

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME City Star Restaurant LLC		DOING BUSINESS AS (DBA) Pending	
STREET ADDRESS 729 8th Avenue, New York, NY		CROSS STREETS 45th & 46th Streets	ZIP CODE 10036
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: Jameel A. Ali	XXXXXXXX REPRESENTATIVE	NAME: Anthony L. Caraballo
	PHONE: 646-549-2842		PHONE: 718-875-2929
	EMAIL: Jameel769@yahoo.com		EMAIL: Anthony@cblservices.com
MANAGER	NAME: Same	LANDLORD	NAME: Clinton Housing West 46th Partners LP
	PHONE: "		PHONE: 212-967-1644
	EMAIL: "		EMAIL: N/A
APPLICATION TYPE (<input checked="" type="checkbox"/> <i>Liquor License</i> <input type="checkbox"/> <i>Unenclosed Sidewalk Cafe</i>)			
<input type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	What is/was the name and address of establishment?	1) Carve Cafe-717 8th Avenue, NYC 2) Carve Unique Sandwich-768 8th Avenue, NYC	
	What were the dates applicant was involved with this former premise?	1) 2012 to Present 2) 2007 to 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="checkbox"/> YES	<input type="checkbox"/> 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="checkbox"/> Beer & Cider <input type="checkbox"/> Wine/Beer & Cider		
ESTABLISHMENT TYPE	<input checked="" 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 <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Club (Fraternal Organization - Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

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	7AM-2AM	7AM-2AM	7AM-2AM	7AM-2AM	7AM-2AM	7AM-2AM	7AM-2AM
	Kitchen	7AM-2AM	7AM-2AM	7AM-2AM	7AM-2AM	7AM-2AM	7AM-2AM	7AM-2AM
	Music	7AM-2AM	7AM-2AM	7AM-2AM	7AM-2AM	7AM-2AM	7AM-2AM	7AM-2AM
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	74	74	13	52	0	1	8	
OUTSIDE <i>(Other than sidewalk café)</i>								
SIDEWALK CAFÉ			4	9				
How many floors are there? What is the capacity for each floor?					First floor (74) with basement storage			
How frequently will the owner(s) be at the establishment?					Full-time management/7 days a week			
Will there be dancing?					YES	<input type="checkbox"/> NO		
Will applicant have bottle or table service for beverage alcohol?					YES	<input type="checkbox"/> NO		
Will you be hosting private; promotional or corporate events?					YES	<input type="checkbox"/> NO		
Will outside promoters be used on a regular basis? If yes please describe.					YES	<input type="checkbox"/> NO		
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?					YES	<input type="checkbox"/> NO		
Will New York Nightlife Association and NYPD Best Practices be followed?					YES	<input type="checkbox"/> NO		
Will applicant be using delivery bicycles? If yes, how many?					YES	<input type="checkbox"/> NO		
Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law?					YES	<input type="checkbox"/> NO		
Where will delivery bicycles be stored during the day when not in use?					N/A			

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?	YES	<input checked="" type="radio"/> 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	(Required posting performed/Required email sent)	
	# 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?			
Where did applicant post the notice that was provided?			
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
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.	300 West 46th Street Corp-DBA Odyssea Restaurant		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="checkbox"/> NO	
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Is the entrance ADA Compliant?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="checkbox"/> NO	
Will applicant have a vestibule within the establishment?	YES	<input checked="" type="checkbox"/> NO	
Will applicant use a storm enclosure?	YES	<input checked="" type="checkbox"/> 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="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have any of the following: (circle all that apply)	<input checked="" type="checkbox"/> FRENCH DOORS	<input type="checkbox"/> GARAGE DOORS	<input type="checkbox"/> 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="checkbox"/> YES	<input type="checkbox"/> 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="checkbox"/> YES	<input type="checkbox"/> NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the kitchen exhaust system extend to the roof?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have an illuminated sign?	YES	<input checked="" type="checkbox"/> NO	
Will the establishment have a canopy extending over the sidewalk?	YES	<input checked="" type="checkbox"/> NO	
Where will the air conditioner be located? What type is it?	Central Air		
When was the air conditioner installed?	Pre-existing 2001		

BELOW ALL NOT APPLICABLE

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO	N/A
Will applicant use any outdoor spaces; rooftop, rear yard, patio, porch, balcony, pavillion, tents, deck or gazebo? If yes, which one(s)?	YES	NO	N/A
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

No Sidewalk Cafe

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

ADDITIONAL STIPULATIONS: (Office Use Only)

- This application does not extend to any sidewalk café
- If applicant seeks a sidewalk café, applicant will present revised café plans to MCB4

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.



