

1 **Business License & Permits Committee**

Item #: 11

2
3 January 6, 2014

4
5 Dennis Rosen
6 Chairman
7 New York State Liquor Authority
8 80 S. Swan Street, 9th Floor
9 Albany, New York 12210

10
11 **Re: Amazing Sushi Inc.**
12 **d/b/a Kiku**
13 *235 9th Avenue (24/25)*

14
15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends denial of an On-Premise Liquor License for
18 Amazing Sushi Inc. d/b/a Kiku – 235 9th Avenue (24/25), unless the following stipulations, agreed to by
19 the applicant, are part of the method of operation for this establishment with a capacity of 70 people,
20 with 12 tables with 21 seats.

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23 A signed copy of the questionnaire and stipulations are enclosed.

24
25 Sincerely,

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27
28
29 Christine Berthel
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Frank Holozubiec
Co-Chair
Business License & Permits
Committee

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)		
Amazing Sushi Inc.		Kiku		
STREET ADDRESS		CROSS STREETS		
235 9th Avenue, New York, NY 10001		West 24 Street & West 25 Street		
OWNER	NAME:	Fen Chen Chen	ATTORNEY	
	PHONE:	212-627-3660	NAME:	
	FAX:		PHONE:	
MANAGER	NAME:	Wen Hua Zhu	LANDLORD	
	PHONE:	212-627-3660	NAME:	
	FAX:		PHONE:	
		212-251-7786		
DESCRIPTION OF BUSINESS				
Establishment Type:	<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization – Members Only) <input type="radio"/> Other (Explain): _____			
Method of Operation:	<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): _____			
License Type:	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
APPLICATION TYPE (check one)	<input type="radio"/> New	Has applicant owned or managed a similar business?	YES	NO
		What is/was the name of establishment?		
		What is/was the address of the establishment?		
		What were the dates the applicant was involved with this former premise?		
	<input checked="" type="radio"/> Transfer	What is the prior license #?	1246547	
		What is the expiration date on the prior license?	09/30/2015	
		Are you making any alterations or operational changes?	YES	<input checked="" type="radio"/> NO
		If alterations or operational changes are being made, please attach the plans to this form.		
	<input type="radio"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
Please describe the nature of the alterations and attach the plans				

OPERATIONAL ISSUES

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	11AM-11PM	11AM-11PM	11AM-11PM	11AM-11PM	11A-11:30PM	11:30A-11:30p	11:30A-11P	
	Music	11AM-11PM	11AM-11PM	11AM-11PM	11AM-11PM	11A-11:30P	11:30A-11:30p	11:30A-11P	
	Kitchen	11AM-11PM	11AM-11PM	11AM-11PM	11AM-11PM	11A-11:30P	11:30A-11:30p	11:30A-11P	
OCCUPANCY	INDOOR				BAR			OUTSIDE	
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables
	LNO/74	70	12	21	0	0	0	N/A	N/A

How many floors are there? What is the capacity for each floor? (please respond in space provided)

1-2 3-4 5+

Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)

YES NO N/A

Will applicant have bottle service?

YES NO N/A

Will you be hosting private parties and promotional events?

YES NO N/A

Will outside promoters be used?

YES NO N/A

Will the security plan submitted be implemented?

YES NO N/A

Will State certified security personnel be used?

YES NO N/A

Will New York Nightlife Association recommendations and NYPD Best Practices be followed?

YES NO N/A

Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)

YES NO N/A

Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)

YES NO N/A

If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)

YES NO N/A

Will applicant provide contact information to neighbors and respond to complaints that arise?

YES NO N/A

Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?

YES NO N/A

If you plan to have music, what type(s)?

BACKGROUND

LIVE MUSIC

DJ

BUILDING DESIGN

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.

YES NO N/A

Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?

YES NO N/A

Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)

YES NO N/A

OUTDOOR ITEMS

Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	<input checked="" type="radio"/> N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	<input checked="" type="radio"/> N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	NO	<input checked="" type="radio"/> N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	<input checked="" type="radio"/> N/A

LOCATION & ZONING

Primary Zoning District:	R8A	Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO	N/A
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	NO	<input checked="" type="radio"/> N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A
Are your plans filed with DOB?	YES	<input checked="" type="radio"/> NO	N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1		
	# 2		
	# 3		

ADDITIONAL STIPULATIONS: (Office Use Only)

no other change to method of operation
FW

1 **Business License & Permits Committee**

Item #: 12

2
3 January 6, 2014

4
5 Dennis Rosen
6 Chairman
7 New York State Liquor Authority
8 80 S. Swan Street, 9th Floor
9 Albany, New York 12210
10

11 **Re: NPD West 51, Inc.**
12 **d/b/a B-Side**
13 *756 9th Avenue a/k/a 370 W 51st Street*
14

15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends denial of an On-Premise Liquor License for NPD
18 West 51 Inc. d/b/a B-Side – 756 9th Avenue a/k/a 370 W 51st Street, unless the following stipulations,
19 agreed to by the applicant, are part of the method of operation for this establishment with a capacity of
20 75 people, with 4 tables with 21 seats, and 1 stand-up bar seating 15.
21

22
23 A signed copy of the questionnaire and stipulations are enclosed.

24
25 Sincerely,
26
27
28
29

Christine Berthet
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Frank Holozubiec
Co-Chair
Business License & Permits
Committee

30

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)	
NPD WEST 51, INC		B-SIDE	
STREET ADDRESS		CROSS STREET/S	
756 NINTH AVE AKA 370 WEST 51ST STREET		51ST STREET & NINTH AVENUE	
OWNER	NAME	NAME	MITCHEL SUNDEL
	PHONE	PHONE	212.566.7403
	FAX	FAX	212.619.3208
MANAGER	NAME	NAME	DAVID GROSSMAN, MA
	PHONE	PHONE	212.564.7250
	FAX	FAX	
DESCRIPTION OF BUSINESS			
Establishment Type:		<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only) <input type="radio"/> Other (Explain): Bar/Arcade COFFEE BAR / PIZZA BAR	
Method of Operation:		<input type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input checked="" type="radio"/> Cafe <input type="radio"/> Other (Explain): Bar/Arcade	
License Type:		<input type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input checked="" type="radio"/> Wine & Beer	
APPLICATION TYPE (check one)	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES <input type="radio"/> NO
		What is/was the name of establishment?	SEE ATTACHED
		What is/was the address of the establishment?	DOCUMENT 1
		What were the dates the applicant was involved with this former premise?	
	<input type="radio"/> Transfer	What is the prior license #?	
		What is the expiration date on the prior license?	
		Are you making any alterations or operational changes?	<input type="radio"/> YES <input type="radio"/> NO
		If alterations or operational changes are being made, please attach the plans to this form.	
	<input type="radio"/> Alteration	What is the current license #?	
		What is the expiration date on the current license?	
Please describe the nature of the alterations and attach the plans			

