

CORPORATION NAME BMT FOOD INC		DOING BUSINESS AS (DBA)			
STREET ADDRESS 369 W 34th ST		CROSS STREETS		ZIP CODE 10001	
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: Boris Torres	ATTORNEY/ REPRESENTATIVE	NAME: Herbert Garcia		
	PHONE: 515-520-0657		PHONE: 917-856-7068		
	EMAIL: bortorres@gmail.com		EMAIL: herbert@agarcia-associates		
MANAGER	NAME: Boris Torres	LANDLORD	NAME: Conesus Properties LLC 361 West 34th St. Corp.		
	PHONE: 51-520-0657		PHONE: 703-677-1201		
	EMAIL: bortorres@gmail.com		EMAIL: jamesjewis@gmail.com		
APPLICATION TYPE (<input checked="" type="checkbox"/> <i>Liquor License</i> <input type="checkbox"/> <i>Unenclosed Sidewalk Cafe</i>)					
<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?		YES X	NO	YES
	What is/was the name and address of establishment?		Manka INC, 216 Glenn Street, Glen Cove NY 11542		
	What were the dates applicant was involved with this former premise?		Apr 2014 to Nov 2015		
<input checked="" type="radio"/> Change/Class Change/Removal	What is the license # and expiration date?		Serial No. 1277800 Exp. 05/31/2016		
	Is applicant making any alterations or operational changes?		YES	NO X	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 type="radio"/> Liquor/Wine/Beer & Cider <input type="radio"/> Beer & Cider <input checked="" 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	NO X	July 15th, 2018
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	NO X	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.			YES	NO X	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?			YES X	NO	

BT

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 to 11pm	11am to 11pm	11am to 11pm	11am to 11pm	11am to 11pm	11am to 11pm	11am to 11pm
	Kitchen	10am to 11pm	10am to 11pm	10am to 11pm	10am to 11pm	10am to 11pm	10am to 11pm	10am to 11pm
	Music	NO Music						

If you plan to have music, what type(s)?
(Circle all that apply)

BACKGROUND
 LIVE MUSIC
 DJ
 JUKE BOX
 KARAOKE

B.T

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	70ppf	40	10	20	00	00	00
OUTSIDE <i>(Other than sidewalk café)</i>	NONE						
SIDEWALK CAFÉ	NONE						

How many floors are there? What is the capacity for each floor? 01

How frequently will the owner(s) be at the establishment? Always

Will there be dancing? YES NO NO

Will applicant have bottle or table service for beverage alcohol? YES NO Table

Will you be hosting private; promotional or corporate events? YES NO NO

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 NO

Will security plan be implemented? YES NO NO

Will State certified security personnel be used? YES NO NO

Will New York Nightlife Association and NYPD Best Practices be followed? YES NO YES

Will applicant be using delivery bicycles? If yes, how many? YES NO 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 NO NA

Where will delivery bicycles be stored during the day when not in use? NA

LOCATION & ZONING

Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	Yes, Clinton
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	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	NONE	
	# 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.	YES	NO	YES, (515) 520-0657
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	YES	NO	YES

BUILDING DESIGN			
State the name and type of business previously located in the space.	Pitopia Buffalo To Go		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO	
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	NO
Will applicant use a storm enclosure?	YES	NO	NO
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	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) NONE	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	YES
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	YES
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	NO	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	NO	YES
Will the kitchen exhaust system extend to the roof?	YES	NO	NO
Will the establishment have an illuminated sign?	YES	NO	YES
Will the establishment have a canopy extending over the sidewalk?	YES	NO	NO
Where will the air conditioner be located? What type is it?	On the Roof - Central Unit		
When was the air conditioner installed?	Don't know		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ			
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	NO
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	YES	NO	NA
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	NA
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	NO	YES
Will there be no amplified music, as per the law?	YES	NO	YES
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	YES
Will applicant agree to post signs outside asking customers to respect the neighbors?	YES	NO	YES, we consider it very important.
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO	YES
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO	YES
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	YES

OUTDOOR ITEMS – SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	NO	YES NO Sidewalk cafe.NA
Will applicant be applying for a sidewalk café now or in the future?	YES	NO	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	NA
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	YES	NO	NA
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	NO	NA
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	YES	NO	NA
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	NA
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	NA
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	NA
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	NO
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	YES
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	YES
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	NO
Will applicant use umbrellas?	YES	NO	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	YES

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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.