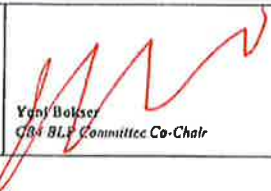
ADDITIONAL STIPULATIONS: (Office Use Only), *Continued*

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
 September 4, 2019 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

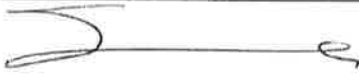
CB4 REPRESENTATIVES

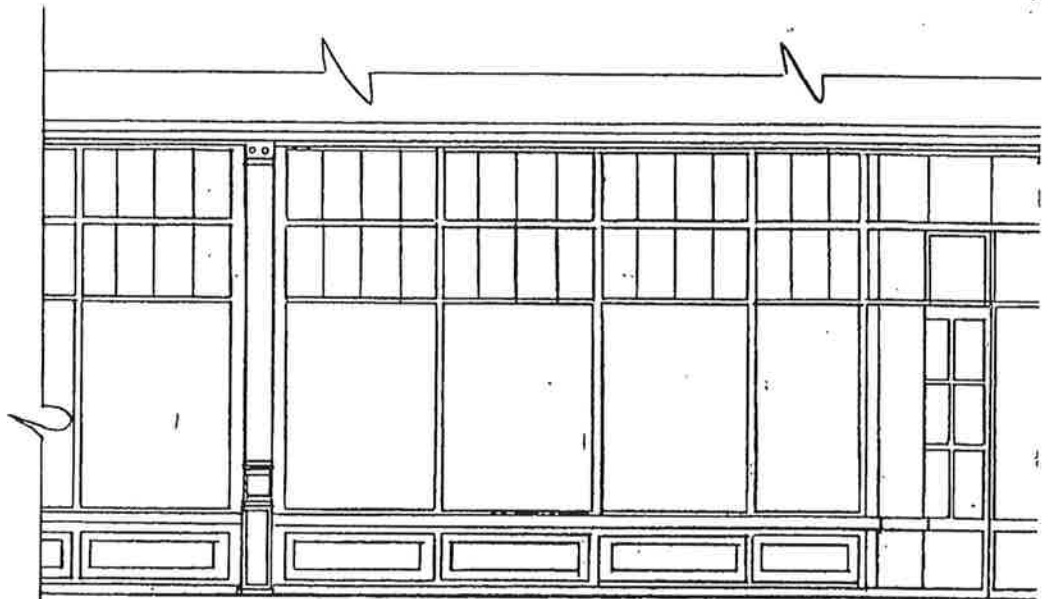
 Nelly Gonzalez CB4 Assistant District Manager	 Frank Holowick CB4 BLP Committee Co-Chair	 Yany Bolser CB4 BLP Committee Co-Chair
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APPLICANT AGREEMENT WITH THE COMMUNITY

