

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

| | | | |
|---|---|---|---|
| CORPORATION NAME East One West 23rd Street LLC | | DOING BUSINESS AS (DBA) East One Coffee Roasters | |
| STREET ADDRESS 170 West 23rd St New York, NY 10011 | | CROSS STREETS 7th Avenue | ZIP CODE 10011 |
| OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small> | NAME: Thomas Cummings | ATTORNEY/ REPRESENTATIVE | NAME: Neil M. Visoky, Esq. |
| | PHONE: 617823-1210 | | PHONE: 718 720-7600 |
| | EMAIL: tom@eastonecoffee.com | | EMAIL: abclaw@aol.com |
| MANAGER | NAME: | LANDLORD | NAME: 7th and 23rd Associates, LP |
| | PHONE: | | PHONE: 212 421-1300 |
| | EMAIL: | | EMAIL: |
| APPLICATION TYPE (<input type="checkbox"/> <i>Liquor License</i> <input type="checkbox"/> <i>Unenclosed Sidewalk Cafe</i>) | | | |
| <input checked="" type="checkbox"/> 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? | | TRCU Coffee LLC |
| | What were the dates applicant was involved with this former premise? | | 3/22/2017 |
| <input type="checkbox"/> Corp Change/Class Change/Removal | What is the license # and expiration date? | | 1299053 - exp 2/28/2021 |
| | 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="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 type="checkbox"/> Liquor/Wine/Beer & Cider <input type="checkbox"/> Beer & Cider <input checked="" type="checkbox"/> Wine/Beer & Cider | | |
| ESTABLISHMENT TYPE | <input 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 | after CB Approval |
| 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"/> YES <input checked="" 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 | 7 AM - 11PM - 7 days per week | | | | | | | |
| | Kitchen | 7 AM- 10PM Mon - Fri and 8AM - 10 PM Saturday and Sunday | | | | | | | |
| | Music | 7AM - 11PM | | | | | | | |
| If you plan to have music, what type(s)? (Circle all that apply) | | | <input checked="" type="checkbox"/> 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 | 52 | 52 | 19 | 39 | 1 | n/a | n/a | | |
| OUTSIDE <i>(Other than sidewalk café)</i> | n/a | | | | | | | | |
| SIDEWALK CAFÉ | n/a | | | | | | | | |
| How many floors are there? What is the capacity for each floor? | | | | | | | | | |
| How frequently will the owner(s) be at the establishment? | | | | | owner will be present daily | | | | |
| 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? | | | | | YES | <input checked="" type="checkbox"/> NO | | | |
| Will outside promoters be used on a regular basis? If yes please describe. | | | | | YES | <input checked="" type="checkbox"/> NO | | | |
| Will you have a security plan? If, yes please attach. | | | | | <input checked="" type="checkbox"/> YES | NO | | | |
| Will security plan be implemented? | | | | | YES | NO | | | |
| Will State certified security personnel be used? | | | | | YES | <input checked="" type="checkbox"/> NO | | | |
| 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? | YES | <input checked="" type="checkbox"/> NO | |
| Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection? | <input checked="" type="checkbox"/> YES | NO | |
| Is a Public Assembly permit required? | YES | <input checked="" type="checkbox"/> NO | |
| 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 | 200 W19th/ 20th/21st/22nd/23rd Street | |
| | # 2 | 100 W 26th St | |
| | # 3 | | |
| | # 4 | | |
| | # 5 | | |
| Please provide dates when applicant met with the groups listed above. | | n/a | |
| Who was your contact person at each group you met with? | | | |
| When did applicant post the notice that was provided? | | 5/30/2019 | |
| Where did applicant post the notice that was provided? | | window of premises, behind premises, surrounding blocks | |
| 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 | NO |
| 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 | NO |

