

# Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

<b>CORPORATION NAME</b>		<b>DOING BUSINESS AS (DBA)</b>	
190 Seventh Ave LLC		Merchants NY	
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>	<b>ZIP CODE</b>
190 7th Avenue		21st & 22nd	10011
<b>OWNER</b> <i>(Attach a list of all the people that will be associated/listed with the license)</i>	<b>NAME:</b> Ebrahm Merchant	<b>ATTORNEY/ REPRESENTAIVE</b>	<b>NAME:</b> Joseph Levey
	<b>PHONE:</b> 212.366.7267		<b>PHONE:</b> 212.219.1193
	<b>EMAIL:</b> merchantsny@yahoo.com		<b>EMAIL:</b> c/o heather@helbraunlevey.com
<b>MANAGER</b>	<b>NAME:</b> Andrea Emmet	<b>LANDLORD</b>	<b>NAME:</b> --
	<b>PHONE:</b> 917.656.4169		<b>PHONE:</b> --
	<b>EMAIL:</b> andreaemmet@yahoo.com		<b>EMAIL:</b> --
<b>APPLICATION TYPE (Check One)</b>			
<input checked="" type="checkbox"/> <b>New</b> SIDEWALK CAFE	Has applicant owned or managed a similar business?	<input checked="" type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
	What is/was the name and address of establishment?	112 7th Ave NY NY 10011 dba Merchants NY	
	What were the dates applicant was involved with this former premise?	1992- 02/2017	
<input type="checkbox"/> <b>Corp</b> Change/Class Change/Removal	What is the license # and expiration date?		
	Is applicant making any alterations or operational changes?	<input type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input checked="" type="checkbox"/> <b>Alteration</b>	What is the current license # and expiration date?		
	<i>Please list/describe the nature of all the changes and attach the plans:</i>		
<b>METHOD OF OPERATION</b>			
<b>TYPE OF ALCOHOL</b>	<input checked="" type="checkbox"/> Liquor/Wine/Beer & Cider <input type="checkbox"/> Beer & Cider <input type="checkbox"/> Wine/Beer & Cider		
<b>ESTABLISHMENT TYPE</b>	<input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Club (Fraternal Organization – Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	<input checked="" type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>	
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement.	<input checked="" type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	<input type="checkbox"/> <b>YES</b>	<input checked="" type="checkbox"/> <b>NO</b>	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="checkbox"/> <b>YES</b>	<input type="checkbox"/> <b>NO</b>	

**OPERATIONAL DETAILS** (\*Closing time will be when establishment is vacated of all patrons)

HOURS* <i>(Indoor Only)</i>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	11-4am	11-4am	11-4am	11-4am	11-4am	11-4am	11-4am
	Kitchen	11-11	11-11	11-11	11-1	11-1	11-1	11-11
	Music	background	background	background	background	background	background	background
If you plan to have music, what type(s)? (Circle all that apply)		<input checked="" type="checkbox"/> BACKGROUND	<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> DJ	<input type="checkbox"/> JUKE BOX	<input type="checkbox"/> KARAOKE		

**OCCUPANCY**

	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 Stand-Up Bar
<b>INSIDE</b>	<74	<74	25	54	0	1	10
<b>OUTSIDE</b> <i>(Other than sidewalk cafe)</i>	N/A	-	-	-	-	-	-
<b>SIDEWALK CAFE</b>	N/A	-	16	32			

How many floors are there? What is the capacity for each floor?	2 floors: ground <74, lower- no patron access		
How frequently will the owner(s) be at the establishment?	full time		
Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant have bottle or table service for beverage alcohol?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will you be hosting private; promotional or corporate events?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	CORP EVENTS/PRIVATE PARTIES
Will outside promoters be used on a regular basis? If yes please describe.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will you have a security plan? If, yes please attach.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will security plan be implemented?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will State certified security personnel be used?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will New York Nightlife Association and NYPD Best Practices be followed?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will applicant be using delivery bicycles? If yes, how many?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	TWO
Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Where will delivery bicycles be stored during the day when not in use?	in the back restaurant storage area		

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="checkbox"/>	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/>	NO	
Is a Public Assembly permit required?	YES	<input checked="" type="checkbox"/>	
Are your plans filed with DOB?	YES	<input checked="" type="checkbox"/>	

Community Notification/Relations			
<b>NOTIFICATION:</b> List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted	# 1	NOTICE POSTING ON PREMISE	
	# 2	BLOCK ASSOCIATION OUTREACH	
	# 3	GROUND FLOOR RESIDENTS, BUSINESSES, LANDLORDS within 50ft. AND LANDLORDS & CONDO ASSOCIATIONS ON SAME BLOCK	
	# 4	PETITION SIGNATURES	
	# 5		
Please provide dates when applicant met with the groups listed above.		PENDING	
Who was your contact person at each group you met with?		PENDING	
When did applicant post the notice that was provided?		12/28/2017	
Where did applicant post the notice that was provided?		FRONT DOOR OF BUSINESS	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.		<input checked="" type="checkbox"/>	NO
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		<input checked="" type="checkbox"/>	NO

