

# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License/Sidewalk Cafe Stipulations Application

<b>CORPORATION NAME</b> Facility Concession Services Inc.		<b>DOING BUSINESS AS (DBA)</b> Spectrum Catering and Concessions		
<b>STREET ADDRESS</b> 610 W. 56th Street		<b>CROSS STREETS</b> 11th Ave. and 12th Ave.		<b>ZIP CODE</b> 10019
<b>OWNER</b> <small>(Attach a list of all the people that will be associated/listed with the license)</small>	<b>NAME:</b> David Smalley	<b>ATTORNEY/ REPRESENTAIVE</b>	<b>NAME:</b> Lindsey Farina, Esq., Skene Law Firm PC	
	<b>PHONE:</b> 281-367-6163		<b>PHONE:</b> 732-727-5030	
	<b>EMAIL:</b> dsmalley@spectrumfcs.com		<b>EMAIL:</b> Lfarina@skenelawfirm.com	
<b>MANAGER</b>	<b>NAME:</b> Hal Gould	<b>LANDLORD</b>	<b>NAME:</b> Manhattan Music Venue, LLC	
	<b>PHONE:</b> 212-582-6600 ext. 101		<b>PHONE:</b> 212-582-6600	
	<b>EMAIL:</b> hal@terminal5nyc.com		<b>EMAIL:</b>	
<b>APPLICATION TYPE</b> ( <input checked="" type="checkbox"/> <i>Liquor License</i> <input type="checkbox"/> <i>Unenclosed Sidewalk Cafe</i> )				
<input type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?		<b>YES</b>	<b>NO</b>
	What is/was the name and address of establishment?			
	What were the dates applicant was involved with this former premise?			
<input type="radio"/> <b>Corp</b> <b>Change/Class Change/Removal</b>	What is the license # and expiration date?			
	Is applicant making any alterations or operational changes?		<b>YES</b>	<b>NO</b>
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>			
<input checked="" type="radio"/> <b>Alteration</b>	What is the current license # and expiration date?		Serial no. 1296286 - expiration 11/30/2020	
	<i>Please list/describe the nature of all the changes and attach the plans:</i>		Two new bars are being added to the first floor of the licensed premises. We are also updating the dimensions of the existing licensed bars due to remodeling.	
<b>METHOD OF OPERATION</b>				
<b>TYPE OF ALCOHOL</b>	<input checked="" type="radio"/> Liquor/Wine/Beer & Cider <input type="radio"/> Beer & Cider <input type="radio"/> Wine/Beer & Cider			
<b>ESTABLISHMENT TYPE</b>	<input type="radio"/> Restaurant <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" 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?		<b>YES</b>	<b>NO</b> <input checked="" type="checkbox"/>	The NYSLA application will be filed after the thirty day notice period.
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.		<b>YES</b> <input checked="" type="checkbox"/>	<b>NO</b>	N/A - premises is currently licensed. This is an alteration.
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.		<b>YES</b>	<b>NO</b> <input checked="" type="checkbox"/>	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?		<b>YES</b> <input checked="" type="checkbox"/>	<b>NO</b>	

\*The premises is open three days a week, and the three days fluctuate. Agreement with Community Board re: hours is attached.

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)									
HOURS* (Indoor Only)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	7pm-11pm	7pm-11pm	7pm-11pm	7pm-11pm	7pm-11pm	7pm-11pm	7pm-11pm	7pm-11pm
	Kitchen	the premises	has no full kitchen						
	Music	same as above hours for general operation							
If you plan to have music, what type(s)? (Circle all that apply)			<input checked="" type="checkbox"/> BACKGROUND	<input checked="" type="checkbox"/> LIVE MUSIC	<input checked="" type="checkbox"/> DJ	<input checked="" type="checkbox"/> JUKE BOX	<input checked="" type="checkbox"/> 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	3,884	up to 3,884	0	0	0	8	0		
OUTSIDE (Other than sidewalk café)	n/a								
SIDEWALK CAFÉ	n/a								
How many floors are there? What is the capacity for each floor?					2,436 on first floor; 760 on second floor; 480 on third floor; 208 on roof				
How frequently will the owner(s) be at the establishment?					infrequently				
Will there be dancing?					YES	NO			
						<input checked="" type="checkbox"/>			
Will applicant have bottle or table service for beverage alcohol?					YES	NO			
						<input checked="" type="checkbox"/>			
Will you be hosting private; promotional or corporate events?					YES	NO			
						<input checked="" type="checkbox"/>			
Will outside promoters be used on a regular basis? If yes please describe.					YES	NO			
						<input checked="" type="checkbox"/>			
Will you have a security plan? If, yes please attach.					<input checked="" type="checkbox"/> YES	NO			
Will security plan be implemented?					<input checked="" type="checkbox"/> YES	NO			
Will State certified security personnel be used?					<input checked="" type="checkbox"/> YES	NO			
Will New York Nightlife Association and NYPD Best Practices be followed?					<input checked="" type="checkbox"/> YES	NO			
Will applicant be using delivery bicycles? If yes, how many?					YES	NO			
						<input checked="" type="checkbox"/>			
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	n/a		
Where will delivery bicycles be stored during the day when not in use?					n/a				

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

<b>Community Notification/Relations</b>			
<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	Manhattan Community Board 4	
	# 2	See the attached list. All were contacted on the list received from Community Board 4.	
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.		n/a	
Who was your contact person at each group you met with?		n/a	
When did applicant post the notice that was provided?		11/22/2019	
Where did applicant post the notice that was provided?		at front entrance	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.		<b>YES</b> <input checked="" type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		<b>YES</b> <input checked="" type="checkbox"/>	<b>NO</b> <input type="checkbox"/>
		281-367-6163, David Smalley	

<b>BUILDING DESIGN</b>			
State the name and type of business previously located in the space.	Music venue and bar / tavern		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<b>YES</b> x	<b>NO</b>	Premises is currently licensed to the applicant.
Do you plan any changes to the existing façade? If yes, please describe.	<b>YES</b>	<b>NO</b> x	
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	<b>YES</b>	<b>NO</b>	
Is the entrance ADA Compliant?	<b>YES</b> x	<b>NO</b>	
Do you plan any changes to the existing façade? If yes, please describe.	<b>YES</b>	<b>NO</b> x	
Will applicant have a vestibule within the establishment?	<b>YES</b> x	<b>NO</b>	
Will applicant use a storm enclosure?	<b>YES</b>	<b>NO</b> x	
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?	<b>YES</b> x	<b>NO</b>	
Will applicant comply with the NYC noise code?	<b>YES</b> x	<b>NO</b>	
Will the establishment have any of the following: (circle all that apply)	<b>FRENCH DOORS</b>	<b>GARAGE DOORS</b>	<b>WINDOWS THAT CAN BE OPENED</b>
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	<b>YES</b> x	<b>NO</b>	
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?	<b>YES</b> x	<b>NO</b>	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	<b>YES</b>	<b>NO</b>	n/a - currently licensed premises
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?	<b>YES</b>	<b>NO</b>	n/a - currently licensed premises
Will the kitchen exhaust system extend to the roof?	<b>YES</b>	<b>NO</b>	n/a
Will the establishment have an illuminated sign?	<b>YES</b>	<b>NO</b> x	
Will the establishment have a canopy extending over the sidewalk?	<b>YES</b>	<b>NO</b> x	
Where will the air conditioner be located? What type is it?	HVAC on the roof		
When was the air conditioner installed?	unknown		

