

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)	
506 9th Avenue Restaurant Corp		TBD	
STREET ADDRESS		CROSS STREETS	ZIP CODE
506 9th Avenue		W. 38th St & W 39th St	10018
OWNER <small>(Attach a list of all the people that will be associated listed with the license)</small>	NAME: Jaleene Williams	ATTORNEY/ REPRESENTATIVE	NAME: ROSA M. RUIZ
	PHONE: 212 391-9191		PHONE: 212 484-2290
	EMAIL: JaleeneR@gmail.com		EMAIL: ROSA@ROSAMRUIZ.COM
MANAGER	NAME: TBD	LANDLORD	NAME: PEC LLC
	PHONE:		PHONE: 516-607-4444
	EMAIL:		EMAIL:
APPLICATION TYPE (Check One)			
<input checked="" type="radio"/> 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?		Get 501 115 Cedar St, New Rochelle
	What were the dates applicant was involved with this former premise?		2009-2017
<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
	If alterations or operational changes are being made, please describe in detail 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="radio"/> NO
			After CB mtg
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
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="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* <small>(Indoor Only)</small>	Operation	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
		11am - 2am	11am - 2am	11am - 2am	11am - 3am	11am - 3am	11am - 3am	11am - 3am	11am - 2am
		11am - 1am	11am - 1am	11am - 1am	11am - 2am	11am - 2am	11am - 2am	11am - 2am	11am - 1am
		11am - 2am	11am - 2am	11am - 2am	11am - 3am	11am - 3am	11am - 3am	11am - 3am	11am - 2am
If you plan to have music, what type(s)? (Circle all that apply)		BACKGROUND		LIVE MUSIC	TRIP	JUKE BOX	TRIP		
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	276	200	34	110	0	1	10		
OUTSIDE <small>(Other than sidewalk café)</small>	0								
SIDEWALK CAFÉ	0								
How many floors are there? What is the capacity for each floor?					Basement & 1st Floor				
How frequently will the owner(s) be at the establishment?					40-60 Hours weekly				
Will you be applying or intending to apply for a cabaret license with DCA? If yes, 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			
Will you be hosting private, promotional or corporate events?					YES	NO	corp events (no promoter)		
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	NO	N/A		
Will State certified security personnel be used?					YES	NO	N/A		
Will New York Nightlife Association and NYPD Best Practices be followed?					<input checked="" type="radio"/> YES	NO			
Will applicant be using delivery bicycles? If yes, how many?					<input checked="" type="radio"/> YES	NO	Uber eats		
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	NO			
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?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Hudson Yards
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Is a Public Assembly permit required?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Are your plans filed with DOB?	<input type="radio"/> 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	Please see Attached	
	# 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	<input type="radio"/> NO	212 391-9191
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	<input type="radio"/> NO	

BUILDING DESIGN			
State the name and type of business previously located in the space.	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="radio"/> YES	<input type="radio"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="radio"/> NO	
Will applicant have a vestibule within the establishment?	YES	<input checked="" type="radio"/> NO	
Will applicant use a storm enclosure?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	winter only
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?	<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)	N/A	FRENCH DOORS	GARAGE DOORS
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	N/A	<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?	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?	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?	YES	<input checked="" type="radio"/> NO	
Will the establishment have a canopy extending over the sidewalk?	YES	<input checked="" type="radio"/> NO	
Where will the air conditioner be located? What type is it?	Backyard - Remote unit w/ small condenser		
When was the air conditioner installed?	2013		

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

OUTDOOR ITEMS – SIDEWALK CAFÉ		<i>N/A - no</i>	<i>SWC</i>
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 café?	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 closest obstruction including construction barricades?	YES	NO	

ADDITIONAL STIPULATIONS: (Office Use Only)

- Applicant agree there will be no dancing
- Applicant agrees to no DJ, karaoke or live music
- Any storm enclosure will exceed no further than 18' from building facade
- Applicant will obtain an acoustical report from a licnese sound engineer to ensure that nearby residents will not be distrubed and agree to implement recommendation of report
- Applicant will submit revised numbers regarding capacity, seats and tables to MCB4 office no later than 5/28/18

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
6/6/18 full board meeting, with 36 members voting in favor
of the recommendation, 0 members opposed, 0 members
abstaining and 0 present but not eligible)

