

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

| | | | | |
|---|---|-------------------------------------|-----------------------------------|----|
| CORPORATION NAME | | DOING BUSINESS AS (DBA) | | |
| Kiabacca Rest. corp | | Kiabacca | | |
| STREET ADDRESS | | CROSS STREETS | ZIP CODE | |
| 639 10th Avenue | | 45th / 46th | 10036 | |
| OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small> | NAME: Patrick E Hughes Jr | ATTORNEY/ REPRESENTATIVE | NAME: Terrence Flynn | |
| | PHONE: 917-749-3939 | | PHONE: 718-945-1000 | |
| | EMAIL: scruffyduffys@gmail.com | | EMAIL: trflynnjr@gmail.com | |
| MANAGER | NAME: Mike Pugh | LANDLORD | NAME: Joseph Giaimo | |
| | PHONE: 340-332-4994 | | PHONE: 212-757-8888 | |
| | EMAIL: mike.nycsportspubs@gmail.com | | EMAIL: jpgreality@aol.com | |
| APPLICATION TYPE (Check One) | | | | |
| <input type="radio"/> New | Has applicant owned or managed a similar business? | YES | NO | |
| | What is/was the name and address of establishment? | | | |
| | What were the dates applicant was involved with this former premise? | | | |
| <input checked="" type="radio"/> Corp | What is the license # and expiration date? | 1277751 | 11/30/18 | |
| | Is applicant making any alterations or operational changes? | YES | NO | no |
| | <i>If alterations or operational changes are being made, please describe/list all changes.</i> | | | |
| <input type="radio"/> Alteration | What is the current license # and expiration date? | | | |
| | <i>Please list/describe the nature of all the changes and attach the plans:</i> | | | |
| METHOD OF OPERATION | | | | |
| TYPE OF ALCOHOL | <input checked="" type="radio"/> Liquor/Wine/Beer & Cider <input type="radio"/> Beer & Cider <input type="radio"/> Wine/Beer & Cider | | | |
| ESTABLISHMENT TYPE | <input type="radio"/> Restaurant <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Bar/Tavern <input type="radio"/> Catering Establishment <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Club (Fraternal Organization – Members Only) | | | |
| Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file? | YES | NO | Y | |
| 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. | YES | NO | Y | |
| Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule. | YES | NO | N | |
| Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments? | YES | NO | Y | |

| 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 | 11:30 - 4 am | 11:30 - 4 am | 11:30 - 4 am | 11:30 - 4 am | 11:30 - 4 am | 11:30 - 4 am | 11:30 - 4 am | 11:30 - 4 am |
| | Kitchen | 11:30 - 2 am | 11:30 - 2 am | 11:30 - 2 am | 11:30 - 2 am | 11:30 - 2 am | 11:30 - 2 am | 11:30 - 2 am | 11:30 - 2 am |
| | Music | no | no | no | no | no | no | no | no |
| 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 | | |
| INSIDE | 75 | 74 | 20 22 | 54 54 | 1 | 16 | 1 | (R) | |
| OUTSIDE <i>(Other than sidewalk café)</i> | | | | | | | | | |
| SIDEWALK CAFÉ | | | | | | | | | |
| How many floors are there? What is the capacity for each floor? | | | | | GROUND FLOOR - 74 | | | | |
| How frequently will the owner(s) be at the establishment? | | | | | DAILY | | | | |
| Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing? | | | | | YES | <input checked="" type="checkbox"/> NO | | | |
| Will applicant have bottle or table service for beverage alcohol? | | | | | YES | <input checked="" type="checkbox"/> NO | | | |
| Will you be hosting private; promotional or corporate events? | | | | | <input checked="" type="checkbox"/> YES | NO | Occasional | | |
| Will outside promoters be used on a regular basis? If yes please describe. | | | | | YES | NO | NEVER | | |
| Will you have a security plan? If, yes please attach. | | | | | YES | <input checked="" type="checkbox"/> NO | | | |
| Will security plan be implemented? | | | | | YES | <input checked="" type="checkbox"/> NO | | | |
| Will State certified security personnel be used? | | | | | <input checked="" type="checkbox"/> YES | NO | IF Needed | | |
| Will New York Nightlife Association and NYPD Best Practices be followed? | | | | | <input checked="" type="checkbox"/> YES | NO | | | |
| Will applicant be using delivery bicycles? If yes, how many? | | | | | YES | <input checked="" type="checkbox"/> NO | | | |
| 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? | | | | | YES | <input checked="" type="checkbox"/> NO | | | |
| Where will delivery bicycles be stored during the day when not in use? | | | | | | | | | |