First name	Last name	ORGANIZATION	E-MAIL
Bob	Benfatto	Hudson Yards Hell's Kitchen Alliance	<a href="mailto:rbenfatto@hyhkalliance.org">rbenfatto@hyhkalliance.org</a>
Patty	Gouris	Hudson Yards Hell's Kitchen Alliance	<a href="mailto:pgouris@hyhkalliance.org">pgouris@hyhkalliance.org</a>
Kathleen	Treat	HKNA (incl. Dog Run)	<a href="mailto:kathleentreat123@gmail.com">kathleentreat123@gmail.com</a>
Frank	Strock	West 36th Street	<a href="mailto:mcgee79@aol.com">mcgee79@aol.com</a>
Christine	Berthet	Chekpeds	<a href="mailto:cberthet@me.com">cberthet@me.com</a>
Joe	Restuccia	CHDC (incl. Bob's & bird parks)	<a href="mailto:info@clintonhousing.org">info@clintonhousing.org</a>
Ryan	Marcano	CHDC (incl. Bob's & bird parks)	<a href="mailto:imarcano@clintonhousing.org">imarcano@clintonhousing.org</a>
Brian	Kehoe	500-506 West 42nd Street T.A.	
Eduardo	Zeiger	West 43rd Street (b. 9th/10th)	<a href="mailto:eduardozeiger@compuserve.com">eduardozeiger@compuserve.com</a>
Linda	Ashley	Manhattan Plaza T.A. (400 W. 43rd St.)	<a href="mailto:mpfa@mpenants.com">mpfa@mpenants.com</a>
Renee & Gordon	Stanley	West 44 Street Better Block Association	<a href="mailto:ashlevll@aol.com">ashlevll@aol.com</a>
Rudy	Papiri	West 44th Street (b. 9th/10th)	<a href="mailto:twocatsitd@worldnet.att.net">twocatsitd@worldnet.att.net</a>
Fischer	John	West 44th Street (b. 8 <sup>th</sup> /9 <sup>th</sup> )	<a href="mailto:rapapiri@aol.com">rapapiri@aol.com</a>
Tim	Tanner	West 45 <sup>th</sup> Street BA	<a href="mailto:block45@hellskitchen.net">block45@hellskitchen.net</a>
David C.	Stuart	West 45th Street BA	<a href="mailto:tangotanner@gmail.com">tangotanner@gmail.com</a>
Chana	Widawski	West 45th Street (b. 9th/12th)	<a href="mailto:west45ba@gmail.com">west45ba@gmail.com</a>
Steve	Fanto	West 46 Street Block Assocation (8th Ave to 12th Ave)	<a href="mailto:chanawid@gmail.com">chanawid@gmail.com</a>
Elke	Fears	West 47th/48th Streets	<a href="mailto:stephenfanto@gmail.com">stephenfanto@gmail.com</a>
Larry	Roberts	West 47th/48th Streets	<a href="mailto:aefearshk@earthlink.net">aefearshk@earthlink.net</a>
Jim	Bogues	West 47th/48th Streets	<a href="mailto:larrymichaelroberts@gmail.com">larrymichaelroberts@gmail.com</a>
Chuck	Vassallo	West 47th/48th Streets	<a href="mailto:jamesbogues@gmail.com">jamesbogues@gmail.com</a>
Stefan	Riedl	West 47th/48th Streets	<a href="mailto:chasnv@hotmail.com">chasnv@hotmail.com</a>
Nancy	Roylance	West 47th/48th Streets	<a href="mailto:chluderernyc@yahoo.com">chluderernyc@yahoo.com</a>
Karen	Nightengale	Flats Tenants Association	<a href="mailto:nancyroylance@gmail.com">nancyroylance@gmail.com</a>
Maria	Guzman	Harborview Terrace T.A. (525 W. 55th St.)	<a href="mailto:mariagnvs@aol.com">mariagnvs@aol.com</a>
Ellen	Celnik	The Aurora	<a href="mailto:ecelnik@actorsfund.org">ecelnik@actorsfund.org</a>
Richard	Pimentel	The Aurora	<a href="mailto:rpimentel@commonground.org">rpimentel@commonground.org</a>
Derrick	Sage	The Aurora	<a href="mailto:dsage@commonground.org">dsage@commonground.org</a>
Marjorie	Kagen	The Colonnade	<a href="mailto:buzany@rcn.com">buzany@rcn.com</a>
Nancy	Kyriacou	Oasis Gardens I 10th Ave., b. 51/52	<a href="mailto:nkyriacou@yahoo.com">nkyriacou@yahoo.com</a>
Gary	Dipasquale	Oasis Gardens II 52nd St/10th Ave.	<a href="mailto:gdclay@att.net">gdclay@att.net</a>
J.D.	Noland	Midtown North Pct. Council	<a href="mailto:jeandaniel@aol.com">jeandaniel@aol.com</a>
John	Mudd	Midtown North/South Pct. Council	<a href="mailto:john.mudd@usa.net">john.mudd@usa.net</a>
William	Otterson	Midtown North/South Pct. Council	<a href="mailto:bill@midtownsouthcc.org">bill@midtownsouthcc.org</a>
Paul	Loeb	Housing Conservation Coordinators [10th Ave., b.52/53]	<a href="mailto:(212)541-5996"> (212) 541-5996</a>
Christine	Gorman	300 W 55th St	<a href="mailto:ploeb315@aol.com">ploeb315@aol.com</a>
Steve	Belida	West 55th Block Association	<a href="mailto:west55ba@gmail.com">west55ba@gmail.com</a>
Jeff	Robins	50/51st Street Block Association	<a href="mailto:hk5051@gmail.com">hk5051@gmail.com</a>
Raul	Larios	50/51st Street Block Association	<a href="mailto:hk5051@gmail.com">hk5051@gmail.com</a>
Amanda	Cernitz	Hudson Hotel Residents	<a href="mailto:rlarios@hotmail.com">rlarios@hotmail.com</a>
Anita	McDonagh	Westmore 333 W 57	<a href="mailto:acernitz@gmail.com">acernitz@gmail.com</a>
Jesse	Bondy	Parc Vendome 340 W 57th Street	<a href="mailto:awm3333@me.com">awm3333@me.com</a>
		Colonnade 347 W 57th Street	<a href="mailto:jessbondy@aol.com">jessbondy@aol.com</a>



**OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFE**

Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	<b>YES</b> x	<b>NO</b>	
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	<b>YES</b> x	<b>NO</b>	rooftop
Are the floorplans for the outdoor space(s) included?	<b>YES</b> x	<b>NO</b>	
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	<b>YES</b> x	<b>NO</b>	The premises has an agreement w the Community Board re: hours. A copy is attached.
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	<b>YES</b>	<b>NO</b>	no change to existing operations
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	<b>YES</b>	<b>NO</b>	no change to existing operations
Will there be no amplified music, as per the law?	<b>YES</b> x	<b>NO</b>	
If amplified sound is played inside the establishment, will windows and doors be closed?	<b>YES</b> x	<b>NO</b>	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<b>YES</b> x	<b>NO</b>	
Will applicant agree to train staff to encourage a peaceful environment?	<b>YES</b> x	<b>NO</b>	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<b>YES</b> x	<b>NO</b>	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<b>YES</b> x	<b>NO</b>	

**OUTDOOR ITEMS – SIDEWALK CAFÉ**

There is no sidewalk café in use at the premises.

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.***

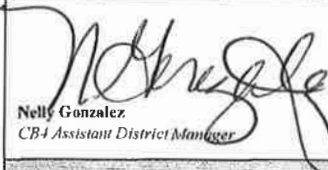
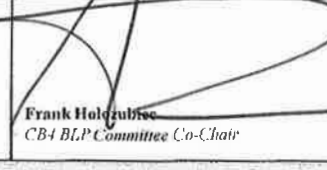
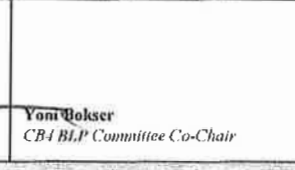
**ADDITIONAL STIPULATIONS: (Office Use Only), *Continued***

***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.***

Manhattan Community Board 4 (MCB4) recommends:  
 (MCB4's recommendation is based on a vote taken at its  
 January 2, 2020 full board meeting, with 37 members voting in favor  
 of the recommendation, 0 members opposed, 0 members  
 abstaining and 0 present but not eligible)

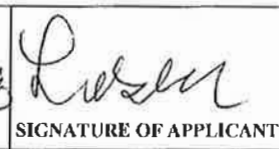
Denial unless all stipulations agreed to by applicant/owner are part of the method of operation  
 Denial  Approval

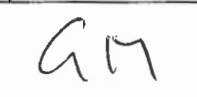
**CB4 REPRESENTATIVES**

 Nelly Gonzalez CB4 Assistant District Manager	 Frank Holczubise CB4 BLP Committee Co-Chair	 Yoni Bolser 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.

<b>SIGN HERE</b> →	Lindsey Farina Ego PRINT NAME OF APPLICANT	 SIGNATURE OF APPLICANT	11/25/19 DATE
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Hal Gould PRINT NAME OF APPLICANT	 SIGNATURE OF APPLICANT	12/10/19 DATE
--------------------------------------	---	------------------



CITY OF NEW YORK

**MANHATTAN COMMUNITY BOARD FOUR**

330 West 42<sup>nd</sup> Street, 26<sup>th</sup> floor New York, NY 10036  
tel: 212-736-4536 fax: 212-947-9512  
www.nyc.gov/mcb4

**JOHN WEIS**  
Chair

**ROBERT J. BENFATTO, JR., ESQ.**  
District Manager

July 22, 2010

Dennis Rosen  
Chairman  
New York State Liquor Authority  
80 S. Swan Street, 9<sup>th</sup> Floor  
Albany, New York 12210

**Re: *Manhattan Music Group LLC***  
*610 West 56<sup>th</sup> Street (11<sup>th</sup> / 12<sup>th</sup> Avenues)*

Dear Chairman Rosen:

Manhattan Community Board 4 (MCB4) recommends denial of an alteration to the full liquor license for Manhattan Music Group LLC dba Terminal 5, unless the following stipulations, agreed to by the applicant, are part of the method of operation for this establishment:


- 1) Installation of a decibel limiter on the rooftop with a setting of no higher than 90 decibels.
- 2) When amplified music is played on the rooftop, it will only be background music. No live amplified music will be allowed.
- 3) The applicant can serve alcohol on the rooftop until 2:00 AM twenty (20) days per year and until 4:00 AM ten (10) days per year. On all other days of the year, the applicant can serve alcohol until 12:30AM.
- 4) All amplified sound in the outdoor space must cease by 10:00 PM on Sunday through Thursday and 11:00 PM on Friday and Saturday.

A signed copy of the stipulations and community agreements is enclosed. This application is for an alteration to the full liquor license for Terminal 5. The applicant has requested the removal of the electronic traffic report, extending the hours of operation for select periods, and allowing low level music on the roof during limited hours. CB4 agrees to these requests.

If complaints are received from nearby residents, the applicant further agrees to reappear before CB4 to try to resolve any issues. If those issues are not resolved to the satisfaction of CB4, the applicant further agrees to reduce the outdoor space usage that goes to 4:00 AM from 10 nights per year to 5 nights per year.

