

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)	
621 Events LLC		Hudson Terrace	
STREET ADDRESS		CROSS STREETS	ZIP CODE
621 W 46th Street		11th Avenue	10036
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: Michael Sinensky	ATTORNEY/ REPRESENTAIVE	NAME: Max Bookman, Esq.-Pesetsky and Bookman
	PHONE: 646-533-2360		PHONE: 212-513-1988
	EMAIL: michael@fbhospitalitygroup.com		EMAIL: mbookman@pandblegal.com
MANAGER	NAME: Marcus Schloss	LANDLORD	NAME: Andy Impagliazzo
	PHONE: 212-315-9400		PHONE: 212-564-2246
	EMAIL: marcus@funbars.com		EMAIL: andyimp2170@yahoo.com
APPLICATION TYPE (Check One)			
<input type="radio"/> New	Has applicant owned or managed a similar business?	<input type="checkbox"/> YES	<input type="checkbox"/> 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	What is the license # and expiration date?		
	Is applicant making any alterations or operational changes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If alterations or operational changes are being made, please describe/list all changes.		
<input checked="" type="radio"/> Alteration	What is the current license # and expiration date?	Serial# 1195299 10/31/2018	
	Please list/describe the nature of all the changes and attach the plans: expansion of the third floor and adding a service bar. <i>31</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 type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input checked="" type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input 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?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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="checkbox"/> YES	<input type="checkbox"/> NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

SAA: Same as Above

~~Hours of operation as allowed by law~~
 HOURS OF OPERATION AS ALLOWED BY LAW

[Handwritten signature]

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

HOURS* (Indoor Only)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	Monday-Thursday : Open for private events only				10pm-4am	10pm-4am	open for private events
	Kitchen	Monday - Thursday: Open for private events only				10pm-4am	10pm-4am	SAA
	Music	Monday-Thursday : Open for private events only				10pm-4am	10pm-4am	SAA
If you plan to have music, what type(s)? (Circle all that apply)		BACKGROUND	LIVE MUSIC	<input checked="" type="radio"/> 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		currently 450 total	60	600	1	3	0
OUTSIDE (Other than sidewalk café)	0	0	0	0	0	0	0
SIDEWALK CAFE	NA	NA	NA	NA			

How many floors are there? What is the capacity for each floor? 3 Floors

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

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.	<input checked="" type="radio"/> YES	NO	
Will security plan be implemented?	<input checked="" type="radio"/> 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	Not Applicable
Where will delivery bicycles be stored during the day when not in use?	Not Applicable		

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?	YES	<input checked="" type="radio"/> 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	A mass email was sent out to all the contacts on the block association/
	# 2	organization list provided by the community board on 12/29/2017.
	# 3	
	# 4	
	# 5	
Please provide dates when applicant met with the groups listed above.	See above	
Who was your contact person at each group you met with?	See above	
When did applicant post the notice that was provided?	12/22/2017	
Where did applicant post the notice that was provided?	Front of the premises	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	YES	<input checked="" type="radio"/> NO
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

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.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Hudson Terrace
Do you plan any changes to the existing façade? If yes, please describe.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	expansion of the existing facade
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) NA	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 type="radio"/> YES	<input type="radio"/> NO	Not applicable
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 type="radio"/> YES	<input type="radio"/> NO	Not Applicable
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	<input type="radio"/> 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 type="radio"/> YES	<input type="radio"/> NO	Not applicable
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 type="radio"/> YES	<input checked="" 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?	50 Ton Unit: rooftop		
When was the air conditioner installed?	2009		

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, pavilion, tents, deck or gazebo? If yes, which one(s)?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Rooftop
Are the floorplans for the outdoor space(s) included?	<input checked="" type="radio"/> YES	<input 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 checked="" 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 checked="" type="radio"/> NO	
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	<input checked="" type="radio"/> YES	<input checked="" type="radio"/> NO	No Smoking
Will there be no amplified music, as per the law?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant agree to train staff to encourage a peaceful environment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<input checked="" type="radio"/> YES	<input type="radio"/> NO	In the venue
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	

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OUTDOOR ITEMS – SIDEWALK CAFÉ	Not Applicable	
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)

- Alteration is to increase inside occupancy on the third floor by 180 people. No change to outdoor space or outdoor occupancy

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)

ALTERATION IS TO INCREASE
INDOOR OCCUPANCY ON THREE
FLOORS BY 180 PEOPLE,
NO CHANGE TO OUTDOOR SPACE
OR OUTDOOR OCCUPANCY.

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*


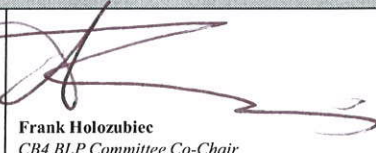

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Manhattan Community Board 4 (MCB4) recommends:
 (MCB4's recommendation is based on a vote taken at its
2-7-18 full board meeting, with 40 members voting in favor
 of the recommendation, 0 members opposed, 0 members
 abstaining and 0 present but not eligible)

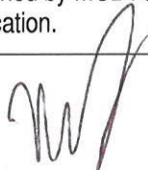
Denial unless all stipulations agreed to by applicant/owner are part of the method of operation
 Denial Approval

CB4 REPRESENTATIVES

 Nelly Gonzalez CB4 Assistant District Manager	 Frank Holozubiec CB4 BLP Committee Co-Chair	 Burt Lazarin 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.

