

# 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>	
CC158 Corp		Craft + Carry	
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>	<b>ZIP CODE</b>
158 7th Avenue, New York, New York		19th Street & 20th Street	10011
<b>OWNER</b> <small>(Attach a list of all the people that will be associated listed with the license)</small>	<b>NAME:</b> Brian Stapleton, Dieter Seelig & Joshua Friedman	<b>ATTORNEY/ REPRESENTAIVE</b>	<b>NAME:</b> Kimberly A. Summers
	<b>PHONE:</b> 646-526-7262		<b>PHONE:</b> 646-383-4607
	<b>EMAIL:</b> craftandcarry@gmail.com		<b>EMAIL:</b> Kimberly@DS-LawOffices.com
<b>MANAGER</b>	<b>NAME:</b> Dieter Seelig	<b>LANDLORD</b>	<b>NAME:</b> LAR156 LLC c/o David Ritter, Manager
	<b>PHONE:</b> 646-526-7262		<b>PHONE:</b> 212-757-4646
	<b>EMAIL:</b> craftandcarry@gmail.com		<b>EMAIL:</b> N/A
<b>APPLICATION TYPE</b> ( <input checked="" type="checkbox"/> <i>Liquor License</i> <input type="checkbox"/> <i>Unenclosed Sidewalk Cafe</i> )			
<input checked="" type="radio"/> <b>New</b>	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?	See Attached	
	What were the dates applicant was involved with this former premise?		
<input type="radio"/> <b>Corp</b> <b>Change/Class Change/Removal</b>	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 type="radio"/> <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 type="radio"/> Liquor/Wine/Beer & Cider <input type="radio"/> Beer & Cider <input checked="" type="radio"/> Wine/Beer & Cider		
<b>ESTABLISHMENT TYPE</b>	<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?	<input type="checkbox"/> <b>YES</b>	<input checked="" type="checkbox"/> <b>NO</b>	To be submitted following CB hearing
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 type="checkbox"/> <b>YES</b>	<input checked="" 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	
	<b>Operation</b>	11am-3am	11am-3am	11am-3am	11am-3am	11am-3am	11am-3am	11am-3am	11am-3am
	<b>Kitchen</b>	11am-3am	11am-3am	11am-3am	11am-3am	11am-3am	11am-3am	11am-3am	11am-3am
	<b>Music</b>	11am-3am	11am-3am	11am-3am	11am-3am	11am-3am	11am-3am	11am-3am	11am-3am
If you plan to have music, what type(s)? (Circle all that apply)			<b>BAC&amp;GROUND</b>	<b>LIVE MUSIC</b>	<b>DJ</b>	<b>JUKE BOX</b>	<b>KARAOKE</b>		
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>	Pending	58	6	49	0	1	15		
<b>OUTSIDE</b> <i>(Other than sidewalk café )</i>	N/A								
<b>SIDEWALK CAFÉ</b>	N/A								
How many floors are there? What is the capacity for each floor?					Ground floor & basement				
How frequently will the owner(s) be at the establishment?					Each owner will be on premises 20+ hours per week, any remaining time a well-trained staff supervisor will be on the premises.				
Will there be dancing?					YES	<input checked="" type="checkbox"/>			
Will applicant have bottle or table service for beverage alcohol?					YES	<input checked="" type="checkbox"/>			
Will you be hosting private, promotional or corporate events?					<input checked="" type="checkbox"/>	NO	Weekly beer tastings		
Will outside promoters be used on a regular basis? If yes please describe.					YES	<input checked="" type="checkbox"/>			
Will you have a security plan? If, yes please attach.					YES	<input checked="" type="checkbox"/>			
Will security plan be implemented?					YES	<input checked="" type="checkbox"/>			
Will State certified security personnel be used?					YES	<input checked="" type="checkbox"/>			
Will New York Nightlife Association and NYPD Best Practices be followed?					YES	<input checked="" type="checkbox"/>			
Will applicant be using delivery bicycles? If yes, how many?					YES	<input checked="" type="checkbox"/>			
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"/>			
Where will delivery bicycles be stored during the day when not in use?					N/A				

<b>LOCATION &amp; ZONING</b>			
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?	YES	NO	LNO Pending
Is a Public Assembly permit required?	YES	<input checked="" type="checkbox"/>	
Are your plans filed with DOB?	YES	<input checked="" type="checkbox"/>	

<b>Community Notification/Relations</b>			
<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	All required block organizations/associations have been notified	
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.	To be provided at Community Board Meeting		
Who was your contact person at each group you met with?	To be provided at Community Board Meeting		
When did applicant post the notice that was provided?	To be provided at Community Board Meeting		
Where did applicant post the notice that was provided?	To be provided at Community Board Meeting		
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	To be provided at Community Board Meeting
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.	Frame shop- Decor Art Gallery		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	<input checked="" type="checkbox"/>	
Do you plan any changes to the existing façade? If yes, please describe.	<input checked="" type="checkbox"/>	NO	
Will applicant have a vestibule within the establishment?	YES	<input checked="" type="checkbox"/>	
Will applicant use a storm enclosure?	YES	<input checked="" type="checkbox"/>	
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?	YES	NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/>	NO	
Will the establishment have any of the following: (circle all that apply)	FRENCH 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	
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"/>	NO	NA
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"/>	
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	Acoustic spray foam will be used for soundproofing
Will the kitchen exhaust system extend to the roof?	YES	NO	
Will the establishment have an illuminated sign?	YES	<input checked="" type="checkbox"/>	
Will the establishment have a canopy extending over the sidewalk?	YES	<input checked="" type="checkbox"/>	
Where will the air conditioner be located? What type is it?	split - system A/C		
When was the air conditioner installed?			