| BUILDING DESIGN | | | |
|---|---|---|--------------|
| State the name and type of business previously located in the space. | | | |
| 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 | <input checked="" type="checkbox"/> NO | |
| Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo? | <input checked="" type="checkbox"/> YES | NO | |
| Is the entrance ADA Compliant? | <input checked="" type="checkbox"/> YES | NO | |
| Do you plan any changes to the existing façade? If yes, please describe. | YES | <input checked="" type="checkbox"/> NO | |
| Will applicant have a vestibule within the establishment? | YES | <input checked="" type="checkbox"/> NO | |
| Will applicant use a storm enclosure? | 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 | NO | |
| Will applicant comply with the NYC noise code? | <input checked="" type="checkbox"/> YES | 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? | <input checked="" type="checkbox"/> 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"/> YES | 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 | NO | n/a |
| Will the establishment have an illuminated sign? | YES | <input checked="" type="checkbox"/> NO | |
| Will the establishment have a canopy extending over the sidewalk? | YES | <input checked="" type="checkbox"/> NO | |
| Where will the air conditioner be located? What type is it? | | | |
| When was the air conditioner installed? | | | |

| 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 type="checkbox"/> YES | <input checked="" type="checkbox"/> NO | |
| Are the floorplans for the outdoor space(s) included? | <input type="checkbox"/> YES | <input type="checkbox"/> NO | n/a |
| 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 |

| 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 cafe? | 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)

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
 July 24, 2019 full board meeting, with 35 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

