

# Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME <b>SHNY Restaurant Group LLC</b>		DOING BUSINESS AS (DBA) <b>dba Southern Hospitality</b>	
STREET ADDRESS <b>643 645 9th AVE, New York NY</b>		CROSS STREETS <b>West 45th + West 46th</b>	ZIP CODE <b>10036</b>
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: <b>Eytan Sugarman</b>	ATTORNEY/ REPRESENTATIVE <b>citybq.com</b>	NAME: <b>Bruno V. Giolfe Jr.</b>
	PHONE: <b>212-575-4949</b>		PHONE: <b>914-481-8900</b>
	EMAIL: <b>Eytan@southernhospitality.com</b>		EMAIL: <b>bruno@bgioffreelaw.com</b>
MANAGER	NAME:	LANDLORD	NAME: <b>Emilio Banletta</b>
	PHONE:		PHONE:
	EMAIL:		EMAIL:
APPLICATION TYPE <input checked="" type="checkbox"/> <b>Liquor License</b> <input type="checkbox"/> <b>Unenclosed Sidewalk Cafe</b>			
<input type="radio"/> New	Has applicant owned or managed a similar business?		YES 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 checked="" type="radio"/> Alteration	What is the current license # and expiration date?		<b>11/31/2019</b>
	Please list/describe the nature of all the changes and attach the plans: <b>Removing down stairs space + adding upstairs pizzeria area</b>		
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?	YES	NO	<b>Already licensed</b>
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	<b>N/A</b>
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	NO	<b>N/A</b>
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	YES	NO	<b>N/A</b>

**OPERATIONAL DETAILS** (\*Closing time will be when establishment is vacated of all patrons)

SAME AS APPROVED

HOURS* (Indoor Only)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation							
	Kitchen							
	Music							

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

BACKGROUND   
  LIVE MUSIC   
  DJ   
  JUKE BOX   
  KARAOKE

**OCCUPANCY**

SAME AS APPROVED

	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>							
<b>OUTSIDE</b> (Other than sidewalk café)							
<b>SIDEWALK CAFÉ</b>							

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

Proposed for only 1 floor - No downstairs

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

Daily

Will there be dancing?	YES	<input checked="" type="radio"/> 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?		

SAME AS APPROVED

LOCATION & ZONING <i>SAME AS APPROVED</i>		
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO
Is a Public Assembly permit required?	YES	NO
Are your plans filed with DOB?	YES	NO

Community Notification/Relations <i>NONE</i>	
<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
	# 2
	# 3
	# 4
	# 5
Please provide dates when applicant met with the groups listed above.	<i>N/A</i>
Who was your contact person at each group you met with?	<i>N/A</i>
When did applicant post the notice that was provided?	<i>9/6/18</i>
Where did applicant post the notice that was provided?	<i>on door of premise + 4 corners</i>
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 <input type="radio"/> 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 <input type="radio"/> NO

BUILDING DESIGN			
N/A → Alteration doesn't affect this			
State the name and type of business previously located in the space.			
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	
Will applicant have a vestibule within the establishment?	YES	NO	
Will applicant use a storm enclosure?	YES	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?	YES	NO	
Will applicant comply with the NYC noise code?	YES	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?	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?	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	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	
Will the kitchen exhaust system extend to the roof?	YES	NO	
Will the establishment have an illuminated sign?	YES	NO	
Will the establishment have a canopy extending over the sidewalk?	YES	NO	
Where will the air conditioner be located? What type is it?			
When was the air conditioner installed?			

**OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFE**

- N/A Alteration doesn't effect this

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 <i>N/A - Alternative does not effect this</i>		
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)**

***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.***




<p>Manhattan Community Board 4 (MCB4) recommends:          (MCB4's recommendation is based on a vote taken at its          October 3, 2018 full board meeting, with <u>37</u> members voting in favor          of the recommendation, <u>0</u> members opposed, <u>0</u> members          abstaining and <u>0</u> present but not eligible)</p>	<p><input checked="" type="radio"/> Denial unless all stipulations agreed to by applicant/owner are part of the method of operation</p> <p><input type="radio"/> Denial    <input type="radio"/> Approval</p>
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**CB4 REPRESENTATIVES**

 Nelly Gonzalez <i>CB4 Assistant District Manager</i>	 Frank Holuzbiec <i>CB4 BLP Committee Co-Chair</i>	 Yoni Dokser <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><b>SIGN HERE</b> →</p>	<p>Eytan Sugarman</p> <p>PRINT NAME OF APPLICANT</p>	<p>X </p> <p>SIGNATURE OF APPLICANT</p>	<p>8/6/18</p> <p>DATE</p>
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<p>Manhattan Community Board 4 (MCB4) recommends:          (MCB4's recommendation is based on a vote taken at its _____ full board meeting, with _____ members voting in favor of the recommendation, _____ members opposed, _____ members abstaining and _____ present but not eligible)</p>	<p><input type="radio"/> Denial unless all stipulations agreed to by applicant/owner are part of the method of operation</p> <p><input type="radio"/> Denial    <input type="radio"/> Approval</p>
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<p>SIGN HERE →</p>	<p>Eytan Sugarman</p>	<p><i>[Handwritten Signature]</i></p>	<p>9/6/18</p>
	<p>PRINT NAME OF APPLICANT</p>	<p>SIGNATURE OF APPLICANT</p>	<p>DATE</p>