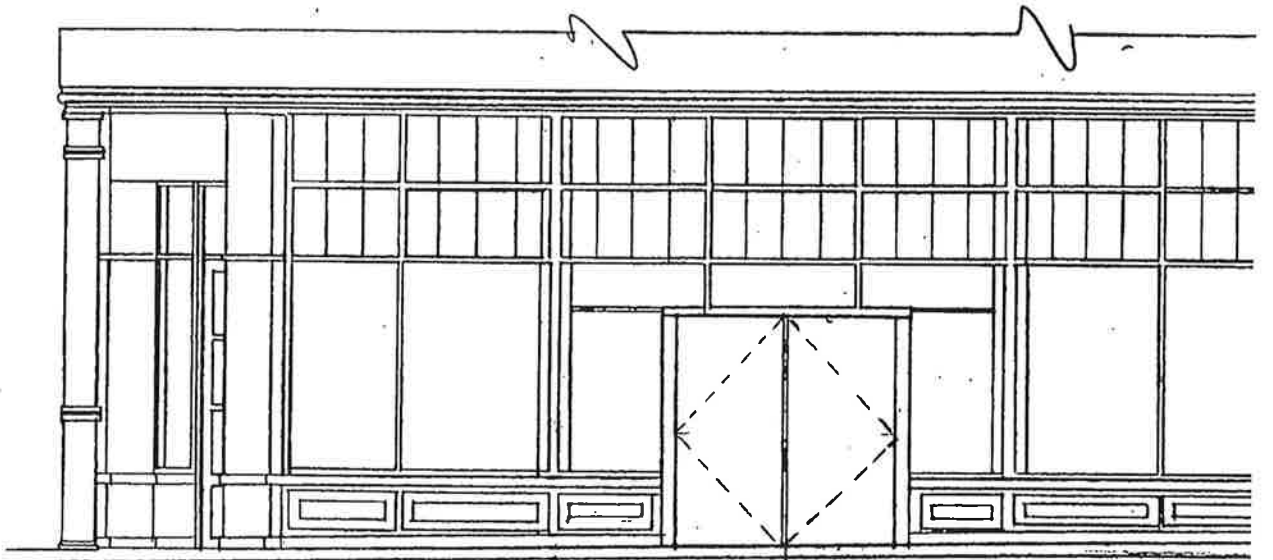
Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of 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.

SIGN HERE →	Jameel A. Ali PRINT NAME OF APPLICANT	 SIGNATURE OF APPLICANT	July 29, 2019 DATE
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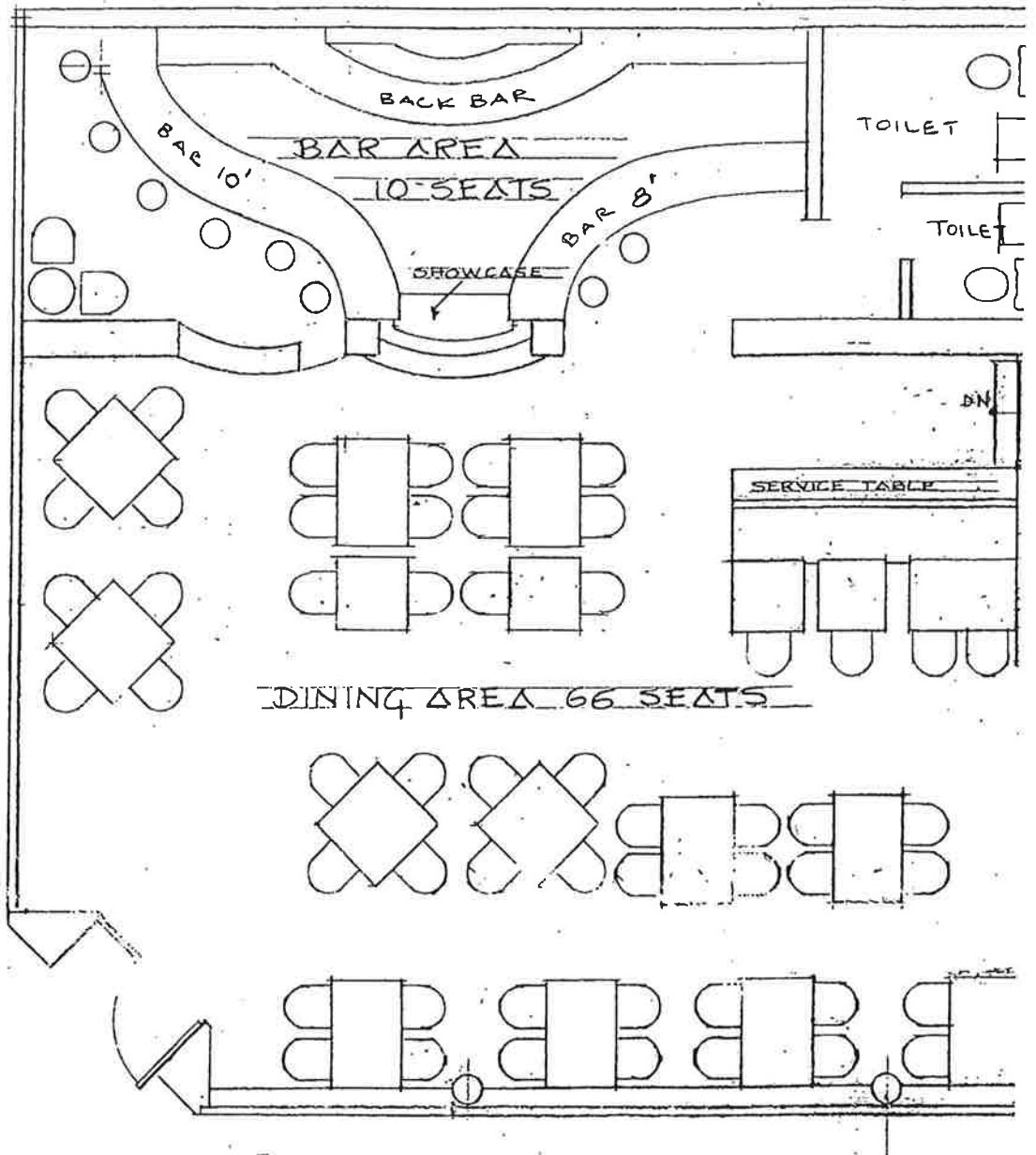
 08/13/19



