

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

Liquor License/Sidewalk Cafe Stipulations Application

<b>CORPORATION NAME</b> NY 36th Street Management V, LLC; NY 36th Street Operating V LLC; & NY 36th Street V LLC		<b>DOING BUSINESS AS (DBA)</b> Springhill Suites & Fairfield Inn & Suites		
<b>STREET ADDRESS</b> 338 West 36th Street		<b>CROSS STREETS</b> 8th Ave. & 9th Ave.		<b>ZIP CODE</b> 10018
<b>OWNER</b> <small>(Attach a list of all the people that will be associated/divided with the license)</small>	<b>NAME:</b> Robert Anthony Ideglija Jr.	<b>ATTORNEY/ REPRESENTATIVE</b>	<b>NAME:</b> Theresa M. Russo	
	<b>PHONE:</b> 401-562-2205		<b>PHONE:</b> 518-407-5800	
	<b>EMAIL:</b> Bob.Ideglija@magnahospitality.com		<b>EMAIL:</b> Theresa.Russo@srclawoffices.com	
<b>MANAGER</b>	<b>NAME:</b> Anthony Canna	<b>LANDLORD</b>	<b>NAME:</b> 338 West LLC	
	<b>PHONE:</b> 917-731-0963		<b>PHONE:</b> 516-773-9300	
	<b>EMAIL:</b> Anthony.Canna@marriott.com		<b>EMAIL:</b> bwrynn@mcsamhotel.com	
<b>APPLICATION TYPE</b> ( <input type="checkbox"/> <i>Liquor License</i> <input type="checkbox"/> <i>Unenclosed Sidewalk Cafe</i> )				
<input type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?		<b>YES</b>	<b>NO</b>
	What is/was the name and address of establishment?			
	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?		<b>YES</b>	<b>NO</b>
	If alterations or operational changes are being made, please describe/list all changes.			
<input checked="" type="radio"/> <b>Alteration</b>	What is the current license # and expiration date?		1317154 - TBD	
	Please list/describe the nature of all the changes and attach the plans: <b>The premise is expanding to include the entire 1st floor which includes a terrace and additional market place "bar."</b>			
<b>METHOD OF OPERATION</b>				
<b>TYPE OF ALCOHOL</b>	<input checked="" type="checkbox"/> Liquor/Wine/Beer & Cider <input type="checkbox"/> Beer & Cider <input type="checkbox"/> Wine/Beer & Cider			
<b>ESTABLISHMENT TYPE</b>	<input type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input checked="" 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?		<b>YES</b>	<input checked="" type="checkbox"/>	No alteration application has been submitted at this time.
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"/>	<b>NO</b>	Please see attached
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.		<b>YES</b>	<input checked="" type="checkbox"/>	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?		<input checked="" 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>	12 pm - 2 am	12 pm - 2 am	12 pm - 2 am	12 pm - 2 am	12 pm - 2 am	12 pm - 2 am	12 pm - 2 am
	<b>Kitchen</b>	12 pm - 2 am	12 pm - 2 am	12 pm - 2 am	12 pm - 2 am	12 pm - 2 am	12 pm - 2 am	12 pm - 2 am
	<b>Music</b>	12 pm - 2 am	12 pm - 2 am	12 pm - 2 am	12 pm - 2 am	12 pm - 2 am	12 pm - 2 am	12 pm - 2 am

If you plan to have music, what type(s)?  
(Circle all that apply)

**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
<b>INSIDE</b>	520	Approx 75	29	77	0	2	15
<b>OUTSIDE</b> <i>(Other than sidewalk café)</i>	36	Approx 25	18	36	0	0	0
<b>SIDEWALK CAFÉ</b>	N/A----->						

How many floors are there? What is the capacity for each floor?	1st Floor and Basement Storage		
How frequently will the owner(s) be at the establishment?	Twice per week		
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"/> YES	NO	
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.	<input checked="" type="checkbox"/> YES	NO	Manager will be present at all time to ensure no underage or intoxicated individuals are served.
Will security plan be implemented?	<input checked="" type="checkbox"/> YES	NO	
Will State certified security personnel be used?	YES	<input checked="" type="checkbox"/>	
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"/>	
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		

