

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME Caitlyn Napolitano & Carlos Dacosta Los Viajeros LLC		DOING BUSINESS AS (DBA) Los Viajeros NYC		
STREET ADDRESS 1000S Eighth Avenue, Store #12 a/k/a Retail Concourse (59th Street /Columbus Circle Subway Station)		CROSS STREETS West 57th St & West 58th St		ZIP CODE 10019
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME: Caitlyn Napolitano & Carlos Dacosta	ATTORNEY/ REPRESENTATIVE	NAME: Kimberly A. Summers	
	PHONE: 914-299-0129		PHONE: 646-383-4607	
	EMAIL: Los.Viajeros15@gmail.com		EMAIL: Kimberly@DS-LawOffices.com	
MANAGER	NAME: Caitlyn Napolitano & Carlos Dacosta	LANDLORD	NAME: Columbus Turnstyle LLC	
	PHONE: 914-299-0129		PHONE: 774-262-6095	
	EMAIL: Los.Viajeros15@gmail.com		EMAIL: TBD	
APPLICATION TYPE (Check One)				
<input checked="" 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?		Los Viajeros Food Truck, 9 Winthrop Ave, Elmsford, NY 10523	
	What were the dates applicant was involved with this former premise?		Caitlyn Napolitano- April 2013-present Carlos Dacosta- April 2015-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
	If alterations or operational changes are being made, please describe/list all changes.			
<input type="radio"/> Alteration	What is the current license # and expiration date?			
	Please list/describe the nature of all the changes and attach the plans:			
METHOD OF OPERATION				
TYPE OF ALCOHOL	<input checked="" type="radio"/> Liquor/Wine/Beer & Cider <input type="radio"/> Beer & Cider <input type="radio"/> Wine/Beer & Cider			
ESTABLISHMENT TYPE	<input checked="" type="radio"/> 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?	YES	<input checked="" type="checkbox"/> NO	To be submitted in the coming weeks	
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.	YES	<input checked="" 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.	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	11am-8pm	11am-8pm	11am-8pm	11am-8pm	11am-8pm	11am-8pm	11am-8pm	CLOSED 11am-8pm
	Kitchen	11am-8pm	11am-8pm	11am-8pm	11am-8pm	11am-8pm	11am-6pm	11am-6pm	CLOSED 11am-8pm
	Music	11am-8pm	11am-8pm	11am-8pm	11am-8pm	11am-8pm	11am-8pm	11am-8pm	CLOSED 11am-8pm

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	Pending	TBD	1	4	0	0	0
OUTSIDE <i>(Other than sidewalk café)</i>	N/A						
SIDEWALK CAFÉ	N/A						

How many floors are there? What is the capacity for each floor? 1 floor- subway retail concourse

How frequently will the owner(s) be at the establishment? Each owner will be on premises 40+ hours per week, any remaining time a well-trained staff supervisor will be on the premises.

Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?	YES	NO X	
Will applicant have bottle or table service for beverage alcohol?	YES	NO X	
Will you be hosting private; promotional or corporate events?	YES	NO X	
Will outside promoters be used on a regular basis? If yes please describe.	YES	NO X	
Will you have a security plan? If, yes please attach.	YES X	NO	
Will security plan be implemented?	YES X	NO	
Will State certified security personnel be used?	YES X	NO	
Will New York Nightlife Association and NYPD Best Practices be followed?	YES X	NO	
Will applicant be using delivery bicycles? If yes, how many?	YES	NO X	
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		

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	Pending
Is a Public Assembly permit required?	YES	NO	
Are your plans filed with DOB?	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	All required block associations/organizations have been notified	
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.		To be provided at Community Board Meeting	
Who was your contact person at each group you met with?		To be provided at Community Board Meeting	
When did applicant post the notice that was provided?		To be provided at Community Board Meeting	
Where did applicant post the notice that was provided?		To be provided at Community Board Meeting	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.		YES X	NO
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		YES X	NO

BUILDING DESIGN			
State the name and type of business previously located in the space.	Subway Station Food Concourse		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO X	
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO X	
Will applicant have a vestibule within the establishment?	YES	NO	N/A
Will applicant use a storm enclosure?	YES	NO	N/A
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	YES X	NO	
Will applicant comply with the NYC noise code?	YES X	NO	
Will the establishment have any of the following: (circle all that apply)	FRENCH DOORS		GARAGE DOORS
	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?	YES	NO X	
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- the space is located within a subway station retail concourse
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	NO X	
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 X	
Will the kitchen exhaust system extend to the roof?	YES	NO X	
Will the establishment have an illuminated sign?	YES	NO X	
Will the establishment have a canopy extending over the sidewalk?	YES	NO X	
Where will the air conditioner be located? What type is it?	N/A		
When was the air conditioner installed?	N/A		

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

OUTDOOR ITEMS – SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	NO	N/A
Will applicant be applying for a sidewalk café now or in the future?	YES	NO	N/A
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	NO	N/A
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 st and March 21 st , 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.

Manhattan Community Board 4 (MCB4) recommends:
 (MCB4's recommendation is based on a vote taken at its
 7/25/18 full board meeting, with 29 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 Holzman
 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.