OPERATIONAL ISSUES										
		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
HOURS	Operation	8:00 - MIDNIGHT SEVEN DAYS PER WEEK								
	Music	"	"	"	"	"	"	"	"	"
	Kitchen	"	"	"	"	"	"	"	"	"
OCCUPANCY	INDOOR				BAR			OUTSIDE		
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables	
	UNDER 75	41	4	21	N/A	1	15	N/A	N/A	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	3-4	5+	GROUND FLOOR + BASEMENT		
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					YES	NO	N/A			
Will applicant have bottle service?					YES	NO	N/A			
Will you be hosting private parties and promotional events?					YES	NO	N/A			
Will outside promoters be used?					YES	NO	N/A			
Will the security plan submitted be implemented?					YES	NO	N/A			
Will State certified security personnel be used?					YES	NO	N/A			
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					YES	NO	N/A			
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)					YES	NO	N/A			
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					YES	NO	N/A			
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					YES	NO	N/A			
Will applicant provide contact information to neighbors and respond to complaints that arise?					YES	NO	N/A			
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?					YES	NO	N/A			
If you plan to have music, what type(s)?					BACKGROUND	LIVE MUSIC	DJ			
BUILDING DESIGN										
Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.					YES	NO	N/A			
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?					YES	NO	N/A			
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)					YES	NO	N/A			

OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	NO	N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A

LOCATION & ZONING			
Primary Zoning District:	RESIDENTIAL/COMMERCIAL		Overlay (If Applicable):
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	N/A
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	NO	N/A
Is a Public Assembly permit required?	YES	NO	N/A
Are your plans filed with DOB?	YES	NO	N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe:		
Adjacent Buildings	<input checked="" type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe:		
NOTIFICATION:	# 1	5051 STREET BLOCK ASSOCIATION	
What organizations / community groups have you notified regarding your application?	# 2		
	# 3		

ADDITIONAL STIPULATIONS: (Office Use Only)

- will attend block assoc meetings
- will vent to roof
- keep entrance clear of smoking.

JH Strong

1 **Business License & Permits Committee**

Item #: 13

2
3 January 6, 2014

4
5 Dennis Rosen
6 Chairman
7 New York State Liquor Authority
8 80 S. Swan Street, 9th Floor
9 Albany, New York 12210

10
11 **Re: Blue Ruin Inc.**
12 **d/b/a Blue Ruin**
13 *538 9th Avenue (39/40)*

14
15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends denial of an On-Premise Liquor License for Blue
18 Ruin Inc. d/b/a Blue Ruin – 538 9th Avenue (39/40), unless the following stipulations, agreed to by the
19 applicant, are part of the method of operation for this establishment with a capacity of 74 people, with 3
20 tables with 30 seats, and 1 stand-up bar seating 20.

21
22
23 A signed copy of the questionnaire and stipulations are enclosed.

24
25 Sincerely,

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27
28
29 Christine Berthet
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Frank Holozubiec
Co-Chair
Business License & Permits
Committee

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT BLUE RUIN INC		DOING BUSINESS AS (DBA) BLUE RUIN	
STREET ADDRESS 538 9th Ave		CROSS STREETS 39-40ST	
OWNER	NAME: KALKIN NARUINIS / AJITH ABAYKUN	ATTORNEY	NAME:
	PHONE: 646-486-3657		PHONE:
	FAX:		FAX:
MANAGER	NAME:	LANDLORD	NAME: AMERSON REALTY
	PHONE:		PHONE: 917-587-8888
	FAX:		FAX:
DESCRIPTION OF BUSINESS			
Establishment Type:		<input checked="" type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only) <input type="radio"/> Other (Explain): Bar/Arcade	
Method of Operation:		<input type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input checked="" type="radio"/> Other (Explain): Bar/Arcade	
License Type:		<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer	
APPLICATION TYPE (check one)		<input type="radio"/> New	
		Has applicant owned or managed a similar business? YES NO	
		What is/was the name of establishment?	
		What is/was the address of the establishment?	
		What were the dates the applicant was involved with this former premise?	
		<input checked="" type="radio"/> Transfer	
		What is the prior current license #? 1214794	
		What is the expiration date on the prior license?	
		Are you making any alterations or operational changes? YES NO	
		If alterations or operational changes are being made, please attach the plans to this form.	
<input type="radio"/> Alteration			
What is the current license #?			
What is the expiration date on the current license?			
Please describe the nature of the alterations and attach the plans			

OPERATIONAL ISSUES

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS	Operation	11-4 AM	11-4 AM	11-4 AM	11-4 AM	11-4 AM	11-4 AM	12-4 AM
	Music							
	Kitchen							

OCCUPANCY	INDOOR				BAR			OUTSIDE	
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables
	74	40	3	30	0	1	20	0	0

How many floors are there? What is the capacity for each floor? (please respond in space provided)

1, 2 14 50 First Floor + Basement

Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)

YES NO N/A

Will applicant have bottle service?

YES NO N/A

Will you be hosting private parties and promotional events?

YES NO N/A

Will outside promoters be used?

YES NO N/A

Will the security plan submitted be implemented?

YES NO N/A

Will State certified security personnel be used?

YES NO N/A

Will New York Nightlife Association recommendations and NYPD Best Practices be followed?

YES NO N/A

Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)

YES NO N/A

Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)

YES NO N/A

If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)

YES NO N/A

Will applicant provide contact information to neighbors and respond to complaints that arise?

YES NO N/A

Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?

YES NO N/A

If you plan to have music, what type(s)?

BACKGROUND

LIVE MUSIC

DJ

BUILDING DESIGN

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.

YES NO N/A

Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?

YES NO N/A

Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)

YES NO N/A

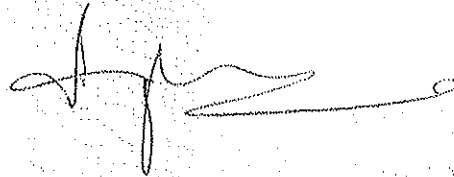
OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	NO	N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A

LOCATION & ZONING				
Primary Zoning District:	C-7A		Overlay (if Applicable):	Ø
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	N/A	CLINTON
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	N/A	L.A.O.
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	NO	N/A	
Is a Public Assembly permit required?	YES	NO	N/A	
Are your plans filed with DOB?	YES	NO	N/A	
Building Type	<input type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe:			
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe:			
NOTIFICATION:	# 1	Ø		
What organizations / community groups have you notified regarding your application?	# 2			
	# 3			

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

- will close windows and doors when amplified sound is played.
- AND at 10pm Sun-Thurs and 11pm Fri and Sat.



Business License & Permits Committee

Item #: 14

January 6, 2014

Dennis Rosen

Chairman

New York State Liquor Authority

80 S. Swan Street, 9th Floor

Albany, New York 12210

Re: Moxy Restaurant Associates Inc.

138 W 25th Street (6/7)

Dear Chairman Rosen:

Manhattan Community Board 4 (MCB4) recommends denial of an On-Premise Liquor License for Moxy Restaurant Associates Inc. – 138 W 25th Street (6/7), unless the following stipulations, agreed to by the applicant, are part of the method of operation for this establishment with a capacity of 74 people, with 16 tables with 44 seats, and 1 stand-up bar seating 30.