8TH. AVE. ELEVATION



76TH. STREET ELEVATION



FLOOR PLAN
300 WEST 46TH STR
N.Y. N.Y.

Brasserie Athenée

DINNER MENU

HORS D'OEUVRES

- LA SOUPE DU JOUR 11
 FIVE ONION FRENCH SOUP 12
 ESCARGOTS, 15 CARDS DE PAIN 12
 GRILLÉ DE POISSON, DE CAROLINE, PAIN DE PAIN, 15 CARDS DE PAIN 18
 GRILLÉ SAUTÉ, DE CAROLINE, PAIN DE PAIN, 15 CARDS DE PAIN 14
 GRILLÉ SHRIMP, SAUCE CAROLINE, PAIN DE PAIN 15
 STEAK TARTAR, 18
 TUNA BEEF TARTAR 15
 MEDITERRANEAN TAPAS, CHAPELAIN, 15 CARDS DE PAIN, CAVIAR SPREAD, 15 CARDS DE PAIN, GRILLÉ PAIN 14
 FOUR MEATBALLS, SPICED MAYO 14
 SAUTE CHICKEN LIVERS, SHALLOT CONFIT, AGRO-SHERRY, 15 CARDS DE PAIN 13
 HALLOUMI GOAT CHEESE, POSICHO CONFIT 12
 CHEESE PLATE AND CHARCUTERIE 18
- ### SALADES
- ATHENEE, AVOCADO, TOMATOES, CUCUMBERS, RED ONIONS, OLIVES, LETTUCE, 15 CARDS DE PAIN 13
 POACHED PEAR BABY ARUGULA, CARAMELIZED ONIONS, HAZEL NUT DRESSING, 15 CARDS DE PAIN 13
 FRISSIAUX LARDONS, BACON, SOFT POACHED EGG, SAUTE DE POISSON, 15 CARDS DE PAIN 14
 MIXED FIELD GREENS, CHAMPAGNE CRANBERRY, 15 CARDS DE PAIN 12
 COBI SALAD, CHAMPAGNE CRANBERRY, 15 CARDS DE PAIN 20