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

| Community Notification/Relations | | | |
|--|-----|--|--|
| NOTIFICATION: 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 | I have contacted all the representatives on the list CB4 provided. I copy of the | |
| | # 2 | A copy of the letter I sent out will be attached with this form. | |
| | # 3 | | |
| | # 4 | | |
| | # 5 | | |
| Please provide dates when applicant met with the groups listed above. | | Letter Sent out March 31, 2018 | |
| Who was your contact person at each group you met with? | | n/a | |
| When did applicant post the notice that was provided? | | March 31, 2018 | |
| Where did applicant post the notice that was provided? | | Doorways, Storefront, Street Lamposts | |
| 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"/> YES | <input type="checkbox"/> NO 917-749-3939 |
| Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage? | | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |

| BUILDING DESIGN | | | |
|---|---|--|-----------------------------------|
| State the name and type of business previously located in the space. | N/A | | |
| Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business. | YES | NO <input checked="" type="checkbox"/> | |
| Do you plan any changes to the existing façade? If yes, please describe. | YES | NO <input checked="" type="checkbox"/> | |
| Will applicant have a vestibule within the establishment? | YES | NO <input checked="" type="checkbox"/> | |
| Will applicant use a storm enclosure? | YES | NO <input checked="" type="checkbox"/> | |
| 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? | YES <input checked="" type="checkbox"/> | NO | |
| Will applicant comply with the NYC noise code? | YES <input checked="" type="checkbox"/> | NO | |
| Will the establishment have any of the following: (circle all that apply) | FRENCH DOORS | GARAGE DOORS | 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? | 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? | YES <input checked="" 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? | YES <input checked="" type="checkbox"/> | NO | |
| 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 <input checked="" type="checkbox"/> | NO | |
| Will the kitchen exhaust system extend to the roof? | YES <input checked="" type="checkbox"/> | NO | |
| Will the establishment have an illuminated sign? | YES <input checked="" type="checkbox"/> | NO | |
| Will the establishment have a canopy extending over the sidewalk? | YES | NO <input checked="" type="checkbox"/> | |
| Where will the air conditioner be located? What type is it? | 2 HVAC Units on Roof | | |
| When was the air conditioner installed? | November 2015 | | |

PH

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

| OUTDOOR ITEMS – SIDEWALK CAFÉ | | | |
|--|-----|----|--|
| Has the applicant/owner(s) read MCB4 Sidewalk Café Policy? | YES | NO | |
| Will applicant be applying for a sidewalk café now or in the future? | YES | NO | |
| Is applicant in this application seeking to include a sidewalk café in its liquor license? | YES | NO | |
| If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans. | YES | NO | |
| Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days? | YES | NO | |
| Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service? | YES | NO | |
| Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk café? | YES | NO | |
| Will applicant mark the perimeter of the café on the sidewalk? | YES | NO | |
| Will the service and consumption of alcohol in the sidewalk café only be via seated food service? | YES | NO | |
| Will the sidewalk café not provide standing space for drinking or smoking? | YES | NO | |
| Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department? | YES | NO | |
| Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors? | YES | NO | |
| Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours? | YES | NO | |
| Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows? | YES | NO | |
| Will applicant use umbrellas? | YES | 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? | YES | NO | |

ADDITIONAL STIPULATIONS: (Office Use Only)

Will submit FLECC PLAN
AND NUMBER OF SEAS/TABLES
BY 4/23/18 TO CD4.

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
 5/2/18 full board meeting, with 43 members voting in favor
 of the recommendation, 0 members opposed, 0 members
 abstaining and 0 present but not eligible)

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

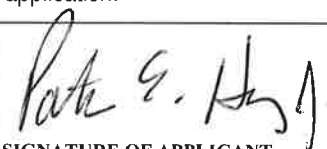
Denial Approval

CB4 REPRESENTATIVES

| | | |
|---|---|---|
|  Nelly Gonzalez CB4 Assistant District Manager |  Frank Holozubiec CB4 BLP Committee Co-Chair |  Yoni Bokser CB4 BLP Committee Co-Chair |
|---|---|---|