A signed copy of the questionnaire and stipulations are enclosed.

Sincerely,

Christine Berthet
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Frank Holozubiec
Co-Chair
Business License & Permits
Committee

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT Moxy Restaurant Associates		DOING BUSINESS AS (DBA) T.B.D.	
STREET ADDRESS 138 West 25th Street		CROSS STREETS B/n 6th & 7th Avenues	
OWNER	NAME Gavin Whiston	ATTORNEY	NAME Frank w Palillo
	PHONE 917-957-6945		PHONE 212-227-1640
	FAX		FAX 212-349-1724
MANAGER	NAME Gavin Whiston	LANDLORD	NAME
	PHONE		PHONE
	FAX		FAX
DESCRIPTION OF BUSINESS			
Establishment Type:		<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only) <input type="radio"/> Other (Explain): Bar/Arcade	
Method of Operation:		<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): Bar/Arcade	
License Type:		<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wines & Beer	
APPLICATION TYPE (check one)	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES <input type="radio"/> NO
		What is/was the name of establishment?	Dubcork, Inc a/b Smith
		What is/was the address of the establishment?	215 W 28th St, NYC
		What were the dates the applicant was involved with this former premise?	2012 - present
	<input checked="" type="radio"/> Transfer	What is the prior license #?	1247283
		What is the expiration date on the prior license?	9-30-14
		Are you making any alterations or operational changes?	<input checked="" type="radio"/> YES <input type="radio"/> NO
		If alterations or operational changes are being made, please attach the plans to this form. extending bar	
	<input type="radio"/> Alteration	What is the current license #?	
		What is the expiration date on the current license?	
Please describe the nature of the alterations and attach the plans			

OPERATIONAL ISSUES

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS	Operation	11am-4am	_____	_____	_____	_____	_____	→
	Music	11am-4am	_____	_____	_____	_____	_____	→
	Kitchen	11am-12am	_____	_____	_____	_____	_____	→

OCCUPANCY	INDOOR				BAR			OUTSIDE	
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables
	74	74	16	44	-0-	1	30	N/A	N/A

How many floors are there? What is the capacity for each floor? (please respond in space provided)

1-1 34 5+

Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)

YES NO N/A

Will applicant have bottle service?

YES NO N/A

Will you be hosting private parties and promotional events?

YES NO N/A

occasional private party

Will outside promoters be used?

YES NO N/A

Will the security plan submitted be implemented?

YES NO N/A

Will State certified security personnel be used?

YES NO N/A

Will New York Nightlife Association recommendations and NYPD Best Practices be followed?

YES NO N/A

Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)

YES NO N/A

Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)

YES NO N/A

If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)

YES NO N/A

Will applicant provide contact information to neighbors and respond to complaints that arise?

YES NO N/A

Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?

YES NO N/A

If you plan to have music, what type(s)?

BACKGROUND

LIVE MUSIC

DJ

BUILDING DESIGN

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.

YES NO N/A

Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?

YES NO N/A

Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)

YES NO N/A

OUTDOOR ITEMS

Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	<input checked="" type="radio"/> N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	<input checked="" type="radio"/> N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	NO	<input checked="" type="radio"/> N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	<input checked="" type="radio"/> N/A

LOCATION & ZONING

Primary Zoning District:	M1-6		Overlay (If Applicable):
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO	N/A
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="radio"/> YES	NO	N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A
Are your plans filed with DOB?	YES	<input checked="" type="radio"/> NO	N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe:		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe:		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	CB #4	
	# 2		
	# 3		

1 **Business License & Permits Committee**

Item #: 15

2
3 January 6, 2014

4
5 Dennis Rosen
6 Chairman
7 New York State Liquor Authority
8 80 S. Swan Street, 9th Floor
9 Albany, New York 12210

10
11 **Re: The Lobster Place Inc.**
12 **The Cull & Pistol**
13 *75 9th Avenue (15/16)*
14

15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends denial of an On-Premise Liquor License for The
18 Lobster Place Inc. d/b/a The Cull & Pistol – 75 9th Avenue (15/16), unless the following stipulations,
19 agreed to by the applicant, are part of the method of operation for this establishment with a capacity of
20 170 people, with 14 tables with 28 seats, and 1 Stand-up bar seating 17.
21

22
23 A signed copy of the questionnaire and stipulations are enclosed.

24
25 Sincerely,

26
27
28
29 Christine Berthel
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Frank Holozubiec
Co-Chair
Business License & Permits
Committee

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)			
The Lobster Place Inc		The Cull & Pistol			
STREET ADDRESS		CROSS STREETS			
75 9 th Ave		B/w W. 15 th St & 16 th St			
OWNER	NAME:	ATTORNEY	NAME:		
	PHONE:		PHONE:		
	FAX:		FAX:		
Ian MacGregor (646) 398-5041 (212) 255-9165		Frank W. Palillo (212) 227-1640 (212) 349-1724			
MANAGER	NAME:	LANDLORD	NAME:		
	PHONE:		PHONE:		
	FAX:		FAX:		
Same as above		Jamestown LLP (212) 652-2121			
DESCRIPTION OF BUSINESS					
Establishment Type:		<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only) <input checked="" type="radio"/> Other (Explain): Bar/Arcade Retail Seafood market			
Method of Operation:		<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): Bar/Arcade			
License Type:		<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
APPLICATION TYPE (check one)	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?		<input checked="" type="radio"/> YES	<input type="radio"/> NO
		What is/was the name of establishment?		The Lobster Place	
		What is/was the address of the establishment?		75 9 th Ave, NYC	
		What were the dates the applicant was involved with this former premise?		2002 - present	
	<input type="radio"/> Transfer	What is the prior license #?			
		What is the expiration date on the prior license?			
		Are you making any alterations or operational changes?		<input type="radio"/> YES	<input type="radio"/> NO
		If alterations or operational changes are being made, please attach the plans to this form.			
	<input type="radio"/> Alteration	What is the current license #?			
		What is the expiration date on the current license?			
Please describe the nature of the alterations and attach the plans					

OPERATIONAL ISSUES

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS	Operation	7am-11pm						→
	Music	11am - 11pm						→
	Kitchen	7am 11pm						→

OCCUPANCY	INDOOR				BAR			OUTSIDE	
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables
	170	150	14	28	-0-	1	17	-0-	-0-

How many floors are there? What is the capacity for each floor? (please respond in space provided)

1st floor - 150
Bsm - -0-

Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)

YES NO N/A

Will applicant have bottle service?

YES NO N/A

Will you be hosting private parties and promotional events?

YES NO N/A

Will outside promoters be used?

YES NO N/A

Will the security plan submitted be implemented?

YES NO N/A

Will State certified security personnel be used?

YES NO N/A

Will New York Nightlife Association recommendations and NYPD Best Practices be followed?

YES NO N/A

Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)

YES NO N/A

Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)

YES NO N/A

If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)

YES NO N/A

Will applicant provide contact information to neighbors and respond to complaints that arise?

