

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)	
WMW REST II, LLC.		DIANNE & ELISABETH	
STREET ADDRESS		CROSS STREETS	ZIP CODE
644 10TH AVENUE, ADDITIONAL OWNER: NEIL L. WEISS		45TH & 46TH STREETS	10036
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME: BRIAN A. WEISS	ATTORNEY/ REPRESENTATIVE	NAME: ANDREW CARABALLO/REP.
	PHONE: 917 903 8569		PHONE: 718 875 2929
	EMAIL: brianandrewweiss@gmail.com		EMAIL: andrew@cblservices.com
MANAGER	NAME: CHARLIE MARSHALL	LANDLORD	NAME: SCOTT SAMBADE/AGENT
	PHONE: 347 935 2151		PHONE: 917 576 5996
	EMAIL: charlie@wmwhospitality.com		EMAIL: ssambade@appianre.com
APPLICATION TYPE (Check One)			
<input checked="" type="checkbox"/> New	Has applicant owned or managed a similar business?	YES XX	NO
	What is/was the name and address of establishment?	THE MARSHALL	
	What were the dates applicant was involved with this former premise?	JANUARY, 2013 TO PRESENT.	
<input type="checkbox"/> Corp Change/Class Change/Removal	What is the license # and expiration date?		
	Is applicant making any alterations or operational changes?	YES	NO
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input type="checkbox"/> 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="checkbox"/> Liquor/Wine/Beer & Cider <input type="checkbox"/> Beer & Cider <input type="checkbox"/> Wine/Beer & Cider		
ESTABLISHMENT TYPE	<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?	YES	NO	YES. APPLICATION FILED WITH SLA ON MAY 12, 2016. LICENSE ISSUED 08/29/16.
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	YES
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	NO
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	YES	NO	YES

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	5 PM TO 12 AM	5 PM TO 12 AM	5 PM TO 12 AM	5 PM TO 12 AM	5 PM TO 1 AM	11 AM TO 1 AM	11 AM TO 12 AM
	Kitchen	SAME	SAME	SAME	SAME	SAME	SAME	SAME
	Music	N/A	N/A	N/A	N/A	N/A	N/A	N/A
If you plan to have music, what type(s)? (Circle all that apply)			BACKGROUND	LIVE MUSIC	DJ	JUKE BOX	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	N/A	54	12-15	24-30	0	1	12-14	
OUTSIDE <i>(Other than sidewalk cafe)</i>	0	0	0	0	0	0	0	
SIDEWALK CAFE	N/A	12	6	12				
How many floors are there? What is the capacity for each floor?					2 FLOORS, ONLY USING GROUND FLOOR FOR PATRONS.			
How frequently will the owner(s) be at the establishment?					INFREQUENTLY, BUT MANAGER, CHARLIE MARSHALL WILL BE PRESENT/40 HRS-WEEK			
Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?					YES	NO	NO	
Will applicant have bottle or table service for beverage alcohol?					YES	NO	NO	
Will you be hosting private; promotional or corporate events?					YES	NO	YES	
Will outside promoters be used on a regular basis? If yes please describe.					YES	NO	NO	
Will you have a security plan? If, yes please attach.					YES	NO	NO	
Will security plan be implemented?					YES	NO	N/A	
Will State certified security personnel be used?					YES	NO	N/A	
Will New York Nightlife Association and NYPD Best Practices be followed?					YES	NO	YES	
Will applicant be using delivery bicycles? If yes, how many?					YES	NO	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	NO	N/A	
Where will delivery bicycles be stored during the day when not in use?					N/A			

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	YES-CLINTON
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	NO-LETTER OF NO OBJECTION
Is a Public Assembly permit required?	YES	NO	NO
Are your plans filed with DOB?	YES	NO	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	LIST OF ORGANIZATIONS PROVIDED BY CB 4, E-MAILED ON 12/28/2017. COPY OF E-MAIL ATTACHED.	
	# 2	THE PIANO FACTORY/BRUCE HOROWITZ.....E-MAILED ON 12/28/2017.	
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.		E-MAILED ON 12/28/2017	
Who was your contact person at each group you met with?		SEE ABOVE	
When did applicant post the notice that was provided?		12/28/2017	
Where did applicant post the notice that was provided?		FRONT DOOR/WINDOW OF PREMISES; IMMEDIATE BLOCK & ACROSS THE STREET & ON ALL CORNERS WITHIN 1 BLOCK.	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.		YES	NO
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		YES	NO

BUILDING DESIGN			
State the name and type of business previously located in the space.	OLIVENG THAI RESTAURANT		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO	YES-OLIVENG THAI RESTAURANT
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	NO
Will applicant have a vestibule within the establishment?	YES	NO	NO
Will applicant use a storm enclosure?	YES	NO	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?	YES	NO	NO
Will applicant comply with the NYC noise code?	YES	NO	YES
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	NO	YES
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	NO	YES
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	NO	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	NO	YES
Will the kitchen exhaust system extend to the roof?	YES	NO	YES
Will the establishment have an illuminated sign?	YES	NO	NO
Will the establishment have a canopy extending over the sidewalk?	YES	NO	YES
Where will the air conditioner be located? What type is it?	N/A		
When was the air conditioner installed?	N/A		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO	YES
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	NO	NO
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	YES
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES	NO	YES
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO	YES
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO	YES
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	YES



OUTDOOR ITEMS – SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	NO	YES
Will applicant be applying for a sidewalk café now or in the future?	YES	NO	YES-APPLICATION FILED WITH DCA 12/18/2017.
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	NO	NO-ALTERATION WILL BE FILED SHORTLY WITH SLA.
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	YES	NO	YES. COPY OF APPLICATION & PLANS ENCLOSED.
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	YES	NO	YES
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	NO	YES
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk café?	YES	NO	YES; YES
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	YES
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	YES
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	YES
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	NO
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	YES
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	YES
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	YES
Will applicant use umbrellas?	YES	NO	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	YES



ADDITIONAL STIPULATIONS: (Office Use Only)

- There will be at least 8 foot clearance from the sidewalk cafe and any parking meter and the edges of any tree pit
- There will be no east - west barriers in the middle of cafe as indicated on plans

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*

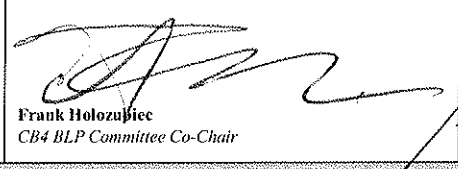
To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

Manhattan Community Board 4 (MCB4) recommends:
 (MCB4's recommendation is based on a vote taken at its
2-7-18 full board meeting, with 40 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

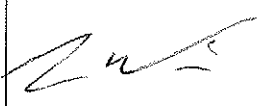

 Nelly Gonzalez
 CB4 Assistant District Manager


 Frank Holozubiec
 CB4 BLP Committee Co-Chair


 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.

<p>SIGN HERE →</p>	<p>Brian Weiss</p> <p>PRINT NAME OF APPLICANT</p>	<p></p> <p>SIGNATURE OF APPLICANT</p>	<p>1/9/17</p> <p>DATE</p>
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