Aside from the adjustments outlined above, the applicant further agrees to make no other changes to their method of operation.


Sincerely,



John Weis  
Chair  
Manhattan Community  
Board 4



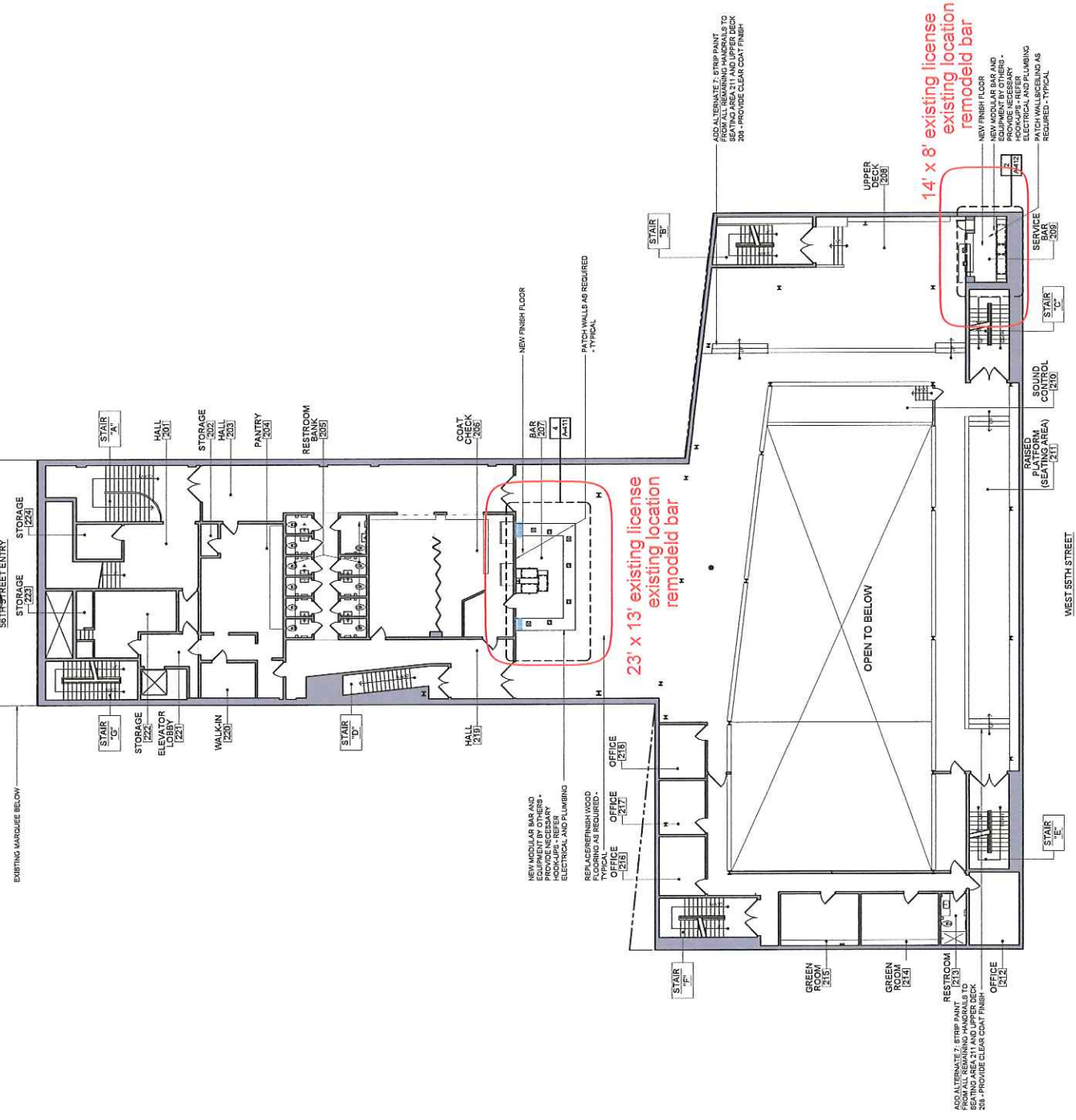
John Owens  
Co-Chair  
Business License & Permits  
Committee - North



Chuck Spence  
Co-Chair  
Business License & Permits  
Committee - North



# Proposed Diagram - Page 2



REFER TO SHEET FOR CONSTRUCTION WATER AND LEGEND POWER LEGEND AND PLUMBING LEGEND

THE BOWERY PRESENTS

TERMINAL 5  
605 WEST 55TH STREET  
PHASE II

NO.	ISSUE	DATE
2	ISSUED FOR REVIEW	11-23-19
1	PRELIMINARY BID SET	10-17-19

TULLER MCNEALUS FIELD  
ARCHITECTS  
15 West 55th Street  
New York, NY 10019  
Tel: (212) 786-7786

ALL RIGHTS RESERVED. ALL DRAWINGS, SPECIFICATIONS, AND SCHEDULES FURNISHED BY THE ARCHITECT ARE AND SHALL BE THE PROPERTY OF THE ARCHITECT. NO PART OF THIS DOCUMENT OR ANY OTHER PROJECT UNLESS WRITTEN PERMISSION IS GIVEN BY TULLER MCNEALUS FIELD ARCHITECTS.

SCALE: AS NOTED  
DATE: JULY 20, 2019  
DRAWN BY: [Name]  
CHECKED BY: [Name]  
DRAWING TITLE: SECOND FLOOR CONSTRUCTION PLAN  
EAL

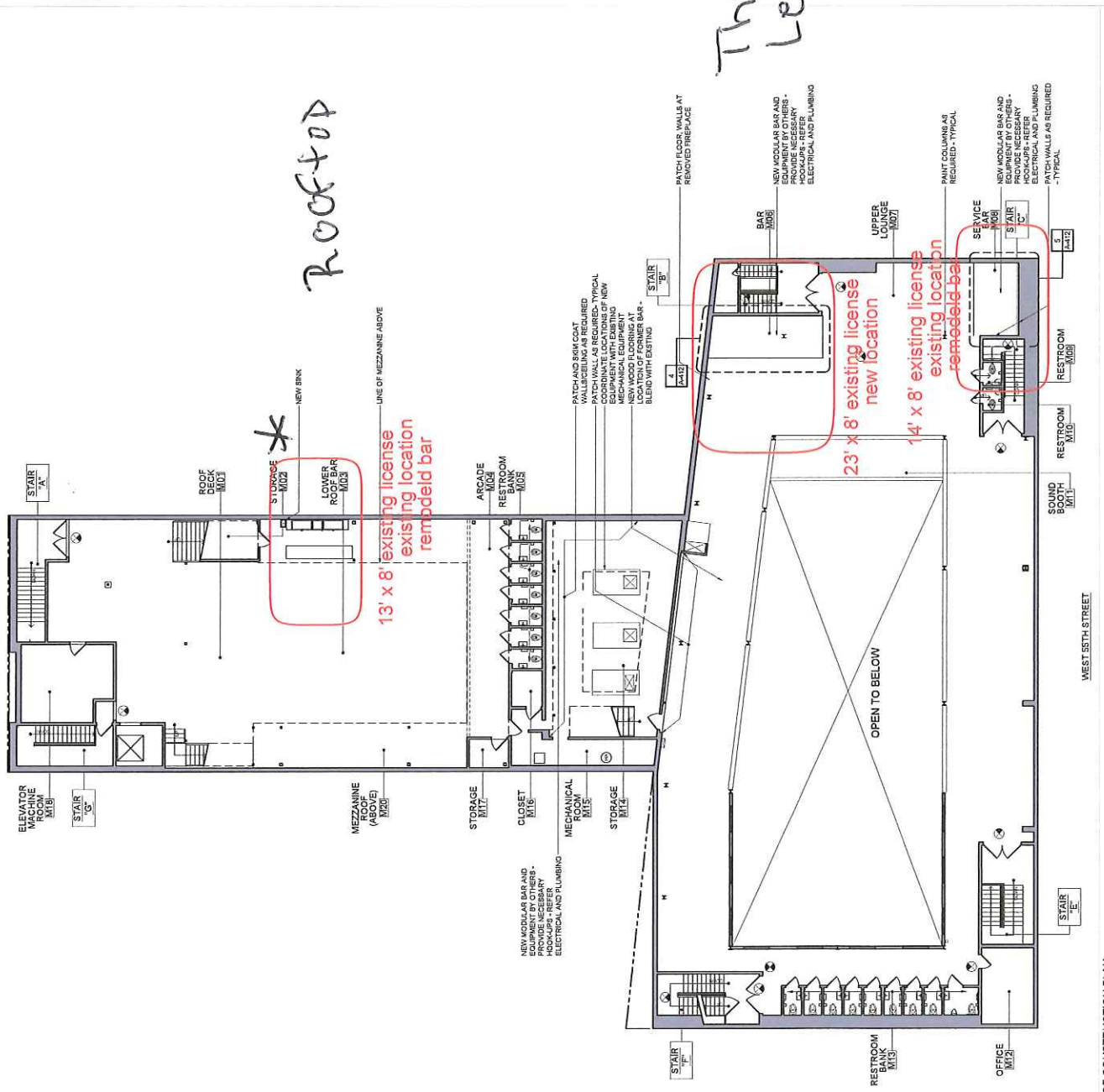
DRAWING NO. A-120.00

# Proposed Diagram- Page 3

THE BOWERY PRESENTS

TERMINAL 5  
605 WEST 55TH STREET  
PHASE II

REFER A-110 FOR CONSTRUCTION NOTES AND LEGEND POWER LEGEND AND PLUMBING LEGEND



Third Level

NO.	ISSUE	DATE
2	ISSUED FOR REVIEW	11-23-19
1	PRELIMINARY RED SET	08-17-19

TULLER  
MCNEALUS  
FELD  
ARCHITECTS  
54 THIRDS STREET  
NEW YORK, NY 10016  
TULLER@TMCN.COM

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 DRAWING NO. DATE  
 DRAWN BY DATE  
 DRAWING TITLE  
 MEZZANINE AND LOWER ROOF CONSTRUCTION PLAN  
 DESIGNED BY DATE  
 A-130.00  
 12 / 23