YES NO N/A

Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?

YES NO N/A

If you plan to have music, what type(s)?

BACKGROUND LIVE MUSIC DJ

BUILDING DESIGN

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.

YES NO N/A

Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?

YES NO N/A

Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)

YES NO N/A

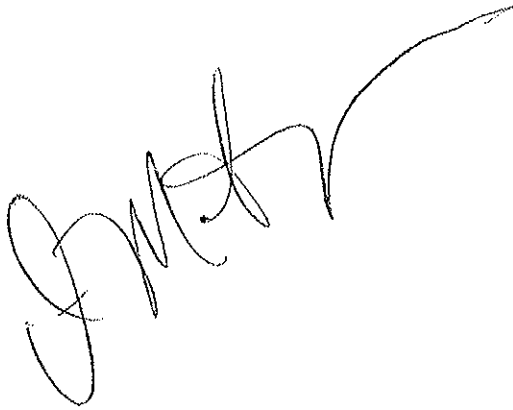
OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	<input checked="" type="radio"/> N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	<input checked="" type="radio"/> N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	NO	<input checked="" type="radio"/> N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	<input checked="" type="radio"/> N/A

LOCATION & ZONING			
Primary Zoning District:	Use Group 6		Overlay (If Applicable):
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO	N/A
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="radio"/> YES	NO	N/A
Is a Public Assembly permit required?	YES	NO	N/A
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	NO	N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe:		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> Mixed Use <input checked="" type="radio"/> Other, describe: N/A - building occupies entire city block.		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	Community Board # 4	
	# 2		
	# 3		

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

No other change to method of operation

A handwritten signature in cursive script, appearing to be 'J. M. H.', written in dark ink.

1 **Business License & Permits Committee**

Item #: 16

2
3 January 6, 2014

4
5 Dennis Rosen
6 Chairman
7 New York State Liquor Authority
8 80 S. Swan Street, 9th Floor
9 Albany, New York 12210

10
11 **Re: Kung Fu Little Steamed Bun Ramen Inc.**
12 *300 W 49th Street (8/9)*

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of a Restaurant Wine & Beer License for
17 Kung Fu Little Steamed Bun Ramen Inc. – 300 W 49th Street (8/9), unless the following stipulations,
18 agreed to by the applicant, are part of the method of operation for this establishment with a capacity of
19 40 people, with 7 tables with 31 seats, and 1 service bar.

20
21
22 A signed copy of the questionnaire and stipulations are enclosed.

23
24 Sincerely,

25
26
27
28 Christine Berthet
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Frank Holozubiec
Co-Chair
Business License & Permits
Committee

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT			ADDING BUSINESS AS (DBA)		
KUNG FU LITTLE STEAMED BUNS RAMEN, INC			T/B/D		
STREET ADDRESS			CROSS STREETS		
300 WEST 49TH STREET., BALLROOM LEVEL			8 AVE		
OWNER	NAME	SONG, Zhe	ATTORNEY	NAME	GRNG, TING
	PHONE	(347) 757-8208		PHONE	(718) 321-7130
	FAX	N/A		FAX	(718) 321-7135
MANAGER	NAME	T/H/D	LANDLORD	NAME	300 WEST 49th ST. LLC
	PHONE			PHONE	(516) 837-7000
	FAX			FAX	N/A
DESCRIPTION OF BUSINESS					
Establishment Type:		<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Bar <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization -- Members Only) <input type="radio"/> Other (Explain): Bar/Arcade			
Method of Operation:		<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): Bar/Arcade			
License Type:		<input type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input checked="" type="radio"/> Wine & Beer			
APPLICATION TYPE (check one)		<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?		YES <input type="radio"/> NO <input checked="" type="radio"/>
			What is/ives the name of establishment?		
			What is/ives the address of the establishment?		
			What were the dates the applicant was involved with this former premise?		
		<input type="radio"/> Transfer	What is the prior license #?		
			What is the expiration date on the prior license?		
			Are you making any alterations or operational changes?		YES <input type="radio"/> NO <input checked="" type="radio"/>
			If alterations or operational changes are being made, please attach the plans to this form.		
		<input type="radio"/> Alteration	What is the current license #?		
			What is the expiration date on the current license?		
Please describe the nature of the alterations and attach the plans					

OPERATIONAL ISSUES																											
		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY																			
HOURS	Operation	8AM - 1AM	8AM - 1AM	8AM - 1AM	8AM - 1AM	8AM - 1AM	8AM - 1AM	8AM - 1AM																			
	Music	8AM - 1AM	8AM - 1AM	8AM - 1AM	8AM - 1AM	8AM - 1AM	8AM - 1AM	8AM - 1AM																			
	Kitchen	8AM - 12:30AM	8AM - 12:30AM	8AM - 12:30AM	8AM - 12:30AM	8AM - 12:30AM	8AM - 12:30AM	8AM - 12:30AM																			
OCCUPANCY	<table border="1"> <thead> <tr> <th>Capacity (Certificate of Occupancy)</th> <th>Minimum # of Persons You Anticipate Occupying Premises (Including Employees)</th> <th>Number of Tables</th> <th>Number of Seats</th> <th>Number of Service Only Bars</th> <th>Number of Stand-Up Bars</th> <th>Number of Seated Bars</th> <th>Number of Seats</th> <th>Number of Tables</th> </tr> </thead> <tbody> <tr> <td>No C of O</td> <td>40</td> <td>7</td> <td>31</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>									Capacity (Certificate of Occupancy)	Minimum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seated Bars	Number of Seats	Number of Tables	No C of O	40	7	31	1	0	0	0	0
	Capacity (Certificate of Occupancy)	Minimum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seated Bars	Number of Seats	Number of Tables																		
No C of O	40	7	31	1	0	0	0	0																			
<p>How many floors are there? What is the capacity for each floor? (please respond in space provided)</p> <p>Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)</p> <p>Will applicant have bottle service?</p> <p>Will you be hosting private parties and promotional events?</p> <p>Will outside promoters be used?</p> <p>Will the security plan submitted be implemented?</p> <p>Will State certified security personnel be used?</p> <p>Will New York Nighthill Association recommendations and NYPD Best Practices be followed?</p> <p>Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)</p> <p>Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)</p> <p>If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)</p> <p>Will applicant provide contact information to neighbors and respond to complaints that arise?</p> <p>Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?</p> <p>If you plan to have music, what type(s)?</p>																											
<table border="1"> <thead> <tr> <th></th> <th>BACKGROUND</th> <th>POP MUSIC</th> <th>D</th> </tr> </thead> <tbody> <tr> <td>1st Floor and Cellar</td> <td><input checked="" type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>T/B/D</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> <tr> <td>T/B/D</td> <td><input type="radio"/></td> <td><input type="radio"/></td> <td><input type="radio"/></td> </tr> </tbody> </table>											BACKGROUND	POP MUSIC	D	1st Floor and Cellar	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	T/B/D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	T/B/D	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
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BUILDING DESIGN																											
<p>Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.</p> <p>Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?</p> <p>Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.</p>																											