SIGN HERE



Kimberly Summers
 Attorney for Applicant

PRINT NAME OF APPLICANT



SIGNATURE OF APPLICANT

5/29/2018

DATE

CARLOS DACOSTA
 OWNER



6/12/18

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:
(i.e.. Residential, Business, Mixed)

1b. If applying for an on premises license 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 and give details:

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 not 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:

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(i.e. 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, etc., over which the applicant does not have exclusive possession and control? Example: hallways, 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. 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? (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 2	Bar 3
Bar Type <input type="text"/>	Bar Type <input type="text"/>	Bar Type <input type="text"/>
Length <input type="text"/>	Length <input type="text"/>	Length <input type="text"/>
Shape <input type="text"/>	Shape <input type="text"/>	Shape <input type="text"/>
Bar 4	Bar 5	Bar 6
Bar Type <input type="text"/>	Bar Type <input type="text"/>	Bar Type <input type="text"/>
Length <input type="text"/>	Length <input type="text"/>	Length <input type="text"/>
Shape <input type="text"/>	Shape <input type="text"/>	Shape <input type="text"/>

Attach additional sheets if there are more than 6 bars.

continued on next page

5. KITCHEN

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

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

Show Kitchen or Food Preparation 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, list hours of day chef/cook will devote to the premises: Monday-Friday 11 am-8pm, Saturday 11am-6pm

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 alcoholic beverages? Yes No

7b. 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):

7c. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? If Yes, how is it divided?

Yes No

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

- Fencing Wall Shrubbery Roping Stanchions

Other (describe):

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

If yes, submit a copy of the permit.

Original Amended Date

METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information provided in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1a. Select the type(s) of alcohol you intend to serve at the premises:

- Beer & Cider
- Wine, Beer & Cider
- Liquor, Wine, Beer & Cider

1b. Type of Establishment:

2. Will any other business be conducted at the premises? if "yes" provide details below or on a separate sheet: Yes No

2a. If the premises is *not* a catering establishment, will the premises periodically close to host private events? Yes No

2b. If "yes" how frequently?

3. Will premises have music? Yes No

3a. If "yes" check all that apply: RECORDED DJ JUKE BOX KARAOKE

LIVE MUSIC (Give details: i.e. rock bands, acoustic, jazz, etc.):

3b. Will the premises use the services of an Event Promoter?: Yes No

4. Will the premises permit dancing? Yes No

4a. If "yes", does your municipality require a "cabaret" or other permit granting permission for dancing? Yes* No

* If a permit is required, submit a copy of the permit. A copy must be submitted prior to issuance of the license.

4b. If dancing is permitted, who will be permitted to dance? Patrons Employees for entertainment Both

4c. If YES, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No

5. Will there be topless entertainment? Yes No

6. Will the business employ a manager? Yes No

6a. If "no" will principal(s) manage? Yes No

7. How many employees? (Excluding principals and security personnel.)

7a. If answer is zero employees ("0"), then provide an explanation below:

continued on next page

8. NYS Law requires businesses to carry workers' compensation and disability insurance.

If applied for and pending, please indicate.

8a. Workers' Compensation Carrier Name and Policy Number:

8b. Disability Insurance Carrier Name and Policy Number:

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996.

9. Will there be security personnel be used at the premises? Yes No 9a. If YES, how many?

9b. If "yes" provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired.

The licensee is responsible for assuring that security personnel you hire is registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

10. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How you will monitor alcohol sales; prevent sales to minors and sales to intoxicated persons. How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

The premises to be licensed will have a casual atmosphere and it is not anticipated to have an occupancy greater than ____ patrons at any one time. In order to ensure proper supervision, a manager (one of the applicant principals), or a well trained staff supervisor, will be on site at all times and all employees will be TIPS trained. Loitering will not be permitted in front of the premises.

11. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advanced Notice ?

Yes No

11a. If "no" explain.

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link: <http://www.sla.ny.gov/provisions-for-county-closing-hours>



Tacos

Veggie

Jack cheese, peppers, onions, sweet plantains, cotija cheese, chipotle aioli

Chicken

Grilled chicken, pico de gallo, sour cream, chipotle aioli, guacamole, lime

Ropa Vieja

Ropa vieja, Viajeros coleslaw, sour cream, chipotle aioli, jalapenos

Fish Taco

Fried fish, Viajeros coleslaw, mango salsa, chipotle aioli, lime

Burritos

La Flaca

Brown rice, peppers, onions, sweet plantains, jack & cotija cheese, chipotle aioli

La Sabrosa

Brown rice, grilled chicken, cheese, chorizo, sour cream, chipotle aioli

El Jefe

Brown rice, ropa vieja, sweet plantains, Jack cheese, jalapenos, chipotle aioli

El Pescador

Fried fish, Viajeros coleslaw, mango salsa, chipotle aioli, lime

Quesadillas

\$6 Cheese

Jack cheese, pico de gallo, chipotle aioli

\$7 Steak

Jack cheese, ropa vieja steak, chipotle aioli

\$7 Chicken

Jack cheese, pico de gallo, chicken, chipotle aioli

\$7 Chorizo Quesadilla

Jack cheese, pico de gallo, chipotle aioli, chorizo

\$6 Bom fries

fries, Jack cheese, queso fresco, cotija cheese, chorizo, chipotle aioli, scallions



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