MEZZANINE AND LOWER ROOF CONSTRUCTION PLAN  
SCALE: 1/8" = 1'-0"

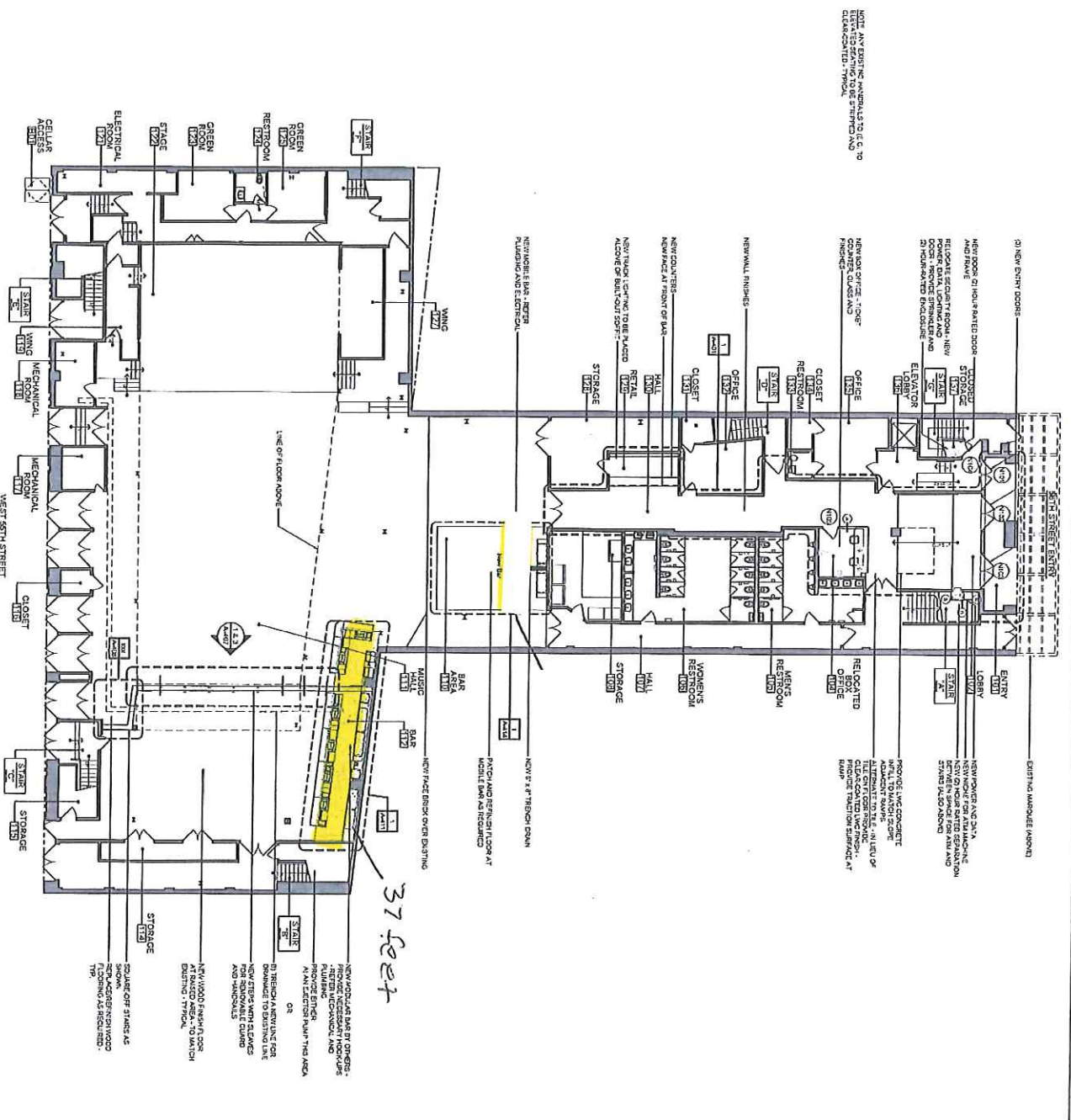
DO NOT SCALE PRINTS



First Floor

Current Diagram #1

1 FIRST FLOOR CONSTRUCTION PLAN  
SCALE: 1/8" = 1'-0"



NOTE: ALL EXISTING SURFACES TO BE CLEANED AND REFINISHED TO MATCH ADJACENT AREAS.

**CONSTRUCTION NOTES**

1. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
2. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
3. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
4. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
5. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
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7. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
8. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
9. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
10. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.

**CONSTRUCTION LEGEND**

- 1. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
- 2. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
- 3. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
- 4. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
- 5. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
- 6. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
- 7. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
- 8. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
- 9. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
- 10. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.

**POWER LEGEND**

- 1. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
- 2. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
- 3. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
- 4. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
- 5. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
- 6. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
- 7. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
- 8. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
- 9. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.
- 10. ALL WORK SHALL BE IN ACCORDANCE WITH THE 2018 IBC AND ALL APPLICABLE CODES.

