

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME MBG Taverns on 6th Corp		DOING BUSINESS AS (DBA) Rogue			
STREET ADDRESS 757 6th Avenue		CROSS STREETS 6th Ave and 25th Street		ZIP CODE 10010	
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: Michael Gralton	ATTORNEY/ REPRESENTATIVE	NAME: Terrence Flynn		
	PHONE: 9143567213		PHONE: 7189451000		
	EMAIL: michaelgralton@gmail.com		EMAIL: trflynnjr@gmail.com		
MANAGER	NAME:	LANDLORD	NAME:		
	PHONE:		PHONE:		
	EMAIL:		EMAIL:		
APPLICATION TYPE (Check One)					
<input type="radio"/> New	Has applicant owned or managed a similar business?		YES	NO	YES
	What is/was the name and address of establishment?		The Storehouse, 69 W 23rd Street NY NY		
	What were the dates applicant was involved with this former premise?		Nov 2012to present		
<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 checked="" type="checkbox"/> Liquor/Wine/Beer & Cider <input type="checkbox"/> Beer & Cider <input type="checkbox"/> Wine/Beer & Cider				
ESTABLISHMENT TYPE	<input checked="" 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 <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="radio"/> NO	April 2018	
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="radio"/> 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="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 - 4am	11am - 4am	11am - 4am	11am - 4am	11am - 4am	11am - 4am	11am - 4am
	Kitchen	11am - 1am	11am - 1am	11am - 1am	11am - 1am	11am - 1am	11am - 1am	11am - 1am
	Music							
If you plan to have music, what type(s)? (Circle all that apply)		BACKGROUND <input checked="" type="checkbox"/>		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	128	128	25	60	0	1	20
OUTSIDE <i>(Other than sidewalk café)</i>	0						
SIDEWALK CAFÉ	16/20	16/20	5	20/16			

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How many floors are there? What is the capacity for each floor?	1	
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	<input checked="" type="radio"/> NO
Will applicant have bottle or table service for beverage alcohol?	<input checked="" type="radio"/> YES	NO
Will you be hosting private; promotional or corporate events?	<input checked="" type="radio"/> YES	NO
Will outside promoters be used on a regular basis? If yes please describe.	YES	<input checked="" type="radio"/> NO
Will you have a security plan? If, yes please attach.	YES	<input checked="" type="radio"/> NO
Will security plan be implemented?	YES	NO
Will State certified security personnel be used?	<input checked="" type="radio"/> YES	NO
Will New York Nightlife Association and NYPD Best Practices be followed?	<input checked="" type="radio"/> YES	NO
Will applicant be using delivery bicycles? If yes, how many?	YES	<input checked="" type="radio"/> 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
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="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	
Is a Public Assembly permit required?	<input checked="" type="radio"/> YES	NO	
Are your plans filed with DOB?	<input checked="" type="radio"/> 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		
	# 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.		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="radio"/> YES	NO

BUILDING DESIGN			
State the name and type of business previously located in the space.	Rogue, Bar/ Restaurant		
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	
Do you plan any changes to the existing façade? If yes, please describe.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Maintain but Update Signage
Will applicant have a vestibule within the establishment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant use a storm enclosure?	<input checked="" type="radio"/> YES	<input type="radio"/> 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="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 <input checked="" type="radio"/>
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 checked="" 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?	<input checked="" type="radio"/> 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?	Central Air		
When was the air conditioner installed?	2003		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ		
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	<input checked="" type="radio"/> NO
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	<input checked="" type="radio"/> 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			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<input checked="" type="radio"/>	NO	
Will applicant be applying for a sidewalk café now or in the future?	<input checked="" type="radio"/>	NO	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	<input checked="" type="radio"/>	NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	YES	<input checked="" type="radio"/>	
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	<input checked="" type="radio"/>	NO	
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input checked="" type="radio"/>	NO	
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	<input checked="" type="radio"/>	NO	
Will applicant mark the perimeter of the café on the sidewalk?	<input checked="" type="radio"/>	NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	<input checked="" type="radio"/>	NO	
Will the sidewalk café not provide standing space for drinking or smoking?	<input checked="" type="radio"/>	NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	<input checked="" type="radio"/>	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="radio"/>	NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	<input checked="" type="radio"/>	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 checked="" type="radio"/>	NO	
Will applicant use umbrellas?	YES	<input checked="" type="radio"/>	
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="radio"/>	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 5 / 2 / 18 full board meeting, with 43 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

