

Manhattan Community Board 4

Liquor License/Sidewalk Cafe Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME		DOING BUSINESS AS (DBA)	
505 Rest Corp		TBD	
STREET ADDRESS		CROSS STREETS	ZIP CODE
505-507 W 23rd St		10th & 11th Ave	10011
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: Martin O'Shea	ATTORNEY/ REPRESENTATIVE	NAME: Thoms McCallen
	PHONE: 917 797 4112		PHONE: 212 732 3640
	EMAIL: triplecrown330@yahoo.com		EMAIL: sla@carrerasmcclen.com
MANAGER	NAME: Kevin Fitzgerald	LANDLORD	NAME: 505-507 West 23rd Owners Corp
	PHONE: 646 338 4120		PHONE: 917 443 3372
	EMAIL: kevin_fitzg@hotmail.com		EMAIL:
APPLICATION TYPE (<input checked="" type="checkbox"/> <i>Liquor License</i> _____ <i>Unenclosed Sidewalk Cafe</i>)			
<input checked="" type="checkbox"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
	What is/was the name and address of establishment?	The Triple Crown, 330 7th Ave, New York, NY 10001	
	What were the dates applicant was involved with this former premise?	March 1995 - Present	
<input type="radio"/> Corp Change/Class Change/Removal	What is the license # and expiration date?		
	Is applicant making any alterations or operational changes?	<input type="radio"/> YES	<input type="radio"/> NO
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input type="radio"/> Alteration	What is the current license # and expiration date?		
	<i>Please list/describe the nature of all the changes and attach the plans:</i>		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input checked="" type="checkbox"/> Liquor/Wine/Beer & Cider <input type="radio"/> Beer & Cider <input type="radio"/> Wine/Beer & Cider		
ESTABLISHMENT TYPE	<input checked="" type="checkbox"/> Restaurant <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input type="radio"/> Bar/Tavern <input type="radio"/> Catering Establishment <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Club (Fraternal Organization – Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	post CB4 meeting
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Diagram and list sent via email
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="radio"/> YES	<input checked="" type="radio"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	

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

HOURS* <i>(Indoor Only)</i>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	8am-4am	8am-4am	8am-4am	8am-4am	8am-4am	8am-4am	8am-4am
	Kitchen	8am-2am	8am-4am	8am-2am	8am-3am	8am-3am	8am-3am	8am-1am
	Music	Background only						

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

<input checked="" type="checkbox"/> BACKGROUND	<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> DJ	<input type="checkbox"/> JUKE BOX	<input 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	115	115	TBD	~84	0	1	11
OUTSIDE <i>(Other than sidewalk café)</i>	20	21	4	~16	0	0	0
SIDEWALK CAFÉ	50	51	13	50			

How many floors are there? What is the capacity for each floor?	1 floor, 115 capacity	
How frequently will the owner(s) be at the establishment?	There will be a manager present during all hours of operation Owners will be present during almost all hours of operation	
Will there be dancing?	YES	<input checked="" type="radio"/> NO
Will applicant have bottle or table service for beverage alcohol?	YES	<input checked="" type="radio"/> NO No bottle service, servers will serve alcohol during meal service
Will you be hosting private; promotional or corporate events?	<input checked="" type="radio"/> YES	<input type="radio"/> 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.	YES	<input checked="" type="radio"/> NO
Will security plan be implemented?	YES	<input type="radio"/> NO N/A
Will State certified security personnel be used?	YES	<input type="radio"/> NO N/A
Will New York Nightlife Association and NYPD Best Practices be followed?	<input checked="" type="radio"/> YES	<input type="radio"/> NO Where applicable
Will applicant be using delivery bicycles? If yes, how many?	<input checked="" type="radio"/> YES	<input 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?	<input checked="" type="radio"/> YES	<input type="radio"/> NO 1
Where will delivery bicycles be stored during the day when not in use?	Basement	

LOCATION & ZONING		
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO
Is a Public Assembly permit required?	<input checked="" type="radio"/> YES	NO
Are your plans filed with DOB?	YES	<input checked="" type="radio"/> 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	Sent via email to all contacts on list provided by CB4
	# 2	Residential buildings contacted via USPS
	# 3	
	# 4	
	# 5	
Please provide dates when applicant met with the groups listed above.	On or before Dec 2 2019	
Who was your contact person at each group you met with?	As per list sent provided by CB4	
When did applicant post the notice that was provided?	On or before Nov 28 2019	
Where did applicant post the notice that was provided?	Main door to premises	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	<input checked="" type="radio"/> YES	NO 917 797 4112
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	<input checked="" type="radio"/> YES	NO

BUILDING DESIGN			
State the name and type of business previously located in the space.	505-23 Bar Inc DBA The Half King		
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	505-23 Bar Inc DBA The Half King
Do you plan any changes to the existing façade? If yes, please describe.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Minor cosmetic, paint, doors etc
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Is the entrance ADA Compliant?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Minor cosmetic, paint, doors etc
Will applicant have a vestibule within the establishment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant use a storm enclosure?	<input type="radio"/> YES	<input checked="" type="radio"/> 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?	<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)	<input checked="" type="radio"/> FRENCH DOORS	<input type="radio"/> GARAGE DOORS	<input type="radio"/> WINDOWS THAT CAN BE OPENED
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant close all windows, French doors, garage doors by 11 PM Friday and Saturday and 10 PM on all other days even if no music or amplified sound is played inside the establishment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
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	N/A
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 checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	Not anticipated
Where will the air conditioner be located? What type is it?	Current AC located on 1st floor roof to rear, Central HVAC		
When was the air conditioner installed?	2001		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ

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	Rear yard
Are the floorplans for the outdoor space(s) included?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Sent via email
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will there be no amplified music, as per the law?	<input checked="" type="radio"/> YES	<input 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	
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	

OUTDOOR ITEMS – SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant be applying for a sidewalk café now or in the future?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Alcohol strictly via waiter server
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant mark the perimeter of the café on the sidewalk?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Alcohol strictly via waiter server
Will the sidewalk café not provide standing space for drinking or smoking?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	application will be made after approval of sidewalk cafe
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant use umbrellas?	<input checked="" type="radio"/> YES	<input type="radio"/> 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?	<input checked="" type="radio"/> YES	<input type="radio"/> 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.


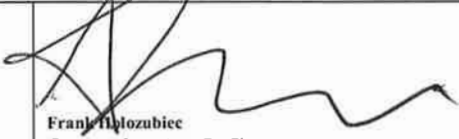
ADDITIONAL STIPULATIONS: (Office Use Only), *Continued*

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 Hlozubiec CB4 BLP Committee Co-Chair	Yoni Bokser CB4 BLP Committee Co-Chair
---	--	---

APPLICANT AGREEMENT WITH THE COMMUNITY

Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of operation of its liquor license. The stipulations in this application constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 and applicant. These stipulations supersede any oral statements or representations in connection with this application.

<p>SIGN HERE →</p>	<p>MARTIN O SHEA</p> <p>PRINT NAME OF APPLICANT</p>	 <p>SIGNATURE OF APPLICANT</p>	<p>12/10/19</p> <p>DATE</p>
---------------------------	---	---	-----------------------------