**ARCHITECTURE**  
PLANNING  
DESIGN

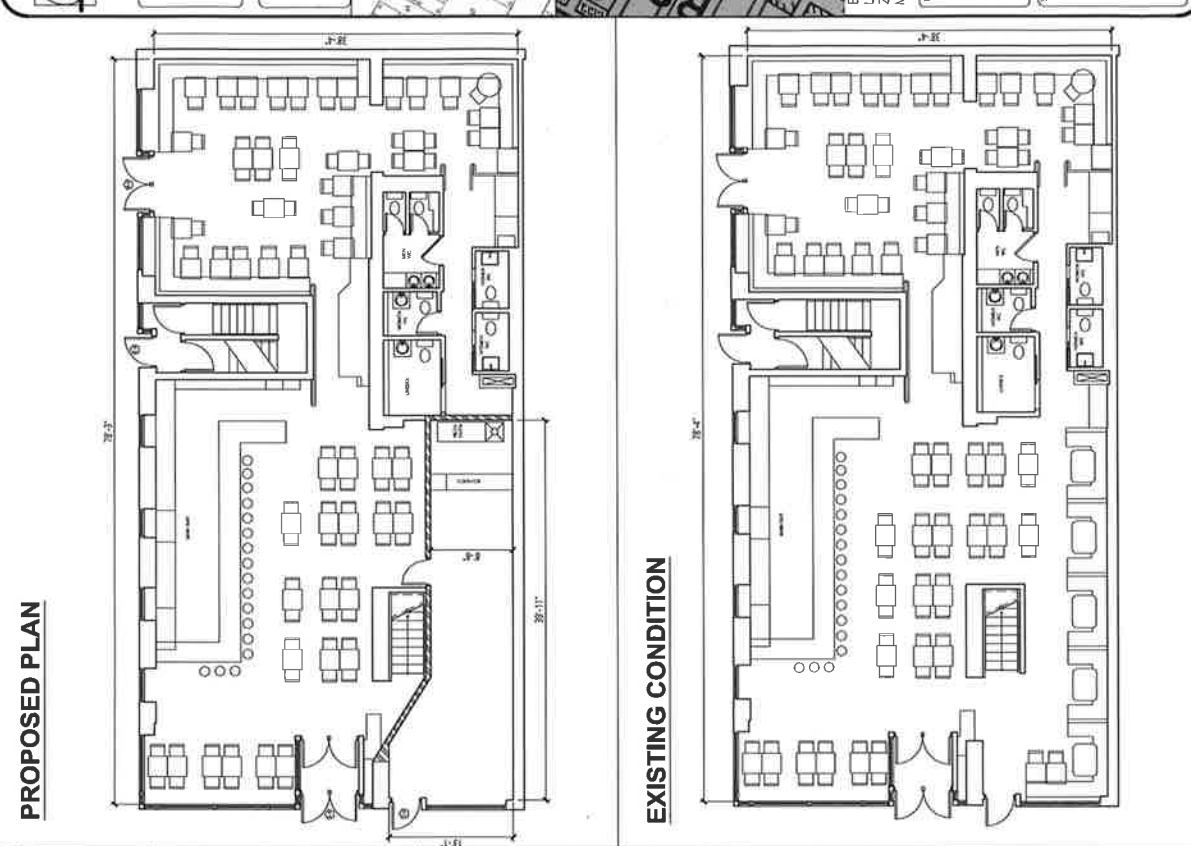
**CSAMAD ROOMBAR ARCHITECT**

27 East 57th Street, Suite #1, New York, NY 10022  
Phone: 212.686.0909 | Fax: 212.686.0909

Block: 1055  
Lot: 29  
Zone: C1-5  
Map: 8c

Project: **Restaurant**  
645 9th Ave  
New York, NY 10036

Date: 8/24/2018  
Scale: 1/8" = 1'-0"  
A 100.00  
JOB # 18-00935E (JWS)



**PROPOSED PLAN**

**EXISTING CONDITION**

**NYC BUILDING INFORMATION**

**DOT/CCH:** Manhattan  
**ADDRESS:** 645 9th Ave  
**PERMIT NO.:** 10550010001  
**LOT FRONTAGE:** 40  
**NEAR BLDG. ID:** 1000  
**NUMBER OF EXISTING FLOORH: 3**

**LIFT:** 201  
**HIGHRISE:** 10055  
**FLOOR:** C1-5  
**M31:** (R)

**ALTERATION TYPE ON EXISTING BUILDING**

- NO CHANGE IN USE
- NO CHANGE TO BUILDING OCCUPANCY
- NO CHANGE TO USE GROUP
- NO CHANGE TO EGRESS

**SCOPE OF WORK**

INSTALL 2 HOUR PARTITION

**WORK WITH:**  
• MECHANICALS  
• ENERGY USE NOT AFFECTED BY THIS APPLICATION

**CONTROLLED INSPECTIONS**  
1. Fire

**LEGEND**  
EZZZZZZ No Partition  
④ 100% R.O.C.

**FIRE PROTECTION REQUIREMENT**

1. ALL MATERIALS AND ASSEMBLIES REQUIRED TO MEET A BUILDING CODE SHALL BE LISTED IN AN APPROVED LIST OF PRODUCTS, MANUFACTURERS, TRADE NAMES, AND BRANDS.
2. ALL MATERIALS SHALL BE INSTALLED IN ACCORDANCE WITH THE MANUFACTURER'S INSTRUCTIONS AND THE BUILDING CODE.
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**GENERAL NOTES**

1. ALL WORK TO BE DONE IN ACCORDANCE WITH THE BUILDING CODE AND ALL APPLICABLE REGULATIONS.
2. ALL MATERIALS SHALL BE INSTALLED IN ACCORDANCE WITH THE BUILDING CODE AND THE MANUFACTURER'S INSTRUCTIONS.
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**SMOKE DETECTORS**

1. SMOKE DETECTORS SHALL BE INSTALLED AS REQUIRED BY THE BUILDING CODE.
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**PLUMBING NOTES**

1. CONTRACTOR TO PROVIDE SEPARATE SHORT OFF VALVES FOR EACH FIXTURE.
2. ALL PLUMBING SHALL BE INSTALLED IN ACCORDANCE WITH THE BUILDING CODE AND THE MANUFACTURER'S INSTRUCTIONS.
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**CARBON MONOXIDE DETECTORS**

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**CONTROLLED INSPECTION ITEMS**

