

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME MBG Taverns on 6 th		DOING BUSINESS AS (DBA) J.J. Kinahans	
STREET ADDRESS 757 6 th Avenue		CROSS STREETS 6 th Avenue + 25 th Street	ZIP CODE 10010
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: Michael Galton	ATTORNEY/ REPRESENTATIVE	NAME: Terrence Flynn
	PHONE: 914 356 7213		PHONE: 917 913 4974
	EMAIL: michaelgalton@gmail.com		EMAIL: tflynnjr@gmail.com
MANAGER	NAME:	LANDLORD	NAME: Steinberg + Pokoik Mgmt Corp
	PHONE:		PHONE: 212 752 7474
	EMAIL:		EMAIL:
APPLICATION TYPE (<input checked="" type="checkbox"/> Liquor License <input type="checkbox"/> Unenclosed Sidewalk Cafe)			
<input type="radio"/> New	Has applicant owned or managed a similar business?	YES	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?	YES	NO
	If alterations or operational changes are being made, please describe/list all changes.		
<input checked="" type="radio"/> Alteration	What is the current license # and expiration date?		
	Please list/describe the nature of all the changes and attach the plans: Additional Bar on same floor as existing		
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 type="radio"/> Restaurant <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" 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	
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="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* (Indoor Only)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	12pm-4am	12pm-4am	12pm-4am	12pm-4am	12pm-4am	12pm-4am	12pm-4am
	Kitchen	12-12	12-12	12-12	12-12	12-12	12-12	12-12
	Music							

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 checked="" type="checkbox"/> JUKE BOX	<input type="checkbox"/> KARAOKE
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OCCUPANCY

	Capacity (Certificate of Occupancy)	Maximum # of Persons 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	110	110	16	92	0	2	20 11
OUTSIDE (Other than sidewalk café)	20	20	5	20			
DCA APPROVED UNENCLOSED SIDEWALK CAFÉ	20	20	5	20			

How many floors are there? What is the capacity for each floor? 1 with mezzanine 110

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

Will there be dancing? YES NO

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

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

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

Does applicant agree to notify MCB4 prior to making changes to its method of operation? 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 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	<input checked="" type="radio"/> NO
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?	YES	<input checked="" type="radio"/> 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	100 W 25 th Street
	# 2	100 W 26 th Street
	# 3	
	# 4	
	# 5	
Please provide dates when applicant met with the groups listed above.	emailed both on June 24	
Who was your contact person at each group you met with?	#1 Carla Nordstrom #2 Susan Bultenweiser	
When did applicant post the notice that was provided?	6-20-21	
Where did applicant post the notice that was provided?	Front Door	
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.	Existing		
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	J.J. Kinahans Rogue
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="radio"/> NO	
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Is the entrance ADA Compliant?	<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?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant use a storm enclosure?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Does applicant agree to keep the sidewalk clear of all items or obstructions, such as 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)	<input checked="" type="radio"/> FRENCH DOORS	<input type="radio"/> GARAGE DOORS	<input type="radio"/> 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="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?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
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?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Where will the air conditioner be located? What type is it?	Roof HAVE HVAC		
When was the air conditioner installed?	By previous owner, circa 2003		

Open Restaurants Program Only

OUTDOOR ITEMS - OTHER THAN 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, gazebo or open dining in the parking lane? 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 checked="" type="radio"/> YES	<input type="radio"/> NO
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) or on the sidewalk?	<input type="radio"/> YES	<input checked="" 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 checked="" type="radio"/> YES	<input 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
If open dining in the parking lane, will applicant agree to leave the sidewalk free of any furniture?	<input type="radio"/> YES	<input checked="" type="radio"/> NO
If open dining, will you comply with all NYC DOT guidelines?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
If open dining, will the installation be year-round?	<input checked="" type="radio"/> YES	<input type="radio"/> NO

Currently utilizing parking lane

DCA APPROVED UNENCLOSED SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant be applying for a sidewalk café now or in the future?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Currently Utilizing
Is applicant in this application seeking to include a sidewalk café in its liquor license?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk café?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	existing
Will applicant mark the perimeter of the café on the sidewalk?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the sidewalk café not provide standing space for drinking or smoking?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant use umbrellas?	<input type="radio"/> YES	<input checked="" type="radio"/> 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?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
If open dining is in the parking lane, will applicant agree to remove its sidewalk café?	<input type="radio"/> YES	<input checked="" type="radio"/> 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.

