

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME TOTUMA, LLC		DOING BUSINESS AS (DBA) VENISLAVA	
STREET ADDRESS 302 W. 38th ST		CROSS STREETS 8th Avenue & W. 38th ST	ZIP CODE 10018
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: LUIS SANTOS	ATTORNEY/ REPRESENTATIVE	NAME: ARELIA TAVERAS
	PHONE: 212-239-1921		PHONE: 518-763-5700
	EMAIL: CHEFSANTOSNY4CE@GMAIL.COM		EMAIL: NYBUSINESSLICENSING@GMAIL.COM
MANAGER	NAME:	LANDLORD	NAME:
	PHONE:		PHONE:
	EMAIL:		EMAIL:
APPLICATION TYPE (Check One)			
<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 checked="" type="radio"/> Liquor/Wine/Beer & Cider <input type="radio"/> Beer & Cider <input 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?	<input checked="" type="radio"/> YES	NO	
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="radio"/> YES	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* (Indoor Only)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	8am						
	Kitchen	Midnight						
	Music	Midnight						

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

BACKGROUND
 LIVE MUSIC
 DJ
 JUKE BOX
 KARAOKE

LS

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	48	28	9	18	0	2	1
OUTSIDE (Other than sidewalk café)	N/A						
SIDEWALK CAFÉ	N/A						

2LS

How many floors are there? What is the capacity for each floor? 1 floor

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

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

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="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?	YES	<input checked="" type="radio"/> 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	See attached list
	# 2	
	# 3	
	# 4	
	# 5	
Please provide dates when applicant met with the groups listed above.	Sent Email	
Who was your contact person at each group you met with?	N/A Sent email	
When did applicant post the notice that was provided?	1/31/18	
Where did applicant post the notice that was provided?	Front entrance	
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
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.	Office		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	<input checked="" type="radio"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="radio"/> NO	
Will applicant have a vestibule within the establishment?	YES	<input checked="" type="radio"/> NO	
Will applicant use a storm enclosure?	YES	<input checked="" 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	NO	
Will applicant comply with the NYC noise code?	<input checked="" type="radio"/> YES	NO	
Will the establishment have any of the following: (circle all that apply)	<input checked="" type="checkbox"/> FRENCH DOORS	<input checked="" type="checkbox"/> GARAGE DOORS	<input checked="" 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="radio"/> 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="radio"/> 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="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	NO	N/A
Will the kitchen exhaust system extend to the roof?	<input checked="" type="radio"/> YES	NO	
Will the establishment have an illuminated sign?	YES	<input checked="" type="radio"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="radio"/> YES	NO	
Where will the air conditioner be located? What type is it?	central cooling		
When was the air conditioner installed?	N/A		

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

N/A

ADDITIONAL STIPULATIONS: (Office Use Only)

- Applicant agrees all live music shall be limited to 2 non-amplified performers
- Applicant will submit floor plans & menu to CB4 office no later than 2/27/18 (received on 2/21/18)

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.

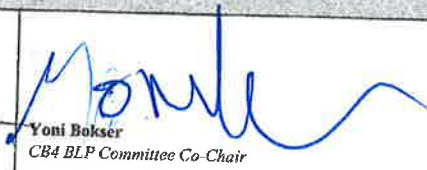
Manhattan Community Board 4 (MCB4) recommends:
(MCB4's recommendation is based on a vote taken at its
3/7/18 full board meeting, with 35 members voting in favor
of the recommendation, 0 members opposed, 0 members
abstaining and 0 present but not eligible)

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 Holozabiec
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 →