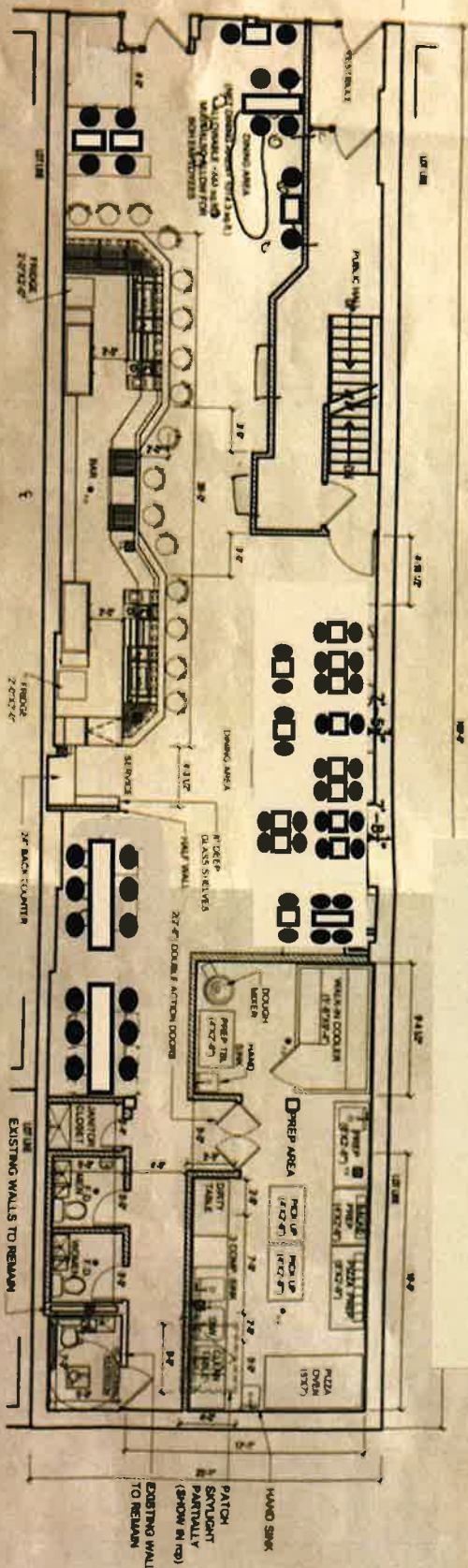
APPLICANT AGREEMENT WITH THE COMMUNITY

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.

| | | | |
|---------------------------|--|--|----------------------------------|
| <p>SIGN HERE →</p> | <p>PATRICK E. HUGHES JR PRINT NAME OF APPLICANT</p> |  SIGNATURE OF APPLICANT | <p>4/10/18 DATE</p> |
|---------------------------|--|--|----------------------------------|

KIABACCA PIZZA BAR
639 TENTH AVENUE

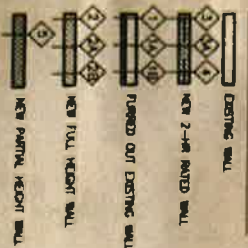
UPDATED FLOOR PLAN -
April 10, 2018
BAR 16 STOOLS
TABLES 22 WITH 54 SEATS



1 PROPOSED GROUND FLOOR PLAN

- NOTES
1. GENERAL CONTRACTOR TO PROVIDE FIRE STOPPING AT ALL PERIMETER WALLS AND CEILING.
 2. CONTRACTOR TO CHALK OUT ALL WALLS, COUNTERS, EQUIPMENT, ETC. & COORDINATE WITH ARCHITECT PRIOR TO COMMENCING CONSTRUCTION.
 3. CONTRACTOR TO INSTALL NEW CEILING, WALL AND FLOOR FINISHES.
 4. SEE DWG A-007 FOR PARTITION TYPES.
 5. GENERAL CONTRACTOR TO PROVIDE ALL ACCESS DOORS AS REQUIRED.

INTERIOR & STOREFRONT ALTERATIONS:
EXISTING GROUND FLOOR & CELLAR FLOOR
COMMERCIAL SPACE
EXISTING USE GROUP 6 TO REMAIN
NO CHANGE IN USE, EGRESS OR
OCCUPANCY UNDER THIS APPLICATION



KIABACCA Rest. Corp.
639 10th Avenue
Corp. Change
CB4
Business & License Meeting
April 10th, 2018
Submitted by: Patrick Hughes / Owner



Kiabacca Rest. Corp
639 Tenth Avenue
New York, NY 10036

March 30, 2018

Subject: Change in Corporate Ownership

Hello Friends & Neighbors,

I apologize for the late notice. My attorney informed me yesterday that I am to appear at next month's CB4 Business & Licensing meeting at the Yotel scheduled for the April 10th at 6:30 PM.

The subject is a change of ownership at Kiabacca Pizza Bar on 10th Avenue. The corporate change in question is that last year I parted ways with my former partner (Dan McLaughlin) and have made a deal to acquire his 1/3 ownership of the corporation.

There have been no operational changes since we opened 3 years ago. I have been the majority owner and hands-on manager here since we opened our doors and plan to continue in that role. I invite you to come to the meeting and voice any questions and concerns or stop by and see me here at Kiabacca. You can also call me on my cell number if you want to speak to me.

Regards,

Patrick E Hughes JR

Patrick E Hughes JR
Cell 917-749-3939