THE BOWERY PRESENTS

TERMINAL 5

605 WEST 55TH STREET

PHASE II

TULLER MONTELLI FIELD

NO.	REVISION	DATE
1	INITIAL DESIGN	12/15/17

PROJECT NUMBER: 17-0100

DATE: 12/15/17

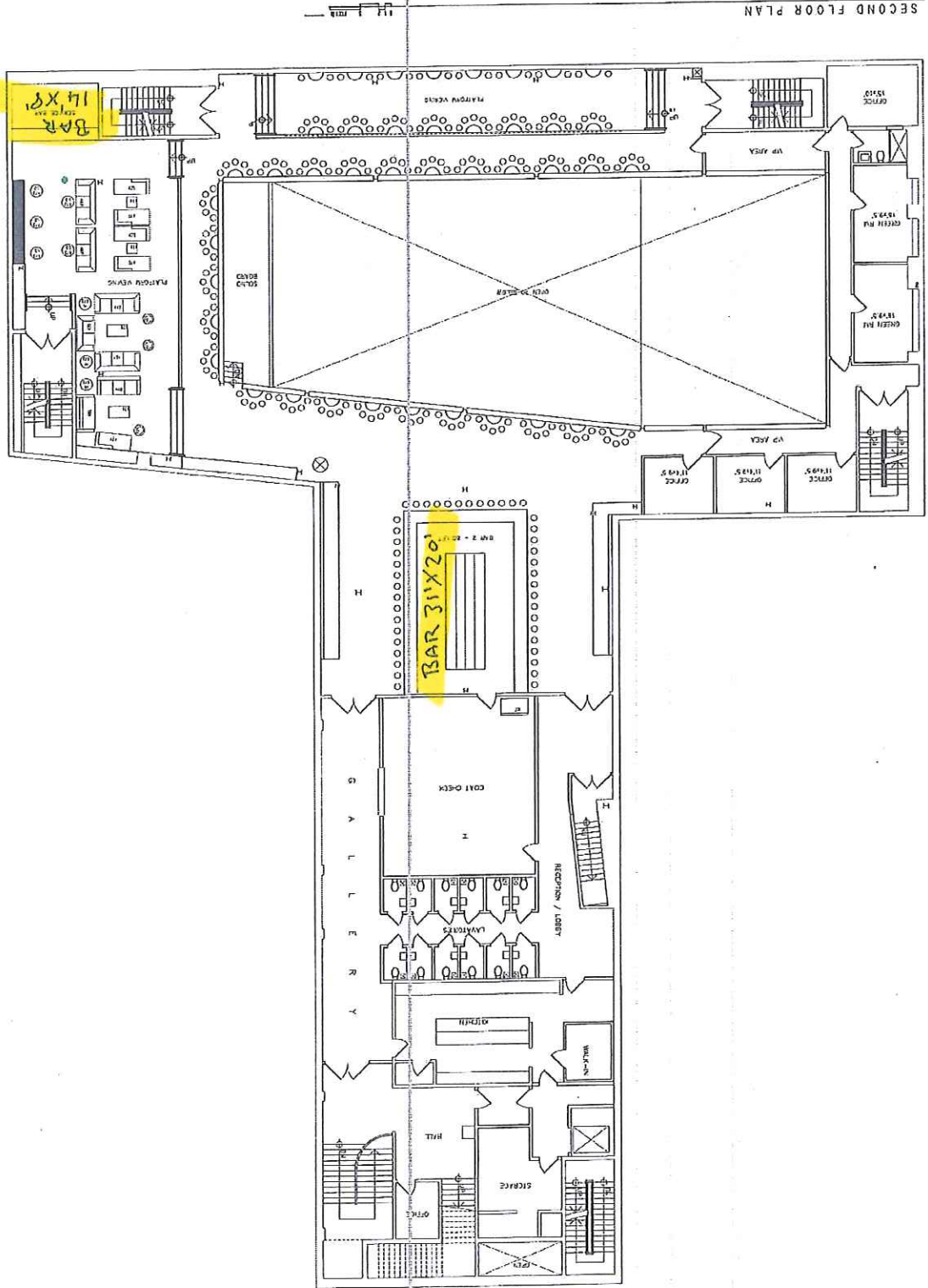
DRAWING NO: A-110.00

SCALE: AS SHOWN

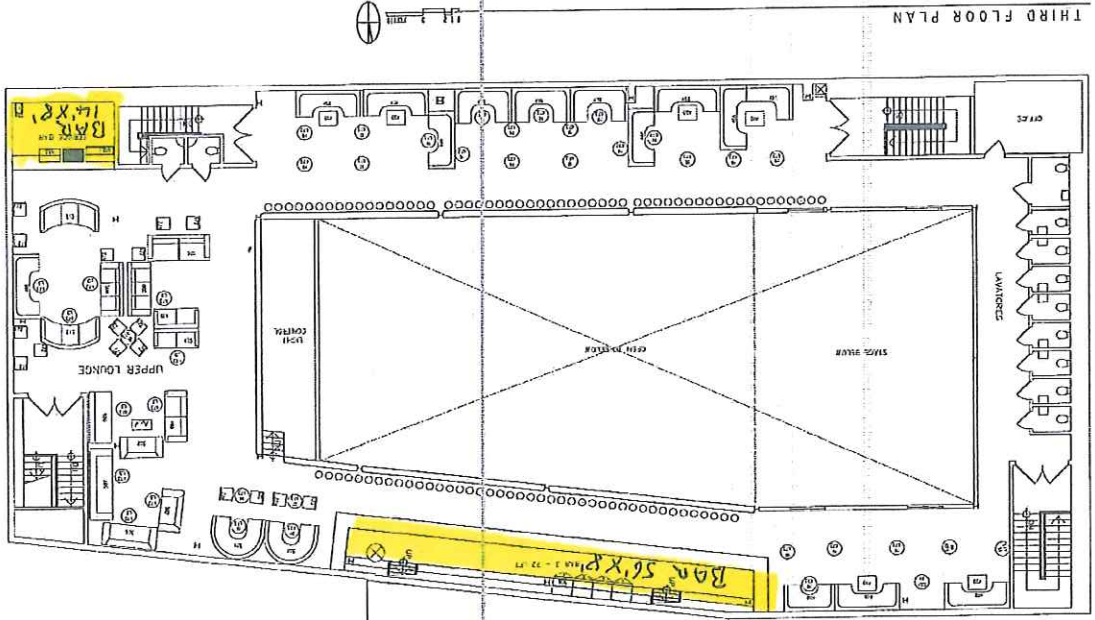
DO NOT SCALE PRINTS

Second Floor

Current Diagram # 2



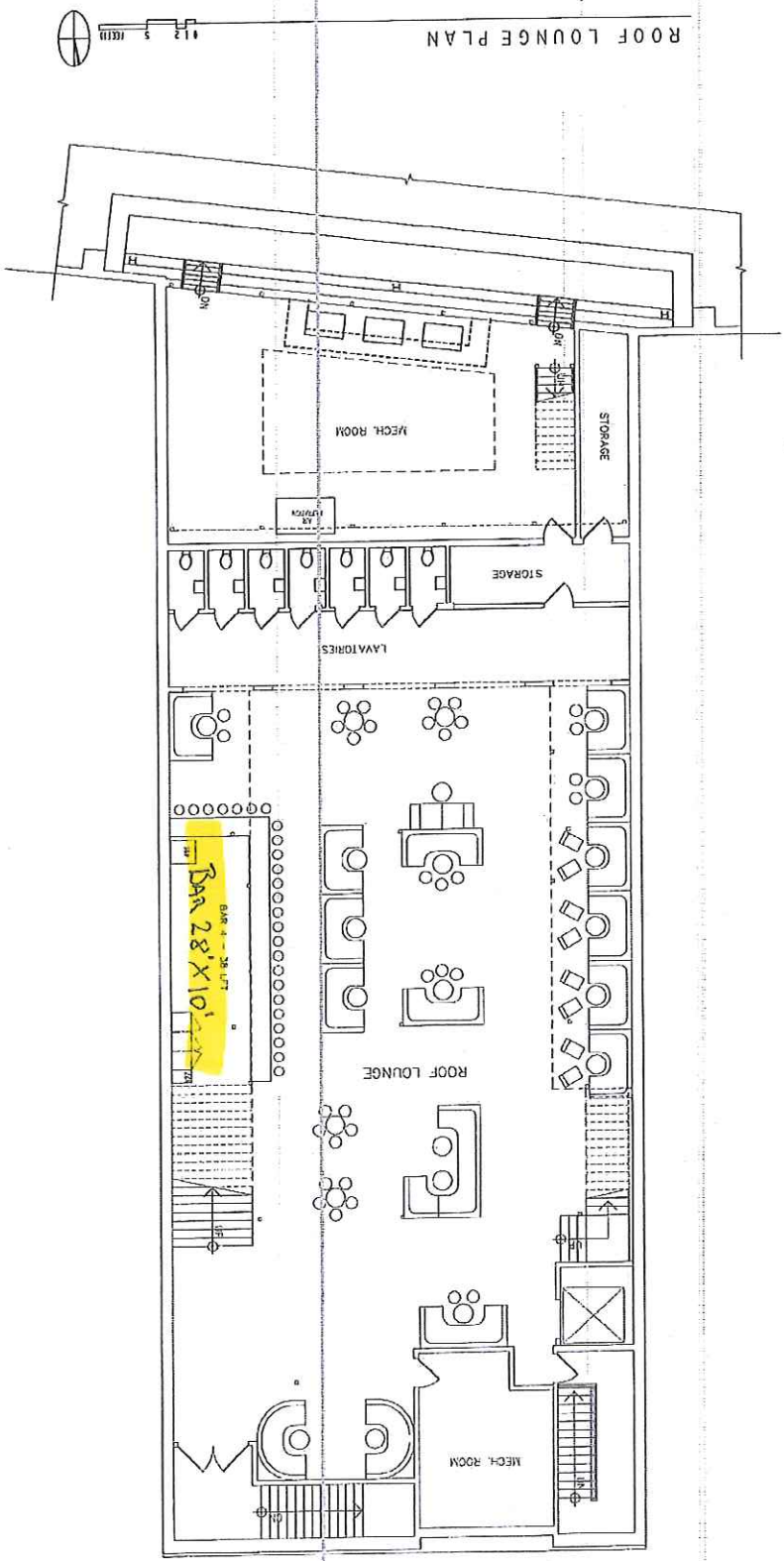
Third Floor



Current Diagram # 3

Roof

Current Diagram #4



## Terminal 5 Price List

### VODKA

House	9
Stoli	11
Stoli O	11
Stoli V	11
Stoli Ras	11
Absolut	11
Abs. Citron	11
Abs. Mand	11
Abs. Vanilla	11
Abs. Pear	11
Deep Eddy	11
Tito's	12
Ketel One	12
Grey Goose	13

### GIN

House	9
Tanqueray	11
Sapphire	12
Hendricks	13

### RUM

House	9
Bacardi	11
Malibu	11
Cpt. Morgan	11

### TEQUILA

House	9
Cuervo	11
Hornitos	11
Casa Migos	12
Patron Silver	13
Illegal Joven	13
Illegal Rep	17
Illegal Anejo	25

### SCOTCH

Dewars	11
JW Black	12

### WHISKEY

House	8
-------	---

### IRISH WHISKEY

Jameson	11
---------	----

### BOURBON

House	9
Jack Daniels	11
Maker's	12
Bulleit Bourbon	12
Bulleit Rye	12

### CORDIALS

Triple Sec	9
Peach Schn	8
SoCo	11
Sambuca	10
Amaretto	10
Jager	10
Gr. Marnier	11
Fire Ball	11
Hennessy	13

### WINE

Red/ White	10
------------	----

### BOTTLED BEER

Amstel	9
Angry Orch Cider	9
Becks NA	8
Brooklyn	9
Bud lite	8
Budweiser	8
Corona	9
Founders Gold	11
Founders IPA	11
Guinness can	9
Modelo	9
Mosaic IPA	9
Sam '76	9
Six points Crisp	9
Six Points Resin	9
Stella	9
Truly Berry	9

### DRAFT BEER

Bud lite	8
Stella	9
Pacifico	9
Mosaic IPA	9
Brooklyn	9

### MIXED DRINKS

Martini	13
Manhattan With MM	14
Margarita	13
Cosmo	13
LI tea	16

Monster And Vodka	13
Premium Vodka and Monster 15/17	

All mixed drinks with call  
liquor \$1 up charge

### OTHER

Juice	4
Soda	4
Bottled Water	5
Hint Water	5
Monster	6

### SNACKS

Chips	3
Peanuts	3
Popcorn	5
Snickers	3
M&Ms	3
Peanut M&Ms	3
Pizza Pockets	6

T5 T-Shirts	12
SM - XXL	

THE CITY OF NEW YORK



DEPARTMENT OF BUILDINGS  
**CERTIFICATE OF OCCUPANCY** AMENDED

BOROUGH MANHATTAN ANNEDED DATE: JAN 23 2001 NO. 102849713  
 This certificate is for ~~XXXXX~~ C.O. NO 119335 ZONING DISTRICT M2-3  
 610 WEST 56TH STREET Block 1103 Lot 39

CONFORMS SUBSTANTIALLY TO THE APPROVED PLANS AND SPECIFICATIONS AND TO THE REQUIREMENTS OF ALL APPLICABLE LAWS, RULES, AND REGULATIONS FOR THE USES AND OCCUPANCIES SPECIFIED HEREIN.