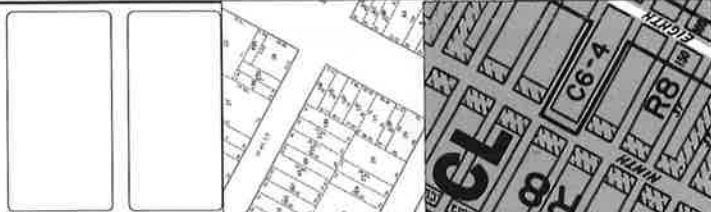
- THE FOLLOWING ITEMS OF WORK SHALL BE SUBJECT TO CONTROLLED INSPECTION, HAVE AND WITHHELD BY OR FOR THE CONTRACTOR AND SHALL BE APPROVED BY THE ENGINEER BEFORE PROCEEDING TO THE NEXT PHASE OF CONSTRUCTION.
1. ALL PLUMBING FIXTURES TO COMPLY WITH L-2009.
  2. ALL PLUMBING SHALL BE INSTALLED IN ACCORDANCE WITH THE BUILDING CODE AND THE MANUFACTURER'S INSTRUCTIONS.
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**ECCOVAYS NOTE**

TO THE BEST OF HIS KNOWLEDGE, BELIEF AND OPINION, THE WORK SHOWN ON THIS DRAWING COMPLIES WITH THE NYC BUILDING CODE.

**REFERENCE**

NYC BUILDING CODE  
NYC FIRE DEPARTMENT

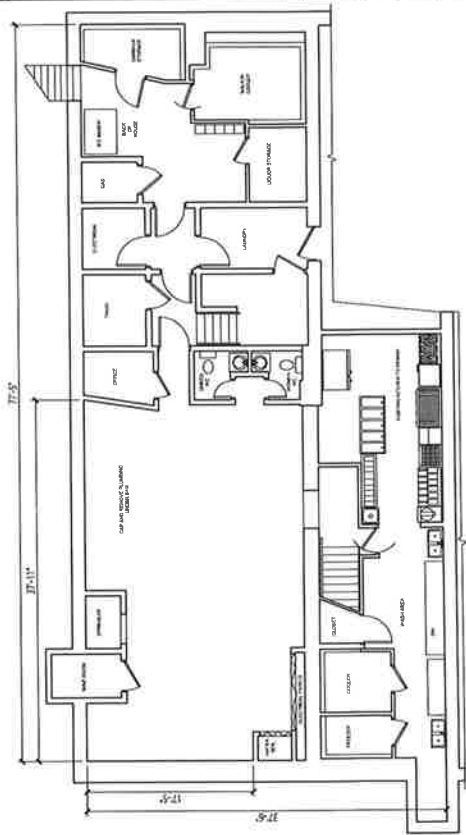


Block: 1055  
Lot: 29  
Zone: C1-5  
Map: 8c

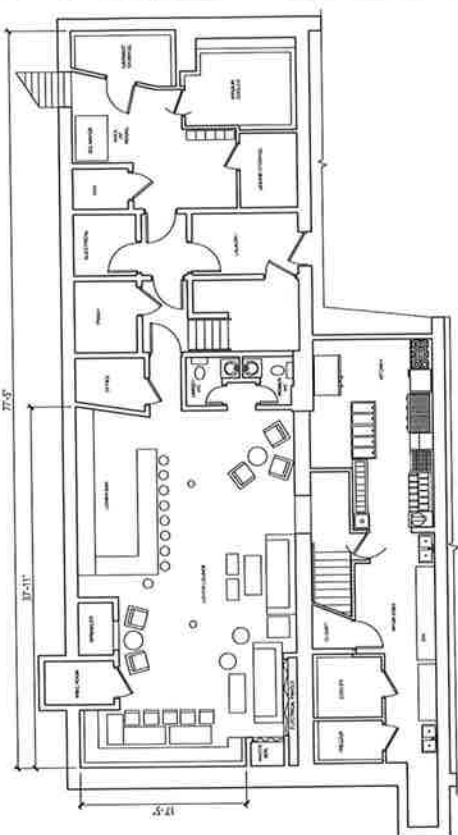
Project: Restaurant  
645 9th Ave  
New York, NY 10036

Scale: 1/8" = 1'-0"  
Date: 8/24/2018  
A 100.00  
City of New York  
Department of Buildings