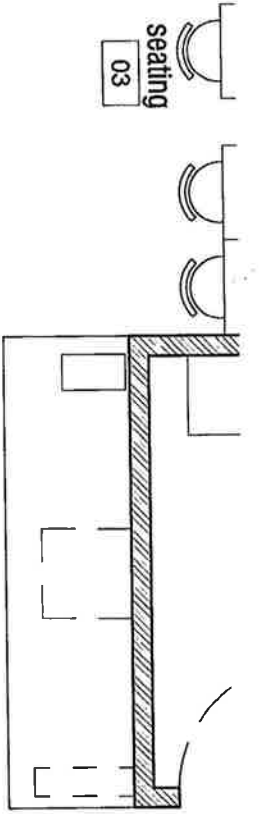
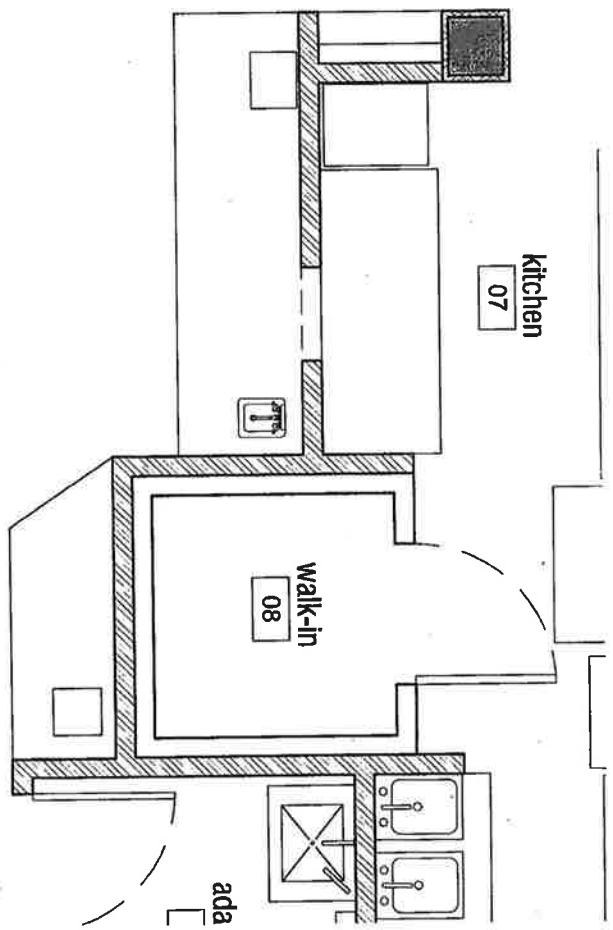
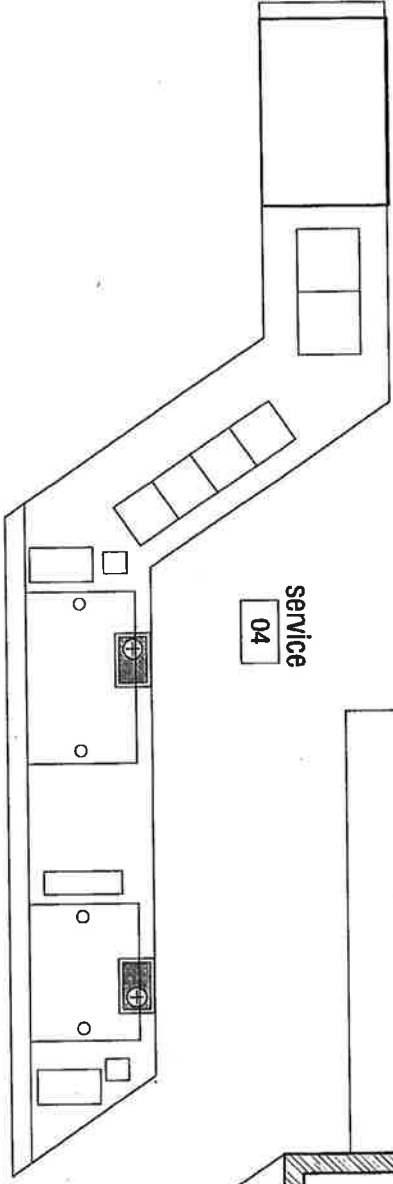
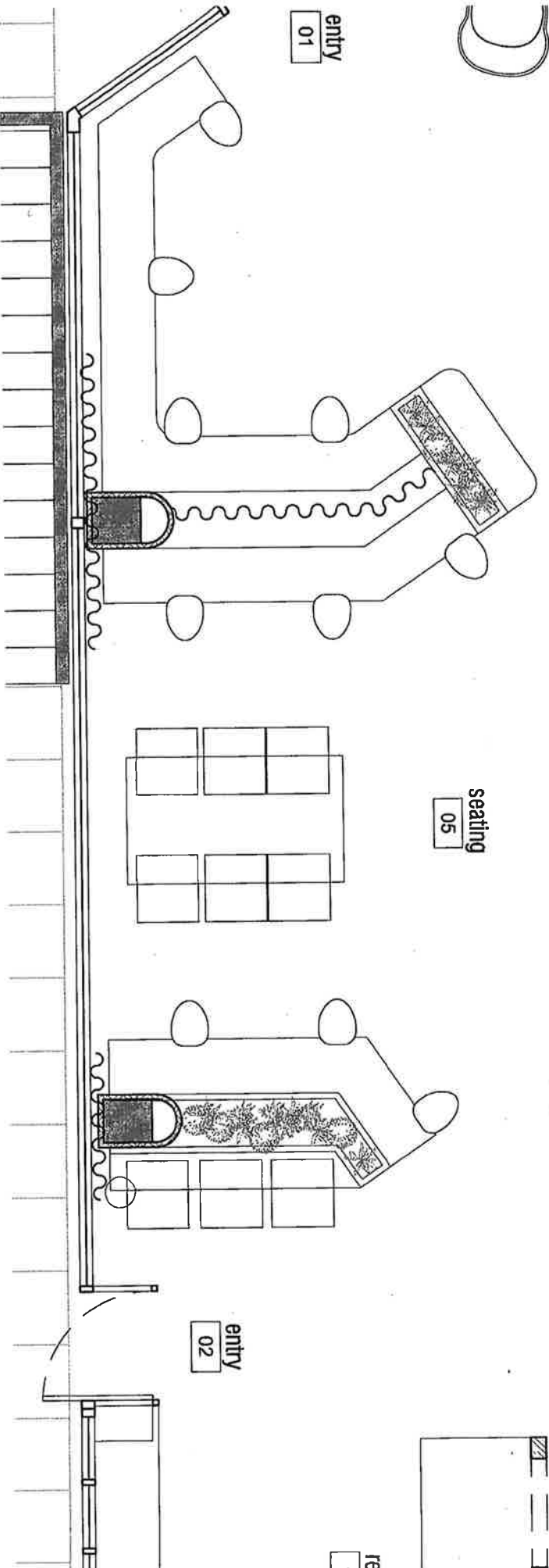