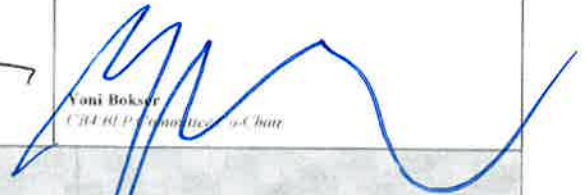
Denial unless all stipulations agreed to by applicant/owner are part of the method of operation

Denial Approval

CB4 REPRESENTATIVES


Nelly Gonzalez
CB4 Assigned District Manager


Frank Holozubec
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 →


ROSA M. RUIZ
PRINT NAME OF APPLICANT


SIGNATURE OF APPLICANT

5/18/18
DATE

Certificate of Occupancy**CO Number: 110006243F**

This certifies that the premises described herein conforms substantially to the approved plans and specifications and to the requirements of all applicable laws, rules and regulations for the uses and occupancies specified. No change of use or occupancy shall be made unless a new Certificate of Occupancy is issued. *This document or a copy shall be available for inspection at the building at all reasonable times.*

A.	Borough: Manhattan	Block Number: 00762	Certificate Type: Final
	Address: 506 NINTH AVENUE	Lot Number(s): 3	Effective Date: 06/30/2015
	Building Identification Number (BIN): 1013633	Building Type: Altered	

For zoning lot metes & bounds, please see BISWeb.

B.	Construction classification: 3	(Prior to 1968 Code)
	Building Occupancy Group classification: J2	(1968 Code)
	Multiple Dwelling Law Classification: HACA	
No. of stories: 6	Height in feet: 69	No. of dwelling units: 38

C. Fire Protection Equipment:
Sprinkler system

D. Type and number of open spaces:
None associated with this filing.

E. This Certificate is issued with the following legal limitations:
None

Borough Comments: None



Borough Commissioner



Commissioner

Certificate of Occupancy

CO Number: 110006243F

Permissible Use and Occupancy

All Building Code occupancy group designations are 1968 designations, except RES, COM, or PUB which are 1938 Building Code occupancy group designations.

Floor From To	Maximum persons permitted	Live load lbs per sq. ft.	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
CEL		OG	B-2		2	STORAGE & BOILER ROOM, METER ROOM PREPARATION AREA & TOILETS
001	276	100	F-4 COM		6	ONE STORE & TWO EATING AND DRINKING ESTABLISHMENT
002		40	J-2	8	2	EIGHT (8) APARTMENTS
003		40	J-2	8	2	EIGHT (8) APARTMENTS
004		40	J-2	8	2	EIGHT (8) APARTMENTS
005		40	J-2	8	2	EIGHT (8) APARTMENTS, ROOF TERRACE
006		40	J-2	6	2	SIX (6) APARTMENTS, ROOF TERRACE
END OF SECTION						



Borough Commissioner



Commissioner

END OF DOCUMENT

LEGEND

1.00 100% FINISH
 2.00 20% FINISH
 3.00 30% FINISH
 4.00 40% FINISH
 5.00 50% FINISH
 6.00 60% FINISH
 7.00 70% FINISH
 8.00 80% FINISH
 9.00 90% FINISH
 10.00 100% FINISH

NOTES

1. ALL FINISHES TO BE AS SHOWN ON THIS PLAN UNLESS OTHERWISE NOTED.

2. FINISHES TO BE IN ACCORDANCE WITH THE NEW YORK CITY DEPARTMENT OF BUILDINGS (DOB) REQUIREMENTS.

3. FINISHES TO BE IN ACCORDANCE WITH THE NEW YORK CITY DEPARTMENT OF ENVIRONMENTAL CONSERVATION (DEC) REQUIREMENTS.

4. FINISHES TO BE IN ACCORDANCE WITH THE NEW YORK CITY DEPARTMENT OF HEALTH (DOH) REQUIREMENTS.

5. FINISHES TO BE IN ACCORDANCE WITH THE NEW YORK CITY DEPARTMENT OF SOCIAL SERVICES (DSS) REQUIREMENTS.

6. FINISHES TO BE IN ACCORDANCE WITH THE NEW YORK CITY DEPARTMENT OF EDUCATION (DOE) REQUIREMENTS.

7. FINISHES TO BE IN ACCORDANCE WITH THE NEW YORK CITY DEPARTMENT OF PAROLE AND COMMUNITY CORRECTIONS (DOCC) REQUIREMENTS.

