

# Manhattan Community Board 4

# Liquor License/Sidewalk Cafe Stipulations Application

(All Fields Must Be Completed)

|   |   |  |   |            |
|---|---|--|---|------------|
| <b>CORPORATION NAME</b><br>Sweet Hospitality Group  |   | <b>DOING BUSINESS AS (DBA)</b>                     |   |            |
| <b>STREET ADDRESS</b><br>Al Hirschfeld Theater, 302 West 45th Street, NY  |   | <b>CROSS STREETS</b><br>W 45th between 8th and 9th | <b>ZIP CODE</b><br>10036                        |            |
| <b>OWNER</b><br><i>(Attach a list of all the people that will be associated/listed with the license)</i>  | <b>NAME:</b>  | <b>ATTORNEY/ REPRESENTAIVE</b>                     | <b>NAME:</b> Bill Votava                        |            |
|   | <b>PHONE:</b>   |  | <b>PHONE:</b> 212-582-5472                      |            |
|   | <b>EMAIL:</b>   |  | <b>EMAIL:</b> BVotava@Sweethospitalitygroup.com |            |
| <b>MANAGER</b>  | <b>NAME:</b> Julie Rose   | <b>LANDLORD</b>                                    | <b>NAME:</b> Jujamcyn Theaters                  |            |
|   | <b>PHONE:</b> 212-582-5472  |  | <b>PHONE:</b> 212.840.8181                      |            |
|   | <b>EMAIL:</b>   |  | <b>EMAIL:</b>                                   |            |
| <b>APPLICATION TYPE</b> ( <input type="checkbox"/> <i>Liquor License</i> <input type="checkbox"/> <i>Unenclosed Sidewalk Cafe</i> )   |   |  |   |            |
| <input checked="" type="checkbox"/> <b>New</b>  | Has applicant owned or managed a similar business?  | <b>YES</b>   | <b>NO</b>                                       | <b>Yes</b> |
|   | What is/was the name and address of establishment?  | List emailed separately                            |   |            |
|   | What were the dates applicant was involved with this former premise?  | Current  |   |            |
| <input type="checkbox"/> <b>Corp</b><br><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 type="checkbox"/> <b>Alteration</b>  | What is the current license # and expiration date?  |  |   |            |
|   | <i>Please list/describe the nature of all the changes and attach the plans:</i>   |  |   |            |
| <b>METHOD OF OPERATION</b>  |   |  |   |            |
| <b>TYPE OF ALCOHOL</b>  | <input checked="" type="checkbox"/> Liquor/Wine/Beer & Cider <input type="checkbox"/> Beer & Cider <input type="checkbox"/> Wine/Beer & Cider   |  |   |            |
| <b>ESTABLISHMENT TYPE</b>   | <input type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Catering Establishment<br><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?  | <b>YES</b>  | <b>NO</b>  | <b>No</b>                                       |            |
| Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement. | <b>YES</b>  | <b>NO</b>  | <b>No. This is an add bar, 500' rule N/A</b>    |            |
| Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.  | <b>YES</b>  | <b>NO</b>  | <b>No. This is an add bar, 200' rule N/A</b>    |            |
| Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?   | <b>YES</b>  | <b>NO</b>  | <b>Yes</b>                                      |            |

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

| HOURS*<br><i>(Indoor Only)</i>                                      |                  | MONDAY            | TUESDAY | WEDNESDAY         | THURSDAY  | FRIDAY          | SATURDAY       | SUNDAY  |
|---|------------------|-------------------|---------|-------------------|-----------|-----------------|----------------|---------|
|   | <b>Operation</b> | 11a-11p           | 11a-11p | 11a-11p           | 11a-11p   | 11a-11p         | 11a-11p        | 11a-11p |
|   | <b>Kitchen</b>   |                   |         |                   |           |                 |                |         |
|   | <b>Music</b>     |                   |         |                   |           |                 |                |         |
| If you plan to have music, what type(s)?<br>(Circle all that apply) |                  | <b>BACKGROUND</b> |         | <b>LIVE MUSIC</b> | <b>DJ</b> | <b>JUKE BOX</b> | <b>KARAOKE</b> |         |