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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

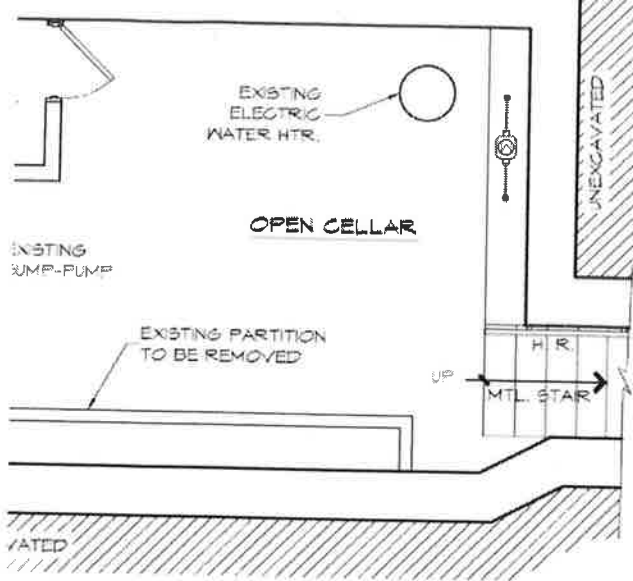
CB4 REPRESENTATIVES

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

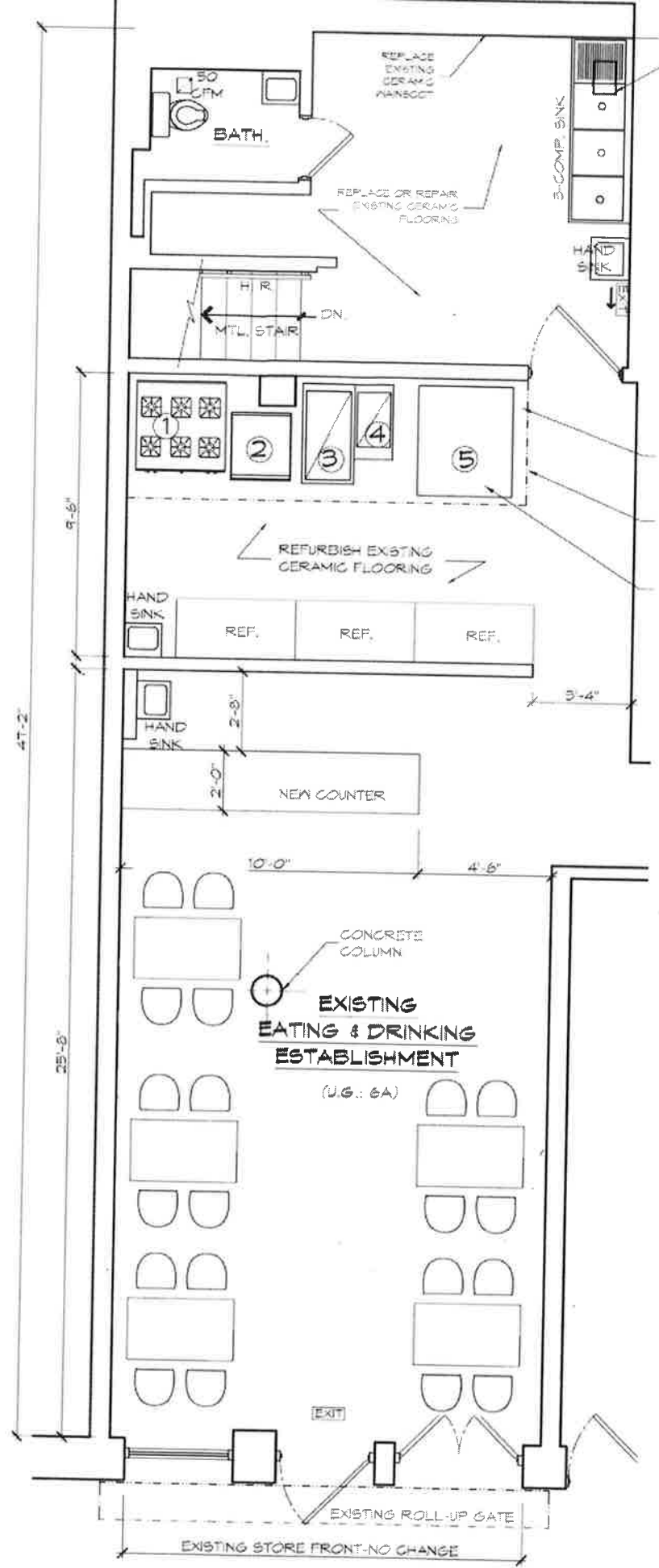
Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of 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>BORIS TORRES</p> <p>PRINT NAME OF APPLICANT</p>	 <p>SIGNATURE OF APPLICANT</p>	<p>7/10/18</p> <p>DATE</p>
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CELLAR PLAN