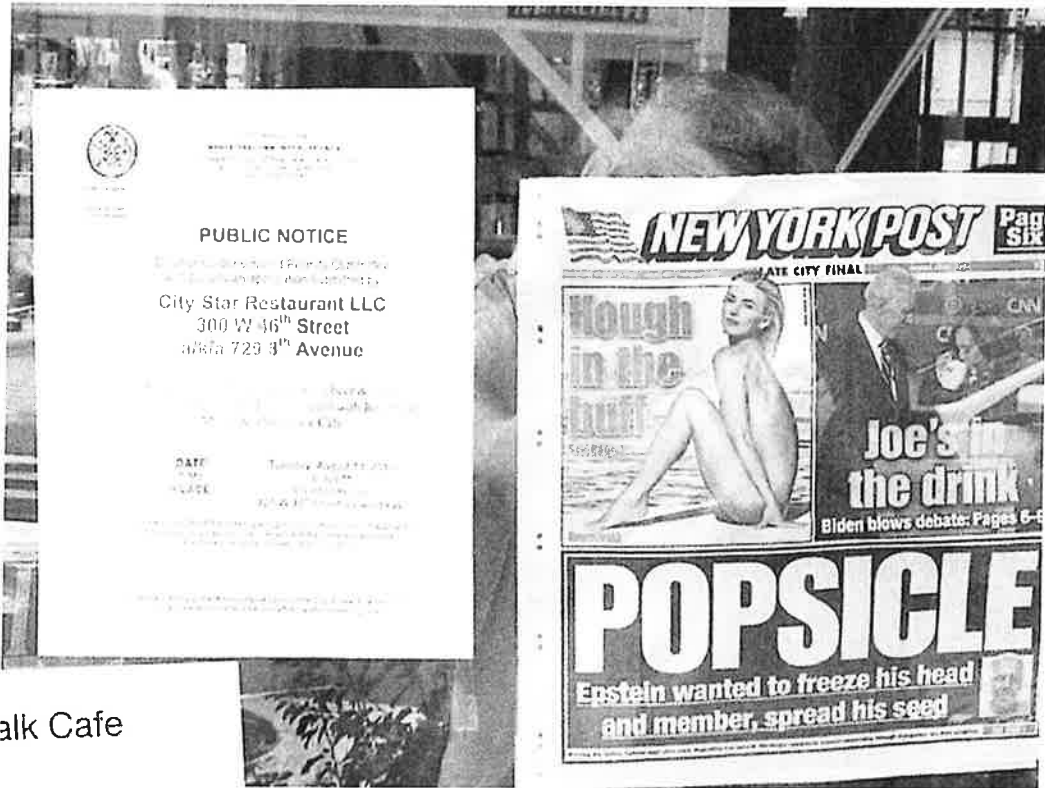
ENTREES

- SALADE NICOISE, WITH FRESH SEARED TUNA STEAK 25
 MUSSELS, FRITES, MANDIE SAUCE 18
 FENNEL CRUSTED SEARED SALMON, CHAMPAGNE, 15 CARDS DE PAIN 24
 SEARED MONKFISH MEDALLIONS, CRUSTED SAUCE 25
 FISH OF THE DAY - BAKED, RICE AND SEASONAL VEGETABLES, TOMATO SAUCE 20
 SEAFOOD RISOTTO, FRITES DE MER 24
 DUCK LEG CONFIT, BEANED BROCCOLI, FRIED SAUSAGE, GRUYERE 20
 COQ AU VIN 24
 FRENCH CUT CHICKEN BREAST, FRIED RANGE, WILD MUSHROOMS 24
 STEAK FRITES, BLOZ SY STEUBORNE LAISE SAUCE 25
 STEAK AND SHALLOT BURGER, CRUSTED, TOMATO, ONION THYME MARMALADE, PICKLES, FRITES 17
 RACK OF LAMB CHOPS, RATATOUILLE, MUSHROOM SAUCE 25
 SAUTE PORR TENDERLOIN MEDALLIONS, GRAINY MUSTARD SAUCE, SEASONAL VEGETABLES 24

- MEDITERRANEAN LAMB SHANK, 20
 BRAISED BEEF SHORT RIBS, ROOT VEGETABLE PUREE, NATURAL JUICE 25
 SEAFOOD LINGUINE, FRITES DE MER 24
 MACARONI AND CHEESE, HAM, WHITE TRUFFLE, BECHAMEL 20
 SEASONAL VEGETARIAN PLATE 20

