

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME TBB Tavern Corporation.		DOING BUSINESS AS (DBA) TBD	
STREET ADDRESS 302 West 51st Street		CROSS STREETS 8th and 9th Ave.	ZIP CODE 10019
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: Brian Connell Anthony Doyle	ATTORNEY/ REPRESENTATIVE	NAME: Michael Paleudis
	PHONE: 212-245-0465		PHONE: 212-835-6768
	EMAIL: brian@hkh.nyc		EMAIL: mjp@paleudislaw.com
MANAGER	NAME: Patrick Schmidt	LANDLORD	NAME: Daphne Realty
	PHONE: 212-541-7080		PHONE: 212-929-7576
	EMAIL: pat@hkh.nyc		EMAIL: daphne.realty@gmail.com
APPLICATION TYPE (<input checked="" type="checkbox"/> <i>Liquor License</i> _____ <i>Unenclosed Sidewalk Cafe</i>)			
<input type="radio"/> New	Has applicant owned or managed a similar business?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	What is/was the name and address of establishment?		
	What were the dates applicant was involved with this former premise?		
<input type="radio"/> Corp 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 checked="" type="checkbox"/> Alteration	What is the current license # and expiration date?	Lic. No. 1264548 exp: 2/28/21	
	<i>Please list/describe the nature of all the changes and attach the plans:</i> Relocation of egress door and addition of 2 ADA Compliant lifts and 1 ADA Compliant Bathroom.		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input checked="" type="checkbox"/> Liquor/Wine/Beer & Cider <input type="checkbox"/> Beer & Cider <input type="checkbox"/> Wine/Beer & Cider		
ESTABLISHMENT TYPE	<input type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input checked="" 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="radio"/> NO	After 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 type="checkbox"/> YES	<input checked="" type="radio"/> 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="radio"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="radio"/> 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	11am-4am	11am-4am	11am-4am	11am-4am	11am-4am	11am-4am	11am-4am	11am-4am
	Kitchen	11am-12pm	11am-12pm	11am-12pm	11am-2am	11am-2am	11am-2am	11am-12pm	
	Music	11am-4am	11am-4am	11am-4am	11am-4am	11am-4am	11am-4am	11am-4am	
If you plan to have music, what type(s)? (Circle all that apply)			BACKGROUND	LIVE MUSIC	DJ	JUKE BOX	KARAOKE		
OCCUPANCY									
	Capacity (Certificate of Occupancy)	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Stand-Up Bar		
INSIDE	203	203	32	128	0	2	25		
OUTSIDE <i>(Other than sidewalk café)</i>			6	12					
SIDEWALK CAFÉ									
How many floors are there? What is the capacity for each floor?					2 floors total. Floor 1: 74 Floor 2: 129				
How frequently will the owner(s) be at the establishment?					Almost daily				
Will there be dancing?					YES	<input checked="" type="radio"/>			
Will applicant have bottle or table service for beverage alcohol?					YES	<input checked="" type="radio"/>			
Will you be hosting private; promotional or corporate events?					YES	<input checked="" type="radio"/>			
Will outside promoters be used on a regular basis? If yes please describe.					YES	<input checked="" type="radio"/>			
Will you have a security plan? If, yes please attach.					YES	<input checked="" type="radio"/>			
Will security plan be implemented?					YES	<input checked="" type="radio"/>			
Will State certified security personnel be used?					YES	<input checked="" type="radio"/>			
Will New York Nightlife Association and NYPD Best Practices be followed?					<input checked="" type="radio"/>	NO			
Will applicant be using delivery bicycles? If yes, how many?					YES	<input checked="" type="radio"/>			
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 checked="" type="radio"/>			
Where will delivery bicycles be stored during the day when not in use?									

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	NO	Clinton
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?	<input checked="" type="radio"/> YES	NO	

Community Notification/Relations			
NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted	# 1	Emails sent to complete list provided.	
	# 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?		5/30/19	
Where did applicant post the notice that was provided?		Front Window	
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.	n/a		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	n/a
Do you plan any changes to the existing façade? If yes, please describe.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Additional egress door to be added.
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 type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant have a vestibule within the establishment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant use a storm enclosure?	<input type="checkbox"/> 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 type="checkbox"/> FRENCH DOORS	<input type="checkbox"/> GARAGE DOORS	<input checked="" 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?	<input type="checkbox"/> 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 type="checkbox"/> YES	<input type="checkbox"/> NO	n/a
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?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Where will the air conditioner be located? What type is it?	There are several existing units.		
When was the air conditioner installed?	1999 and 2000		