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<b>OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ</b>			
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 type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are the floorplans for the outdoor space(s) included?	<input type="checkbox"/> YES	<input checked="" 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 type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will there be no amplified music, as per the law?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
If amplified sound is played inside the establishment, will windows and doors be closed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will applicant agree to post signs outside asking customers to respect the neighbors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will applicant agree to train staff to encourage a peaceful environment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A

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

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

***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.***


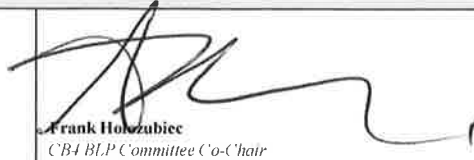
**ADDITIONAL STIPULATIONS: (Office Use Only), *Continued***

***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.***




<p>Manhattan Community Board 4 (MCB4) recommends:  <i>(MCB4's recommendation is based on a vote taken at its February 6, 2019 full board meeting, with 33 members voting in favor of the recommendation, 0 members opposed, 0 members abstaining and 0 present but not eligible)</i></p>	<p><input checked="" type="radio"/> Denial unless all stipulations agreed to by applicant/owner are part of the method of operation  <input type="radio"/> Denial   <input type="radio"/> Approval</p>
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**CB4 REPRESENTATIVES**

 <p>Nelly Gonzalez  <i>CB4 Assistant District Manager</i></p>	 <p>Frank Holozubiec  <i>CB4 BLP Committee Co-Chair</i></p>	<p>Yoni Bokser  <i>CB4 BLP Committee Co-Chair</i></p>
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**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><b>SIGN HERE</b> →</p>	<p>DETER SEEUG  <small>PRINT NAME OF APPLICANT</small></p>	 <small>SIGNATURE OF APPLICANT</small>	<p>1/6/2018  <small>DATE</small></p>
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OWNER

**Applicant's Current Licenses/Experience**

**Brian Stapleton**

Premises Name	Address	License Class	License Type	Expiration Date	License Status
HUZZAH LLC d/b/a Finnerty's	221 2ND AVE NEW YORK, NY 10003	252	OP	11/30/2019	License is Active
256 THIRD AVE INC d/b/a Plug Uglies	256 3RD AVE NEW YORK, NY 10010	252	OP	07/31/2019	License is Active
1471 1ST AVE INC d/b/a Plug Uglies	1471 1ST AVE NEW YORK, NY 10021	252	OP		License is Inactive
488 ALBEE CORP d/b/a Craft+Carry	445 GOLD ST BROOKLYN, NY 11201	341	RW	05/31/2019	License is Active
445 ALBEE CORP d/b/a Brooklyn Wine Celler	445 GOLD ST SPACE 42 BROOKLYN, NY 11201	341	RW	10/31/2019	License is Active
CC248 CORP d/b/a Craft + Carry	284 3 <sup>rd</sup> Avenue NEW YORK, NY 10010	344	TW	07/31/2020	License is Active
MGTS CORP d/b/a Merchant's Gate	1000 S 8 <sup>th</sup> Avenue NEW YORK, NY 10019	252	OP	Pending	Pending

**Dieter Seelig**

Premises Name	Address	License Class	License Type	Expiration Date	License Status
HUZZAH LLC d/b/a Finnerty's	221 2ND AVE NEW YORK, NY 10003	252	OP	11/30/2019	License is Active
256 THIRD AVE INC d/b/a Plug Uglies	256 3RD AVE NEW YORK, NY 10010	252	OP	07/31/2019	License is Active
1471 1ST AVE INC d/b/a Plug Uglies	1471 1ST AVE NEW YORK, NY 10021	252	OP		License is Inactive
445 ALBEE CORP d/b/a Brooklyn Wine Celler	445 GOLD ST SPACE 42 BROOKLYN, NY 11201	341	RW	10/31/2019	License is Active
488 ALBEE CORP d/b/a Craft+Carry	445 GOLD ST BROOKLYN, NY 11201	341	RW	05/31/2019	License is Active
CC248 CORP d/b/a Craft + Carry	284 3 <sup>rd</sup> Avenue NEW YORK, NY 10010	344	TW	07/31/2020	License is Active
MGTS CORP d/b/a Merchant's Gate	1000 S 8 <sup>th</sup> Avenue NEW YORK, NY 10019	252	OP	Pending	Pending