<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?	<input checked="" type="checkbox"/>	NO	
Is a Public Assembly permit required?	<input checked="" type="checkbox"/>	NO	
Are your plans filed with DOB?	YES	NO	N/A

<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	An emailed has been sent to all provided community email addresses.	
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above			
Who was your contact person at each group you met with?			
When did applicant post the notice that was provided?			
Where did applicant post the notice that was provided?			
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 Manager Cell - 917-731-0963
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

<b>BUILDING DESIGN</b>			
State the name and type of business previously located in the space.	Postgraduate Center for Mental Health		
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	
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 checked="" type="checkbox"/> YES	<input 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 checked="" type="checkbox"/> YES	<input 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 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 type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will the kitchen exhaust system extend to the roof?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
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?	Central AC		
When was the air conditioner installed?	2018		

**OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ**

Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	<input checked="" 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"/>	NO	Terrace off the lobby
Are the floorplans for the outdoor space(s) included?	<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 checked="" type="checkbox"/>	NO	
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	<input checked="" type="checkbox"/>	NO	
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	<input checked="" type="checkbox"/>	
Will there be no amplified music, as per the law?	<input checked="" type="checkbox"/>	NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	N/A
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<input checked="" type="checkbox"/>	NO	
Will applicant agree to train staff to encourage a peaceful environment?	<input checked="" type="checkbox"/>	NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<input checked="" type="checkbox"/>	NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="checkbox"/>	NO	

<b>OUTDOOR ITEMS – SIDEWALK CAFÉ N/A</b>			
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 café?	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 <sup>st</sup> and March 21 <sup>st</sup> , 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)**

- There will be no alcohol consumption in outdoor space
- There will be no room service of alcohol or mini bars in hotel rooms
- There will be no dancing
- Background music only, no DJ or live music
- All linen and garbage will be kept inside hotel until arrival of scheduled pick-up. All linen and garbage pick-up will occur on West 36<sup>th</sup> Street in middle of hotel property. Linen and garbage pick-up will be scheduled for daytime and non-peak hours
- There will be no advertising or public promotion of bar or liquor services In hotel
- Licensed premises will be run by hotel management and not subleased

***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.***

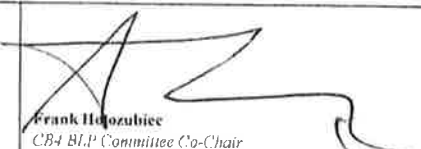


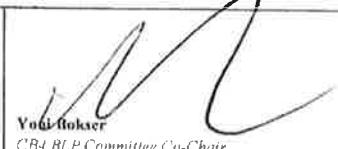
Manhattan Community Board 4 (MCB4) recommends:  
 (MCB4's recommendation is based on a vote taken at its  
 September 4, 2019 full board meeting, with 38 members voting in favor  
 of the recommendation, 0 members opposed, 0 members  
 abstaining and 0 present but not eligible)

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 Hozubiec  
 CB4 BLP Committee Co-Chair