PERMISSIBLE USES AND OCCUPANCY

STORY	LIVE LOAD (LB. PER SQ. FT.)	MAXIMUM NO OF PERSONS PERMITTED	ZONING DWELLING OR OCCUPANCY INDEX	BUILDING CODE HABITABLE ROOMS	ZONING USE GROUP	BUILDING CODE OCCUPANCY GROUP	DESCRIPTION OF USE
CELLAR	00						METTER ROOM
1ST FLOOR	100	2436	0	.0	12	F-4	EATING & DRINKING EST. (CABARET)
	100	32	0	0	6A	F-4	EATING & DRINKING EST. (NO DANCING)
2ND FLOOR	100	760	0	0	12	F-4	EATING & DRINKING EST. (CABARET)
MEZZANINE	100	480	0	0	12	F-4	EATING & DRINKING EST. (CABARET)
LOWER ROOF	100	208			6A	F-4	EATING & DRINKING EST. (NO DANCING)
MEZZANINE ROOF	100	72			6A	F-4	EATING & DRINKING EST. (NO DANCING)
UPPER ROOF		0					MECHANICAL EQUIPMENT

USE GROUP 6A SHALL HAVE NO DANCING, NO LIVE ENTERTAINMENT OR LIVE MUSIC. OUTDOOR TABLE SEATING AT LOWER ROOF LEVEL ONLY. NEW CODE. NORTH PORTION OF BUILDING CONSTRUCTION CLASS "II B" SOUTH PORTION OF BUILDING CONSTRUCTION CLASS "I-E".

THIS CERTIFICATE OF OCCUPANCY MUST BE POSTED WITHIN THE BUILDING IN ACCORDANCE WITH THE RULES OF THE DEPARTMENT PROMULGATED MARCH 13TH, 1961.

OPEN SPACE USES \_\_\_\_\_ (SPECIFY—PARKING SPACES, LOADING DERTING, OTHER USES, NONE)

N. G. NO CHANGES OF USE OR OCCUPANCY SHALL BE MADE UNLESS A NEW AMENDED CERTIFICATE OF OCCUPANCY IS OBTAINED THIS CERTIFICATE OF OCCUPANCY IS ISSUED SUBJECT TO FURTHER LIMITATIONS, CONDITIONS AND SPECIFICATIONS NOTED ON THE REVERSE SIDE.

*Randy A. ...* BOROUGH SUPERINTENDENT  
*...* Acting Commissioner

ORIGINAL  OFFICE COPY - DEPARTMENT OF BUILDINGS  COPY

THAT THE ZONING LOT ON WHICH THE PREMISES IS LOCATED IS BOUNDED AS FOLLOWS:

BEGINNING at a point on the NORTH side of WEST 82ND STREET  
 distant 200'-0" EAST feet from the corner formed by the intersection of  
 and WEST 82ND STREET  
 running thence EAST 125'-10" feet; thence NORTH 100'-0" feet;  
 thence WEST 125'-10" feet; thence SOUTH 100'-0" feet;  
 thence to the point or place of beginning.

100281721

XXNXXALT. No. DATE OF COMPLETION 1/8/01 CONSTRUCTION CLASSIFICATION CLASS 1 FIREPROOF  
 BUILDING OCCUPANCY GROUP CLASSIFICATION J-2 HEIGHT 9+PH STORIES, 110' FEET

THE FOLLOWING FIRE DETECTION AND EXTINGUISHING SYSTEMS ARE REQUIRED AND WERE INSTALLED IN COMPLIANCE WITH APPLICABLE LAWS.

	YES	NO		YES	NO
STANDPIPE SYSTEM			AUTOMATIC SPRINKLER SYSTEM		
YARD HYDRANT SYSTEM					
STANDPIPE FIRE TELEPHONE AND SIGNALLING SYSTEM					
SMOKE DETECTOR					
FIRE ALARM AND SIGNAL SYSTEM					

STORM DRAINAGE DISCHARGES INTO:  
 A) STORM SEWER  B) COMBINED SEWER  C) PRIVATE SEWAGE DISPOSAL SYSTEM

SANITARY DRAINAGE DISCHARGES INTO:  
 A) SANITARY SEWER  B) COMBINED SEWER  C) PRIVATE SEWAGE DISPOSAL SYSTEM

LIMITATIONS OR RESTRICTIONS:  
 BOARD OF STANDARDS AND APPEALS CAL. NO. \_\_\_\_\_  
 CITY PLANNING COMMISSION CAL. NO. \_\_\_\_\_  
 OTHERS:



### APPLICATION FOR ADDITIONAL BAR

This application form is to be used by a licensee requesting the permission of the Liquor Authority to add additional bars at which alcoholic beverages may be sold to be consumed on the licensed premises pursuant to Section 100 subdivisions 4 or 4a of the A.B.C. Law. This form shall also be filed by Legitimate Theater or Ball Park applicants who request permission to operate one or more additional bars at which alcoholic beverages may be sold to be consumed, pursuant to Sections 64-a and Section 55-a of the A.B.C. Law.

\*The Law provides that the fee for each such additional bar shall be equivalent to the amount of the annual or summer license fee paid by the licensee. When for beer only, as enumerated in subdivision 4 or 4a of Section 100, each such bar requires a payment of \$60.00 plus required filing fee.

\*If an additional bar is being installed to replace a service bar in a previously licensed area, no report of alteration is required to be filed, however submit a composite diagram of the proposed addition.

\*If the additional bar is being added to an area that is not currently licensed by you, an Application for Permission to Make Alterations is required to add the area to your license.

**LICENSE & FILING FEE IS REQUIRED-SEE ATTACHED FEE CHART.** The expiration date(s) for any additional bars must be the same as the expiration date on the main bar license. Fees will be pro-rated.

**ALL QUESTIONS MUST BE ANSWERED IN BOXES BELOW. (If more space is needed, attach additional sheets).**

Any false answer or statement made by the applicant/licensee may subject the licensee to disciplinary proceedings and/or disapproval of the application.

Serial Number of the Main License	1296286	County	New York
Full name of Licensee as listed on the License	Facility Concession Services Inc.		
Trade Name (DBA) as listed on the License Certificate	Spectrum Catering and Concessions		
Complete Address of Licensed Premises including Zip	610 W. 56th Street, New York, NY 10019		
Post Office/Mailing Address, if different than premises	2614 Highway 516, 2nd Floor, Old Bridge, NJ 08857		
Telephone Number	7327275030	FEIN#	76-0314914

1. Is the applicant the holder of a license to sell alcoholic beverages at retail on the premises for which this application is being filed?  Yes  No

If no, please submit an *Application for Alcoholic Beverage Control Retail License (On Premises)* Type of License (Class/Code) 252 OP

2. What is the current expiration date of the license? 11/30/2020

3. What is the license fee paid per license period for the main license (do not include filing fee)? 4352

4. How many bars are currently licensed at this premises? 6

5. (a) How many full additional bars is the applicant requesting? 2

(b) How many beer only bars is the applicant requesting, if any? (See note on bottom to qualify) 0

(c) Total Number of bars requested: 2

**Please refer to the ADDITIONAL BARS PRO-RATED FEE SCHEDULE for the correct fees to submit.**

6. TOTAL FEE DUE \$ 4,372 x2 = 8,744





### APPLICATION FOR ADDITIONAL BAR

7. (a) State location of each additional bar for which application is made and give dimensions thereof.

first level

7. (b) Was any such location previously excluded from coverage of the original license application? If so, specify.

no

7. (c) Is the proposed additional bar(s) currently operating as a service bar?

Yes  No

If no, please submit an *Application for Permission to Make Alterations*.

**Submit an updated Establishment Questionnaire as well as current and proposed diagrams.**

The applicant hereby agrees that any application filed under the Alcoholic Beverage Control Law by any person having any interest, direct or indirect, either in the premises or in the business to be licensed, for any license or permit, shall be deemed and made a part hereof and considered by the State Liquor Authority in acting upon this application.

David H. Smalley

(Print Name)

certified that he/she is

Founder / CEO

(Title)

of the above named applicant corporation; that he/she knows the contents of the above application and the statements and answers therein; that the same are true of his/her own knowledge; that he/she has been authorized, by order of the Board of Directors of said applicant corporation to make the statements and answers in this application in behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers itself.