Manhattan Community Board 4 (MCB4) recommends:
(MCB4's recommendation is based on a vote taken at its
July 28, 2021 full board meeting, with 35 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 Holumbiec
CB4 BLP Committee Co-Chair



Burt Lazerin
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.

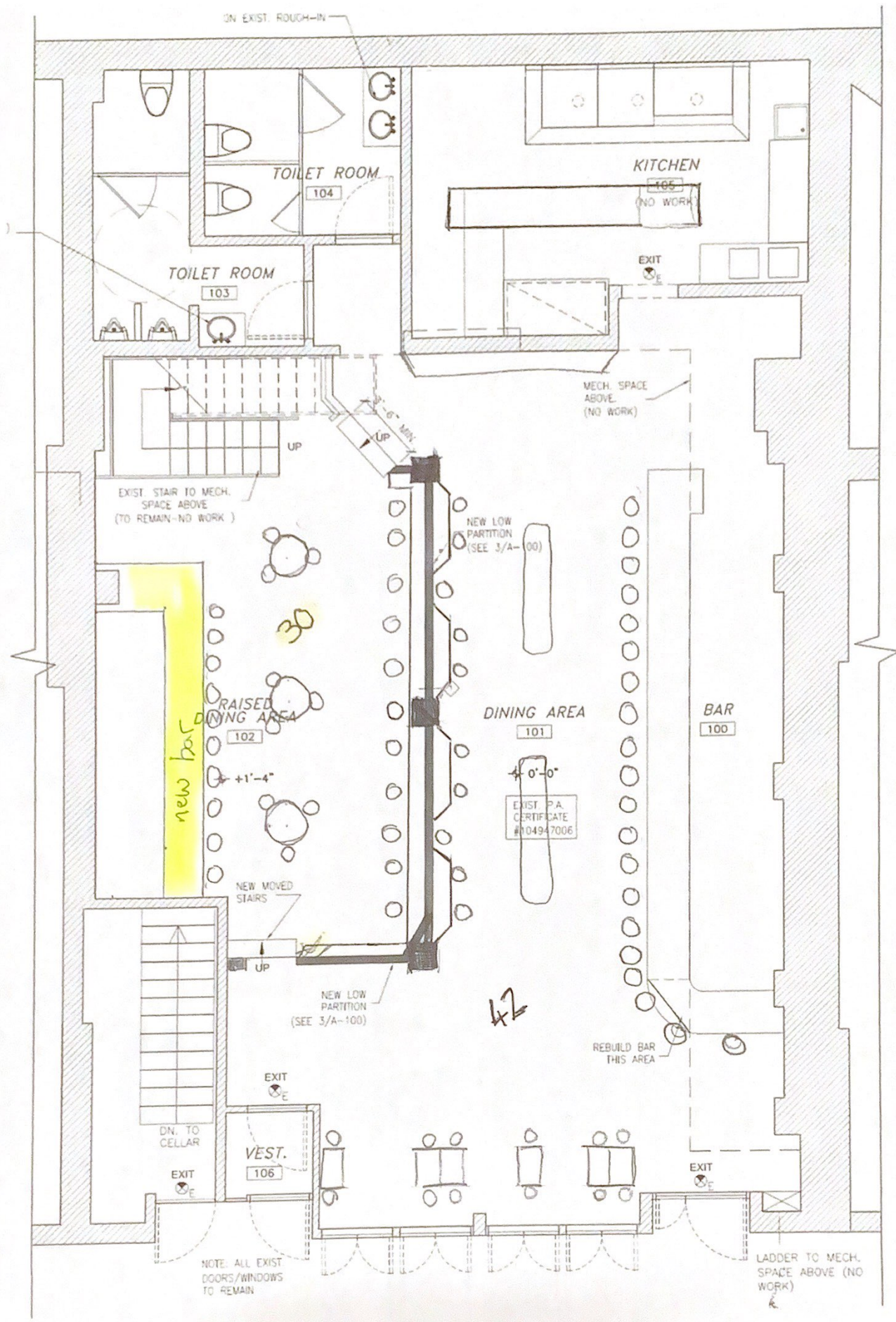
SIGN HERE



Michael
Grallon
PRINT NAME OF APPLICANT

M. Grallon
SIGNATURE OF APPLICANT

6-23-21
DATE



NOTE: ALL EXIST DOORS/WINDOWS TO REMAIN

LADDER TO MECH. SPACE ABOVE (NO WORK)