OUTDOOR DINING			
Will applicant use the rooftop, rear yard or any outdoor space?	<input checked="" type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A

LOCATION & ZONING			
Primary Zoning District:		Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Is a Public Assembly permit required?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe:		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe:		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	Manhattan Community Board #6	
	# 2		
	# 3		

ADDITIONAL INFORMATION (Applicant Use)

ADDITIONAL NOTES (Office Use Only)

Will Install a Bike Rack when Delivery
Begins

1 **Business License & Permits Committee**

Item #: 17

2
3 January 6, 2014

4
5 Dennis Rosen
6 Chairman
7 New York State Liquor Authority
8 80 S. Swan Street, 9th Floor
9 Albany, New York 12210

10
11 **Re: Uncle Vanya Inc.**
12 **d/b/a Uncle Vanya Cafe**
13 *315 W 54th Street (8/9)*
14

15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends denial of an On-Premise Liquor License for
18 Uncle Vanya Inc. d/b/a Uncle Vanya Cafe – 315 W 54th Street (8/9), unless the following stipulations,
19 agreed to by the applicant, are part of the method of operation for this establishment with a capacity of
20 40 people, with 10 tables with 32 seats, and 1 stand up bar with 4 seats.
21

22
23 A signed copy of the questionnaire and stipulations are enclosed.

24
25 Sincerely,
26
27
28
29

Christine Berthet
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Frank Holozubiec
Co-Chair
Business License & Permits
Committee

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT: <i>Uncle Vanya inc.</i>		DOING BUSINESS AS (DBA): <i>"Uncle Vanya" cafe</i>		
STREET ADDRESS: <i>315 W 54 street</i>		CROSS STREETS: <i>8-9 avenue</i>		
OWNER:	NAME: <i>MARINA TROSHINA</i>	ATTORNEY:	NAME:	
	PHONE: <i>646.287.3159</i>		PHONE:	
	FAX:		FAX:	
MANAGER:	NAME:	LANDLORD:	NAME: <i>Simpy Realty</i>	
	PHONE:		PHONE: <i>212.7694253</i>	
	FAX:		FAX:	
DESCRIPTION OF BUSINESS				
Establishment Type:	<input type="radio"/> Day/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization -- Members Only) <input type="radio"/> Other (Explain): _____			
Method of Operation:	<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): _____			
License Type:	<input type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input checked="" type="radio"/> Wine & Beer			
APPLICATION TYPE (check one)	<input type="radio"/> New	Has applicant owned or managed a similar business?	YES	<input checked="" type="radio"/> NO
		What is/was the name of establishment?		
		What is/was the address of the establishment?		
		What were the dates the applicant was involved with this former premise?		
	<input type="radio"/> Transfer	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	YES	NO
		If alterations or operational changes are being made, please attach the plans to this form		
	<input checked="" type="radio"/> Alteration	What is the current license #?	<i>1154660</i>	
		What is the expiration date on the current license?	<i>11.30.14</i>	
Please describe the nature of the alterations and attach the plans				

OPERATIONAL ISSUES

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	12 ^{pm} - 11 ^{pm}	12-11 ^{pm}	12-11	12-12	12-12	12-12	2-10	
	Music								
	Kitchen	12-11	12-11	12-11	12-12	12-12	12-12	2-10	
OCCUPANCY	INDOOR				BAR			OUTSIDE	
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables
	40	40	10	32	—	1	4		

How many floors are there? What is the capacity for each floor? (please respond in space provided)

1-2

3-4

5+

2 Floor

Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)

YES

NO

N/A

Will applicant have bottle service?

YES

NO

N/A

Will you be hosting private parties and promotional events?

YES

NO

N/A

Will outside promoters be used?

YES

NO

N/A

Will the security plan submitted be implemented?

YES

NO

N/A

Will State certified security personnel be used?

YES

NO

N/A

Will New York Nightlife Association recommendations and NYPD Best Practices be followed?

YES

NO

N/A

Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)

YES

NO

N/A

Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)

YES

NO

N/A

If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)

YES

NO

N/A

Will applicant provide contact information to neighbors and respond to complaints that arise?

YES

NO

N/A

Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?

YES

NO

N/A

If you plan to have music, what type(s)?

BACKGROUND

LIVE MUSIC

DJ

Background

BUILDING DESIGN

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.

YES

NO

N/A

Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?

YES

NO

N/A

Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.

YES

NO

N/A

OUTDOOR ITEMS

Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	NO	N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A

LOCATION & ZONING

Primary Zoning District:		Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	N/A
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	NO	N/A
Is a Public Assembly permit required?	YES	NO	N/A
Are your plans filed with DOB?	YES	NO	N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
NOTIFICATION:	# 1	55 street block association	
What organizations / community groups have you notified regarding your application?	# 2		
	# 3		

1 **Business License & Permits Committee**

Item #: 18

2
3 January 6, 2014

4
5 Dennis Rosen
6 Chairman
7 New York State Liquor Authority
8 80 S. Swan Street, 9th Floor
9 Albany, New York 12210

10
11 **Re: Porchlight West Chelsea LLC**
12 **d/b/a Porchlight**
13 *261 11th Avenue (28)*

14
15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends denial of an On-Premise Liquor License for
18 Porchlight West Chelsea LLC d/b/a Porchlight – 261 11th Ave (28), unless the following stipulations,
19 agreed to by the applicant, are part of the method of operation for this establishment with a capacity of
20 175 people, with 24 tables with 74 seats, 1 service bar and 1 stand up bar with 24 seats.

21
22
23 A signed copy of the questionnaire and stipulations are enclosed.

24
25 Sincerely,

26
27
28
29 Christine Berthet
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Frank Holozubiec
Co-Chair
Business License & Permits
Committee

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT Porchlight West Chelsea LLC		DOING BUSINESS AS (DBA) Porchlight	
STREET ADDRESS 261 11th Ave, New York NY 10001		CROSS STREETS 28th St / 11th Ave	
OWNER	NAME: Porchlight West Chelsea LLC	ATTORNEY	NAME: Martha Redo / Victor + Bernstein
	PHONE: 646-747-0604		PHONE: 212-486-6000
	FAX: 212-228-3622		FAX: 212-486-8668
MANAGER	NAME: Mark Maynard-Parisi	LANDLORD	NAME: WFNY I LLC
	PHONE: 917-710-3351		PHONE: 212-695-8090
	FAX: 212-228-3622		FAX: 212-629-8768

DESCRIPTION OF BUSINESS

Establishment Type:

☒ Bar/Tavern ☐ Bed & Breakfast ☐ Eating Place/Diner ☐ Cabaret ☐ Night Club ☐ Hotel ☐ Restaurant

☐ Gaming Establishment ☐ Club (Fraternal Organization - Members Only)

☐ Other (Explain): Bar/Arcade

Method of Operation:

☒ Restaurant ☐ Dance Club ☐ Sports Bar ☐ Adult Entertainment ☐ Wine Bar ☐ Pizzeria ☐ Cafe

