

Manhattan Community Board 4

(All Fields Must Be Completed)

CORPORATION NAME Art2o LLC		DOING BUSINESS AS (DBA) Art Lovers Cafe	
STREET ADDRESS 180 9th Ave		CROSS STREETS 21st Street	ZIP CODE 10011
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: Luis F Jaramillo	ATTORNEY/ REPRESENTAIVE	NAME: Joseph Levey
	PHONE: 857-253-8456		PHONE: 212-2191193
	EMAIL: Lfjara@yahoo.com		EMAIL: Patty@helbraunlevey.com
MANAGER	NAME: Jay Welch	LANDLORD	NAME: Andre Moore
	PHONE: 619-871-7308		PHONE: 917-750-4675
	EMAIL: jay@artlovershub.com		EMAIL: amoore@buchbinderwarren.com

APPLICATION TYPE (Check One)

<input checked="" type="checkbox"/> New	Has applicant owned or managed a similar business?	YES	<input checked="" type="checkbox"/> NO
	What is/was the name and address of establishment?		
	What were the dates applicant was involved with this former premise?		
<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 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 checked="" type="checkbox"/> Bar/Tavern <input type="checkbox"/> Catering Establishment <small>*Only listed as bar/tavern because the premises does not have a full kitchen and the menu do rise to the level of a restaurant according to ABC Law. This establishment will be a cafe*</small> <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	<input checked="" type="checkbox"/> NO	After this meeting
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	<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.	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	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	8am-2am	8am-2am	8am-2am	8am-2am	8am-2am	9am-2am	10am-12am
	Kitchen	8am-2am	8am-2am	8am-2am	8am-2am	8am-2am	9am-2am	10am-12am
	Music	8am-2am	8am-2am	8am-2am	8am-2am	8am-2am	9am-2am	10am-12am

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
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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	<75	40	12	26	0	1	0
OUTSIDE <i>(Other than sidewalk café)</i>	N/A: No Outdoor Space----->						
SIDEWALK CAFÉ	N/A: No Outdoor Space----->						

How many floors are there? What is the capacity for each floor? 2 floors, but the cellar is not for patron use. The ground floor allows for 74 people.

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

Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing? YES NO

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 NO

Will you have a security plan? If, yes please attach. YES NO

Will security plan be implemented? YES NO

Will State certified security personnel be used? YES NO

Will New York Nightlife Association and NYPD Best Practices be followed? YES NO

Will applicant be using delivery bicycles? If yes, how many? YES 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	<input checked="" type="checkbox"/> NO	However, it is Landmarked
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?	<input checked="" type="checkbox"/> YES	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	Please see attached list of organizations contacted
	# 2	Obtaining petition signatures from residents to be presented at the meeting
	# 3	
	# 4	
	# 5	
Please provide dates when applicant met with the groups listed above.	Pending	
Who was your contact person at each group you met with?	See attached	
When did applicant post the notice that was provided?	6/5/2018	
Where did applicant post the notice that was provided?	On the front of the establishment	
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.	FIKA - Coffee Shop		
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	FIKA 180 9th Avenue LLC dba FIKA
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 not 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)	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	<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?	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?	YES	<input checked="" type="checkbox"/> NO	
Will the establishment have an illuminated sign?	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?	Above the door/windows		
When was the air conditioner installed?	Installed by prior tenants		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ --THIS SECTION IS NOT APPLICABLE

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	
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	
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	
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	
Will there be no amplified music, as per the law?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant agree to train staff to encourage a peaceful environment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<input 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 type="checkbox"/> YES	<input type="checkbox"/> NO	

OUTDOOR ITEMS – SIDEWALK CAFÉ

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 type="checkbox"/> YES	<input checked="" 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 type="checkbox"/> NO	N/A
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 type="checkbox"/> YES	<input type="checkbox"/> NO	Depending on weather conditions
Will applicant use umbrellas?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Unknown
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	

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.

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Manhattan Community Board 4 (MCB4) recommends:

(MCB4's recommendation is based on a vote taken at its 7/25/18 full board meeting, with 29 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 Holazubiec
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.