 Frank Holozubiec
 CB4 BLP Committee Co-Chair


 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>Thomas Cummings PRINT NAME OF APPLICANT</p> | <p>will bring to meeting  SIGNATURE OF APPLICANT</p> | <p>5/30/2019 DATE 6/11/19</p> |
|---------------------------|---|--|--|



ALL-DAY



@eastonecoffee

COFFEE ROASTERS

BREAKFAST POTS

- OVERNIGHT OATS 6
- BANANA COCO CRUNCH 6
- CHOCOLATE CHIA POT 6
- HOUSEMADE GRANOLA 6

BREAKFAST

- PERFECT START WRAP 10
Scrambled eggs, bacon, cheddar, salsa guasacaca
- MORNING BOWL 13
Black beans & rice, fried egg, chorizo, salsa cruda, avocado, queso fresco
- SOURDOUGH TOAST 10
Avocado smashed, seeds & dill
Add smoked salmon 6
Add scrambled eggs 3
- Einkorn Porridge 9
Einkorn, steel cut oats, quinoa, dried fruits, almond butter, honey
- Rice Porridge 9
Shredded free range organic chicken, rice, soft egg, epazote, cilantro

HANDHELDS

- DUCK BANH MI 14
Duck leg, pickled carrots & daikon, cilantro, aioli, jalapeno vinegar on baguette
- ROASTED CARROTS 13
Bulgarian feta, salsa verde on toasted multigrain
- CUBANO 15
Mojo roasted pork, ham, gruyere, mustard and pickles on club roll

SALADS

- FARMERS BOWL 15
Bluebird farms einkorn, english peas, pistachios, beet kraut, Bulgarian feta, mint
- SALMON POKE BOWL 16
Brown rice, seaweed salad, cucumbers, pickle turnips, spicy mayo
- POACHED CHICKEN SALAD 16
Soft lettuces, green beans, english peas, chickpeas, egg with mustard vinaigrette

EVENINGS

- EAST COAST OYSTERS 12
Cucumber mignonette, lime, fermented hot sauce
- SEAFOOD CEVICHE 15
Chilis, tomato, citrus, crispy tortilla
- POT OF CLAMS 15
Ginger, garlic, tomato, thai chilis
- STEAK TARTARE TOAST 13
ramp mayo, pickle radish, multigrain toast
- CHEESE PLATE 18
Local selection of cheeses, raw honey, rhubarb jam, rosemary walnut, toast
- CHARCUTERIE PLATE 19
Country hams, house pickles, hot grain mustard, toast

SWEET

HOUSE BAKED PASTRIES
We have a large selection of pastried and sweet options baked in house.

COFFEE SHOP
CHELSEA - NEW YORK

Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs, may increase your risk of foodborne illness

Executive Chef Will Ono



**EAST
ONE
BKLN**

COFFEE ROASTERS
EASTONECOFFEE

Sourced. Roasted. Prepared.

Keep in touch,
join our mailing list at:
eastonecoffee.com

Designed and built by:

**PARKBENCH
ARCHITECTS**
NY



Person on the left side of the image, partially visible.

Two people standing in the middle of the image, one facing away from the camera and one facing towards it.

Small white rectangular sign on the wall.

NYC

Buildings

Work Permit Department Of Buildings

Project Name: **ABANDONED USE WEST 10 STREET UNIT**

Job Number: **100-111111** Issue: **1/1/2017**

Location: **100 WEST 10 STREET** District: **100-111111**

Classification: **General Wiring**

Work Description: **Work on electrical panel in unit 100 West 10 Street, 100 West 10 Street**

FOR ALL INFORMATION PLEASE CONTACT THE DEPARTMENT OF BUILDINGS AT 311-332-3333

Inspector: *[Signature]* Date: **1/1/2017**



PUBLIC NOTICE

Buildings, Licenses and Permits Commission
will revoke an application submitted by
**East One W23rd Street
LLC
170 W. 23rd Street**

An application for a winter heat boiler license for
East One W23rd Street LLC, 170 W. 23rd Street,
New York, NY 10011, was submitted on 12/14/16.

DATE: 1/1/2017
TIME: 10:00 AM
PLACE: 100 W. 42nd Street, 10th Floor, New York, NY 10018



ed.

MVS
MVS
MVS



23 Street Station
Uptown & The Bronx

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