<b>BUILDING DESIGN</b>			
State the name and type of business previously located in the space.	Eolo Sicilian Restaurant		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	TERRA MIA ENTERPRISES INC
Do you plan any changes to the existing façade? If yes, please describe.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant have a vestibule within the establishment?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant use a storm enclosure?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have any of the following: (circle all that apply)	<input checked="" type="checkbox"/> FRENCH DOORS	<input type="checkbox"/> GARAGE DOORS	<input type="checkbox"/> WINDOWS THAT CAN BE OPENED
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant close all windows, French doors, garage doors by 11 PM Friday and Saturday and 10 PM on all other days even if no music or amplified sound is played inside the establishment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	PENDING
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?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the kitchen exhaust system extend to the roof?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have an illuminated sign?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Where will the air conditioner be located? What type is it?	TBD		
When was the air conditioner installed?	being replaced with new unit		

<b>OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFE</b>			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO	N/A
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	NO	N/A
Are the floorplans for the outdoor space(s) included?	YES	NO	N/A
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	YES	NO	N/A
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	N/A
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	NO	N/A
Will there be no amplified music, as per the law?	YES	NO	N/A
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	N/A
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES	NO	N/A
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO	N/A
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO	N/A
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A



OUTDOOR ITEMS – SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant be applying for a sidewalk café now or in the future?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	NOW
Is applicant in this application seeking to include a sidewalk café in its liquor license?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<i>[Handwritten signature]</i> <del>WILL NOT BE IN LEGAL LIMITS (12 AM)</del>
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk café?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant mark the perimeter of the café on the sidewalk?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the sidewalk café not provide standing space for drinking or smoking?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will all furniture be stored inside between December 21 <sup>st</sup> and March 21 <sup>st</sup> , and any other day when it rains or snows?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant use umbrellas?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
If construction or construction protection has reduced the sidewalk width, will applicant always maintain an 8 foot clear path of sidewalk between the perimeter of the café and the closes obstruction including construction barricades?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

**ADDITIONAL STIPULATIONS: (Office Use Only)**

- Applicant will take all possible steps to reduce width of service aisle without reducing number of tables and chairs
- Applicant will submit revised plans if layout changes by 1/25/18 (submitted 1/25/18)

***To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.***

**ADDITIONAL STIPULATIONS: (Office Use Only), *Continued***

***To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.***





Manhattan Community Board 4 (MCB4) recommends:  
(MCB4's recommendation is based on a vote taken at its  
2/7/18 full board meeting, with 39 members voting in favor  
of the recommendation, 0 members opposed, 1 members  
abstaining and 0 present but not eligible)

Denial unless all stipulations agreed to by applicant/owner are part of the method of operation

Denial  Approval

### CB4 REPRESENTATIVES

  
Nelly Gonzalez  
CB4 Assistant District Manager

  
Frank Holozubiec  
CB4 BLP Committee Co-Chair

  
Burt Lazarin  
CB4 BLP Committee Co-Chair

### APPLICANT AGREEMENT WITH THE COMMUNITY

Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of operation of its liquor license. The stipulations in this application constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 and applicant. These stipulations supersede any oral statements or representations in connection with this application.

SIGN HERE →

  
ABE MERCHANT  
PRINT NAME OF APPLICANT

  
SIGNATURE OF APPLICANT

JAN 9, 2018  
DATE

<b>PROJECT</b> 7TH AVE. MERCHANT 190 7TH AVE NEW YORK, NY 10011	<b>ARCHITECT</b> MID CHAPMAN ARCHITECTS 100 W. 47th St., 20th Fl. New York, NY 10036 212.633.7729	<b>ENGINEER</b> ZLS CONSULTING ENGINEERING 100 W. 47th St., 20th Fl. New York, NY 10036 212.633.7729	<b>CLIENT</b> THE SAM TELL COMPANIES 1215 BROADWAY, ST. 302 NEW YORK, NY 10018 212.744.0000	<b>DATE</b> 11-14-2017	<b>SCALE</b> 1/2" = 1'-0" AS NOTED
<b>DATE</b> 11-14-2017	<b>PROJECT NO.</b> 10011	<b>DRAWING NO.</b> A-101.00	<b>DATE</b> 11-14-2017	<b>DRAWING TITLE</b> PLANS, PARTIAL ELEVATION & SECTION DIAGRAM	<b>DATE</b> 11-14-2017
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<b>PROJECT NAME</b> 7TH AVE. MERCHANT	<b>ADDRESS</b> 190 7TH AVE NEW YORK, NY 10011
<b>ARCHITECT</b> MID CHAPMAN ARCHITECTS	<b>ENGINEER</b> ZLS CONSULTING ENGINEERING
<b>CLIENT</b> THE SAM TELL COMPANIES	<b>DATE</b> 11-14-2017
<b>SCALE</b> 1/2" = 1'-0" AS NOTED	<b>DRAWING TITLE</b> PLANS, PARTIAL ELEVATION & SECTION DIAGRAM