Dated November 13, 2019

(Signature of Authorized Officer)

Contact/Attorney/Representative Name

Lindsey Farina

Contact/Attorney/Representative Address

2614 Highway 516, 2nd Fl., Old Bridge, NJ 08857

Contact/Attorney/Representative Telephone

7327275030

Contact/Attorney/Representative Email Address

Lfarina@skenelawfirm.com

Mail Application to:

New York State Liquor Authority Licensing, PO Box 782772, Philadelphia, PA 19178-2772

**OFFICE USE ONLY:**

New Additional Bar(s) Serial Number(s)

[ ]

Booked Date:

[ ]

[ ]

Approved or Disapproved

[ ]

License Board Member

[ ]

Dated



## APPLICATION FOR PERMISSION TO MAKE ALTERATIONS On-Premises Establishment

**This application must be filed with the Albany office of the State Liquor Authority located at:  
80 South Swan Street, Suite 900, Albany, NY 12210-8004**

**NO FEE IS REQUIRED**

**This application must be accompanied by the following:**

- A diagram showing the **existing** layout of the entire premises (interior and exterior) on a single sheet of 8.5" x 11" paper
- A diagram showing the **proposed** layout of the entire premises (interior and exterior) on a single sheet of 8.5" x 11" paper
- Financial documentation showing the availability of funds to be used to cover the costs of the proposed alterations
- If located in New York City, submit proof of the mailing or delivery of the Standardized Notice Form for providing 30-day advance notice to the Community Board
- Photographs of the area to be altered as it appears when filing the Alteration Application
- An updated Establishment Questionnaire with answers reflecting the entire premises *after* the proposed alterations
- If an additional bar is being added, submit an application for Additional Bar along with the applicable fee
- An amended lease agreement if space that was not previously included in the demised premises is being added

**If the application is conditionally approved the following items may be required prior to final approval:**

- Copies of all relevant permits, including building permits, sidewalk cafe permits, etc.
- Photographs of the premises showing all alterations complete
- A new Certificate of Occupancy or Certificate of Completion if required by the local municipality
- The standardized Statement of Completion of Alterations, completed and returned to the Authority

Before any **SUBSTANTIAL ALTERATION** to a licensed premises may be undertaken by or on behalf of any licensee, except a Farm Winery, the licensee shall apply to the State Liquor Authority for permission to do so. A substantial alteration shall include any enlargement or contraction of a licensed premises; any physical change to the exterior of the licensed premises that involves the creation or relocation of any window or door, or reduces the visibility that existed at the time of licensing; any physical changes in the interior that materially affect the character of the premises or physical structure that existed at the time of licensing; and (in the case of establishments licensed for on-premises consumption) any enlargement or reduction of the dining or kitchen facilities or any change in the size or location of any bar from which alcoholic beverages are served.

**MINOR ALTERATIONS** shall be deemed to be one costing and valued at less than \$10,000, which does not affect the material character or physical structure that existed at the time of licensing. Before commencing work on the alteration, the licensee must request permission to effect such minor alteration by submitting this application, in person or by certified mail (return receipt requested). The request must include: a description of the proposed alteration; the cost and value of the alteration; and the source of the monies to be used to pay for the alteration.

*After receiving the application, the State Liquor Authority will have 20 days to review the proposed alteration. If there is any objection, the Authority will notify the licensee by certified mail. If no objection is made within 20 days after reviewing the necessary forms, it shall be deemed that permission has been granted. Work may commence on the alteration if no objection is received by the 25th day after filing.*

**Alcoholic beverages may not be kept or sold in any added space until the Alteration is approved.**



# APPLICATION FOR PERMISSION TO MAKE ALTERATIONS

**This application must be filed with the Albany office of the State Liquor Authority located at:  
80 South Swan Street, Suite 900, Albany, NY 12210-8004**

**NO FEE IS REQUIRED**

**The licensee named below hereby requests the permission of the State Liquor Authority to make alterations to the licensed premises as set forth below.**

Serial Number:  County:  Phone #:

Full name of Licensee as listed on the License:

Trade Name (DBA) as listed on the License:

Address of the Licensed Premises:

City:  Zip Code:

Business Email Address:

Post Office/Mailing Address (if different than premises):

1. CHECK ONE:  Substantial Alteration  Minor Alteration

2. List proposed alterations (describe all changes fully. If more space is needed, attach additional sheets):

Addition of two new bars on level one. Updating existing bar dimensions due to renovations.

3. Is space being added or eliminated from the licensed premises?

3a. If added, provide size, location and use of space:

3b. If additional space is added, provide name of landlord and terms of lease, if applicable (a copy of an amended lease may be required):



# APPLICATION FOR PERMISSION TO MAKE ALTERATIONS

4. Is a building permit required for the proposed alterations by the municipality?  Yes  No

4a. If yes, give permit number and issuing municipality:  
Provide a copy of the permit.

[Empty box for permit details]

5. Will any entrance or exit of the premises as altered be within 200' of the entrance to a school, church or synagogue, or other place of worship?  Yes  No

6. Is there a change of premises address due to the alteration?  Yes  No  
(If the address of the premises has changed since the last application, submit a written explanation or letter from the Post Office, as well as an Endorsement Application to amend the address.)

6a. If yes, provide eliminated address and/or additional address:

n/a

7. Estimated cost of alteration:

\$ 40,000

7a. Sources of funds used to pay for alteration:

Funds on hand

8a. Present seating capacity at tables:

0

8c. Present total length of bar:

See rider

8b. Proposed seating capacity at tables:

0

8d. Proposed total length of bar:

13 feet & 11'3"

The undersigned, each for himself, certifies that he/she is the applicant above named; that he/she knows the contents of the above application and the statements contained therein and the same are true of his/her own knowledge.

David H. Smalley  
(Print Name)

certifies that he/she is

Founder / CEO  
(Title)

of the above named applicant corporation; that he/she knows the contents of the above application and the statements and answers therein; that the same are true of his/her knowledge; that he/she has been authorized, by order of the Board of Directors of said applicant corporation to make the statements and answers in this application on behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers itself. The undersigned also certifies that he/she will meet all local code requirements of the municipality in which the premises is located and obtain any necessary permits required of him/her in order to perform the alteration within the boundaries of the law.

*[Handwritten Signature]*

11-13-19

(Signature of Authorized Principal and/or each Partner)

(Date)

[OFFICE USE ONLY]

DATE FILED: [ ] SERIAL #: [ ]

Approved  Disapproved

[ ] License Board Member Date

Rider to Application for Permission to Make Alterations

Page 2

Lengths of Bars:

Bar 1 – ground floor – 30 Feet long

Bar 2 – second floor – 23 Feet long

Bar 3 – second floor – 14 Feet long

Bar 4 – third floor – 23 Feet long

Bar 5 – third floor – 14 feet long

Bar 6 – roof top – 13 feet long

Bar 7 – (new bar) ground floor - 13 feet long.

Bar 8 – (new bar) ground floor – 11'3" long.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

## ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

**Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.**

### 1. Zoning

1a. State what the area is zoned for:  
(e.g., Residential, Business, Mixed etc.)

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits?

 Yes     No     Pending

### 2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address?

 Yes     No

If YES, please specify:

*If the address was changed due to a 911 update or other government action, please include documentation for the change.*

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

 Currently Licensed     Previously Licensed     Never Licensed     Do Not Know

Name of Licensee:

License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

 Yes     No     Do Not Know

**Any pending disciplinary action may delay a determination on this application or result in the disapproval.**

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed?

 Yes     No

Name of Licensee:

License Serial Number:

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

**3. Premises (interior):**

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:   
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?  
If yes, show the means of access on the interior diagram(s).  Yes  No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?  
(e.g., hallway, stairwells, common areas, etc.)  Yes  No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises:  3h. Number of tables?

3i. Number of seats at tables?  3j. Number of seats at bar or counter?

**4. Bars:**

4a. How many customer bars are located on the premises?  
*(a customer bar is where patrons may order, purchase or receive alcoholic beverages)*

4b. How many service bars? *(a service bar is for wait staff use exclusively)*

4c. Describe each bar in the fields below:

**Bar 1**

Bar Type:   
Length:   
Shape:   
Location:

**Bar 2**

Bar Type:   
Length:

**Bar 3**

Bar Type:   
Length:   
Shape:   
Location:

(If the location of your bar is not listed as a choice in the drop-down menu, please type in your answer.)

**Attach additional sheets if there are more than 3 bars.**

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

**3. Premises (interior):**

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:   
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?  
If yes, show the means of access on the interior diagram(s).  Yes  No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control? (e.g., hallway, stairwells, common areas, etc.)  Yes  No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises:  3h. Number of tables?

3i. Number of seats at tables?  3j. Number of seats at bar or counter?

**4. Bars:**

4a. How many customer bars are located on the premises?   
(a customer bar is where patrons may order, purchase or receive alcoholic beverages)

4b. How many service bars? (a service bar is for wait staff use exclusively)

4c. Describe each bar in the fields below:

<b>Bar 1</b>	<b>Bar 2</b>	<b>Bar 3</b>
Bar Type: <input type="text" value="Customer"/>	Bar Type: <input type="text" value="Customer"/>	Bar Type: <input type="text" value="Customer"/>
Length: <input type="text" value="30 feet"/>	Length: <input type="text" value="23 feet"/>	Length: <input type="text" value="14 feet"/>
Shape: <input type="text" value="Rectangle"/>	Shape: <input type="text" value="Rectangle"/>	Shape: <input type="text" value="Rectangle"/>
Location: <input type="text" value="First Floor"/>	Location: <input type="text" value="2nd Floor"/>	Location: <input type="text" value="2nd Floor"/>

(If the location of your bar is not listed as a choice in the drop-down menu, please type in your answer.)

**Attach additional sheets if there are more than 3 bars.**



OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

**3. Premises (interior):**

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:   
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?  
If yes, show the means of access on the interior diagram(s).  Yes  No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?  
(e.g., hallway, stairwells, common areas, etc.)  Yes  No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises:  3h. Number of tables?

