## Manhattan Community Board 4 (All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME			DOING BUSINESS AS (DBA)							
DLK Restaura	ants LLC	<b>;</b>	The Copper Still							
STREET ADDRESS			CROSS STREET	s		ZIP CODE				
206 7th Ave			22nd				10011			
OWNER	NAME:	Brendan Clinkscales		1	NAME:					
(Attach a list of all the people that will be associated/listed	PHONE:	646-761-2429	REPRESENTAIVE		PHONE:					
with the license)	EMAIL:	thecopperstillnyc@gmail.			EMAIL:					
	NAME:	Brendan Clinkscales		1	NAME: 22	W. 22	2nd Stree	et Realty LLC		
MANAGER	PHONE:	646-761-2429	LANDLORD		PHONE: 64	6-864	-2973			
	EMAIL:	thecoperstillnyc@gmail.c		1	EMAIL: ib@swmanagement.com					
APPLICATION	ON TYP	E ( Liquor License	<u> </u>		Unenclose	d Side	walk Caj	fe)		
	Has applican		YES		NO	Yes				
<b>⊠</b> New	What is/was	the name and address of establishment?		The Copper Still. 151 2nd Ave NY NY 10003						
	What were th	ne dates applicant was involved with this former premi	ise?		2015- Present					
O Corp	What is the li	cense # and expiration date?						,,		
Change/Class Change/Removal	ls applicant r		YES		NO					
Change/Removal	If alterations	or operational changes are being made, please descr	ribe/list all changes.		,					
	What is the c	urrent license # and expiration date?			3					
	Please list/de	escribe the nature of all the changes and attach the pl	lans:							
METHOD O	F OPER	ATION								
TYPE OF ALCOH	IOL	₩ Liquor/Wine/Beer & Cider	O Bee	r & Cid	der		O Wine/E	3eer & Cider		
ESTABLISHMEN	Night Club O	Hotel Club	₩ Bar/Ta			atering Establishment nal Organization – Members Only)				
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?			YES	Ю	Yes					
Is the 500 Foot Rule On-Premise liquor li establishment and t	YES	NO	No							
Is the 200 Foot Rule schools and houses		? If yes, please attach a diagram of the that trigger the rule.	YES !	O	No					
Has applicant/owne Location of Alcoholi		YES	Ю	Yes						

		MONDAY	TUESDA	Y WEDNESDAY		NESDAY	THURSDAY		FRIDAY	SA	SATURDAY		NDAY
HOURS*	Operation	11am-1a	11am-1an	า	11am	n-1am	11am-2am 11am-1am		11am-2a	118	11am-2a 11am-1a		n-1am
(Indoor Only)	Kitchen	11am-12	11am-12a	m	11am	n-12a			11am-1a	118			n-12a
····y)	Music	Backgrou											
If you plan to have music, what type(s)? (Circle all that apply)		BACKGRO	BACKGROUND		E MUSIC		DJ	JUKE BOX		KARAOKE			
	A		13 8 13			OCCUP	ANCY				7		
	Capac (Certifi of Occup:	icate	Maximum # of Persons You Anticipate Occupying emises (Including Employees)	Num of Ta		Number of Seats		er of Servio dy Bars	ce Numbe Stand-Up		Number o at Stand-U		
INSIDE	74	74		24	4	8	0		1		20		
OUTSIDE (Other than sidewalk café)													
SIDEWALK CAFÉ	30	30	)	18 i	0 3	0							
How many floors	are there? W	hat is the capa	city for each floor	?			1						
How frequently v	will the owner(s	s) be at the es	ablishment?				Daily						
Will there be dar	ancing?						YES	NO	No				
Will applicant ha	ve bottle or tak	ole service for	peverage alcohol	?			YES	NO	Table Ser	/ice			
Will you be host	ing private; pro	motional or co	rporate events?				YES	NO	Yes				
Will outside pror	noters be used	on a regular	asis? If yes pleas	se desc	ribe.		YES	NO	No				
Will you have a	security plan?	lf, yes please	attach.				YES	NO	Yes				
Will security plar	curity plan be implemented?				YES	NO	Yes						
Will State certified security personnel be used?					YES	NO	NA						
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?					ll staff	YES	NO	NA					
Where will delivery bicycles be stored during the day when not in use?					>		NA						

