	an Community Board 4 st Be Completed)	Liqu	or License/Sidewark Care Supulations Applicant				
CORPORATION NA	ME.	DOING BUSINESS	NS (DBA) 11				
BK	0 19 INC	1	della				
STREET ADDRESS		CROSS STREETS	ZIP CODE				
410	W. 43rd ST	4/3ro	19/10AM 10036				
OWNER	NAME: Bobby Whoyvan	n	NAME:				
(Attach a list of all the people that will be associated/listed	PHONE: 212-470-0931	ATTORNEY/ REPRESENTAIVE	PHONE:				
with the license)	EMAIL BOBBY @ Adellary	Com.	EMAIL:				
	NAME:		NAME:				
MANAGER	PHONE:	LANDLORD	PHONE:				
	EMAIL:		EMAIL:				
APPLICATION	ON TYPE (X Liquor License	e i	Unenclosed Sidewalk Cafe)				
	Has applicant owned or managed a similar business?		YES NO				
O New	What is/was the name and address of establishment?						
	What were the dates applicant was involved with this former prem	ise?					
O Corp	What is the license # and expiration date?						
Change/Class Change/Removal	Is applicant making any alterations or operational changes?		YES NO				
1.	If alterations or operational changes are being made, please desc	ribe/list all changes.					
Alteration	What is the current license # and expiration date?						
	Please list/describe the nature of all the changes and attach the pl	lans: Changle f	rom Whe & Beer to full				
METHODO	FOPERATION						
TYPE OF ALCOI	HOL Liquor/Wine/Beer & Cider	O Beer & C	ider				
ESTABLISHME	O Adult Entertainment O Wine Bi	Night Club O Hotel	Bar/Tavem				
you bigu to me !	er filed with the SLA? If yes, when? If no, when do	YES NO	NA				
establishment and	le applicable? If yes, please attach a diagram of the license establishments within a 500 ft, radius of your the Public Interest Statement.	YES NO	NA				
schools and house	ale applicable? If yes, please attach a diagram of the as of worship that trigger the rule.	YES NO	MA				
Has applicant/own Location of Alcoho	er(s) read MCB4 Policy Regarding Concentration and lic-Serving Establishments?	YES NO	NIA				

Business Licenses & Permits Committee

		MONDAY	TUESDAY	W	EDNESDAY	THURS	DAY	FRIDAY	SAT	URDAY	SUNDA	Y
HOURS*	Operation	4-12	4/12		1-12	4-17		4-12	12	12 12 12		12
(Indoor Only)	Kitchen	4-12	4-1	2 1	4512		12	4-17	10	2-12	17-	
	Music	1 10	12	Druc .	1/10	011	1	1 10	10	^ /	12	_
If you plan to ha (Circle all that a		type(s)?	BACKGRO	UND	LIVE MUSIC	D	J	JUKE BOX		KA	RAOKE	18
(Chele an mar a	447	S 6 5 6	SELECTION IN	W.	OCCUP	ANCY				Mark .	P	
	Cupse (Certif of Occup	leate	fatimum# of Person You Anticipate Occupying mises (Including Employees)	Number of Tables	Number of Seats		r of Aervi ly Bars	ce Numb Stand-U		Number of at Stand-U		
INSIDE	3	6	40	8	28	0		8	3	1		
OUTSIDE (Other than sidewalk café)			4									
SIDEWALK CAFÉ	3	0	NIA	10	30							
How many floor	s are there? V	Vhat is the capa	city for each floo	r?		16-	lov	v 3	69	00/		
How frequently	will the owner	(s) be at the est	ablishment?				ey			7		_
						CV	ey					
Will there be da	incing?					YES	NO	Y				
Will applicant h	ave bottle or t	able service for	beverage alcoho	1?		YES	(NO	}				
Will you be hos	sting private; p	romotional or co	rporate events?	1.		(YES)	NO					
Will outside pro	omoters be use	ed on a regular l	oasis? If yes plea	ase describ	e.	YES	(NO					
Will you have a	security plan	7 If, yes please	attach.			YES	NO	?				
Will security pl	an be impleme	ented?				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	7					
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	1					
100	t	be stored during		0			./	1n				

LOCATION & ZONING							
le this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	(2)					
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	(VRS)	RO					
Is a Public Assembly permit required?	YEA	(NO)					
Are your plans filed with DOB?	YER	NO					

Community Notification/Rela	tions			
NOTIFICATION:	# 1	Suk	mitted	letters.
List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and	# 2			
community groups that applicant has notified regarding its application. For	#3			
each please list both the organization and individual you contacted	#4			
	# 5			
Please provide dates when applicant met	with the groups	listed above.		
Who was your contact person at each gro	up you met with	?		
When did applicant post the notice that wa	as provided?			
Where did applicant post the notice that w	as provided?			
Will applicant provide owner cell phone nu complaints that arise? Please provide nur	mber to neighbo ber in space pr	ors and respond to ovided.	YES NO	
Will applicant inform the Community Board provide a hyperlink to applicants jobs web	d office of its job page?	openings and/or	YES NO	

BUILDING DESIGN				
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.	VES	NO	Adella	
Do you plan any changes to the existing façade? If yes, please describe.	YES	(NOT)		
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	(VES)	NO		
Is the entrance ADA Compliant?	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 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?	VES	NO		
Will applicant comply with the NYC noise code?	YES	NO		
Will the establishment have any of the following: (circle all that apply)	FREN	CH DOO	RS 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	NA	
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	NA	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	NO	NA	
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	NIA	
Will the kitchen exhaust system extend to the roof?	YES	NO	+ NIH	
Will the establishment have an illuminated sign?	YES	NO	NIA	
Will the establishment have a canopy extending over the sidewalk?	YES	NO	Insile	
Where will the air conditioner be located? What type is it?		W	Howbrehi	
When was the air conditioner installed?			Xen.	

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ		
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO
Will applicant use any outdoor spaces: rooftop, rear yard, patto, 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			
Has the applicant/owner(s) read MCB4 Sidewalk Cafe Policy?	(YES	NO	
Will applicant be applying for a sidewalk café now or in the future?	YES	NO	NIA
ls applicant in this application seeking to include a sidewalk café in its liquor license?	(VES	Ro	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	YRS	(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 cafe? If so, will you have walter service?	(VES)	NO	BEST BEST
Will the cafe have a 3 ft, wide serving alsle running the entire length of the sidewalk cafe?	NES)	NO	
Will applicant mark the perimeter of the café on the sidewalk?	(ES)	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?	VES	NO	
Will all furniture be stored inside between December 21st and March 21st, 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	

Manhattan Community Board 4 (M. (MCB4's recommendation is based or November 6, 2019 full board meeting, of the recommendation, _0_ member abstaining and _0_ present but not experience.	a vote taken at its with 37 members voting in favor sopposed, 0 members	Denial unless all stipulations agreed to by a operation Denial O Approval	pplicent/owner are part of the method of
Nelly Gonzalez CB4 Assistant District Manager	Frank Hologub)ee CB4 BLP Complittee Co-Chair	Nani Bokser	Co-Chair
stipulations are essential prerequisi stipulations incorporated in the met	ns as the basis for the communities to the MCB4 recommendation of its liquor lice blicant and may only be altered it	ty support of this application and ack on regarding this application. Applica nse. The stipulations in this application on writing signed by MCB4 and application	int agrees to have these on constitute the entire
SIGN HERE ->	Bobby Who	SIGNATURE OF APPLICANT	8/28/10
		MINIM	10/11/1