  
 Yoda Bukser  
 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** →

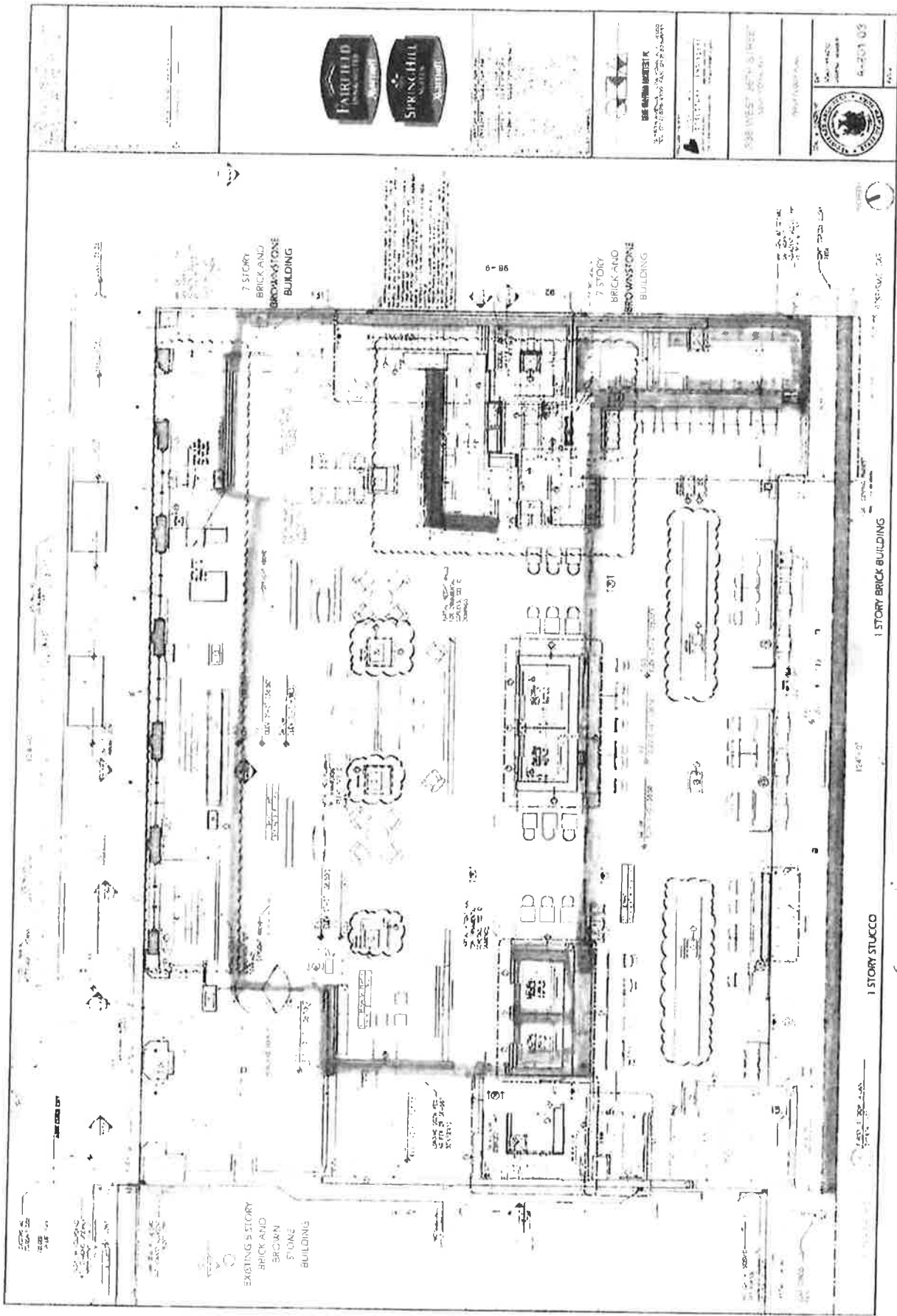
Anthony Cuomo  
 G.M.  
 PRINT NAME OF APPLICANT