**PROPOSED PLAN**



**EXISTING CONDITION**



**FIRE PROTECTION REQUIREMENT**

- ALL MATERIALS AND ASSEMBLIES REQUIRE TO HAVE A FIRE RESISTANCE RATING SHALL COMPLY WITH ONE OF THE FOLLOWING:
  - TERMINAL CONDUITS WITH A RATING OF 120 MINUTES.
  - CONCRETE OR MASONRY SHALL BE CONSIDERED TO BE ACCEPTABLE FOR THE PURPOSES OF THIS SECTION.
  - TERMINAL CONDUITS SHALL BE ACCEPTABLE FROM THE MANUFACTURER'S LISTING.
  - TERMINAL CONDUITS SHALL BE ACCEPTABLE FROM THE MANUFACTURER'S LISTING.
  - TERMINAL CONDUITS SHALL BE ACCEPTABLE FROM THE MANUFACTURER'S LISTING.
- ALL CONDUITS SHALL BE PROTECTED WITH A MINIMUM OF 1/2" OF CONCRETE OR MASONRY.
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**NYCFC NOTE**

- NO CHANGE IN S.F.
  - NO CHANGE TO USE GROUP
  - NO CHANGE TO OCCUPANCY
  - NO CHANGE TO EGRESS
- SCOPE OF WORK  
CAP AND REMOVE BAY AND PLUMBING UNDER BAY
- TABULAR ANALYSIS  
NOT APPLICABLE TO THIS APPLICATION
- CONTROLLED INSPECTIONS  
N. 104 28-142-23-3-111  
N. 104 28-142-23-3-111

**GENERAL NOTES**

- ALL WORK SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE BUILDING CODE, THE NATIONAL ELECTRICAL CODE, THE NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) CODES, AND ALL OTHER APPLICABLE CODES AND REGULATIONS.
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**CONSTRUCTION NOTES**

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**PLUMBING NOTES**

- CONTRACTOR TO PROVIDE SEPARATE SPLIT OFF VALVES FOR EACH FIXTURE.
- CONTRACTOR SHALL BE RESPONSIBLE FOR ALL PLUMBING WORK.
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**SMOKE DETECTORS**

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**CARBON MONOXIDE DETECTORS**

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**CONTROLLED INSPECTION ITEMS**

- THE FOLLOWING ITEMS OF WORK SHALL BE SUBJECT TO CONTROLLED INSPECTION, MEASUREMENT AND RECORDATION BY THE CONTRACTOR AND ARCHITECT.
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**ECCOCH'S NOTE**

TO THE BEST OF MY KNOWLEDGE, BELIEF AND OPINION, THE ABOVE INFORMATION IS CORRECT AND COMPLETE.

THE UNIVERSITY OF TEXAS AT AUSTIN  
SCHOOL OF ARCHITECTURE

THE UNIVERSITY OF TEXAS AT AUSTIN  
SCHOOL OF ARCHITECTURE

DATE	TIME	PLACE
September 17, 2019	5:00 PM	Southwest Tower
5:00 PM		

For students applying for design the moment  
for you will establish and secure the point of view  
to the new projects that will be opened in a

