

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME FV COM Corporation		DOING BUSINESS AS (DBA) Farida Central Asian Cuisine & Grill	
STREET ADDRESS 498 9th Avenue New York NY		CROSS STREETS W 37th St and W 38th St	ZIP CODE 10018
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME: Farida Ricciardelli	ATTORNEY/ REPRESENTAIVE	NAME: Gen Harris
	PHONE: (646)705-2261		PHONE: (212) 390-0806
	EMAIL: faridagrill@gmail.com		EMAIL: info@rezzonatorservices.com
MANAGER	NAME: Farida Ricciardelli	LANDLORD	NAME: John Esposito
	PHONE: (646)705-2261		PHONE: (917) 214-4111
	EMAIL: faridagrill@gmail.com		EMAIL:
APPLICATION TYPE <input checked="" type="checkbox"/> <i>Liquor License</i> <input type="checkbox"/> <i>Unenclosed Sidewalk Cafe</i>			
<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?		YES <input checked="" type="radio"/> NO
	What is/was the name and address of establishment?		
	What were the dates applicant was involved with this former premise?		
<input type="radio"/> 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="radio"/> 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="radio"/> Liquor/Wine/Beer & Cider <input type="radio"/> Beer & Cider <input checked="" type="radio"/> Wine/Beer & Cider		
ESTABLISHMENT TYPE	<input checked="" type="radio"/> Restaurant <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input 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?		YES <input checked="" type="radio"/> NO	May 2019
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 NO	N/A
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="radio"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?		<input checked="" type="radio"/> 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	11am-11pm	11am-11pm	11am-11pm	11am-11pm	11am-11pm	11am-11pm	11am-11pm
	Kitchen	11am-11pm	11am-11pm	11am-11pm	11am-11pm	11am-11pm	11am-11pm	11am-11pm
	Music	12pm-10pm	12pm-10pm	12pm-10pm	12pm-10pm	12pm-10pm	12pm-10pm	12pm-10pm

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	Pending	Pending	14	28	1	0	0
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? 1 floor Pending Occupancy

How frequently will the owner(s) be at the establishment? Everyday from 3pm to 11pm

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 N/A

Will applicant be using delivery bicycles? If yes, how many? YES NO N/A

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

**FV COM Corporation
AKA Farida Central Asian Cuisine & Grill
498 9th Avenue
New York, NY 10018**

To Whom it May Concern at Manhattan Community Board # 4

Our Security Plan always includes having 7 Cameras covering the inside the inside of the premises and one monitoring the outside .

Staff will check and verify the ID of any patron seeking to purchase an alcoholic beverage.

Any visibly intoxicated patron will be refused an alcoholic beverage.

And management will deal with patrons who become unruly or rambunctious.

In addition, we will be closed at 11pm.

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO	Also obtaining LNO
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> 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	HKNA (incl. Dog Run) Kathleen Treat	
	# 2	West 36th Street	Frank Strock
	# 3	CHDC (incl. Bob's & bird parks) Joe Restuccia and Ryan Marcano	
	# 4	Hudson Yards Hell's Kitchen Alliance Bob Benfatto and Patty Gouris	
	# 5	Donna Langman Costumes Donna Langman	
Please provide dates when applicant met with the groups listed above.		TBD	
Who was your contact person at each group you met with?		See above	
When did applicant post the notice that was provided?		04/18/2019	
Where did applicant post the notice that was provided?		Front Window of Premises	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.		<input checked="" type="radio"/> YES	NO 646.705.2261
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		YES	<input checked="" type="radio"/> NO No Jobs Webpage

Please see attached page with additional contacts

Community Notification/Relations
Additional Organizations

Council Chelsea Block Association Bill Borock

CHEKPEDS Christine Berthet

BUILDING DESIGN			
State the name and type of business previously located in the space.	Cafe Maria Anonieta Inc. Hookah Bar		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Cafe Maria Anonieta Inc. aka La Kasbah
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input type="radio"/> NO	
Will applicant have a vestibule within the establishment?	YES	<input type="radio"/> NO	
Will applicant use a storm enclosure?	YES	<input type="radio"/> 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="radio"/> YES	<input type="radio"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="radio"/> YES	<input type="radio"/> 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="radio"/> YES	<input type="radio"/> 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="radio"/> YES	<input type="radio"/> 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 type="radio"/> 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 type="radio"/> NO	
Will the kitchen exhaust system extend to the roof?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the establishment have an illuminated sign?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Where will the air conditioner be located? What type is it?	The air conditioner is located in the wall		
When was the air conditioner installed?	Before the applicant rented the premises		

N/A

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ		N/A	
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO	
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	NO	
Are the floorplans for the outdoor space(s) included?	YES	NO	
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	YES	NO	
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	NO	
Will there be no amplified music, as per the law?	YES	NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES	NO	
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	

OUTDOOR ITEMS – SIDEWALK CAFÉ		N/A	
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
June 5, 2019 full board meeting, with 45 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 <i>CB4 Assistant District Manager</i>	 Frank Holozubiec <i>CB4 BLP Committee Co-Chair</i>	 Yoni Bokser <i>CB4 BLP Committee Co-Chair</i>
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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>SIGN HERE →</p>	<p>Farida Ricciardelli</p> <p>PRINT NAME OF APPLICANT</p>	<p><i>Farida Ricciardelli</i></p> <p>SIGNATURE OF APPLICANT</p>	<p>04/26/2019</p> <p>DATE</p>
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Farida Ricciardelli 05/14/19.