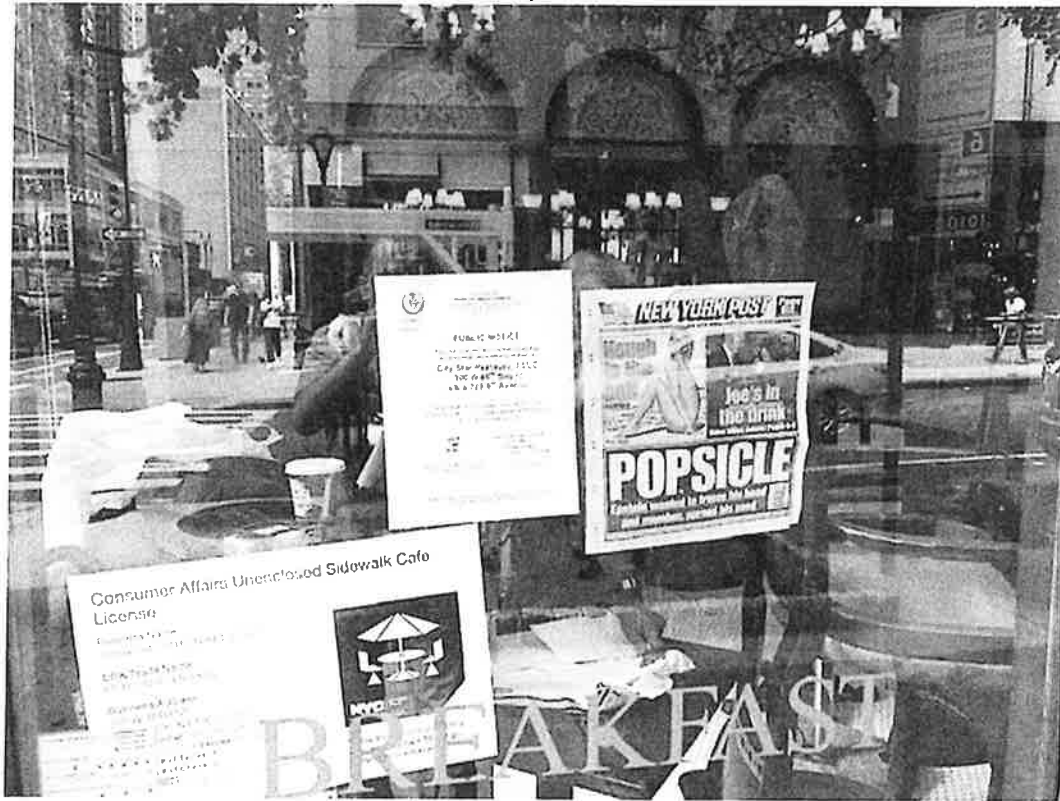
RESERVATION WILL BE ADDED TO PARTIES OF FIVE OR MORE.

City Star Restaurant LLC
300 West 46th Street aka: 729 Eighth Avenue
New York, N.Y. 10036



alk Cafe

City Star Restaurant LLC
300 West 46th Street aka: 729 Eighth Avenue
New York, N.Y. 10036