**Southern Hospitality**  
643-645 9<sup>th</sup> Avenue

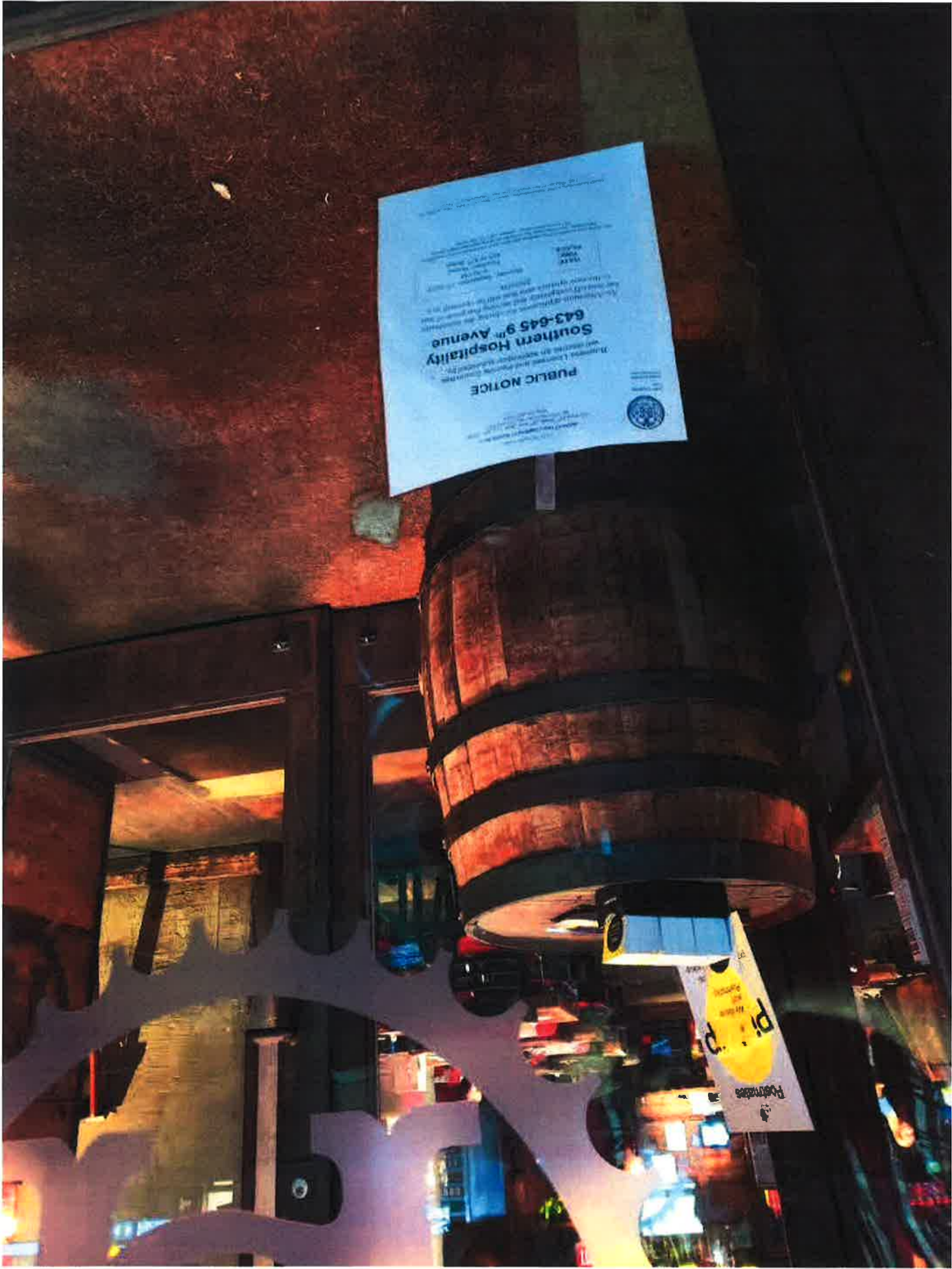
Business License and Permit Committee  
will accept an application submitted by

**PUBLIC NOTICE**

RECEIVED AT THE CLERK OF COURTS  
COUNTY OF BELL TEXAS  
ON SEPTEMBER 17, 2019 AT 5:00 PM



**START SCREENING**



**PUBLIC NOTICE**  
The Board of Directors of Southern Hospitality  
643-645 9th Avenue  
Southern Hospitality  
643-645 9th Avenue  
Public Notice

**Pr...**  
Pr...





**PUBLIC NOTICE**

Business Licenses and Permits Commission  
will conduct an inspection according to the  
**Southern Hospitality**  
**643-645 9th Avenue**

An inspection of the premises of the above-named business  
has been scheduled for the date and time listed below.  
The business owner and/or manager must be present at the  
time of the inspection and must be prepared to provide  
all necessary records and information requested by the  
inspectors.

DATE: \_\_\_\_\_  
TIME: \_\_\_\_\_  
PLACE: \_\_\_\_\_

WINDA EXPERIENCE





PUBLIC NOTICE  
Southern Hospitality  
43-445 9th Avenue

FIVE NAPKIN BURGERS

FIVE NAPKIN

FIVE NAPKIN

43rd St  
W 45th St