  
 SIGNATURE OF APPLICANT

8/13/19  
 DATE

- Proposed Licensed Premise

- Proposed Add bar



- kitchen

- Current Licensed Premise

- Bar

- Elevators

- Alcohol Storage

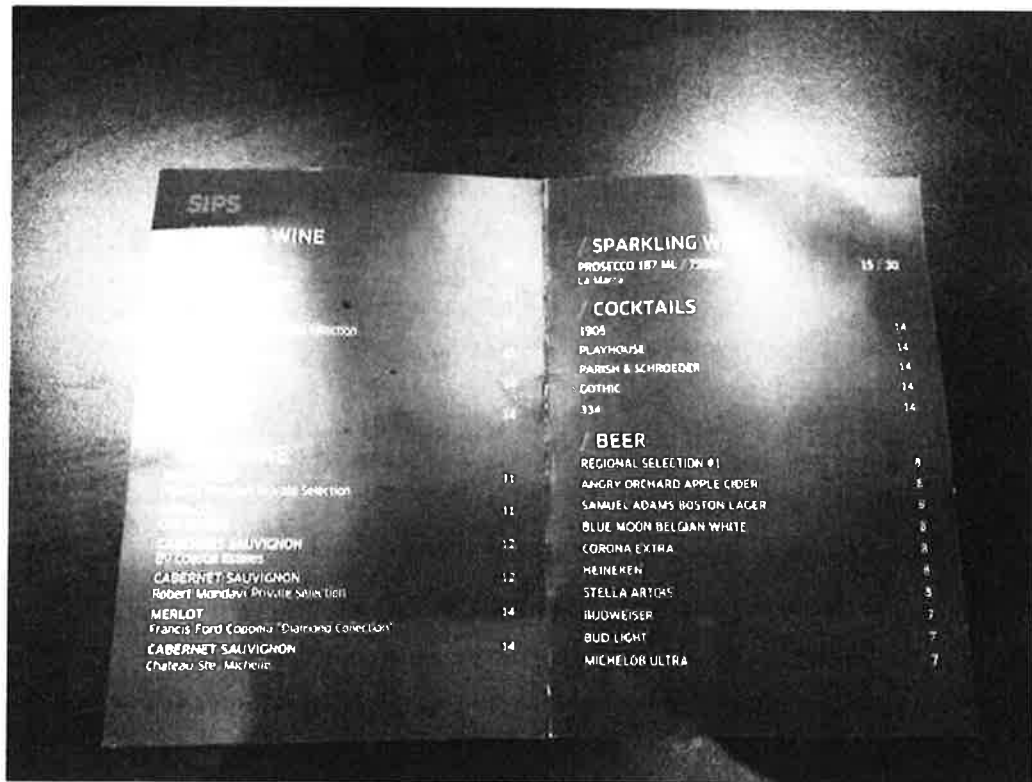
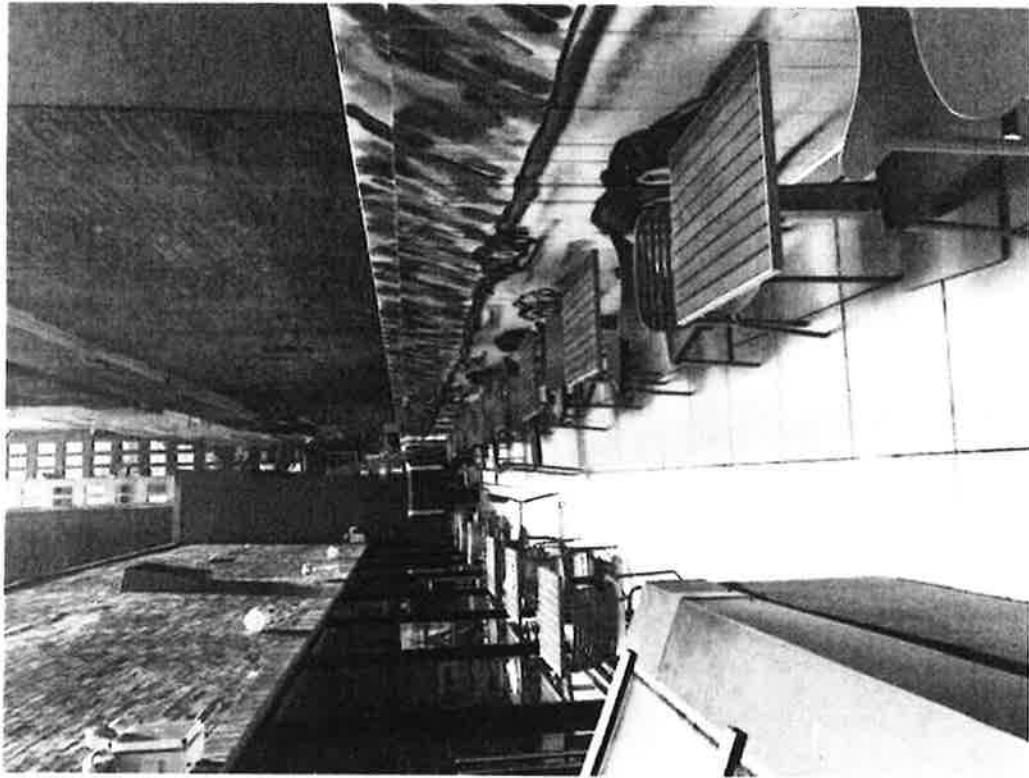