8. FINISHES TO BE IN ACCORDANCE WITH THE NEW YORK CITY DEPARTMENT OF CORRECTIONS (DOC) REQUIREMENTS.

9. FINISHES TO BE IN ACCORDANCE WITH THE NEW YORK CITY DEPARTMENT OF SOCIAL SERVICES (DSS) REQUIREMENTS.

10. FINISHES TO BE IN ACCORDANCE WITH THE NEW YORK CITY DEPARTMENT OF EDUCATION (DOE) REQUIREMENTS.

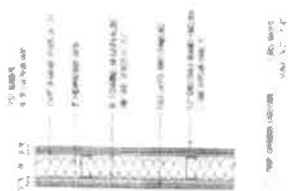
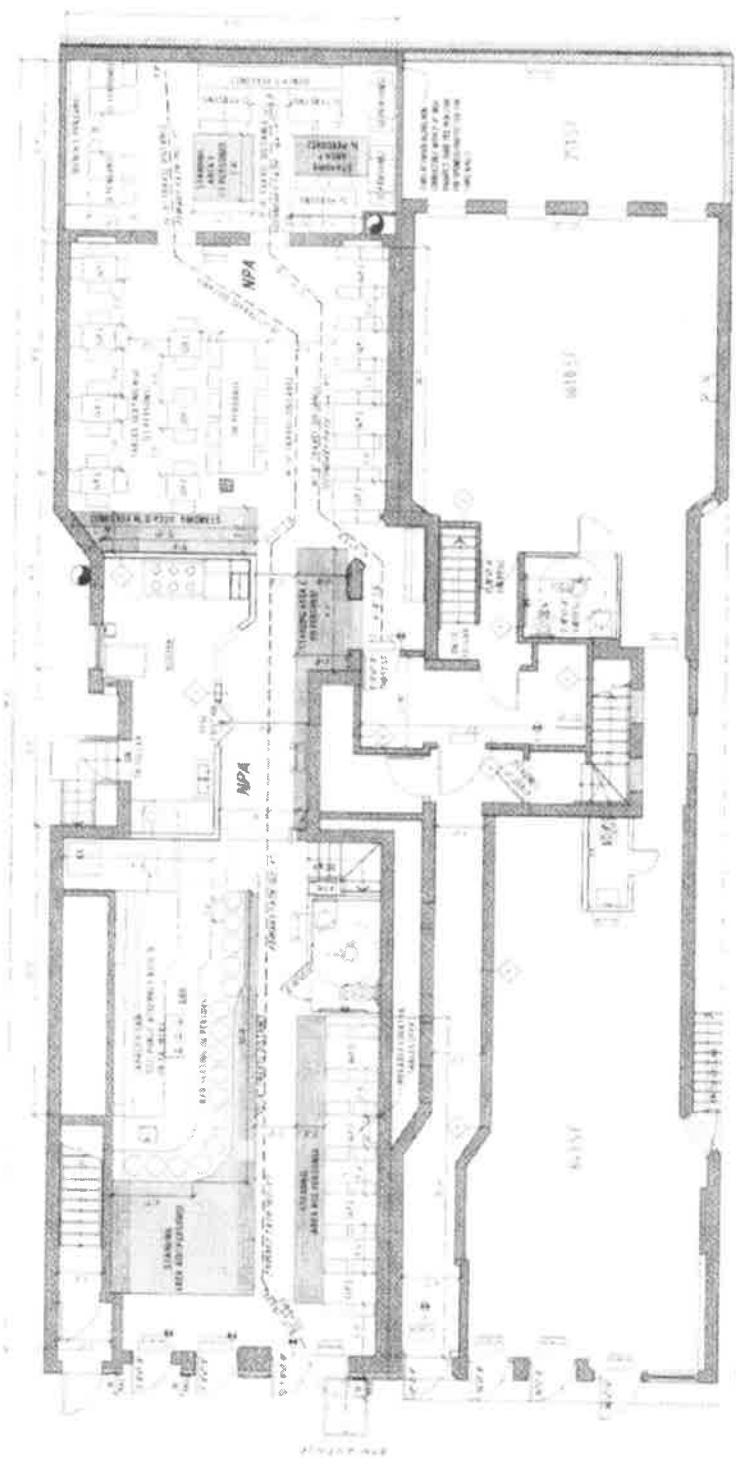


