

Manhattan Community Board 4

(All Fields Must Be Completed)

CORPORATION NAME		DOING BUSINESS AS (DBA)	
71 Worth LLC		As Is NYC	
STREET ADDRESS		CROSS STREETS	ZIP CODE
734 10th Avenue		50th St and 10th Avenue	10019
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME:	Jodi Richard	ATTORNEY/ REPRESENTATIVE
	PHONE:	646 858 1153	
	EMAIL:	Jodi@asisny.com	
MANAGER	NAME:	Brandon Duff	LANDLORD
	PHONE:	602 524 2172	
	EMAIL:	brandon@asisnyc.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="radio"/> Alteration	What is the current license # and expiration date?		912312 10/31/2021
	<i>Please list/describe the nature of all the changes and attach the plans:</i> 11AM-3AM		
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Most recently Renewed Oct. 2019
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="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	11AM-3AM	11AM-3AM	11AM-3AM	11AM-3AM	11AM-3AM	11AM-3AM	11AM-3AM
	Kitchen	11AM-3AM	11AM-3AM	11AM-3AM	11AM-3AM	11AM-3AM	11AM-3AM	11AM-3AM
	Music	11AM-3AM	11AM-3AM	11AM-3AM	11AM-3AM	11AM-3AM	11AM-3AM	11AM-3AM

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
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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	70	9	44	0	1	12
OUTSIDE <i>(Other than sidewalk café)</i>	None	None	None	None	None	None	None
SIDEWALK CAFÉ	None	None	None	None	None		

How many floors are there? What is the capacity for each floor? 1 Fl, 74 Persons

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

Will there be dancing? YES NO

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

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

Will outside promoters be used on a regular basis? If yes please describe. YES NO

Will you have a security plan? If, yes please attach. YES NO

Will security plan be implemented? YES NO

Will State certified security personnel be used? YES NO

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

Will applicant be using delivery bicycles? If yes, how many? YES 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

Where will delivery bicycles be stored during the day when not in use? None

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Clinton
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Letter of No Objection
Is a Public Assembly permit required?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are your plans filed with DOB?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 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	5051 Block Association- Attended meeting.	
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.		Dec 18th (Approx)	
Who was your contact person at each group you met with?		Steve Belida	
When did applicant post the notice that was provided?		Tues Jan 7	
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 type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO

BUILDING DESIGN			
State the name and type of business previously located in the space.			
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	<input checked="" 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	NO	
Is the entrance ADA Compliant?	<input checked="" type="checkbox"/> YES	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	NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/> YES	NO	
Will the establishment have any of the following: (circle all that apply)	FRENCH DOORS		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?	YES	<input checked="" 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	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?	YES	<input checked="" type="checkbox"/> NO	
Will the kitchen exhaust system extend to the roof?	YES	<input checked="" 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?	Remote LG		
When was the air conditioner installed?	2015		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ

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

OUTDOOR ITEMS – SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	<input checked="" type="checkbox"/>	
Will applicant be applying for a sidewalk café now or in the future?	YES	<input checked="" type="checkbox"/>	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	<input checked="" type="checkbox"/>	
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"/>	
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	YES	<input checked="" type="checkbox"/>	
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	<input checked="" type="checkbox"/>	
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	YES	<input checked="" type="checkbox"/>	
Will applicant mark the perimeter of the café on the sidewalk?	YES	<input checked="" type="checkbox"/>	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	<input checked="" type="checkbox"/>	
Will the sidewalk café not provide standing space for drinking or smoking?	YES	<input checked="" type="checkbox"/>	
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"/>	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	<input checked="" type="checkbox"/>	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	<input checked="" type="checkbox"/>	
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	YES	<input checked="" type="checkbox"/>	
Will applicant use umbrellas?	YES	<input checked="" type="checkbox"/>	
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	<input checked="" type="checkbox"/>	

ADDITIONAL STIPULATIONS: (Office Use Only)


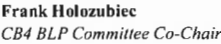

To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

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 February 5, 2020 full board meeting, with <u>39</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 Holozubiec 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>	 PRINT NAME OF APPLICANT	 SIGNATURE OF APPLICANT	 DATE
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