☐ Other (Explain): Bar/Arcade

License Type:

☒ On-Premise ☐ Wine ☐ Beer ☐ Wine & Beer

APPLICATION TYPE (check one)	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
		What was the name of establishment?	Blue Smoke	
		What was the address of the establishment?	116 E 7th St and 255 Vesey St	
		When was the establishment licensed with this license package?	2002 - present	
		When was the establishment licensed with this license package?	2012 - present	
	<input type="radio"/> Transfer	When is the prior license #?		
		When is the expiration date of the prior license #?		
		Are you making any alterations or structural changes?	YES	NO
		If alterations or structural changes are being made, please attach two plans to this form		
		When is the current license #?		
<input type="radio"/> Alteration	When is the expiration date of the current license #?			
	Please describe the nature of the alterations and attach them to this form			

OPERATIONAL ISSUES

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS	Operation	12p-12a	11a-2a	11a-2a	11a-2a	11a-2a	11a-2a	12p-12a
	Music	Same	Same	Same	Same	Same	Same	Same
	Kitchen	Same	Same	Same	Same	Same	Same	Same
OCCUPANCY		INDOOR			BAR			OUTDOOR
	Capacity (Certificate of Occupancy)		Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars
		175 (projected to be 150 after build-out)	100	24 20 TBD	74 90 TBD	1	1	24 20 N/A

12/10/2020

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	3-4	5-6	150 after build-out
Will you be applying or intending to apply for a cabaret license? if yes, will there be dance (if license respond in space provided)	YES	NO	N/A	
Will applicant have bottle service?	YES	NO	N/A	
Will you be hosting private parties and promotional events?	YES	NO	N/A	OCCASIONAL private parties
Will outside promotions be used?	YES	NO	N/A	
Will the security plan volunteer be implemented?	YES	NO	N/A	
Will State certified security personnel be used?	YES	NO	N/A	
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	YES	NO	N/A	
Will the applicant be using delivery bicycles? if yes have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)	YES	NO	N/A	
Will the applicant be applying for a Sidewalk Cafe now or in the future? (please respond in space provided)	YES	NO	N/A	
If yes to the above, are plans attached and submitted to DCA? How many tables and? (please respond in space provided)	YES	NO	N/A	
Will applicant provide contact information to neighbors and respond to complaints that arise?	YES	NO	N/A	
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your job webpage?	YES	NO	N/A	
If you plan to have music, when repeat?	BACKGROUND	LIVE MUSIC	PM	OCCASIONAL LIVE MUSIC

In the Singer/Songwriter vein

BUILDING DESIGN

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.	YES	NO	N/A
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and build (e.g. including placing speakers on the floor of the establishment)?	YES	NO	N/A
Do you agree to comply with OGB rules concerning a sign enclosure? Signs and enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.	YES	NO	N/A

OUTDOOR ITEMS

Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days	YES	NO	<input checked="" type="radio"/> N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service	YES	NO	<input checked="" type="radio"/> N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	<input checked="" type="radio"/> YES	NO	N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.)	<input checked="" type="radio"/> YES	NO	N/A (within reason)
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners	<input checked="" type="radio"/> YES	NO	N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="radio"/> YES	NO	N/A

LOCATION & ZONING

Primary Zoning District	Overlay (if applicable)		
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	NO	N/A West Chelsea
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO	N/A
Is the 550 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule	<input checked="" type="radio"/> YES	NO	N/A
Is a Public Assembly permit required?	<input checked="" type="radio"/> YES	NO	N/A
Are your plans filed with DOB?	YES	<input checked="" type="radio"/> NO	N/A Still in design phase with architects - we will submit to DOB
Building Type	<input type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe:		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other describe:		

NOTIFICATION:	# 1	Manhattan Community Board 4
What organizations / community groups have you notified regarding your application?	# 2	
	# 3	

1 **Business License & Permits Committee**

Item #: 19

2
3 January 6, 2014

4
5 Dennis Rosen
6 Chairman
7 New York State Liquor Authority
8 80 S. Swan Street, 9th Floor
9 Albany, New York 12210

10
11 **Re: KQT LLC**
12 **d/b/a Co Ba 53**
13 *401 W 53rd Street (9/10)*

14
15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends denial of an On-Premise Liquor License for KQT
18 LLC d/b/a Co Ba 53 – 401 W 53rd Street (9/10), unless the following stipulations, agreed to by the
19 applicant, are part of the method of operation for this establishment with a capacity of 160 people, with
20 52 tables with 146 seats, 1 service bar and 1 stand up bar with 11 seats, unenclosed sidewalk café: 28
21 tables and 80 seats.

22
23
24 A signed copy of the questionnaire and stipulations are enclosed.

25
26 Sincerely,

27
28
29
30 Christine Berthet
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Frank Holozubiec
Co-Chair
Business License & Permits
Committee

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT: KQT LLC		DOING BUSINESS AS (DBA): CO BA 53	
STREET ADDRESS: 401 W 53RD ST, NY NY 10019		CROSS STREET: 9th AND 10th AVES.	
OWNER:	NAME: KIEN TRUONG	ATTORNEY:	NAME: SABRINA LEE
	PHONE: 646-321-2046		PHONE: 212-608-8100
	FAX: NONE		FAX: 212-608-8181
MANAGER:	NAME: KIEN TRUONG	LANDLORD:	NAME: 801-803 LLC
	PHONE: 646-321-2046		PHONE: 9/0 SR GROUP PROPERTY MGMT 732-301-2833
	FAX: NONE		FAX: 888-689-3043
DESCRIPTION OF BUSINESS:			
Establishment Type:		<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only) <input type="radio"/> Other (Explain): Bar/Arcade	
Method of Operation:		<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): Bar/Arcade	
License Type:		<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer	
APPLICATION TYPE: (check one)	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES <input type="radio"/> NO
		What is the name of establishment?	CO BA
		What is the address of the establishment?	110 9th AVE, NYC 10011
		What were the dates the applicant was involved with this former premise?	2010 To PRESENT
	<input type="radio"/> Transfer	What is the prior license #?	
		What is the expiration date on the prior license?	
		Are you making any alterations or operational changes?	<input type="radio"/> YES <input type="radio"/> NO
		If alterations or operational changes are being made, please attach the plans to this form.	
	<input type="radio"/> Alteration	What is the current license #?	
		What is the expiration date on the current license?	
Please describe the nature of the alterations and attach the plans			