**OCCUPANCY**

|  | Capacity<br>(Certificate of Occupancy) | Maximum # of Persons You Anticipate Occupying Premises (Including Employees) | Number of Tables | Number of Seats | Number of Service Only Bars | Number of Stand-Up Bars | Number of Seats at Stand-Up Bar |
|--|--|--|------------------|-----------------|-----------------------------|-------------------------|---------------------------------|
| <b>INSIDE</b>  | 1424                                   |  | 0                | 0               | 0                           | 3                       | 0                               |
| <b>OUTSIDE</b><br><i>(Other than sidewalk café )</i> | 0                                      |  |                  |                 |                             |                         |                                 |
| <b>SIDEWALK CAFÉ</b>                                 | 0                                      |  |                  |                 |                             |                         |                                 |

|  |              |    |                              |
|--|--------------|----|------------------------------|
| How many floors are there? What is the capacity for each floor?  | 2 floors     |    |                              |
| How frequently will the owner(s) be at the establishment?  | Periodically |    |                              |
| Will there be dancing?   | YES          | NO | No                           |
| Will applicant have bottle or table service for beverage alcohol?  | YES          | NO | No                           |
| Will you be hosting private; promotional or corporate events?  | YES          | NO | Yes                          |
| Will outside promoters be used on a regular basis? If yes please describe.   | YES          | NO | No                           |
| Will you have a security plan? If, yes please attach.  | YES          | NO | Security provided by Theater |
| Will security plan be implemented?   | YES          | NO | Yes                          |
| Will State certified security personnel be used?   | YES          | NO | N/A                          |
| Will New York Nightlife Association and NYPD Best Practices be followed?   | YES          | NO | N/A                          |
| Will applicant be using delivery bicycles? If yes, how many?   | YES          | NO | N/A                          |
| 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?          | YES | NO | No  |
| Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection? | YES | NO | Yes |
| Is a Public Assembly permit required?   | YES | NO | No  |
| Are your plans filed with DOB?  | YES | NO | N/A |

| <b>Community Notification/Relations</b>  |     |                            |    |
|--|-----|----------------------------|----|
| <b>NOTIFICATION:</b><br>List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted | # 1 |                            |    |
|  | # 2 |                            |    |
|  | # 3 |                            |    |
|  | # 4 |                            |    |
|  | # 5 |                            |    |
| Please provide dates when applicant met with the groups listed above.  |     |                            |    |
| Who was your contact person at each group you met with?  |     |                            |    |
| When did applicant post the notice that was provided?  |     | Yes                        |    |
| Where did applicant post the notice that was provided?   |     | Front of licensed location |    |
| Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.   |     | YES                        | NO |
| Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?  |     | YES                        | NO |

| <b>BUILDING DESIGN</b>  |   |    |                                   |
|---|---|----|-----------------------------------|
| State the name and type of business previously located in the space.  | Currently operating, this is an add bar application |    |                                   |
| Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.  | YES   | NO | Currently                         |
| Do you plan any changes to the existing façade? If yes, please describe.  | YES   | NO | No                                |
| Will applicant have a vestibule within the establishment?   | YES   | NO | Yes                               |
| Will applicant use a storm enclosure?   | YES   | NO | N/A                               |
| 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?   | YES   | NO | Yes                               |
| Will applicant comply with the NYC noise code?  | YES   | NO | Yes                               |
| 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?  | YES   | NO | N/A                               |
| 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 | N/A                               |
| Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?   | YES   | NO | N/A                               |
| 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 | N/A                               |
| Will the kitchen exhaust system extend to the roof?   | YES   | NO | N/A                               |
| Will the establishment have an illuminated sign?  | YES   | NO | N/A                               |
| Will the establishment have a canopy extending over the sidewalk?   | YES   | NO | N/A                               |
| Where will the air conditioner be located? What type is it?   | N/A   |    |                                   |
| When was the air conditioner installed?   | N/A   |    |                                   |

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

| <b>OUTDOOR ITEMS – SIDEWALK CAFÉ</b>   |     |    |     |
|--|-----|----|-----|
| Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?   | YES | NO | Yes |
| Will applicant be applying for a sidewalk café now or in the future?   | YES | NO | No  |
| Is applicant in this application seeking to include a sidewalk café in its liquor license?   | YES | NO | No  |
| If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.  | YES | NO | N/A |
| Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?   | YES | NO | N/A |
| Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?   | YES | NO | N/A |
| Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk café?  | YES | NO | N/A |
| Will applicant mark the perimeter of the café on the sidewalk?   | YES | NO | N/A |
| Will the service and consumption of alcohol in the sidewalk café only be via seated food service?  | YES | NO | N/A |
| Will the sidewalk café not provide standing space for drinking or smoking?   | YES | NO | N/A |
| Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?  | YES | NO | N/A |
| Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?  | YES | NO | N/A |
| Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?  | YES | NO | N/A |
| 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 | N/A |
| Will applicant use umbrellas?  | YES | NO | N/A |
| 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 | N/A |