July 29, 2019

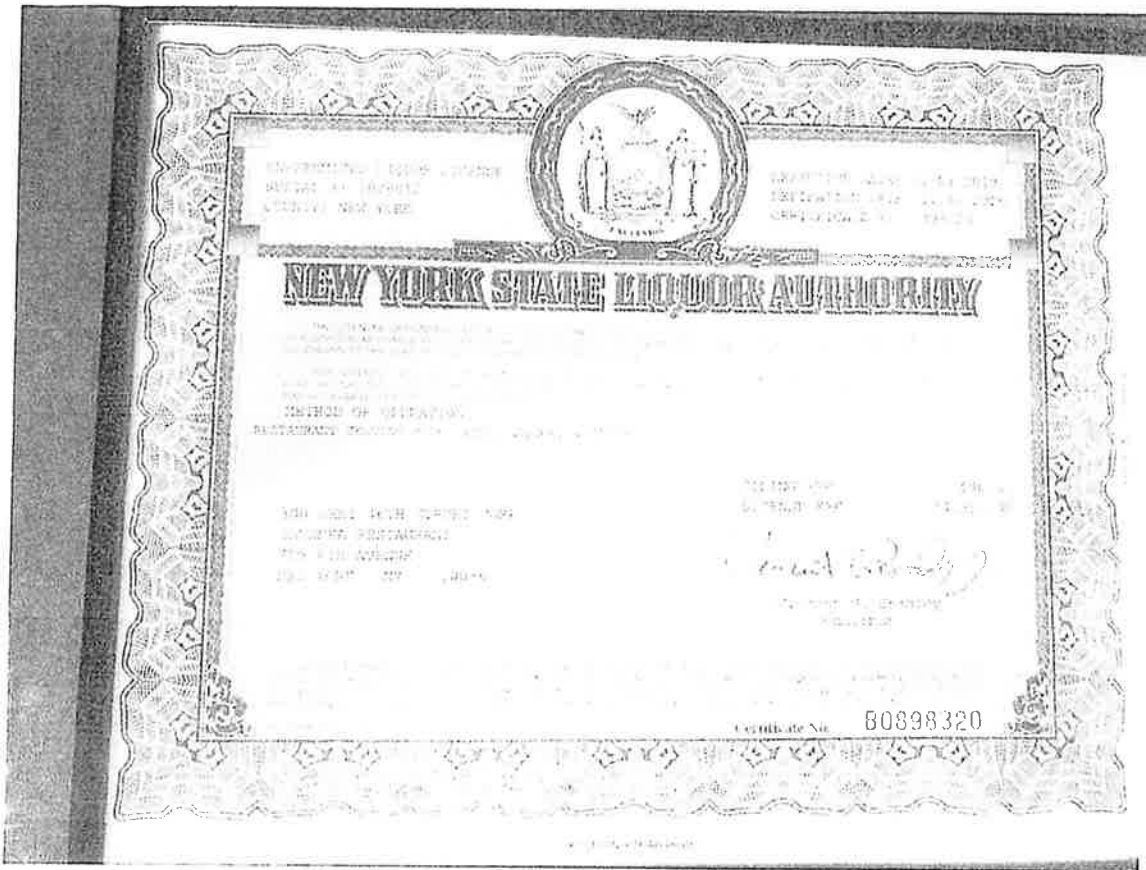
City Star Restaurant LLC
729 8th Avenue
New York, NY 10036

SUPERVISION PLAN

- All staff will be properly trained to obtain correct and legal identification of patrons ordering any alcoholic beverages.
- All staff will be properly trained to identify if a patron is visibly intoxicated and can no longer be served alcohol.
- There will be a staff member responsible to consistently monitor the exterior of the premises to ensure there are no disturbances.
- There will be a camera system with multiple cameras on the entire premises with remote access.

A handwritten signature in black ink, consisting of a stylized 'J' followed by a horizontal line that ends in a small flourish.

Jameel A. Ali



EXISTING LICENSE AT THE PREMISES
(SELLER)

LIQUOR AUTHORITY

Andrew M. Cuomo, Governor
Vincent G. Bradley, Chairman
Greeley T. Ford, Commissioner

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[Wholesale](#)

[Help](#)

Public Query - Results

License Information

Serial Number: 1028012
License Type: ON-PREMISES LIQUOR
License Status: License Is Active
Credit Group: 4
Filing Date: 06/30/1998
Effective Date: 01/03/2019
Expiration Date: 11/30/2020

Premises Information

Principal's Name: KARAMOUZIS, SOTIRIOS
Premises Name: 300 WEST 46TH STREET CORP
Trade Name: ODYSSEA RESTAURANT
Zone: 1
Address: 729 8TH AVENUE

NEW YORK, NY 10036
County: NEW YORK

You can select one of the following links to perform another search:

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New York State Liquor Authority • 80 S. Swan Street • 9th Floor • Albany, New York • 12210-8002

EXISTING LICENSEE AT THE PREMISES