewalk and/or roadbed dining as allowed by the temporary Open Restaurants program but will close all outdoor dining by 10:00pm all days and not have any music, speakers or tv monitors. I will not have commercial use of backyard, sideyard, or rooftop. Any approved outdoor space will close no later than 10:00 p.m.
- 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. 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 DJs, live music and live nonmusical performances.
- 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 _____.
- I will play ambient recorded background music only. ⁰ _____ number of TVs
- 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.
- I will not seek a change in class to a full on-premises liquor license without first obtaining approval from CB 3.
- I will not participate in pub crawls or have party buses come to my establishment.
- I will not have unlimited drink specials, including boozy brunches, with food.
- 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 7 pm. - **Please indicate one of the above** -
- I will not have wait lines outside. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
- I will conspicuously post this stipulation form beside my liquor license inside of my business.
- 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: Randy Settenbrino / Blue Moon Hotel Phone Number: (646) 787-5503

15. I will: _____

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

Signed Randy Settenbrino Dated 10/14/21
 Sworn to this 14TH day of OCT 2021

SEYMOUR SCHORR
 Notary Public, State of New York
 No. 02SC6234211
 Qualified in New York County
 Commission Expires Jan. 18, 2023



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Community Board 3 Liquor License Application Questionnaire

Today's Date: 10/12/2021

APPLICANT

1. Name of applicant and principle(s): Blue Moon Hotel Ltd
2. Premise address: 100 Orchard Street
3. Cross streets: Broome & Delancey
4. Trade name (DBA): Blue Moon Hotel
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: _____
9. Previous or current use of the location: Hotel
10. Corporation and trade name of current location: Blue Moon Hotel Ltd.
11. Type of building and number of floors: 8 floor commercial building
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)? 45
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): C6-2A
15. How many licensed establishments are within 1 block? 2
16. How many On-Premise (OP) liquor licenses are within 500 feet? 4
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: Trattoria-style restaurant, take-out and wine bar housed in hotel lobby area
19. Will any other business besides food or alcohol service be conducted at premise? Yes No
20. If yes, please describe what type: Hotel
21. What are the proposed days / hours of operation (specify days / hours each day and hours of outdoor space if applicable): 5 pm to 10 pm daily, closed Saturday
22. Total number of table: 10 23. Total number of seats: 30
24. How many stand-up bars / bar seats are located on the premise? 5
 (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): one small bar in front lobby
26. Does premise have a full kitchen? Yes No
27. What are the hours kitchen will be open? 6 am to 10 pm daily, closed Saturday
28. What type of food is available for sale? Trattoria-style restaurant and take out
29. Will a manager or principal always be on site? Yes No If yes, which? manager
30. How many employees will there be? about 7
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: we generally play quiet recorded background music in the lobby area
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? _____
There is currently no parking on the block; therefore we do not anticipate vehicular traffic.
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? _____
We do not have large capacity seating or occupancy.
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: _____ 45a. 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 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 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.