**Joshua Friedman**

Premises Name	Address	License Class	License Type	Expiration Date	License Status
488 ALBEE CORP d/b/a Craft+Carry	445 GOLD ST BROOKLYN, NY 11201	341	RW	05/31/2019	License is Active
445 ALBEE CORP d/b/a Brooklyn Wine Celler	445 GOLD ST SPACE 42 BROOKLYN, NY 11201	341	RW	10/31/2019	License is Active
CC248 CORP d/b/a Craft + Carry	284 3 <sup>rd</sup> Avenue NEW YORK, NY 10010	344	TW	07/31/2020	License is Active
MGTS CORP d/b/a Merchant's Gate	1000 S 8 <sup>th</sup> Avenue NEW YORK, NY 10019	252	OP	Pending	Pending

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

## ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

*Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.*

### 1. Zoning

1a. State what the area is zoned for:  
(e.g., Residential, Business, Mixed etc.)

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits?

 Yes     No     Pending

### 2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address?

 Yes     No

If YES, please specify:

*If the address was changed due to a 911 update or other government action, please include documentation for the change.*

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

 Currently Licensed     Previously Licensed     Never Licensed     Do Not Know

Name of Licensee:

License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

 Yes     No     Do Not Know

*Any pending disciplinary action may delay a determination on this application or result in the disapproval.*

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed?

 Yes     No

Name of Licensee:

License Serial Number:

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

**3. Premises (interior):**

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located; (e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?  
If yes, show the means of access on the interior diagram(s).  Yes  No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control? (e.g., hallway, stairwells, common areas, etc.)  Yes  No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises:  3h. Number of tables?

3i. Number of seats at tables?  3j. Number of seats at bar or counter?

**4. Bars:**

4a. How many customer bars are located on the premises? (a customer bar is where patrons may order, purchase or receive alcoholic beverages)

4b. How many service bars? (a service bar is for wait staff use exclusively)

4c. Describe each bar in the fields below:

Bar 1	Bar 2	Bar 3
Bar Type: <input type="text" value="Customer Bar"/>	Bar Type: <input type="text"/>	Bar Type: <input type="text"/>
Length: <input type="text" value="22' x 6'"/>	Length: <input type="text"/>	Length: <input type="text"/>
Shape: <input type="text" value="L Shaped"/>	Shape: <input type="text"/>	Shape: <input type="text"/>
Location: <input type="text" value="1st Floor/Ground"/>	Location: <input type="text"/>	Location: <input type="text"/>

**Attach additional sheets if there are more than 3 bars.**

OFFICE USE ONLY	
<input type="radio"/> Original	<input type="radio"/> Amended Date _____

**5. Kitchen:**

5a. Does the premises have a full kitchen?  Yes  No

If NO, does the premises have a food preparation area?  Yes  No

Show Kitchen or Food Prep Area on the Interior Diagram

**NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU**

5b. Is a chef/cook employed at the premises?  Yes  No

If YES, please list hours of day chef/cook will devote to the premises:

**6. Hotel or Bed & Breakfast:**

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises?  Yes  No

**7. Outdoor Areas:**

7a. Are there any outside areas used for the sale or consumption of alcohol?  Yes  No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:  
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

- |  |                               |                                  |                                   |                                 |
|--|-------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Sidewalk Cafe | <input type="checkbox"/> Deck | <input type="checkbox"/> Patio   | <input type="checkbox"/> Porch    | <input type="checkbox"/> Gazebo |
| <input type="checkbox"/> Rooftop       | <input type="checkbox"/> Yard | <input type="checkbox"/> Balcony | <input type="checkbox"/> Pavilion | <input type="checkbox"/> Tent   |

Other (describe):

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control?  Yes  No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- |                                  |                               |                                    |                                 |                                     |
|----------------------------------|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Wall | <input type="checkbox"/> Shrubbery | <input type="checkbox"/> Roping | <input type="checkbox"/> Stanchions |
|----------------------------------|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|

Other (describe):

7f. Is a permit required by the locality for outside area(s)?  Yes  No

If yes, submit a copy of the permit.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

### PROPOSED METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises?  Yes  No  
*(If YES, please provide details on a separate sheet)*

1a. If the premises is not a catering establishment, will the premises periodically close to host private events?  Yes  No

If YES, how frequently?

2. Will the premises have music?  Yes  No

2a. If YES, check all that apply:  Recorded  DJ  Juke Box  Karaoke

Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):

2b. Will the premises use the services of an Event Promoter?  Yes  No

3. Will the premises permit dancing?  Yes  No

3a. If dancing is permitted, who will be permitted to dance?  Patrons  Employees for Entertainment  Both

3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing?  Yes  No

4. Will there be topless entertainment?  Yes  No

5. Will the business employ a manager?  Yes  No

5a. If NO, will principal(s) manage?  Yes  No

6. How many employees? (excluding principals and security personnel)

6a. If answer is "0" please provide an explanation:

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions). If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:

Disability Insurance Carrier Name and Policy Number:

**If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996**

8. Will security personnel be used at the premises?  Yes  No

9a. If YES, how many?