3i. Number of seats at tables?  3j. Number of seats at bar or counter?

**4. Bars:**

4a. How many customer bars are located on the premises?   
*(a customer bar is where patrons may order, purchase or receive alcoholic beverages)*

4b. How many service bars? *(a service bar is for wait staff use exclusively)*

4c. Describe each bar in the fields below:

<p><b>Bar 1</b></p> <p>Bar Type: <input type="text"/></p> <p>Length: <input type="text"/></p> <p>Shape: <input type="text"/></p> <p>Location: <input type="text"/></p>	<p><b>Bar 2</b></p> <p>Bar Type: <input type="text" value="Customer"/></p> <p>Length: <input type="text" value="23 feet"/></p> <p>Shape: <input type="text" value="Rectangle"/></p> <p>Location: <input type="text" value="3rd floor"/></p>	<p><b>Bar 3</b></p> <p>Bar Type: <input type="text" value="Customer"/></p> <p>Length: <input type="text" value="14 feet"/></p> <p>Shape: <input type="text" value="Rectangle"/></p> <p>Location: <input type="text" value="3rd floor"/></p>
--	---	---

(If the location of your bar is not listed as a choice in the drop-down menu, please type in your answer.)

**Attach additional sheets if there are more than 3 bars.**

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

**5. Kitchen:**

5a. Does the premises have a full kitchen?  Yes  No

If NO, does the premises have a food preparation area?  Yes  No

**Show Kitchen or Food Prep Area on the Interior Diagram**

**NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU**

5b. Is a chef/cook employed at the premises?  Yes  No

If YES, please list hours of day chef/cook will devote to the premises:

all open hours of operation

**6. Hotel or Bed & Breakfast:**

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises?  Yes  No

**7. Outdoor Areas:**

7a. Are there any outside areas used for the sale or consumption of alcohol?  Yes  No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:  
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

- Sidewalk Cafe     Deck     Patio     Porch     Gazebo
- Rooftop     Yard     Balcony     Pavilion     Tent
- Other (describe):

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control?  Yes  No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- Fencing     Wall     Shrubbery     Roping     Stanchions
- Other (describe):

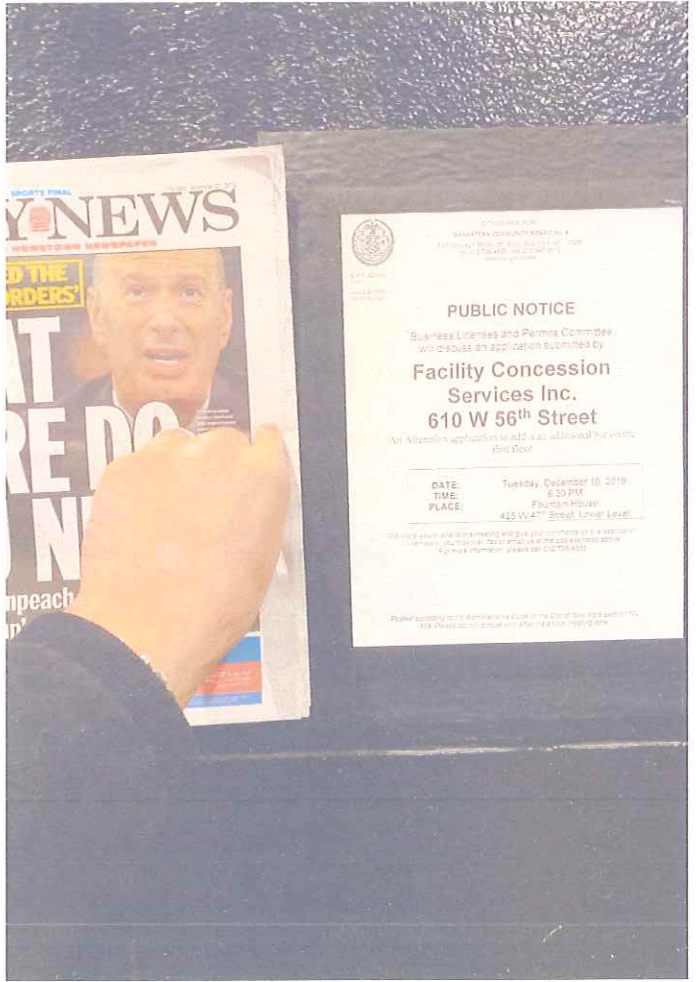
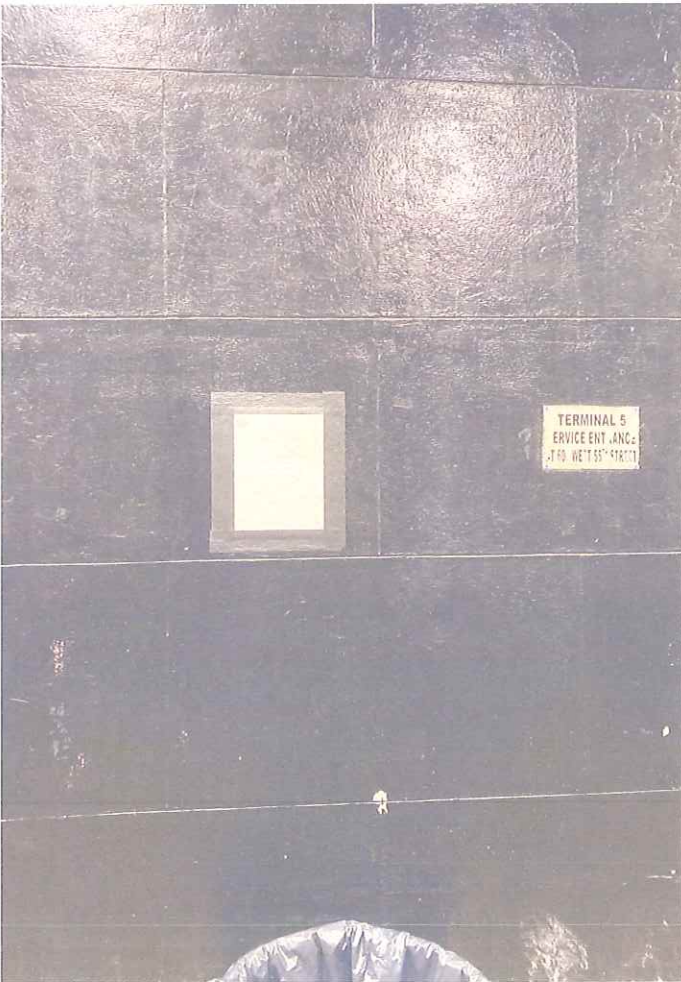
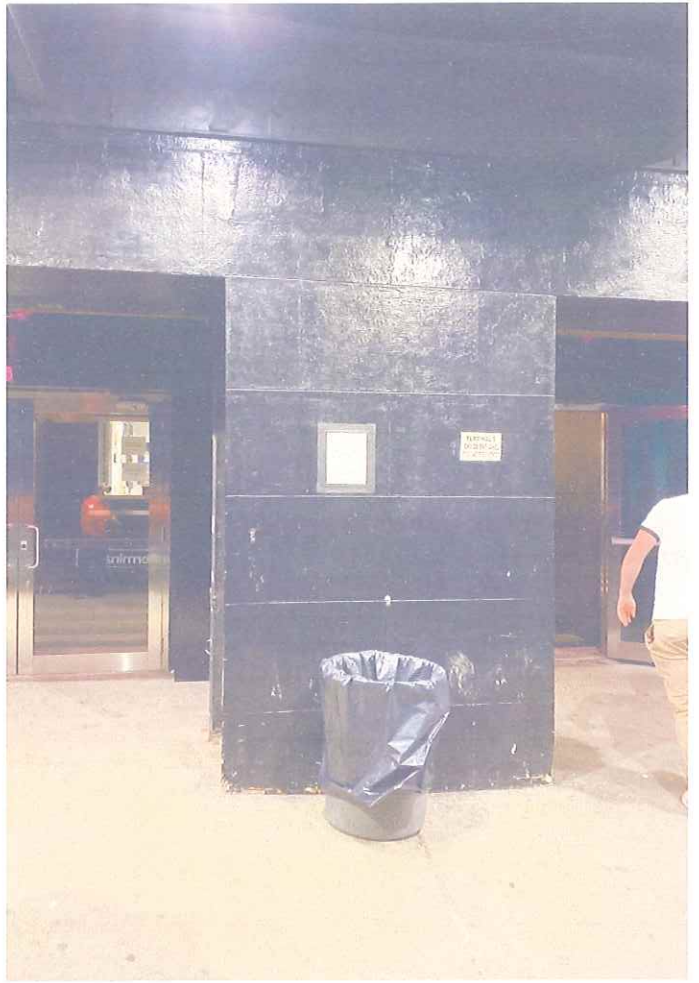
7f. Is a permit required by the locality for outside area(s)?  Yes  No

If yes, submit a copy of the permit.



Exterior Photo

PHOTOS OF POSTINGS



Details regarding posting requirements are below:

There are no residential buildings on the block. We are surrounded by Mini of Manhattan dealership, Preowned BMW dealership, Lexus of Manhattan Service and NYC Department of Sanitation. I also went across 55<sup>th</sup> to the building there and they said that they are only office space and the Land Rover/Jaguar dealership.