SIGN HERE →

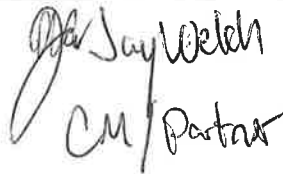
Luis F Jaramillo

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

6/5/2018

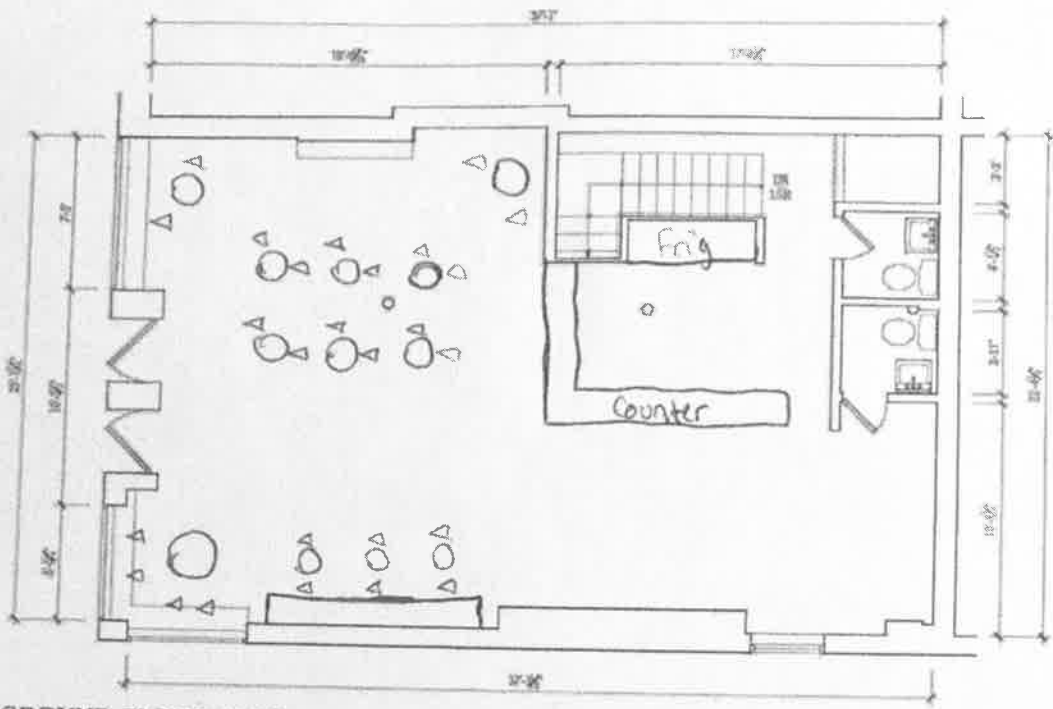
DATE


Jay Welch
CM/Partner

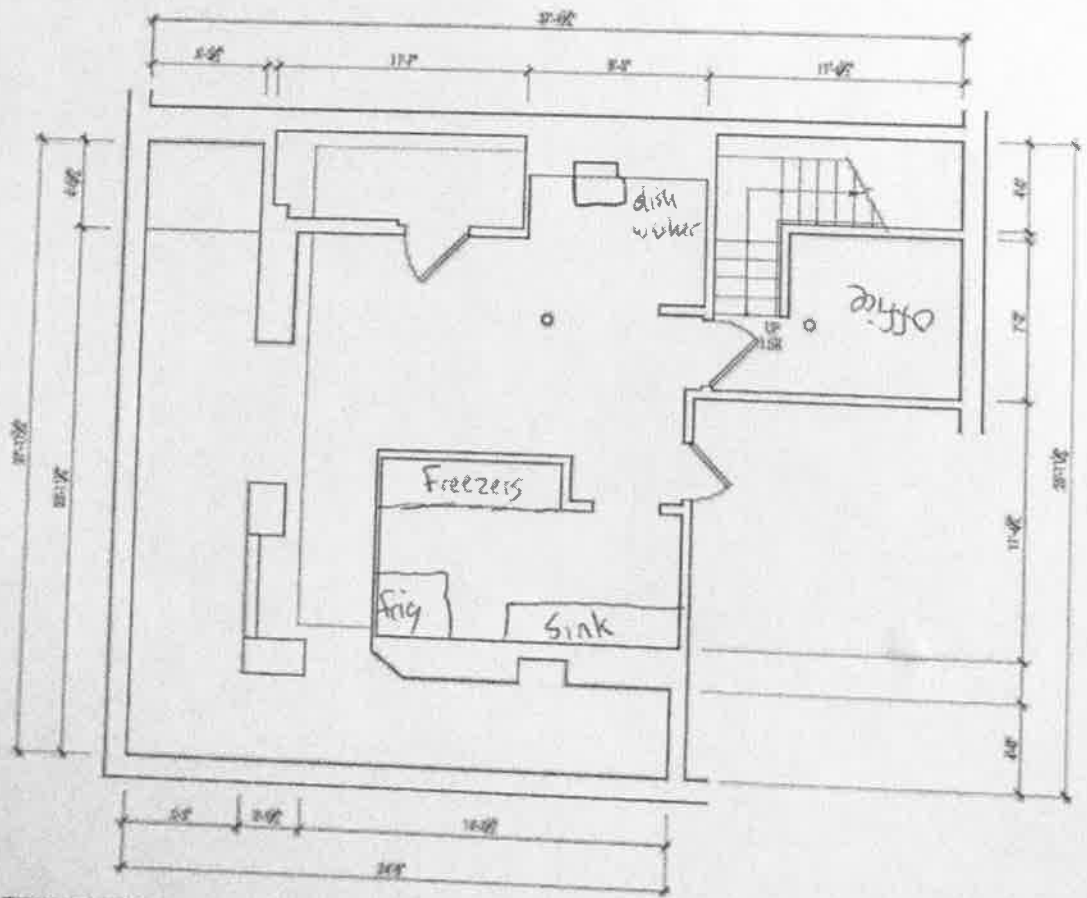


6/12/2018

KEY
 ○ = Tables
 △ = Seats



1 SK-1 GROUND FLOOR PLAN



2 SK-1 CELLAR PLAN

Art2o LLC dba Art Lovers Cafe
180 9th Avenue, New York, NY 10011



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Art Lovers Cafe

Cheese Boards

Burrta | Biancolatte, Italy
Roasted tomatos, olive oil, sea salt
\$15

Brie
Seasonal Jam, Dried Apricots
\$15

Cheddar | Somerset, England
Chutney, Toasted Almonds
\$15

Comté | Fore St. Antoine, France
Dried Figs, Honey with Toasted Pistachio
\$17

Meat Boards

Prosciutto | Parma, Italy
Fig Jam, Toasted Almonds
\$15

Sopressata | California
Pepperoncini, Old Fashioned Mustard
\$15

Bresaola | New York
Pickled Beets, Cultured Butter
\$18

Lovers Experience

3 Cheese Boards
\$39

3 Meat Boards
\$41

Meat & Cheese Connection
Mix N' Match
\$45

Wines

By the glass - \$10-15