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



FIRST FLOOR PLAN

BMT Food Inc. doing business as Chirp

369 W 34th St New York, New York 10001

Statement for 500 Foot Hearing

Chirp is located in the historic Garment district tying together the new development of Hudson Yards. The proposed premises is located off the corner of W 34th Street and 9th Avenue. Adjacent businesses on this block include a pizzeria, a convenience store, multiple fast casual restaurants and entertainment shops. To add variety to the casual food choices in the business district, I rented this space to bring a new flavor profile of food and beverages. In keeping with the modern trendy eatery scene, I seek a license to offer beers with the food.

Over the decades of its existence, this historic business district has had a positive impact on the community, including the generation of additional revenue and employment along with new developments. The variety of eateries has enhanced the quality of the neighborhood with its rich history and character. The opening of new eateries has continued to improve upon the quality of the neighborhood with the addition of unique dining experiences with upscale ethnic offerings that appeal to a wide audience. The historic business district has been beneficial to both commercial and residential neighbors, providing for an increase in tourism and enhancing the culture of the community. I seek a beer and wine license to add its ethnic food fare to the gourmet offerings in the neighborhood.

This commercial property has been operating as a restaurant for the the past 5 years. I am not increasing the density of on-premises locations in the neighborhood, I am merely re-opening one that has been there for more than 5 years.

It is undisputed that there are more than three on-premises establishments within 500 feet of the proposed premises. However, the neighborhood is commercial, consisting mostly of quality retailers and eateries. The wealth of tourism in the area is motivated in part by the presence of the variety of unique retailers and eateries.

Chirp will be open 7 days a week from 11:00 AM to 11:00 PM. We will offer take out and delivery at all hours. Chirp's menu, submitted with the application, reveals that it is operating as a true fast casual restaurant. The menu focuses on our rotisserie chicken, along with a few sandwiches and salads to complement a variety of options. It's not meant to be an establishment for late dinners or parties. The beers that we want to sell are there just as an option for our very diverse neighborhood crowd.

Chirp's premises has a capacity to accommodate 25 people, and will primarily serve food as you can see from our menu. As the former restaurant has had a steady volume of traffic over the years, there is no reason to expect any change in traffic patterns, parking or noise level upon the addition of this new restaurant in the same location.

Many of the patrons will be neighborhood residents and office workers so traffic and parking are not a concern within the community. The premises are centrally located and are easily accessible by subway or bus.

The premises is not going to operate after 11:00 pm so the noise level will remain the same at night. There is no dancing or even a dance floor at the restaurant. Patrons will not be allowed to loiter, and cars would not be permitted to park illegally in the street in front of the premises.

For all of the reasons set forth above, it is clear that the liquor license applied for with respect to 369 W 34th St is in the public interest, convenience and advantage of the community. Accordingly, we respectfully request that you grant the issuance of the On-Premises Liquor License to BMT Food Inc.

CHIRP MENU

ROTISSERIE CHICKEN

COMBO DEALS

¼ Chicken + 2 Sides	10
½ Chicken + 2 Sides	14
1 Chicken + 2 (L) Sides	26

¼ Chicken	6
½ Chicken	10
1 Chicken	18

SIDES 4

Rice
Brown Rice
Fries
Sweet Plantains
Green Plantains
Beans
Small Salad

SALADS

Mixed Salad + Avocado	8
<i>Greens. Tomato. Cucumber. Carrots.</i>	
Quinoa Salad	9
<i>Chickpeas. Tomato. Onion. Cucumber. Parsley</i>	
Rotisserie Chicken Salad	10
<i>Greens. Grapes. Potato. Garlic Aioli</i>	
Ceviche	16
<i>Fluke. Lime. Onion. Cilantro. Sweet Potato</i>	