9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

***The licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.***

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

The Applicant is operating a small craft beer bar and it is not anticipated that security issues will arise. Notwithstanding, the owners, or a well-trained supervisor, will be on-site at all times. All employees will be TIPS trained and ask for proper identification prior to serving alcohol to patrons. Visibly intoxicated patrons will be denied the service of alcohol. Unruly patrons and those engaging in altercations will be asked to leave and the police will be notified in all necessary and appropriate times. Staff will also be trained to recognize potentially disorderly situations and will be instructed to report all instances to management so that any problems can be addressed, in advance, and so that the police may be called if warranted.

10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

Yes  No

10a. If NO, please explain:

**ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY**

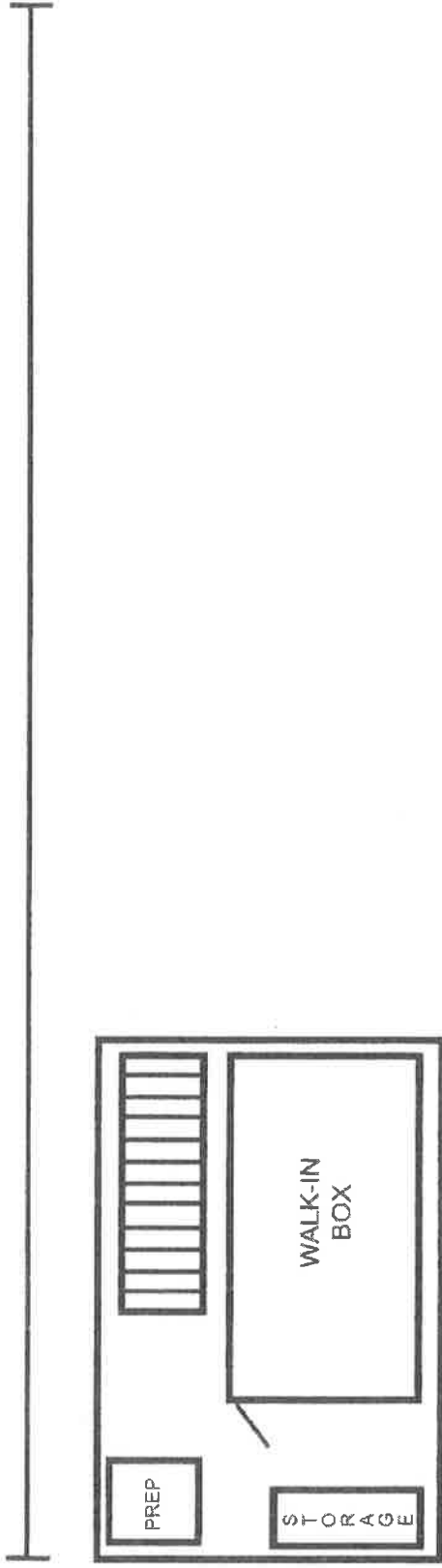
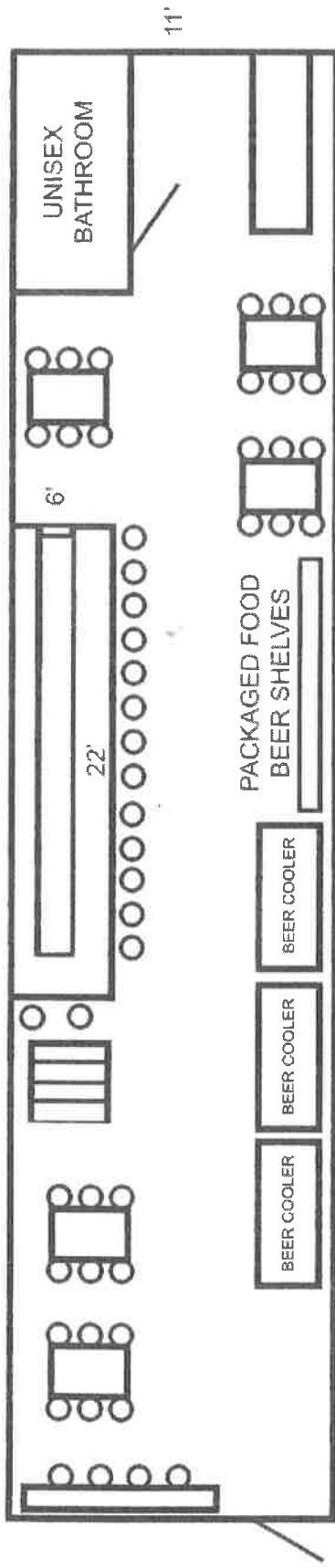
A list of county closing hours is available at the following link:

<http://sla.ny.gov/provisions-for-county-closing-hours>



# 158 7TH AVE FLOORPLAN

NOT TO SCALE





## FRESH PRETZELS

**THE ALL AMERICAN \$5**  
BAKED WITH SALT

**THE PLAIN JANE \$5**  
NAKED BAKED PRETZEL

**EL CONQUISTADOR \$6**  
JALAPENO AND 4 CHEESE BLEND

**TOUR OF ITALY \$6**  
PARMESAN CHEESE AND ROAST GARLIC

**GLUTEN FREE GLUTTONY \$6**  
ALL THE TASTE- NONE OF THE GLUTEN

**TRY THE HOMEMADE BEER CHEESE  
FOR ONLY \$3**

## SAUSAGES

AVAILABLE AS A SANDWICH PLATTER  
W/ YOUR CHOICE OF BREAD \$3

**ADD SAUERKRAUT - SAUTEED ONIONS - PEPPER MEDLEY \$3**

**KIELBASA \$5**  
PORK

**KIELBASA \$6**  
CHICKEN

**BOCKWURST \$6**  
PORK & VEAL

**WEISSWURST \$7**  
VEAL & PORK BACK BACON

**BRATWURST \$9**  
PORK

**BAGUETTE**

**PRETZEL BREAD**

**SOURDOUGH ROLL**

**SESAME SEEDED**

**GLUTEN-FREE WRAP**

**DEVILED EGG MASH 8**  
WHOLE GRAIN BREAD

**SEASONAL SOUP 8**  
VARIES

### MUSTARDS

INDIVIDUAL \$2  
CHOICE OF THREE \$5

HOMEMADE YELLOW	SPICY WHOLE GRAIN	SRIRACHA
HONEY MUSTARD	HORSERADISH	BLACK TRUFFLE

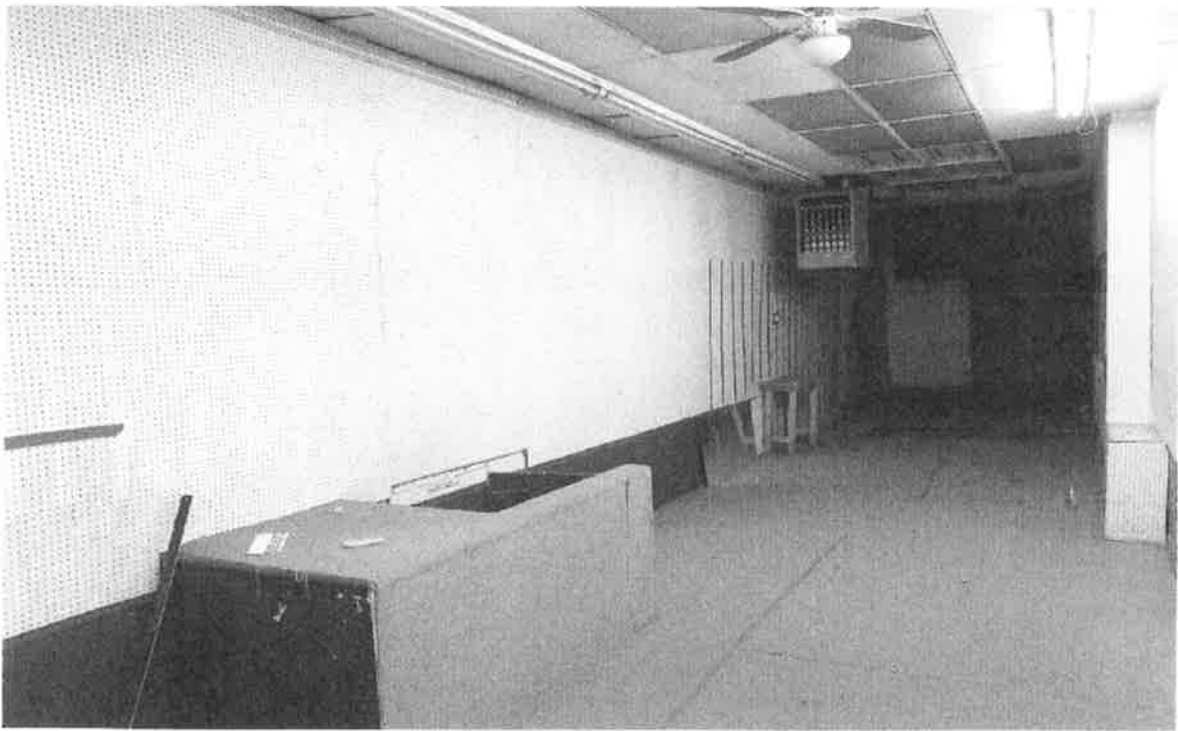
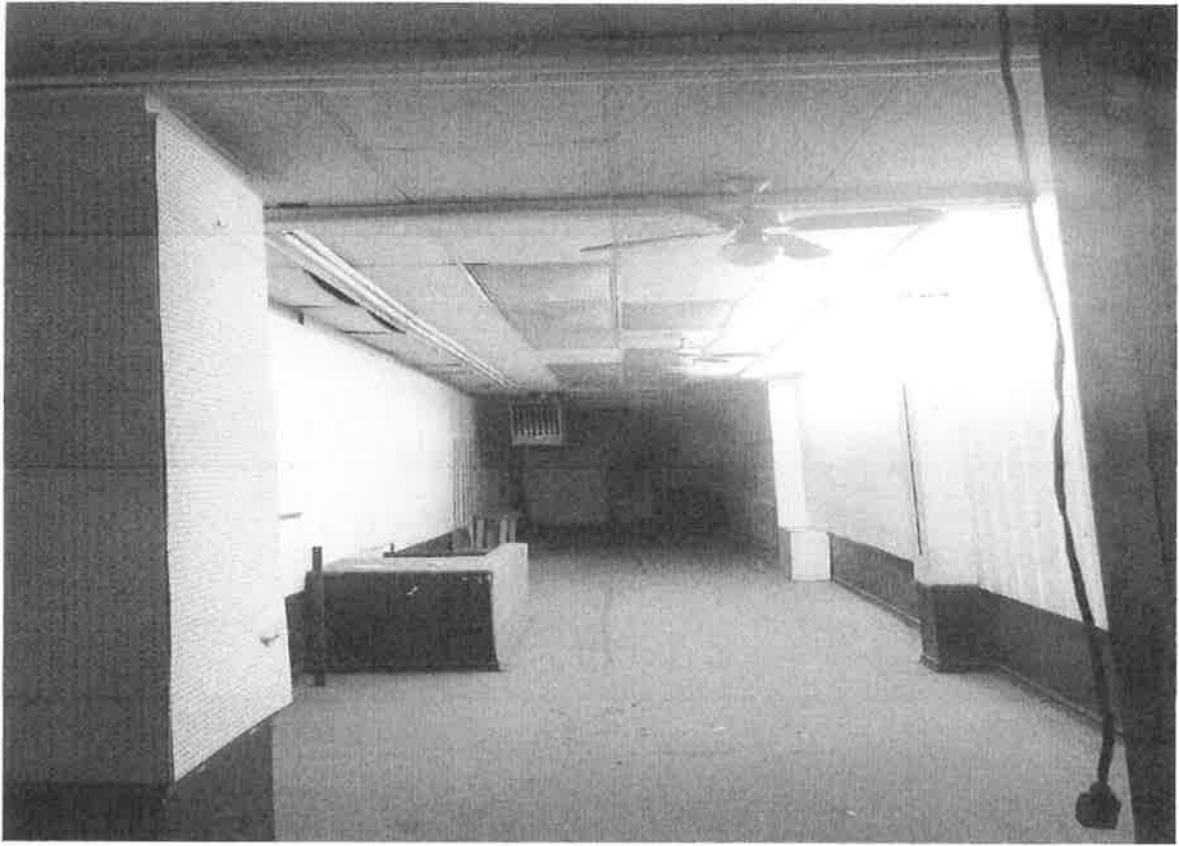
### CHEESE BOARD