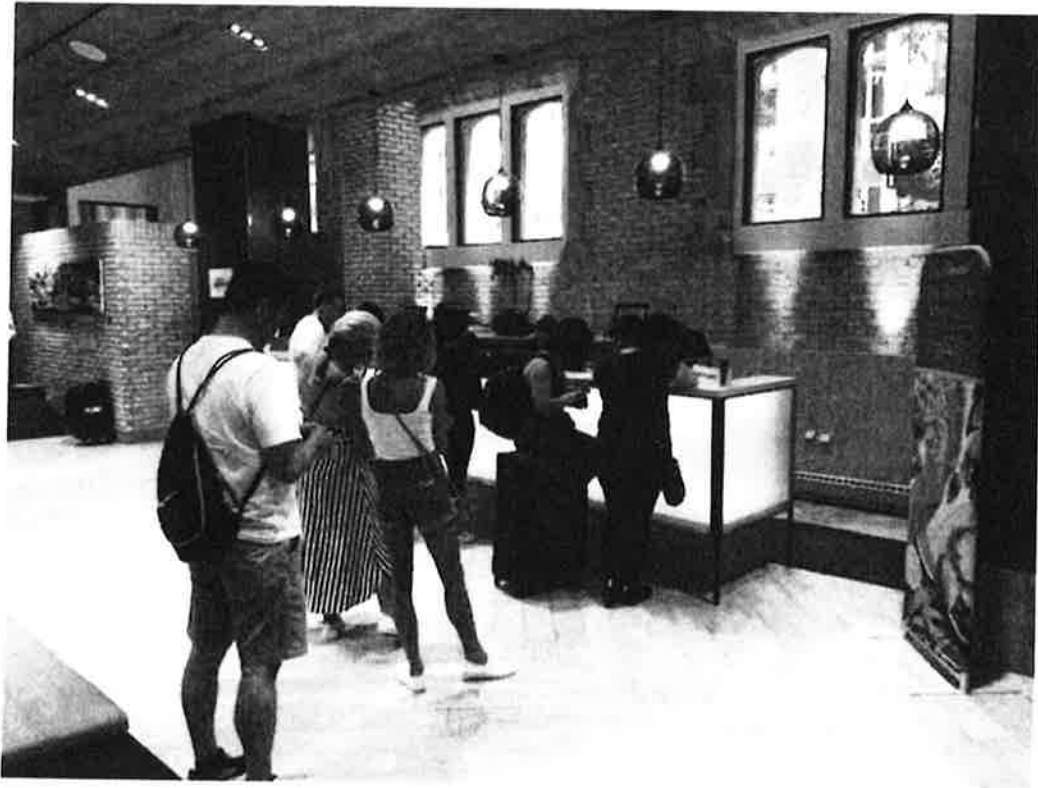
Professional seals and stamps are located in the top right corner of the drawing area:

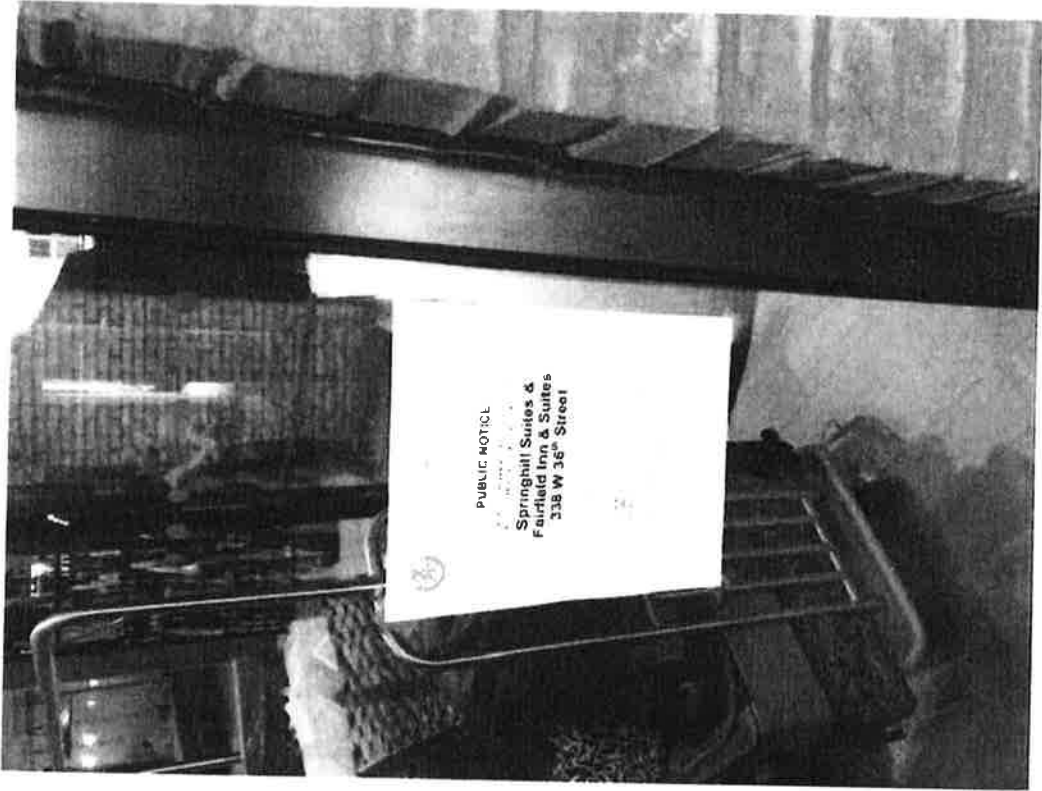
- A rectangular seal for "DESIGN CENTER" with the address "100 WEST 10TH STREET, SUITE 1000, DENVER, CO 80202".
- A circular seal for "ARCHITECT" with the name "JAMES W. HARRIS" and the number "10000".
- A rectangular stamp with the date "4-20-03" and the initials "JWH".

NY 36th Street Manager V LLC, NY 36th Street Operating V LLC, NY 36th Street V, LLC  
500 Ft. List