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	
Are the floorplans for the outdoor space(s) included?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	July 29th, 2005 agreement with CB4 to close at 12pm on Friday and Saturday.
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 type="radio"/> YES	<input checked="" 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?	YES	NO	
Will applicant be applying for a sidewalk café now or in the future?	YES	NO	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	YES	NO	
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	YES	NO	
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	NO	
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	YES	NO	
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	YES	NO	
Will applicant use umbrellas?	YES	NO	
If construction or construction protection has reduced the sidewalk width, will applicant always maintain an 8 foot clear path of sidewalk between the perimeter of the café and the closes obstruction including construction barricades?	YES	NO	

ADDITIONAL STIPULATIONS: (Office Use Only)

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: (MCB4's recommendation is based on a vote taken at its <u>July 24, 2019</u> full board meeting, with <u>35</u> members voting in favor of the recommendation, <u>0</u> members opposed, <u>0</u> members 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 operation</p> <p><input type="radio"/> Denial <input type="radio"/> Approval</p>
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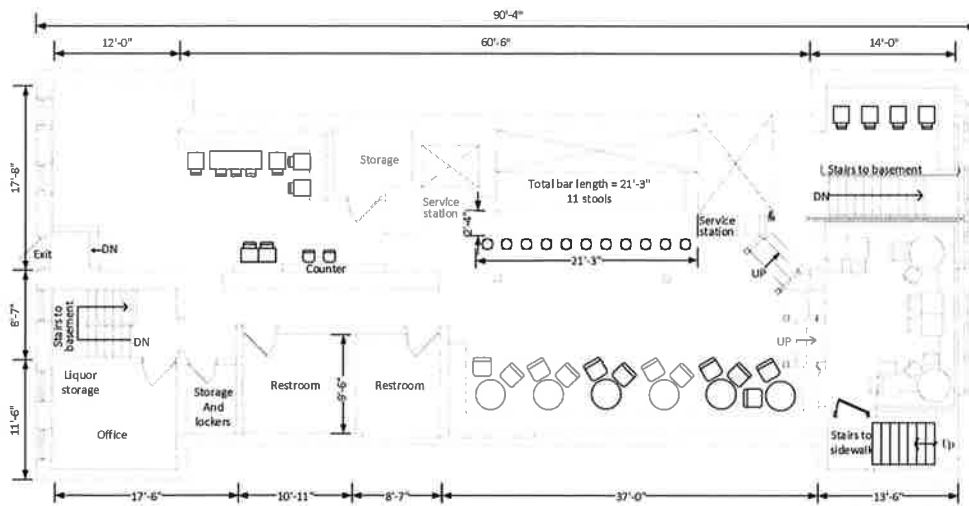
CB4 REPRESENTATIVES

 Nelly Gonzalez CB4 Assistant District Manager	 Frank Holozubice CB4 BLP Committee Co-Chair	 Yoni Bokser CB4 BLP Committee Co-Chair
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APPLICANT AGREEMENT WITH THE COMMUNITY