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

Community Notification/Rela	tions			Ŧ.,					
NOTIFICATION:	# 1	201 West 21s	201 West 21st Tenants in accordance with DCA. 1/19/19 Will email all groups onlist provided by CB4 on 2/21/19						
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	# 2	Will email all o							
	# 3								
	# 4								
	# 5								
Please provide dates when applicant met v	vith the gr	oups listed above.	NA						
Who was your contact person at each grou	ıp you me	t with?	NA						
When did applicant post the notice that wa	s provide	d?	2/20/19						
Where did applicant post the notice that wa	as provide	d?	On From	nt Win	dow				
Will applicant provide owner cell phone nur complaints that arise? Please provide num			to	YES	NO	Yes			
Will applicant inform the Community Board provide a hyperlink to applicants jobs webp		its job openings and/or	r	YES	NO	No			

There	e were	2. S	salsa y Salsa. T	hai Restaurants		
? YES	NO	Yes. 2 Restaurants Mentioned Above				
YES	NO	No				
YES	NO	No				
YES	NO	No				
YES	NO	Yes				
YES	NO	Yes				
FRENC	CH DOOI	RS GARAGE DOORS WINDOWS THAT CA				
YES	NO	Yes				
YES	NO	Yes				
YES	NO	No				
YES	NO	Yes				
YES	NO	Yes				
YES	NO	No	No			
YES	NO	No				
Roof. Brand New LG.						
			= - %			
	Pres Pres Pres Pres Pres Pres Pres Pres	? YES NO YES NO YES NO YES NO YES NO YES NO FRENCH DOOL YES NO	PES NO YES NO NO YES NO NO YES NO NO YES NO NO YES NO NO NO YES NO NO	YES NO NO YES NO NO YES NO NO YES NO YES  YES NO YES  FRENCH DOORS  YES NO YES  YES NO NO YES NO NO YES NO NO		

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	Patio
Are the floorplans for the outdoor space(s) included?	YES	NO	Yes
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	YES	NO	Yes
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	Yes
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	NO	Yes
Will there be no amplified music, as per the law?	YES	NO	No Music
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	Already Have Them
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			100
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	Now
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	NO	Yes
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	YES	NO	Yes
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 cafe?	YES	NO	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	No Smoking or Standing
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 21st and March 21st, and any other day when it rains or snows?	YES	NO	Yes
Will applicant use umbrellas?	YES	NO	Yes
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)
- 1 table and two seats at SW corner will be eliminated (revised plans submitted 3/19/19 and attached)
- Any barriers, etc. will be placed immediately adjacent to cafe tables
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 atinulation on name 7 and 0 of this are	liantian conflicts	lik anı vaa-	
To the extent any additional stipulation on pages 7 and 8 of this apprages 1 – 6 of this application, the stipulations on pages 7 and 8 co		ın any respor	ise on

Manhattan Community Board 4 (MCB4 (MCB4's recommendation is based on a vector of the recommendation,0 members of abstaining and0 present but not eligible.	vote taken at its 32 members voting in favor posed, 0 members	Denial unless all stip operation Denial Appro		it/owner are part of the method of
CB4 REPRESENTATIVES			42	
Nelly Huzele To Nelly Gonzalez  CB4 Assistant District Manager	Frank Holozubiec CB4 BLP Committee Co-Chair	(_	Yoni Bokser CB4 BLP Committee Co-Cha	air
APPLICANT AGREEMENT W	ITH THE COMMUNITY	Y		
Applicant agrees to these stipulations stipulations are essential prerequisites stipulations incorporated in the method agreement between MCB4 and applications supersede any oral statements or representations.	to the MCB4 recommendation of operation of its liquor licer ant and may only be altered in	on regarding this appose. The stipulations or writing signed by N	olication. Applicant ag s in this application co	rees to have these onstitute the entire
SIGN HERE	Brendan Clinkscales PRINT NAME OF APPLICANT	SIGNATURE O	F APPLICANT	02/20/2019 DATE

<sup>\*\*</sup>These stipulations are subject to ratification of Full Board at the Wednesday, April 6, 2019 meeting\*\*