By the bottle - \$35-45

Cabernet Sauvignon
Merlot
Chardonnay
Pinot Blanc
Pinto Grigio
Sauternes
Rosé

Beers

Cans - \$5-10
Bottles - \$7-12

Lager
IPA
India Pale Ale
Stout
Porter
Pilsner

Art Lovers Café
180 9th Ave
8 am - 2 am



BOUYGUES
2018
2018

CITY OF NEW YORK
MANHATTAN COMMISSIONERS BOARD No. 4
100 West 27th Street, New York, N.Y. 10001
Tel: 212.312.4138 Fax: 212.312.4139
www.nyc.gov/ocba

PUBLIC NOTICE

Business Licenses and Permits Committee
will discuss an application submitted by

Art2o | LC
100 9th Avenue

An application for a Wine, Beer & Cider License for
a Cafe Establishment with Recorded Music

DATE:
TIME:
LOCATION:

Tuesday, June 12, 2018
6:30 PM
Yotel New York
570 Tenth Avenue, 4th Floor

We invite you to attend this meeting and give your comments on this application.
Alternatively, you may mail, fax or email us at the address listed above.
For more information, please call 212.736-4500.

Printed pursuant to the Administrative Code of the City of New York and/or FD.
This notice shall not remain in effect after June 12, 2018.