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

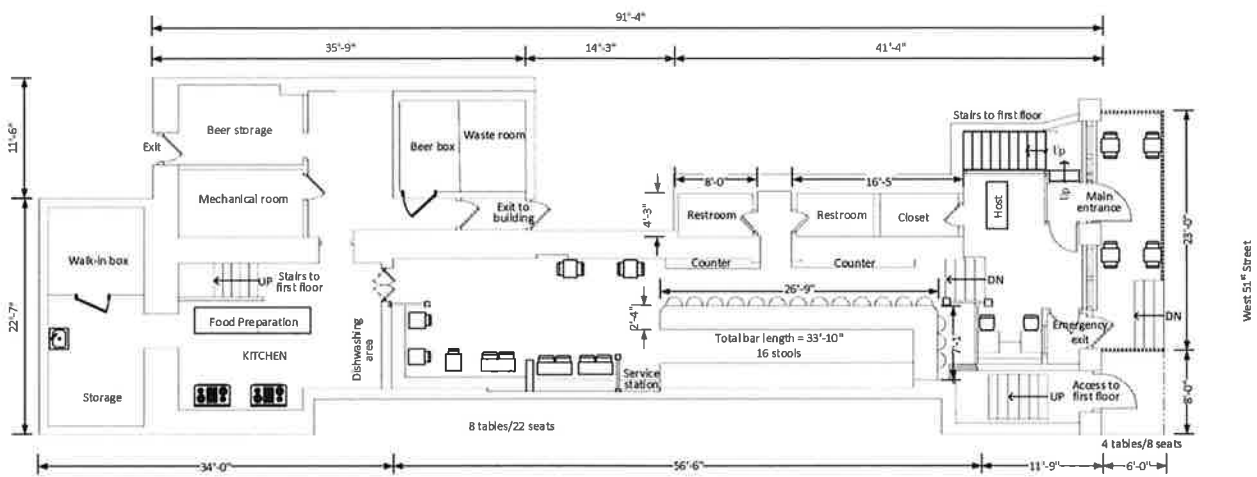
<p>SIGN HERE →</p>	<p>BRIAN CONNELL</p> <p>PRINT NAME OF APPLICANT</p>	 <p>SIGNATURE OF APPLICANT</p>	<p>6/16/19.</p> <p>DATE</p>
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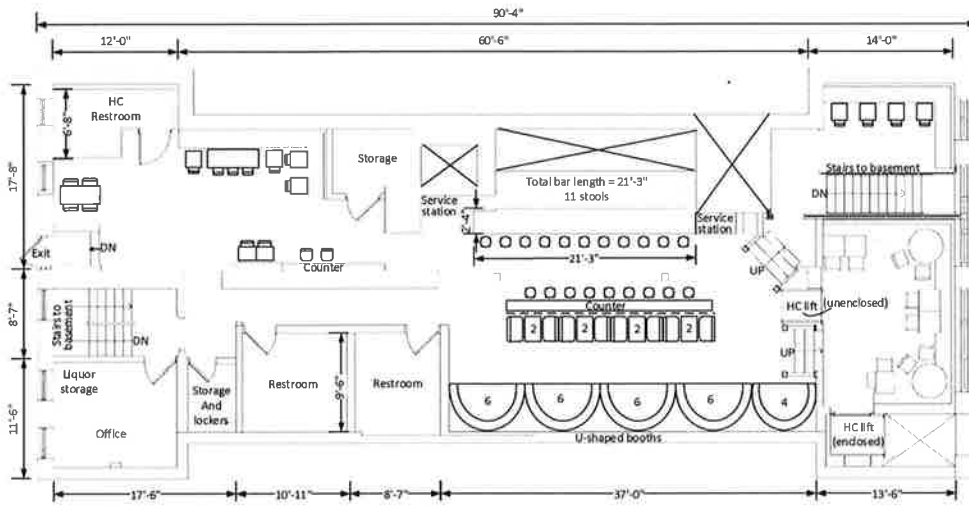
24 tables/69 seats
2 seats in counter

INTERIOR DIAGRAM - 1st Floor
(As is)
302 West 51st Street
New York, NY
May 28, 2019

NOT TO SCALE



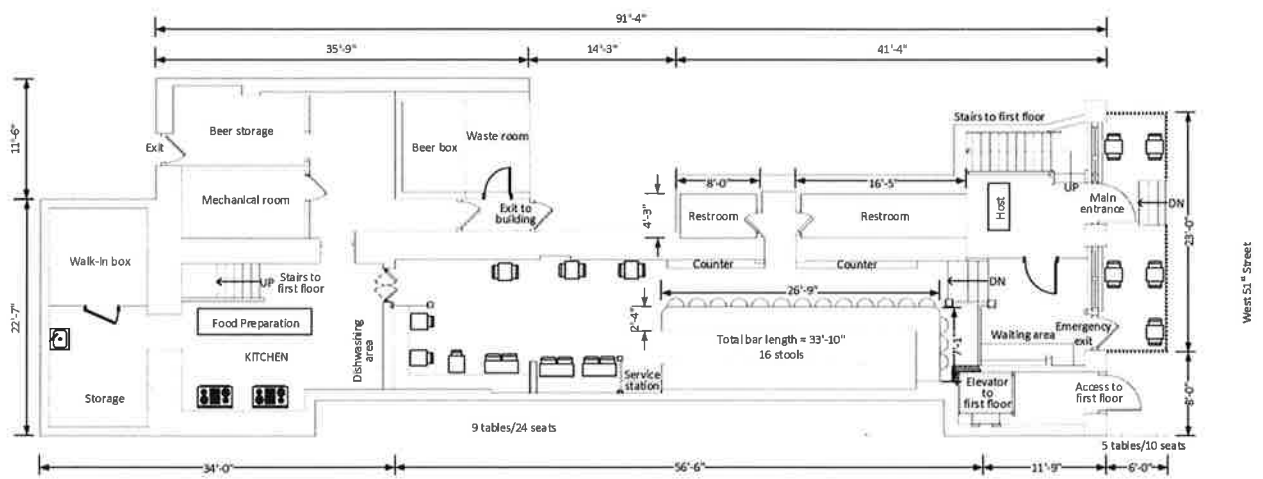
INTERIOR DIAGRAM - Basement
 (As is)
 302 West 51st Street
 New York, NY
 May 28, 2019
 NOT TO SCALE



28 tables/85 seats
11 seats in counters

INTERIOR DIAGRAM - 1st Floor
(Proposed)
302 West 51st Street
New York, NY
May 28, 2019

NOT TO SCALE



INTERIOR DIAGRAM - Basement
 (Proposed)
 302 West 51st Street
 New York, NY
 May 28, 2019

NOT TO SCALE