OPERATIONAL ISSUES										
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation	11AM-2:30P 5:30P-11P	11AM-2:30P 5:30P-11P	11AM-2:30P 5:30P-11P	11AM-2:30P 5:30P-11P	11AM-2:30P 5:30P-11P	11AM-2:30P 5:30P-12A	11AM-2:30P 5:30P-12A	11AM-2:30P 5:30P-11P	
	Music	BACKGROUND SAME HOURS								
	Kitchen	SAME HOURS								
OCCUPANCY	INDOOR				DAY			OUTSIDE		
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables	
	7250	50	13	44	NONE	ONE	6	NONE	NONE	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1	2	3	GROUND FLOOR ONLY (BASEMENT FOR STORAGE)		
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					YES	NO	N/A	NO		
Will applicant have bottle service?					YES	NO	N/A	NO		
Will you be hosting private parties and promotional events?					YES	NO	N/A	NO		
Will outside promoters be used?					YES	NO	N/A	NO		
Will the security plan submitted be implemented?					YES	NO	N/A	NO		
Will State certified security personnel be used?					YES	NO	N/A	NO		
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					YES	NO	N/A	N/A		
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)					YES	NO	N/A	OPERATION OF RESTAURANT IS SMALL; ONE BICYCLE IS ANTICIPATED; HAVE NOT APPLIED FOR RACK		
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					YES	NO	N/A	NO		
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					YES	NO	N/A	N/A		
Will applicant provide contact information to neighbors and respond to complaints that arise?					YES	NO	N/A			
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?					YES	NO	N/A	PROBABLY NOT. WILL NOT HAVE HYPERLINK, ETC		
If you plan to have music, what type(s)?				BACKGROUND	LIVE MUSIC	DJ	BACKGROUND			
BUILDING DESIGN										
Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.					YES	NO	N/A	WILL COMPLY WITH RULES OF CB4		
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?					YES	NO	N/A	DO NOT EXPECT NOISE DISTURBANCE. BUT WILL COMPLY IF NEEDED BRISSES		
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.					YES	NO	N/A	YES		

Will Get
a Bicycle
Rack
As Needed
From DOT

OUTDOOR ITEMS				
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	N/A	NO
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	<input checked="" type="radio"/> NO	N/A	N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via sealed food service.	YES	<input checked="" type="radio"/> NO	N/A	N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	<input checked="" type="radio"/> NO	N/A	N/A
Applicant will do everything in their power to provide an effective sound battling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	<input checked="" type="radio"/> NO	N/A	N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	<input checked="" type="radio"/> NO	N/A	NO OUTDOOR SPACE
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	<input checked="" type="radio"/> NO	N/A	NO OUTDOOR SPACE

LOCATION & ZONING				
Primary Zoning District:	M1-6	Overlay (If Applicable):		
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	<input checked="" type="radio"/> NO	N/A	CLINTON
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	<input checked="" type="radio"/> NO	N/A	
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="radio"/> YES	<input checked="" type="radio"/> NO	N/A	DIAGRAM ATTACHED
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A	
Are your plans filed with DOB?	YES	<input checked="" type="radio"/> NO	N/A	NOT YET
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe:			
Adjacent Buildings	<input checked="" type="radio"/> Residential <input checked="" type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe:			
NOTIFICATION:	# 1	GARY DIPASQUALE (BLOCK ASSOCIATION) VIA EMAIL		
What organizations / community groups have you notified regarding your application?	# 2	WESTSIDE NEIGHBORHOOD ALLIANCE BY MAIL		
	# 3			

1 **Business License & Permits Committee**

Item #: 20

2
3 January 6, 2014

4
5 Dennis Rosen
6 Chairman
7 New York State Liquor Authority
8 80 S. Swan Street, 9th Floor
9 Albany, New York 12210

10
11 **Re: 210 Tenth Avenue LLC**
12 **d/b/a TED**
13 **210 10th Avenue (22/23)**

14
15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends denial of an Alteration to add the second floor to
18 its current On-Premise Liquor License for 210 Tenth Avenue LLC d/b/a TED – 210 10th Ave (22/23),
19 unless the following stipulations, agreed to by the applicant, are part of the method of operation for this
20 establishment with a capacity of 160 people, with 52 tables with 146 seats, 1 service bar and 1 stand up
21 bar with 11 seats, unenclosed sidewalk café: 28 tables and 80 seats.

22
23
24 A signed copy of the questionnaire and stipulations are enclosed.

25
26 Sincerely,

27
28
29
30
Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT <div style="font-size: 1.2em; font-family: cursive;">210 Tenth Avenue LLC</div>		DOING BUSINESS AS (DBA) <div style="font-size: 1.2em; font-family: cursive;">TED</div>						
STREET ADDRESS <div style="font-size: 1.2em; font-family: cursive;">210 Tenth Avenue</div>		CROSS STREETS <div style="font-size: 1.2em; font-family: cursive;">22nd & 23rd streets</div>						
OWNER	NAME:	<div style="font-size: 1.2em; font-family: cursive;">Mark Amadei</div>	ATTORNEY	NAME:	<div style="font-size: 1.2em; font-family: cursive;">R. Bookman</div>			
	PHONE:	<div style="font-size: 1.2em; font-family: cursive;">917-207-0374</div>		PHONE:	<div style="font-size: 1.2em; font-family: cursive;">212-513-1988</div>			
	FAX:	<div style="font-size: 1.2em; font-family: cursive;">646-861-6541</div>		FAX:	<div style="font-size: 1.2em; font-family: cursive;">212-385-0564</div>			
MANAGER	NAME:	<div style="font-size: 1.2em; font-family: cursive;">A. Glassberg</div>	LANDLORD	NAME:	<div style="font-size: 1.2em; font-family: cursive;">C. Levinson</div>			
	PHONE:	<div style="font-size: 1.2em; font-family: cursive;">917-714-6676</div>		PHONE:	<div style="font-size: 1.2em; font-family: cursive;">516-313-9929</div>			
	FAX:	<div style="font-size: 1.2em; font-family: cursive;">646-861-6541</div>		FAX:	<div style="font-size: 1.2em; font-family: cursive;">212-619-1358</div>			
DESCRIPTION OF BUSINESS								
Establishment Type:		<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only) <input type="radio"/> Other (Explain): _____						
Method of Operation:		<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): _____						
License Type:		<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer						
APPLICATION TYPE (check one)		New	Has applicant owned or managed a similar business?		<input checked="" type="radio"/> YES	<input type="radio"/> NO		
			What is/was the name of establishment?					
			What is/was the address of the establishment?					
			What were the dates the applicant was involved with this former premise?					
		<input type="radio"/> Transfer	What is the prior license #?					
			What is the expiration date on the prior license?					
			Are you making any alterations or operational changes?		<input type="radio"/> YES	<input type="radio"/> NO		
			If alterations or operational changes are being made, please attach the plans to this form					
		<input checked="" type="radio"/> Alteration	What is the current license #?		<div style="font-size: 1.2em; font-family: cursive;">1272944</div>			
			What is the expiration date on the current license?		<div style="font-size: 1.2em; font-family: cursive;">9/30/15</div>			
Please describe the nature of the alterations and attach the plans								

Addition of 2nd floor
 w/ additional seating

OPERATIONAL ISSUES

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
HOURS	Operation	6am-4am	6am-4am	6am-4am	6am-4am	6am-4am	6am-4am	6am-4am	
	Music	background	—					→	
	Kitchen	6am-4am	6am-4am	6am-4am	6am-4am	6am-4am	6am-4am	6am-4am	
OCCUPANCY	INDOOR				BAR			OUTSIDE	
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables
	~760	than 200	52	146	1	1	11	80	28

How many floors are there? What is the capacity for each floor? (please respond in space provided)

1-2 3-4 5+

Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)

YES NO N/A

Will applicant have bottle service?