SANDWICHES

Rotisserie Chicken	8
<i>Sweet Plantain. Onion relish. Green Sauce</i>	
Beef Stir Fry	9
<i>Tomato. Onion. Fries. Soy Marinade</i>	
Pork Confit	9
<i>Sweet Potato. Onion relish. Siracha Mayo</i>	
Sauteed Mushrooms	9
<i>Guacamole. Greens. Jalapeno Aioli</i>	

MAIN

Beef Stir Fry	16
<i>Tomato. Onion. Fries. Soy Marinade.</i>	
Shredded chicken	14
<i>Parmesan+Peruvian pepper cream. Potato</i>	
Fried Rice: Beef	15
Fried Rice: Shrimp	16
<i>Scallions. Eggs. Bean Sprouts</i>	

DRINKS

Domestic Sodas

Coke, Sprite, Sunkist, Ginger Ale, Club Soda 2

Imported Sodas

Inca Kola, Colombiana, Jarritos 2.5

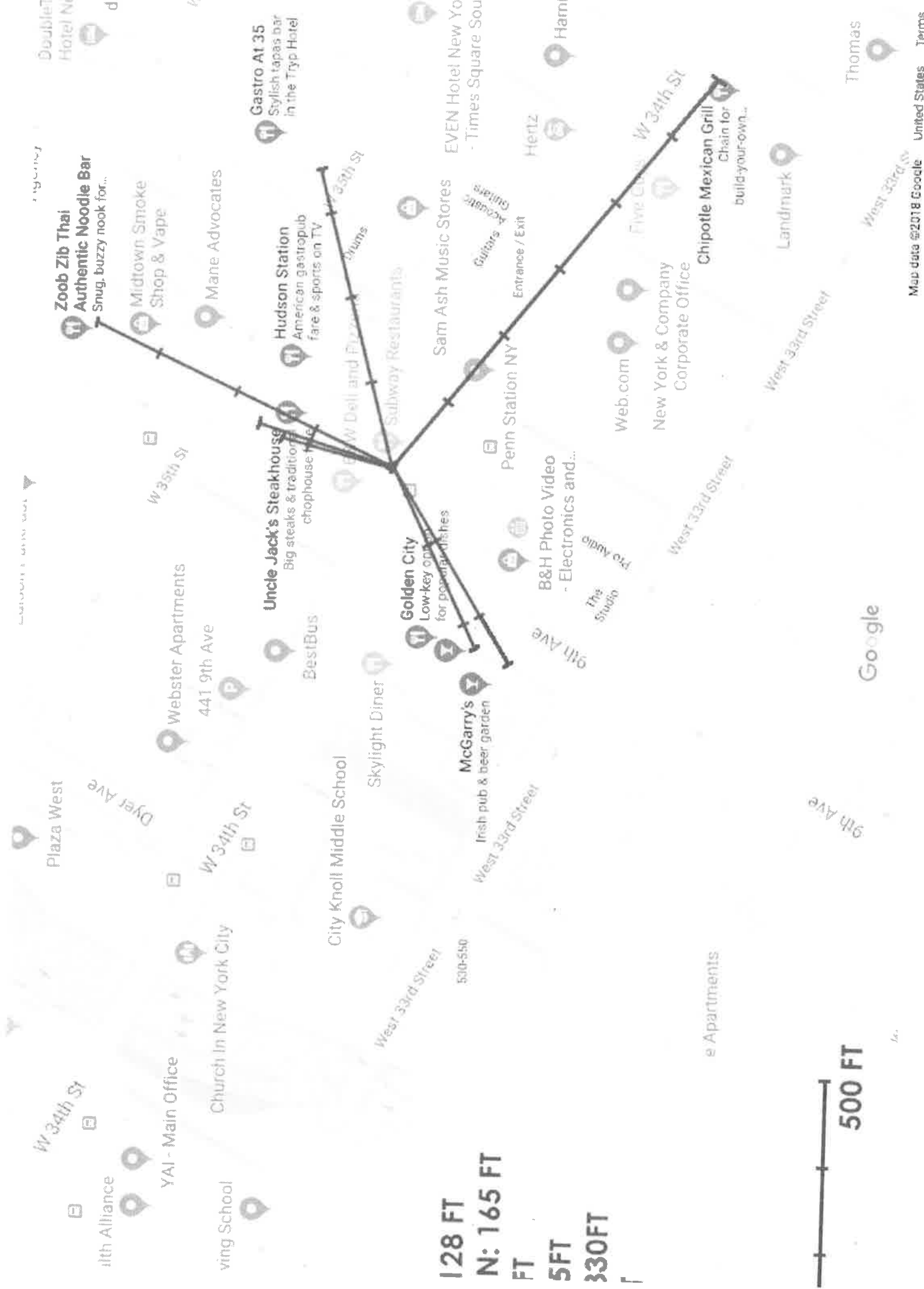
BEER

Goose IPA 6

Tecate 5

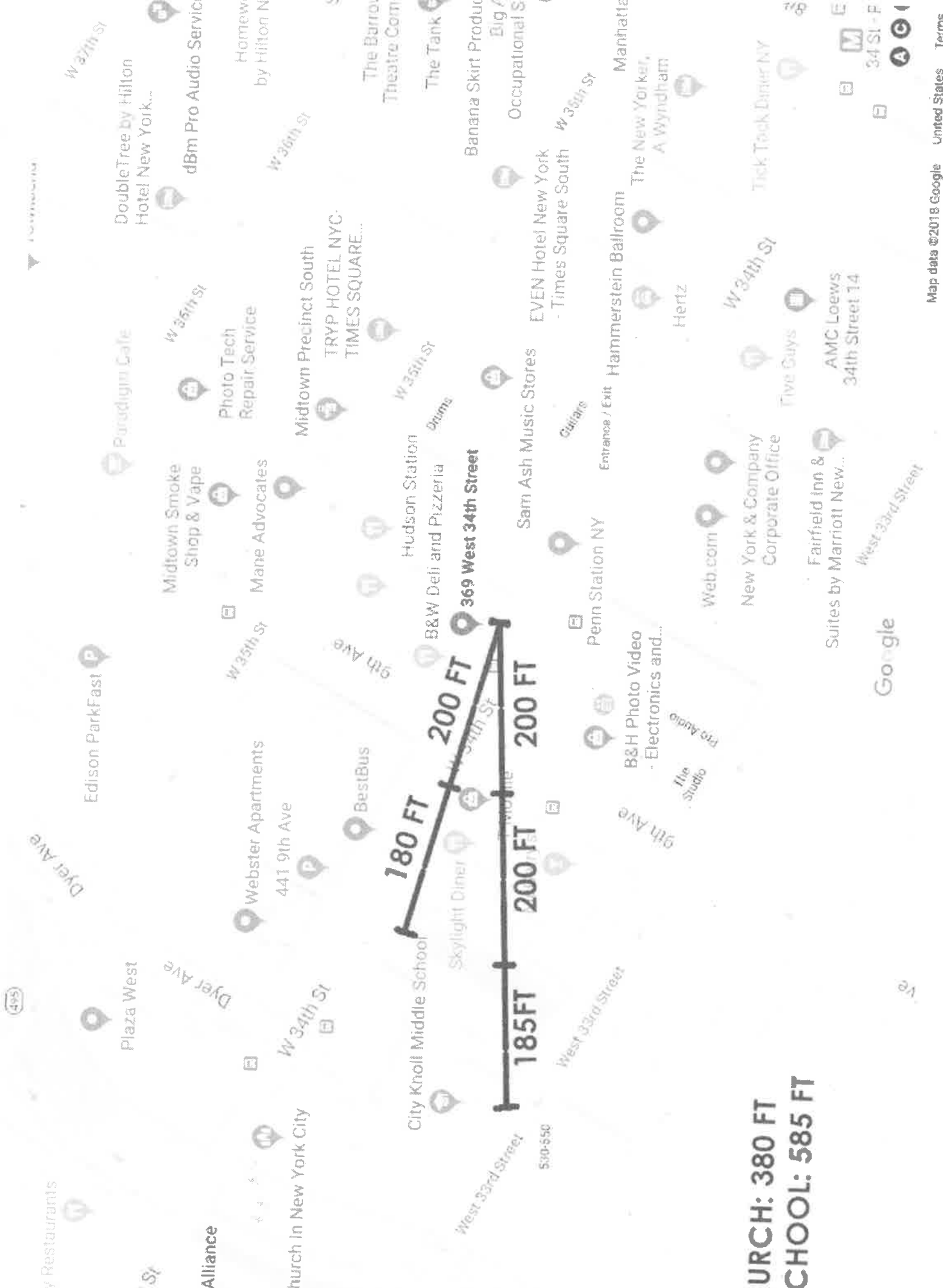
Cuzquena 5

Corona 6



128 FT
 N: 165 FT
 FT
 5FT
 330FT





CHURCH: 380 FT
SCHOOL: 585 FT

Certificate of Occupancy

CO Number: 104053747F

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: 00758	Certificate Type: Final
	Address: 369 WEST 34 STREET	Lot Number(s): 1	Effective Date: 07/27/2006
	Building Identification Number (BIN): 1013555	Building Type: Altered	
<i>For zoning lot metes & bounds, please see BISWeb.</i>			
B.	Construction classification:	3	
	Building Occupancy Group classification:	COM	
	Multiple Dwelling Law Classification:	None	
	No. of stories: 2	Height in feet: 25	No. of dwelling units: 0
C.	Fire Protection Equipment: None associated with this filing.		
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: **104053747F**

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						STORAGE
001	70					STORE & RESTAURANT
002	46	70	COM		6	COMMERICAL USE OFFICES
END OF SECTION						



Borough Commissioner



Commissioner

END OF DOCUMENT

Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice was Sent: 1a. Delivered by:

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:
 New Application Renewal Alteration Corporate Change Removal Class Change Method of Operation Change

For **New** applicants, answer each question below using all information known to date
For **Renewal** applicants, answer all questions
For **Alteration** applicants, attach a complete written description and diagrams depicting the proposed alteration(s)
For **Corporate Change** applicants, attach a list of the current and proposed corporate principals
For **Removal** applicants, attach a statement of your current and proposed addresses with the reason(s) for the relocation
For **Class Change** applicants, attach a statement detailing your current license type and your proposed license type
For **Method of Operation Change** applicants, although not required, if you choose to submit, attach an explanation detailing those changes

This 30-Day Advance Notice is Being Provided to the Clerk of the Following Local Municipality or Community Board:

3. Name of Municipality or Community Board:

Applicant/Licensee Information:

4. Licensee Serial Number (if applicable): Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village: , NY Zip Code:

9. Business Telephone Number of Applicant/Licensee:

10. Business E-mail of Applicant/Licensee:

11. Type(s) of alcohol sold or to be sold: Beer & Cider Wine, Beer & Cider Liquor, Wine, Beer & Cider

12. Extent of Food Service:
 Full food menu; full kitchen run by a chef or cook Menu meets legal minimum food availability requirements; food prep area at minimum

13. Type of Establishment:

14. Method of Operation: (check all that apply)
 Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke
