

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME 17 prime inc		DOING BUSINESS AS (DBA) Shiraz Kitchen	
STREET ADDRESS 111 w 17th st.		CROSS STREETS	ZIP CODE 10011
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME: M. Parhizkaran	ATTORNEY/ REPRESENTATIVE	NAME: Robert N. Swetnick
	PHONE: 917.837.0890		PHONE: 212-349-2800
	EMAIL: parhizkaran@gmail.com		EMAIL: rswetnick@dunnington.com
MANAGER	NAME: Same as above	LANDLORD	NAME: PAJEOT & OTTER LLC
	PHONE:		PHONE: 2127521000
	EMAIL:		EMAIL:
APPLICATION TYPE (<input checked="" type="checkbox"/> <i>Liquor License</i> <input checked="" type="checkbox"/> <i>Unenclosed Sidewalk Cafe</i>)			
<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	What is/was the name and address of establishment?	Shiraz Kitchen (83 E main st. Elmsford NY NY 10523)	
	What were the dates applicant was involved with this former premise?	2015	
<input type="radio"/> Corp Change/Class Change/Removal	What is the license # and expiration date?		
	Is applicant making any alterations or operational changes?	<input type="checkbox"/> YES	<input type="checkbox"/> 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="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?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	in process
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"/> YES	<input type="checkbox"/> NO	
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"/> YES	<input checked="" type="checkbox"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

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	11:00am -11:59pm	11:00am -11:59pm	11:00am -11:59pm	11:00am -11:59pm	11:00am -11:59pm	11:00am -11:59pm	11:00am -11:59pm
	Kitchen	11:00am -11:00pm	11:00am -11:00pm	11:00am -11:00pm	11:00am -11:00pm	11:00am -11:00pm	11:00am -11:00pm	11:00am -11:00pm
	Music	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
INSIDE	100	120	40	80		1	15
OUTSIDE <i>(Other than sidewalk café)</i>							
SIDEWALK CAFÉ			3	6			

How many floors are there? What is the capacity for each floor?

two (ground floor and basement)

How frequently will the owner(s) be at the establishment?

Everyday

Will there be dancing?

YES

Will applicant have bottle or table service for beverage alcohol?

YES NO

Will you be hosting private; promotional or corporate events?

YES NO

Will outside promoters be used on a regular basis? If yes please describe.

YES

Will you have a security plan? If, yes please attach.

YES

Will security plan be implemented?

YES

Will State certified security personnel be used?

YES

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

YES NO

Will applicant be using delivery bicycles? If yes, how many?

YES

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

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	<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	NO	n/a

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	Judy Klein 100W 17th/18th st.	
	# 2	Craig L. Slutzkin 100w 17th/18th st	
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.	I did send an email to them		
Who was your contact person at each group you met with?	Judy Klein - Craigs L. Slutzkin		
When did applicant post the notice that was provided?	July 31th		
Where did applicant post the notice that was provided?	Store front window		
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	917.837.0890
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	

BUILDING DESIGN

State the name and type of business previously located in the space.	Serenata		
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	same as above
Do you plan any changes to the existing façade? If yes, please describe.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Is the entrance ADA Compliant?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
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 type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant agree not to place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	<input checked="" type="checkbox"/> YES	<input 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 checked="" type="checkbox"/> YES	<input 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 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?	<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 type="checkbox"/> YES	<input checked="" 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?	ground floor		
When was the air conditioner installed?	unkown		

- NO REAR YARD -

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

OUTDOOR ITEMS – SIDEWALK CAFÉ *On private property within property line

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	
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 type="checkbox"/> YES	<input checked="" 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	
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 cafe?	<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 st and March 21 st , and any other day when it rains or snows?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant use umbrellas?	<input type="checkbox"/> YES	<input checked="" 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)

- There will be no more than 3 tables with 6 seats all locate within the building's property line and NOT on the public sidewalk
- No tables, chairs, planters, signs, sandwich boards, or other sidewalk obstructions will be place on any public sidewalk space
- There will be no use of the rear yard by any customers or staff at any time. Any doors and windows to the rear yard will be kept closed at all times

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*

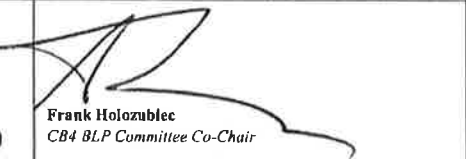
To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

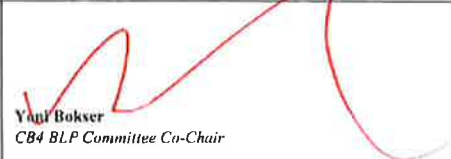
Manhattan Community Board 4 (MCB4) recommends:
 (MCB4's recommendation is based on a vote taken at its
 September 4, 2019 full board meeting, with 38 members voting in favor
 of the recommendation, 0 members opposed, 0 members
 abstaining and 0 present but not eligible)

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 Holozubec
 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>M. Parhizkaran PRINT NAME OF APPLICANT</p>	<p> SIGNATURE OF APPLICANT</p>	<p>Aug 1, 2019 DATE</p>
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Handwritten note:
 reply 8/13/19