PRINT NAME OF APPLICANT

Luis Santos
SIGNATURE OF APPLICANT

2/4/18
DATE



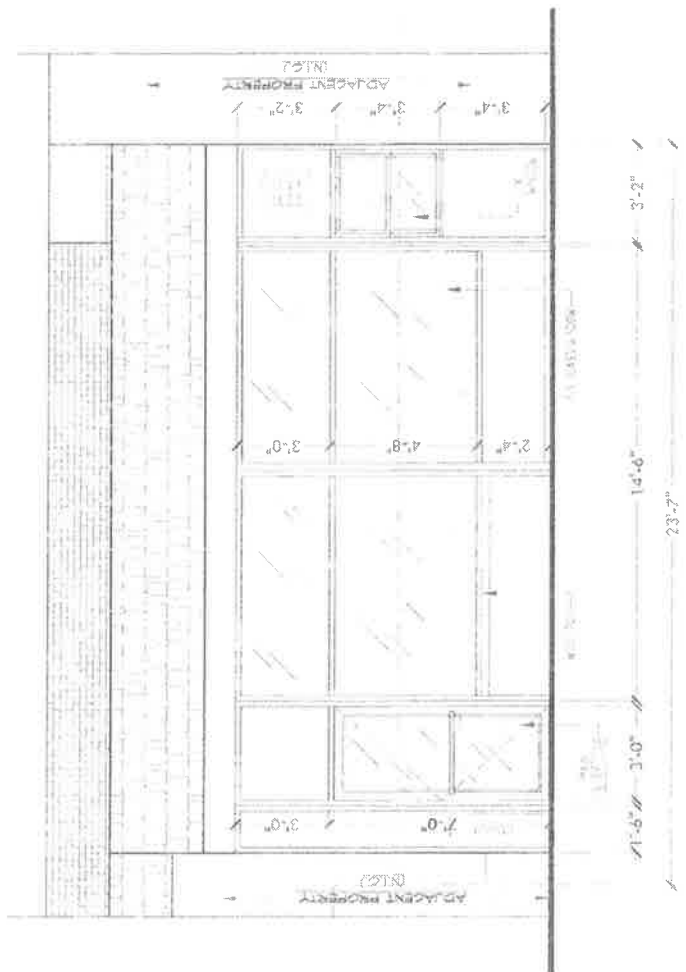
2/20/18

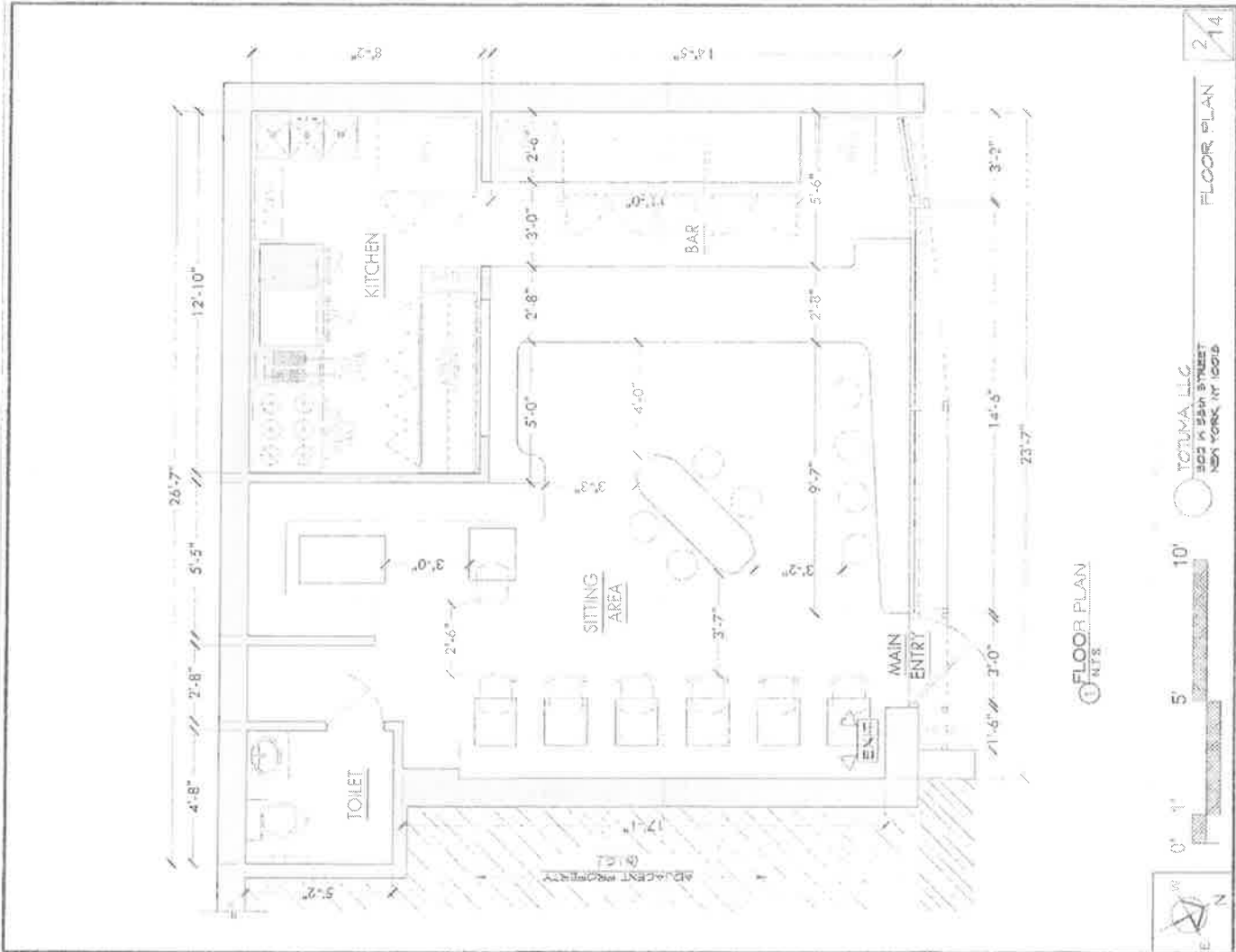
FRONT ELEVATION

TOTUMA, LLC
802 N 58th STREET
NEW YORK, NY 10018

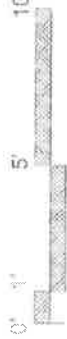


FRONT ELEVATION





FLOOR PLAN



TOTUMA, LLC
 302 W 52ND STREET
 NEW YORK, NY 10019