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

***To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.***

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

***To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.***



|   |   |
|---|---|
| <p>Manhattan Community Board 4 (MCB4) recommends:<br/>         (MCB4's recommendation is based on a vote taken at its<br/> <u>June 5, 2019</u> full board meeting, with <u>45</u> members voting in favor<br/>         of the recommendation, <u>0</u> members opposed, <u>0</u> members<br/>         abstaining and <u>0</u> present but not eligible)</p> | <p><input checked="" type="radio"/> Denial unless all stipulations agreed to by applicant/owner are part of the method of<br/>         operation<br/> <input type="radio"/> Denial   <input type="radio"/> Approval</p> |
|---|---|

**CB4 REPRESENTATIVES**

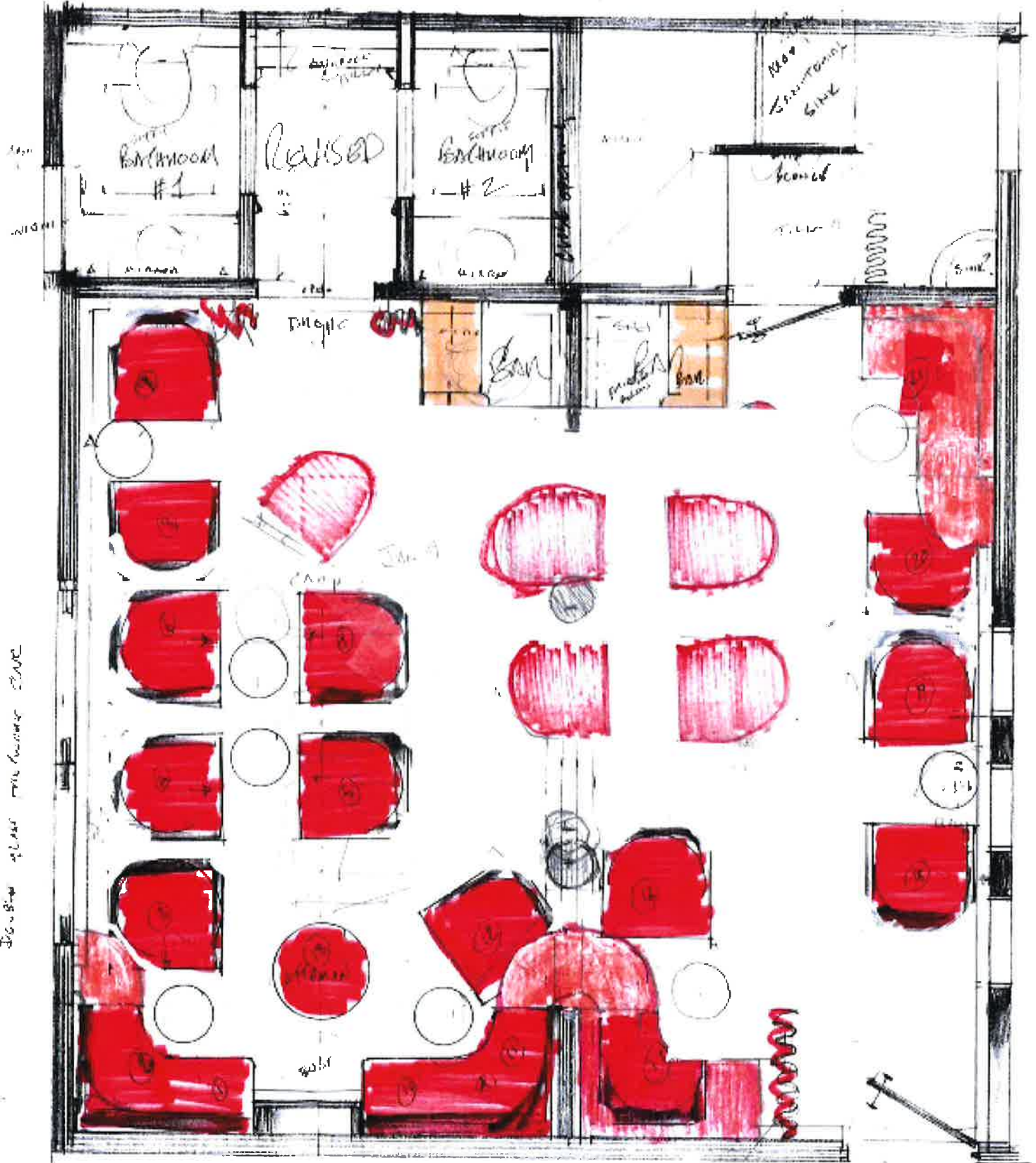
|  |  |  |
|--|--|--|
| <p><i>Nelly Gonzalez</i><br/>         Nelly Gonzalez<br/>         CB4 Assistant District Manager</p> | <p><i>Frank Holozabiec</i><br/>         Frank Holozabiec<br/>         CB4 BLP Committee Co-Chair</p> | <p><i>Yoni Bokser</i><br/>         Yoni Bokser<br/>         CB4 BLP Committee Co-Chair</p> |
|--|--|--|