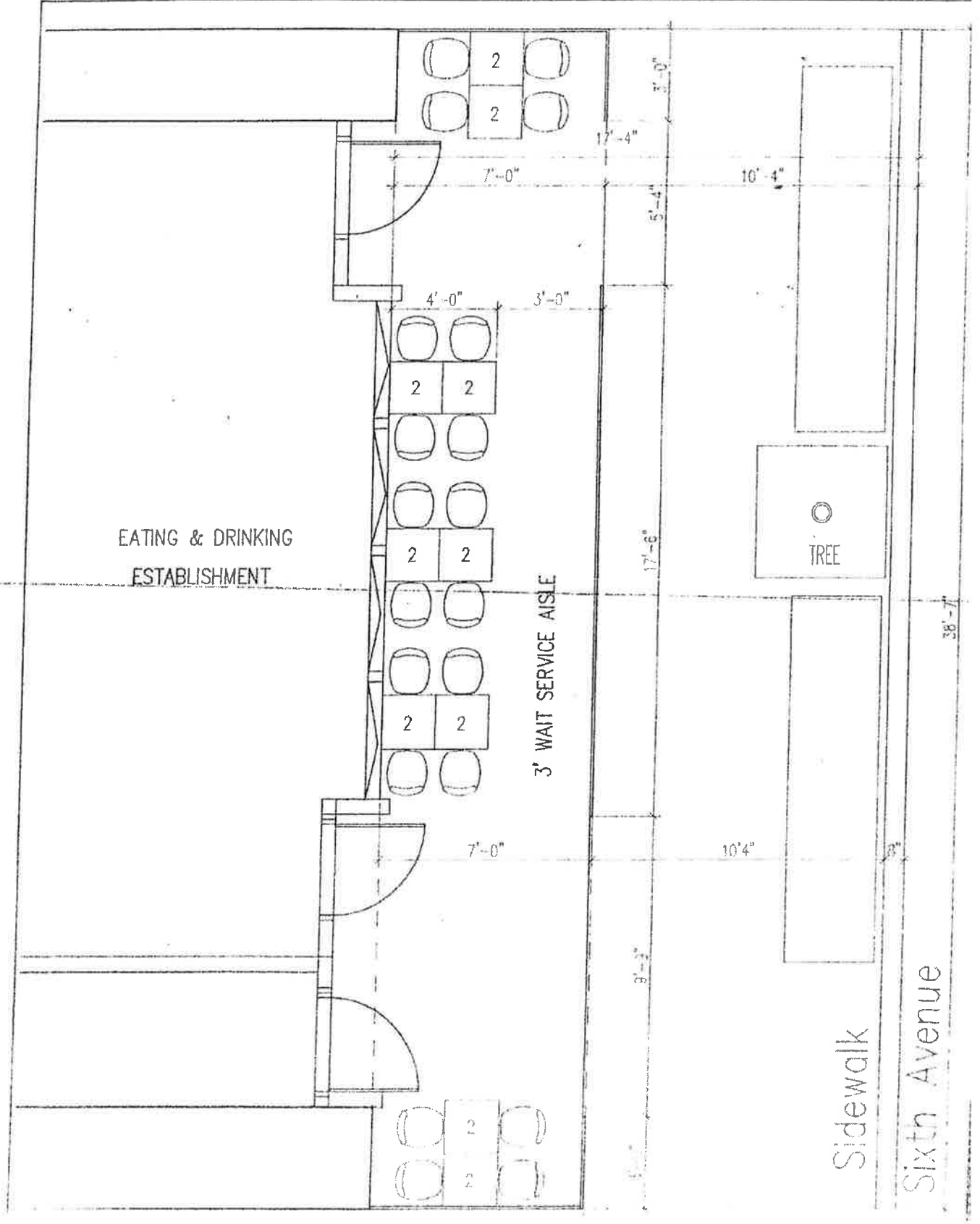
 Nelly Gonzalez CB4 Assistant District Manager	 Frank Holobuziec CB4 BLP Committee Co-Chair	 Yoni Bokser CB4 BLP Committee Co-Chair
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APPLICANT AGREEMENT WITH THE COMMUNITY

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.

SIGN HERE →	Michael Gralton PRINT NAME OF APPLICANT	<i>Michael Gralton</i> SIGNATURE OF APPLICANT	4-2-2018 DATE
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Michael Gralton 4-10-18



EATING & DRINKING
ESTABLISHMENT

3' WAIT SERVICE AISLE

TREE

Sidewalk

Sixth Avenue

38'-7"

17'-4"

3'-0"

3'-0"

17'-6"

10'-4"

10'-4"

3'-0"

7'-0"

3'-0"

10'-4"

3'-0"

7'-0"

3'-0"

10'-4"

3'-0"

ROGUE

Appetizers

Buffalo Wings

Sliders

Scotch Egg

Cobb Salad

Steak Salad

Sandwiches

The Rogue Burger

Club Sandwich

Entrees

NY Strip Steak

Hanger Steak

Half Roast Chicken

Blackened Salmon

Lamb Shank

Sides

Charred Asparagus

Sautéed Brussel Sprouts

Sautéed Spinach

Hand Cut French Fries

Stuffed Baked Potato