 Live Music (give details i.e., rock bands, acoustic, jazz, etc.):
 Patron Dancing Employee Dancing Exotic Dancing Topless Entertainment
 Video/Arcade Games Third Party Promoters Security Personnel
 Other (specify):

15. Licensed Outdoor Area: (check all that apply)
 None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
 Sidewalk Cafe Other (specify):

16. List the floor(s) of the building that the establishment is located on: **1ST FLOOR**

17. List the room number(s) the establishment is located in within the building, if appropriate: **N/A**

18. Is the premises located within 500 feet of three or more on-premises liquor establishments? Yes No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:
N/A Name Serial Number

21. Does the applicant or licensee own the building in which the establishment is located? Yes (if YES, SKIP 23-26) No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name: **Conesus Properties LLC 361 West 34th St. Corp.**

23. Building Owner's Street Address: **4521 PGA Blvd, Unit 329**

24. City, Town or Village: **Palm Beach Gardens** State: **FL** Zip Code: **33418**

25. Business Telephone Number of Building Owner: _____

Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice

26. Representative/Attorney's Full Name: **Herbert Garcia**

27. Representative/Attorney's Street Address: **85-14 Roosevelt Ave 2ND Floor**

28. City, Town or Village: **Jackson Heights** State: **NY** Zip Code: **11372**

29. Business Telephone Number of Representative/Attorney: **(917)856-7068**

30. Business E-mail Address of Representative/Attorney: **herbert@agarcia-associates.com**

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: **BORIS TORRES** Title: **PRESIDENT**

Principal Signature: 