YES NO N/A

Will you be hosting private parties and promotional events?

YES NO N/A

Will outside promoters be used?

YES NO N/A

Will the security plan submitted be implemented?

YES NO N/A

Will State certified security personnel be used?

YES NO N/A

Will New York Nightlife Association recommendations and NYPD Best Practices be followed?

YES NO N/A

Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)

YES NO N/A

Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)

YES NO N/A

If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)

YES NO N/A

Will applicant provide contact information to neighbors and respond to complaints that arise?

YES NO N/A

Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?

YES NO N/A

If you plan to have music, what type(s)?

BACKGROUND

LIVE MUSIC

DJ

BUILDING DESIGN

Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.

YES NO N/A

Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?

YES NO N/A

Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)

YES NO N/A

OUTDOOR ITEMS				
Will applicant use the rooftop, rear yard or any outdoor space?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	N/A	Sidewalk cafe
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	<input checked="" type="radio"/> YES	<input checked="" type="radio"/> NO	N/A	closing rear / rooftop / cafe hours (10 PM / 11 PM)
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	N/A	
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	N/A	
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	<input checked="" type="radio"/> YES	<input type="radio"/> NO	N/A	
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	N/A	
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	N/A	

LOCATION & ZONING				
Primary Zoning District:	C-2	Overlay (If Applicable):	C2 w R8	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	<input checked="" type="radio"/> NO	N/A	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	N/A	
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	N/A	500'
Is a Public Assembly permit required?	<input checked="" type="radio"/> YES	<input checked="" type="radio"/> NO	N/A	
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	<input checked="" type="radio"/> NO	N/A	
Building Type	<input type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____			
Adjacent Buildings	<input type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____			
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	Council of Chelsea Block Associations		
	# 2			
	# 3			

1 **Business License & Permits Committee**

Item #: 21

2
3 January 6, 2014

4
5 Dennis Rosen
6 Chairman
7 New York State Liquor Authority
8 80 S. Swan Street, 9th Floor
9 Albany, New York 12210

10
11 **Re: Tapmasters Chelsea LLC**
12 **d/b/a World of Beer**
13 *320 8th Avenue (26)*
14

15 Dear Chairman Rosen:

16
17 Manhattan Community Board 4 (MCB4) recommends denial of an Restaurant On-Premise Liquor
18 License for Tapmasters Chelsea LLC d/b/a World of Beer – 320 8th Avenue, unless the following
19 stipulations, agreed to by the applicant, are part of the method of operation for this establishment with a
20 capacity of 250 people, with 40 tables with 170 seats, and 1 stand up bar with 22 seats.
21

22
23 A signed copy of the questionnaire and stipulations are enclosed.

24
25 Sincerely,
26
27
28
29

Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT Tapmasters Chelsea LLC		DOING BUSINESS AS (DBA) World of Beer	
STREET ADDRESS 320 8th Ave New York, NY 10001		CROSS STREETS 26th Street	
OWNER	NAME: Kenny Lee	ATTORNEY	NAME: Robert Romano
	PHONE: 917 674 9078		PHONE: 914 500 3196
	FAX:		FAX:
MANAGER	NAME: Will Mingo	LANDLORD	NAME: Chelsea W26 LLC
	PHONE: 973 818 8766		PHONE: 917-273-2901
	FAX:		FAX: 212 996-4009
DESCRIPTION OF BUSINESS			
Establishment Type:	<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only) <input type="radio"/> Other (Explain): Bar/Arcade		
Method of Operation:	<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): Bar/Arcade		
License Type:	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer		
APPLICATION TYPE (check one)	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES <input type="radio"/> NO
		What is/was the name of establishment?	Melting Pot
		What is/was the address of the establishment?	100 Sinatra Dr Hoboken, NJ 07030
		What were the dates the applicant was involved with this former premise?	2007 to Present
	<input type="radio"/> Transfer	What is the prior license #?	
		What is the expiration date on the prior license?	
		Are you making any alterations or operational changes?	<input checked="" type="radio"/> YES <input type="radio"/> NO
		If alterations or operational changes are being made, please attach the plans to this form.	
	<input type="radio"/> Alteration	What is the current license #?	
		What is the expiration date on the current license?	
Please describe the nature of the alterations and attach the plans			

OPERATIONAL ISSUES											
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY			
	Operation	11:30am-1am	11:30am-1am	11:30am-1am	11:30am-3am	11:30am-3am	11:30am-3am	11:30am-3am	11:30am-1am		
	Music	11:30am-1am	11:30am-1am	11:30am-1am	11:30am-3am	11:30am-3am	11:30am-3am	11:30am-3am	11:30am-1am		
	Kitchen	11:30am-1am	11:30am-1am	11:30am-1am	11:30am-3am	11:30am-3am	11:30am-3am	11:30am-3am	11:30am-1am		
OCCUPANCY	INDOOR				BAR			OUTSIDE			
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Bars	Number of Seats	Number of Tables		
	250	225	40	170	0	1	22	0	0		
How many floors are there? What is the capacity for each floor? (please respond in space provided)					(1-2)	3-4	5+	250			
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					YES	NO	N/A				
Will applicant have bottle service?					YES	NO	N/A				
Will you be hosting private parties and promotional events?					YES	NO	N/A				
Will outside promoters be used?					YES	NO	N/A				
Will the security plan submitted be implemented?					YES	NO	N/A				
Will State certified security personnel be used?					YES	NO	N/A				
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					YES	NO	N/A				
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)					YES	NO	N/A				
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					YES	NO	N/A				
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					YES	NO	N/A				
Will applicant provide contact information to neighbors and respond to complaints that arise?					YES	NO	N/A				
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?					YES	NO	N/A				
If you plan to have music, what type(s)?					BACKGROUND	LIVE MUSIC	DJ				
BUILDING DESIGN											
Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.					YES	NO	N/A				
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, including placing speakers on the floor of the establishment?					YES	NO	N/A				
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)					YES	NO	N/A				

OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	N/A
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	<input checked="" type="radio"/> N/A
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via sealed food service.	YES	NO	<input checked="" type="radio"/> N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	<input checked="" type="radio"/> YES	NO	N/A
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	<input checked="" type="radio"/> N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	<input checked="" type="radio"/> N/A

LOCATION & ZONING			
Primary Zoning District:	M1-6	Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO	N/A
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	<input checked="" type="radio"/> NO	N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A
Are your plans filed with DOB?	YES	<input checked="" type="radio"/> NO	N/A <i>Pending</i>
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe:		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe:		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1		
	# 2		
	# 3		

- live music Thurs, Fri & Sat
- by full board - in writing
 - sound report plan
 - security plan
 - Method of operation
 - operational overview
 - full floor plan
- will not file until full board approval

Kryl