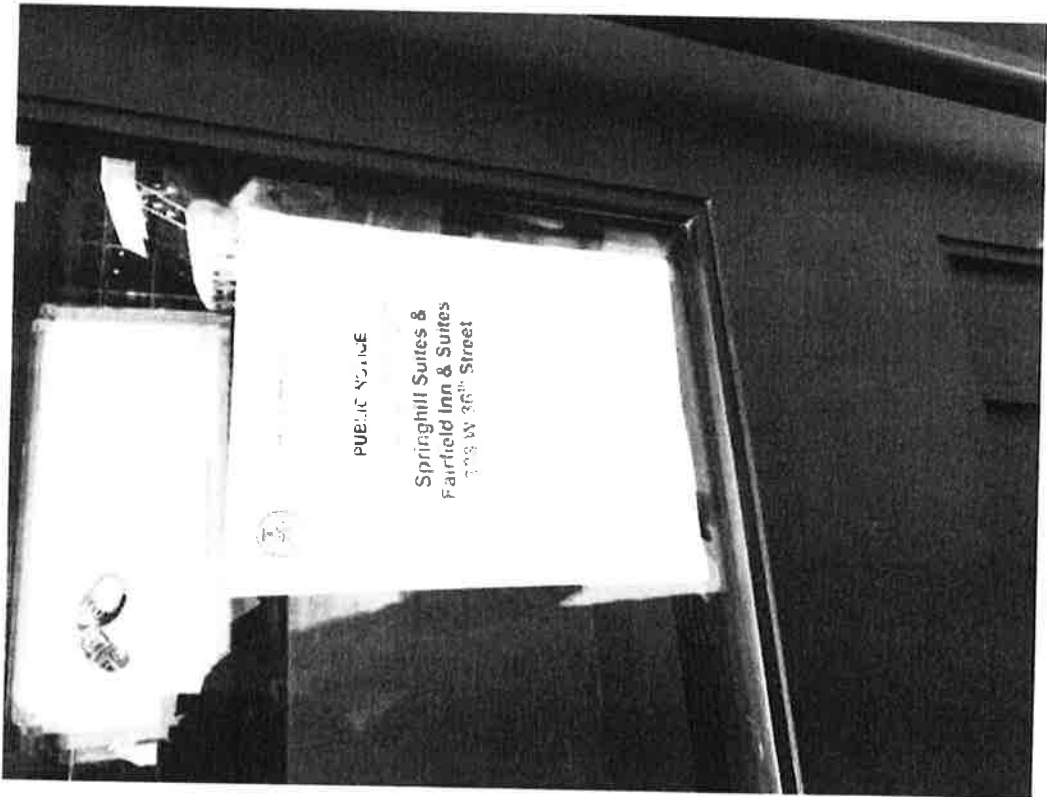
Name	d/b/a	Address	Approx. Dist.
TGANYC LLC	TGANYC	320 W 36TH ST	20 ft
EVEN HOTEL 35 LLC & IHJ MANAGEMENT MARYLAND LLC	EVEN HOTELS NEW YORK TIMES SQUARE SOUTH	321 W 35TH ST	165 ft
BARRYDALE SM LLC, BARRYDALE TRS LLC CM 36 MGMT LLC	DOUBLETREE NY TS SO- GREENHOUSE 36 REST	341 343 W 36TH STREET	165 ft
STAG HORN STEAKHOUSE LLC	STAG HORN STEAKHOUSE	315 W 36TH STREET	230 ft
SNRP WEST 37 LLC & BALLINTEER CORP	HILTON GARDEN INN NEW YORK/TIMES SQUARE SOUTH	326 330 W 37TH ST	250 ft
BALLINTEER CORP	DOYLERS	326 W 37TH ST	265 ft
324 37TH STREET LLC	CONCRETE	320-324 WEST 37TH ST	265 ft
EROS MGMT & REALTY LLC & WYNDHAM HOTEL MGMNT INC	WYNDHAM TRYP HOTEL	345 W 35TH ST	265 ft
505 HP LLC	TAILOR PUBLIC HOUSE AND KITCHEN	505 8TH AVE	345 ft
SBCO NYC LLC & 365 MANAGEMENT COMPANY LLC	COURTYARD NY MANHATTAN- TIMES SQ WEST/ THE BISTRO	307 W 37TH ST	375 ft
520 HAPPY TIMES INC	HOUNDS TOOTH PUB	520 8TH AVENUE	385 ft
520 ASIAN RESTAURANT CORP	N/A	520 8TH AVENUE	385 ft
NEW YORKER HOTEL MANAGEMENT COMPANY INC	N/A	481 8TH AVENUE	475 ft
PISCES BAR & TAVERN INC	N/A	543 8TH AVE	475 ft







PUBLIC NOTICE  
Springhill Suites &  
Fairfield Inn & Suites  
338 W 36<sup>th</sup> Street



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