TABLE 1 - SUMMARY OF FINISHES

ROOM	FINISH	DESCRIPTION	NOTES
101	1.00	100% FINISH	
102	2.00	20% FINISH	
103	3.00	30% FINISH	
104	4.00	40% FINISH	
105	5.00	50% FINISH	
106	6.00	60% FINISH	
107	7.00	70% FINISH	
108	8.00	80% FINISH	
109	9.00	90% FINISH	
110	10.00	100% FINISH	

1500 60' 0" TOTAL

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**508 5TH AVENUE
 NEW YORK, N.Y. 10018**

FIRST FLOOR

DATE: 11/15/88
 PROJECT NO.: 100-10000-01
 DRAWING NO.: 100-10000-01-01
SKETCH - 3000
 LAYOUT

508 5TH AVENUE NEW YORK N.Y. 10018 - FIRST FLOOR

DRAWING TITLE: FIRST FLOOR LAYOUT PLAN

PROJECT NO.

DATE: 11/15/88

SCALE: 1/4" = 1'-0"

HAY HAMBRE

Chicharron De Pollo^{gf}	12
crispy chicken	
Carne Frita^{gf}	12
crispy pork	
Crispy Calamari	14
Mofonditos^{gf}	12
mini mofongo cups (choice of pork, steak, chicken or shrimp)	
Clams Con Chorizo*gf	15
Angus Beef Sliders (3)	12
Picadera Platter (for 2)	25
chicharron de pollo, calamari, carne, fritas and empanadas	

BURGERS & SANDWICHES

w/ hand cut fries or tostones

Classic 8oz Cheeseburger	12
Casa 8oz Burger	15
lettuce, tomato, cheese, onion bacon, egg & guacamole	
El Jibarito Sandwich	15
chicken, steak, pork	
Chicken Thigh Burger	10
lettuce, tomato	
Veggie Burger	10
lettuce, tomato	

ALITAS^{gf}

6 pcs

Cognac Wings	13
mild sauce	
Crack Wings	13
dry spice rub	
Suicidal Wings	13
ghost pepper sauce	
BBQ Wings	13
mild bbq sauce	
Hot Wings	13
hot sauce	

EMPANADAS

2 pcs

Chicken/ Pollo	7
Beef/ Carne Molida	7
Pork/Pernil	7
Shrimp/ Camarone	7
Vegetables	7

SOPAS & ENSALADAS

House Salad	13
Avocado Salad	13
Caesar Salad	13
Mozzarella & Tomato	14
over arugula	
Asopao De Marisco	15
seafood soup	
Sancocho	10
hearty chicken & beef stew	

*If you have a food allergy please speak to your
server, manager or chef^{gf} - Gluten Free*

HAY HAMBRE

Chicharron De Pollo^{gf}	12
crispy chicken	
Carne Frita^{gf}	12
crispy pork	
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BURGERS & SANDWICHES

w/ hand cut fries or tostones

Classic 8oz Cheeseburger	12
Casa 8oz Burger	15
lettuce, tomato, cheese, onion bacon, egg & guacamole	
El Jibarito Sandwich	15
chicken, steak, pork	
Chicken Thigh Burger	10
lettuce, tomato	
Veggie Burger	10
lettuce, tomato	

ALITAS^{gf}

6 pcs

Cognac Wings	13
mild sauce	
Crack Wings	13
dry spice rub	
Suicidal Wings	13
ghost pepper sauce	
BBQ Wings	13
mild bbq sauce	
Hot Wings	13
hot sauce	

EMPANADAS

2 pcs

Chicken/ Pollo	7
Beef/ Carne Molida	7
Pork/Pernil	7
Shrimp/ Camarone	7
Vegetables	7

SOPAS & ENSALADAS

House Salad	13
Avocado Salad	13
Caesar Salad	13
Mozzarella & Tomato	14
over arugula	
Asopao De Marisco	15
seafood soup	
Sancocho	10
hearty chicken & beef stew	

*If you have a food allergy please speak to your
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