**APPLICANT AGREEMENT WITH THE COMMUNITY**

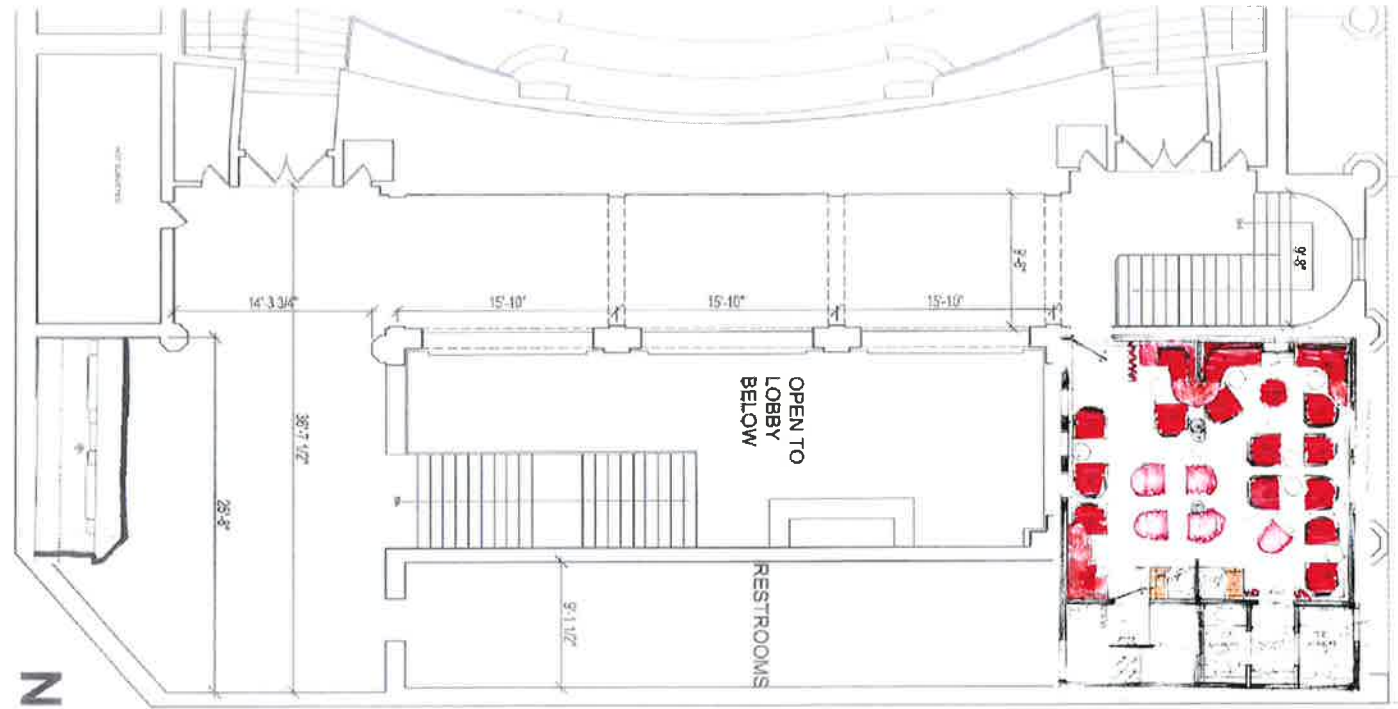
Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of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

|                           |  |   |   |
|---------------------------|--|---|---|
| <p><b>SIGN HERE</b> →</p> | <p><i>B.11 Votava</i><br/>         PRINT NAME OF APPLICANT</p> | <p><i>[Signature]</i><br/>         SIGNATURE OF APPLICANT</p> | <p>05/06/2019<br/> <i>5/17/19</i><br/>         DATE</p> |
|---------------------------|--|---|---|

Double glass partition case



11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100



**AL HIRSCHFELD THEATRE  
MEZZANINE LOBBY  
WITH BAR**