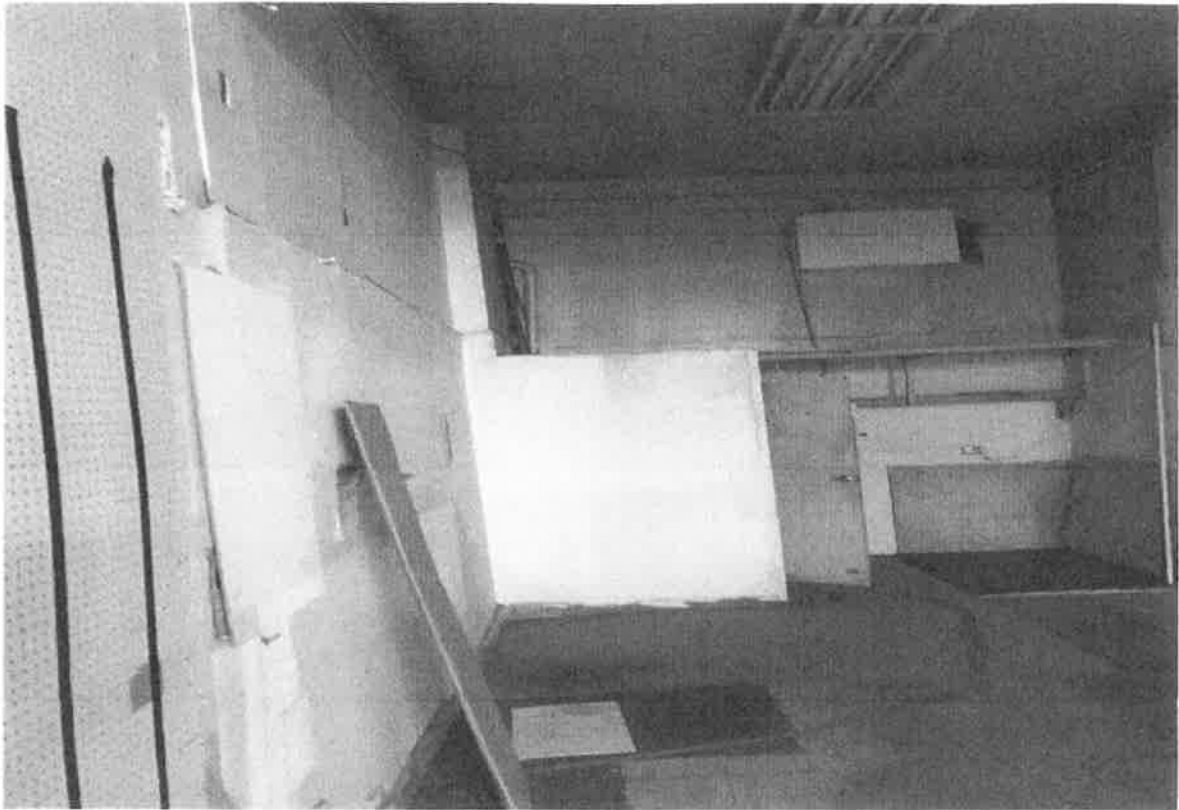
PLATTER OF FOUR CHEESES \$15  
SPANISH ALMONDS & QUINCE PASTE