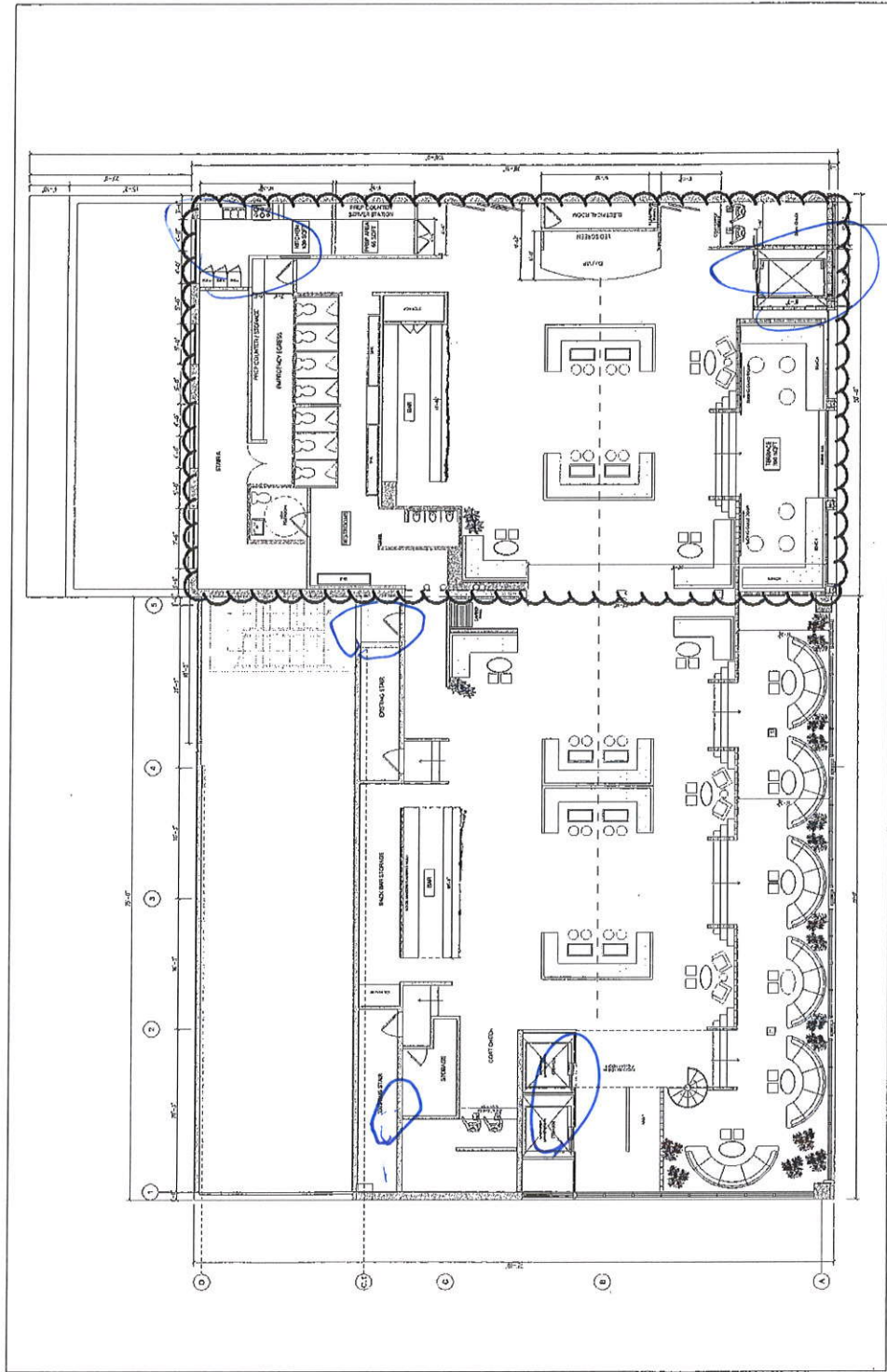
<p>SIGN HERE →</p>	<p>Michael Sinensky</p> <p>PRINT NAME OF APPLICANT</p>	 <p>SIGNATURE OF APPLICANT</p>	<p>01/02/2018</p> <p>DATE</p>
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HUDSON TERRACE
PROPOSED PRELIMINARY LAYOUT

DATE: 10/18/2017
REV # 1.6

A1.0
FIXTURE PLAN



HIGHLIGHTED AREA
REFLECTS EXPANSION
SPACE FOR NEW BAR

PROPOSED LAYOUT

SECTION H

PROPOSED METHOD OF OPERATION

All applicants for a license to sell alcoholic beverages for consumption on-premises must complete Section H.

- 1. What type of establishment will this be?
(i.e.: restaurant, tavern, disco, etc.) Club/Cabaret
- 2. Will premises have music? YES NO
If YES, what type of music? Explain in detail: DJ, Background, Occasional Live
- 3. Will premises permit dancing? YES NO
3a. If YES, describe Dancing by Patrons
- 4. What are the proposed days/hours of operation?
(Specify days and hours each day) 12 noon-4 am-7 days
- 5. Will the business employ a manager? YES NO
If YES, see question 6.
- 6. Name(s) of manager(s)? Principals will manage the
(Manager(s) MUST complete a personal questionnaire premises
Prior to employment)
- 7. How many employees? 25
- 8. Will there be security personnel? YES NO
(If YES, how many?) 8
- 9. Will applicant engage in internet sale of alcoholic beverages? YES NO
If YES, describe: N/A