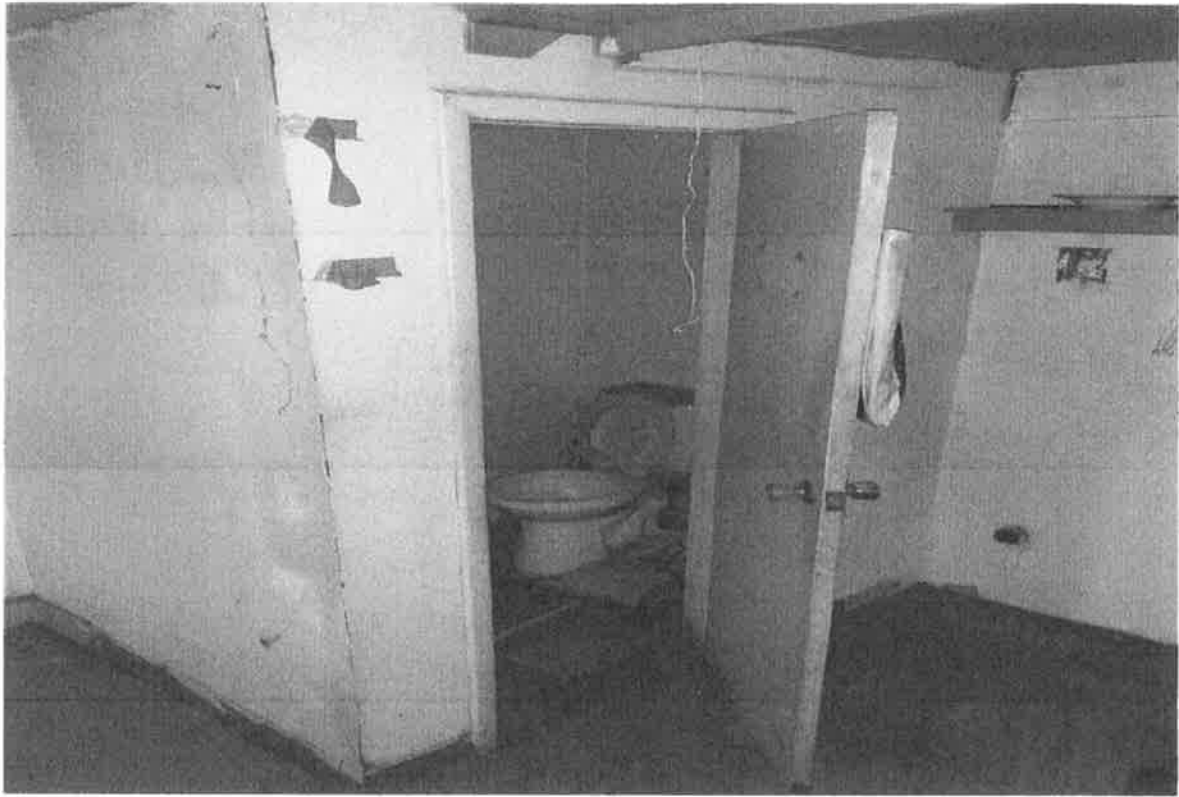
### SPECIALTY HOT DOGS

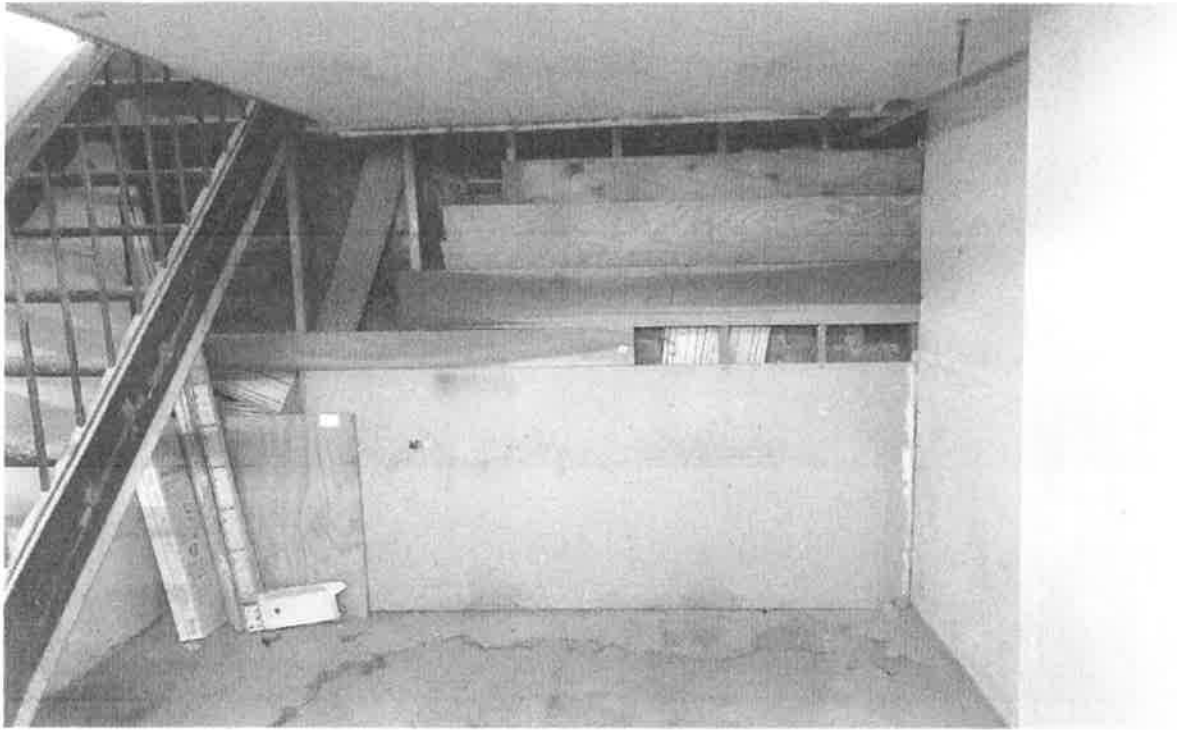
CHICAGO DOG \$6  
VIENNA DOG W/ALL THE FIXINS











**CRAFT + CARRY- GRAMERCY LOCATION**







From: **Kimberly Summers** kimberly@ds-lawoffices.com  
Subject: **CC158 Corp- Beer/Wine Application**  
Date: December 17, 2018 at 11:26 AM



To:  
Cc: **Kimberly Summers** kimberly@ds-lawoffices.com, **Dieter Seelig** dseelig@gmail.com  
Bcc: donna@donnalangman.com, tenants@lta.info, andyhum@aol.com, education@pennsouth.coop, bkeany@pennsouth.coop, dwatersh@gmail.com, fdenthunter@gmail.com, shulman@speakeasy.net, susanb1011@aol.com, west25thstreetproject@gmail.com, w400ba@gmail.com, jblair@bobchristianson.com, emce33@aol.com, mis@nycrr.com, zazelloven@yahoo.com, phyllisswaisman@gmail.com, 300wba@gmail.com, eleanor@quiltedcorner.com, lesley@lyrichord.com, alberttaylor@gmail.com, colt@nycrr.com, neil@neilselkirk.com, merle.levine@gmail.com, tomgt@me.com, dfranco243@earthlink.net, pamela@angel.net, mwalshtny@yahoo.com, m@melissa-stern.com, germanygerald@aol.com, beacon195@aol.com, sallygmg@gmail.com, wborock@hotmail.com, iaranjetrag@gmail.com, Ethan Felson@jewishfederations.org, clkupper@aol.com, jakmail@earthlink.net, craig slutzkin@outlook.com, craigs1029@aol.com, acevedoandassociates@gmail.com, willrogers@gmail.com, eric.bomze@gmail.com, paul@groncki.com, jjasper@gc.cuny.edu, steve@w15ba.com, n15nistr@mac.com, wborock@hotmail.com, **Dan Leigh** danielleigh@nycrr.com, **James DiPasquale** james@ds-lawoffices.com

Good morning,

My office represents CC158 Corp., d/b/a Craft + Carry, which intends to open a craft beer bottle shop and tasting room at 158 7th Avenue. Attached to this email is a complete copy of their CB4 Application.

If you have any questions or comments regarding this Application please do not hesitate to reach out. Thank you and happy holidays.

Best regards,

**Kimberly A. Summers, Esq.**  
**DIPASQUALE & SUMMERS**  
555 Fifth Avenue, 14th Floor  
New York, New York 10017  
(t) 646.383.4607  
(f) 646.606.2388  
[www.restaurantlawny.com](http://www.restaurantlawny.com)

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CB4  
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