

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)	
FARMSTAND MEATS INC			
STREET ADDRESS		CROSS STREETS	ZIP CODE
75 NINTH AVE		15TH ST	10011
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME:	JACOB DICKSON	ATTORNEY/ REPRESENTAIVE
	PHONE:	609-647-4842	
	EMAIL:	jake@dicksonsfarmstand.com	
	NAME:	Elke Hofmann	
	PHONE:	(212) 487-9100	
	EMAIL:	elke@eahlaw.com	
MANAGER	NAME:		LANDLORD
	PHONE:		
	EMAIL:		
	NAME:	Manhattan Chelsea Market, LLC	
	PHONE:	212-220-3718	
	EMAIL:	gordon.pelavin@jamestownlp.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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	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 <input type="checkbox"/> NO <input type="checkbox"/>
	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="checkbox"/> Liquor/Wine/Beer & Cider <input type="checkbox"/> Beer & Cider <input checked="" 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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	December 2021
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS* <i>(Indoor Only)</i>	Operation	10AM-8PM	10AM-8PM	10AM-8PM	10AM-8PM	10AM-8PM	10AM-8PM	10AM-8PM
	Kitchen	10AM-8PM	10AM-8PM	10AM-8PM	10AM-8PM	10AM-8PM	10AM-8PM	10AM-8PM
	Music	10AM-8PM	10AM-8PM	10AM-8PM	10AM-8PM	10AM-8PM	10AM-8PM	10AM-8PM
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	

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	TBD	130	20	80	0	1	20
OUTSIDE <i>(Other than sidewalk café)</i>							
DCA APPROVED UNENCLOSED SIDEWALK CAFÉ							

How many floors are there? What is the capacity for each floor?	1
How frequently will the owner(s) be at the establishment?	EVERY DAY
Will there be dancing?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Will applicant have bottle or table service for beverage alcohol?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Will applicant be hosting private; promotional or corporate events?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Will outside promoters be used on a regular basis? If yes please describe.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Will applicant have a security plan? If, yes please attach.	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Will security plan be implemented?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Will State certified security personnel be used?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Will New York Nightlife Association and NYPD Best Practices be followed?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Does applicant agree to notify MCB4 prior to making changes to its method of operation?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
Will applicant be using delivery bicycles? If yes, how many?	YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 <input type="checkbox"/> NO <input type="checkbox"/> 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
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO
Is a Public Assembly permit required?	<input checked="" type="checkbox"/> YES	NO
Are your plans filed with DOB?	YES	<input checked="" 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	100/200 West 15 Street Block Association
	# 2	100 West 16th Street Block Association
	# 3	Council Chelsea Block Association
	# 4	
	# 5	
Please provide dates when applicant met with the groups listed above.	Email to contact addresses: 11/29/2021	
Who was your contact person at each group you met with?	Via Email only (no responses received)	
When did applicant post the notice that was provided?	11/16/2021	
Where did applicant post the notice that was provided?	EXTERIOR ENTRANCE ON 15TH ST	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	<input checked="" type="checkbox"/> 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="checkbox"/> YES	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="radio"/> NO										
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	NO										
Is the entrance ADA Compliant?	<input checked="" type="radio"/> YES	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?	YES	<input checked="" 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	NO										
Will applicant comply with the NYC noise code?	<input checked="" type="radio"/> YES	NO										
Will the establishment have any of the following: (circle all that apply)	<table border="1"> <thead> <tr> <th>FRENCH DOORS</th> <th>GARAGE DOORS</th> <th>WINDOWS THAT CAN BE OPENED</th> </tr> </thead> <tbody> <tr> <td>YES</td> <td>NO</td> <td>NA</td> </tr> <tr> <td>YES</td> <td>NO</td> <td>NA</td> </tr> </tbody> </table>			FRENCH DOORS	GARAGE DOORS	WINDOWS THAT CAN BE OPENED	YES	NO	NA	YES	NO	NA
FRENCH DOORS	GARAGE DOORS	WINDOWS THAT CAN BE OPENED										
YES	NO	NA										
YES	NO	NA										
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	YES	NO	NA									
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	NA									
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 checked="" type="radio"/> NO										
Will the kitchen exhaust system extend to the roof?	YES	<input checked="" 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?	WATER COOLED AIR CONDITIONER LOCATED WITHIN THE SPACE											
When was the air conditioner installed?	2019											

OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO	NA - NO OUTDOOR SPACE
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)?	YES	NO	Type text here
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) or on the sidewalk?	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	
If open dining in the parking lane, will applicant agree to leave the sidewalk free of any furniture?	YES	NO	
If open dining, will you comply with all NYC DOT guidelines?	YES	NO	
If open dining, will the installation be year-round?	YES	NO	

DCA APPROVED UNENCLOSED SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	NO	NA - NO SIDEWALK CAFE
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	
If open dining is in the parking lane, will applicant agree to remove its sidewalk café?	YES	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*

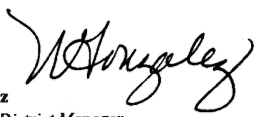
To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.


Manhattan Community Board 4 (MCB4) recommends:
(MCB4's recommendation is based on a vote taken at its
January 5, 2022 full board meeting, with 43 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 Holozubiec
CB4 BLP Committee Co-Chair


Burt Lazarin
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 →

JACOB DICKSON

PRINT NAME OF APPLICANT



SIGNATURE OF APPLICANT

DATE 11/29/2021

DICKSON'S

FARMSTAND
MEATS

SALUMI BAR MENU

DRY-CURED SALAMI

	QTY
Sweet Fennel Salami La Salumina Hurleyville, NY	\$ 5
Fuet Jacuterle Ancram, NY	\$ 5
Alpine Jacuterle Ancram, NY	\$ 5
Provençal Jacuterle Ancram, NY	\$ 5
Chorizo Jacuterle Ancram, NY	\$ 5

WHOLE MUSCLE SALUMI

	QTY
Rigotino La Salumina Hurleyville, NY	\$ 5

COOKED CHARCUTERIE

	QTY
Pork Rillettes Dickson's Farmstand Meats NYC	\$ 6
Country Pate Dickson's Farmstand Meats NYC	\$ 6
Parlsian Ham Dickson's Farmstand Meats NYC	\$ 5
Lamb Pastrami Dickson's Farmstand Meats NYC	\$ 5

BEEF TARTARE

	QTY
Classic, (salt, pepper, olive oil, shallot, pickle)	\$ 6
Dickson's Reserve (50-day aged beef fat, Sherry Vinegar, Pierre Polvre, Maldon Sea Salt)	\$ 8

CHEESE

	QTY
Soft	\$ 5
Hard	\$ 5
The Spread (Whipped salumi, parmesan, and olive oil)	\$ 5

PICKLES & SIDES

	QTY
Assorted Pickle Plate	\$ 4
Olives	\$ 4
Salt & Vinegar Almonds	\$ 4
DFM Bar Mix (contains pork)	\$ 4

DRINKS

	QTY
Beer - Coming Soon!	\$ 7
White Wine - Coming Soon!	\$ 12
Red Wine - Coming Soon!	\$ 12
Cider - Coming Soon!	\$ 8
Topo Chlco Sparkling Water	\$ 3

Salumi, Cheese & Tartare served on crustini with signature condiments

DICKSON'S

FARMSTAND
MEATS

SALUMI BAR MENU

DRY-CURED SALAMI

Sweet Fennel Salami La Salumina Hurleyville, NY	\$ 5
Fuet Jacuterle Ancram, NY	\$ 5
Alpine Jacuterle Ancram, NY	\$ 5
Provençal Jacuterle Ancram, NY	\$ 5
Chorizo Jacuterle Ancram, NY	\$ 5

WHOLE MUSCLE SALUMI

Rigotino La Salumina Hurleyville, NY	\$ 5
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COOKED CHARCUTERIE

Pork Rillettes Dickson's Farmstand Meats NYC	\$ 6
Country Pate Dickson's Farmstand Meats NYC	\$ 6
Parlsian Ham Dickson's Farmstand Meats NYC	\$ 5
Lamb Pastrami Dickson's Farmstand Meats NYC	\$ 5

BEEF TARTARE

Classic, (salt, pepper, olive oil, shallot, pickle)	\$ 6
Dickson's Reserve (50-day aged beef fat, Sherry Vinegar, Pierre Polvre, Maldon Sea Salt)	\$ 8

CHEESE

Soft	\$ 5
Hard	\$ 5
The Spread (Whipped salumi, parmesan, and olive oil)	\$ 5

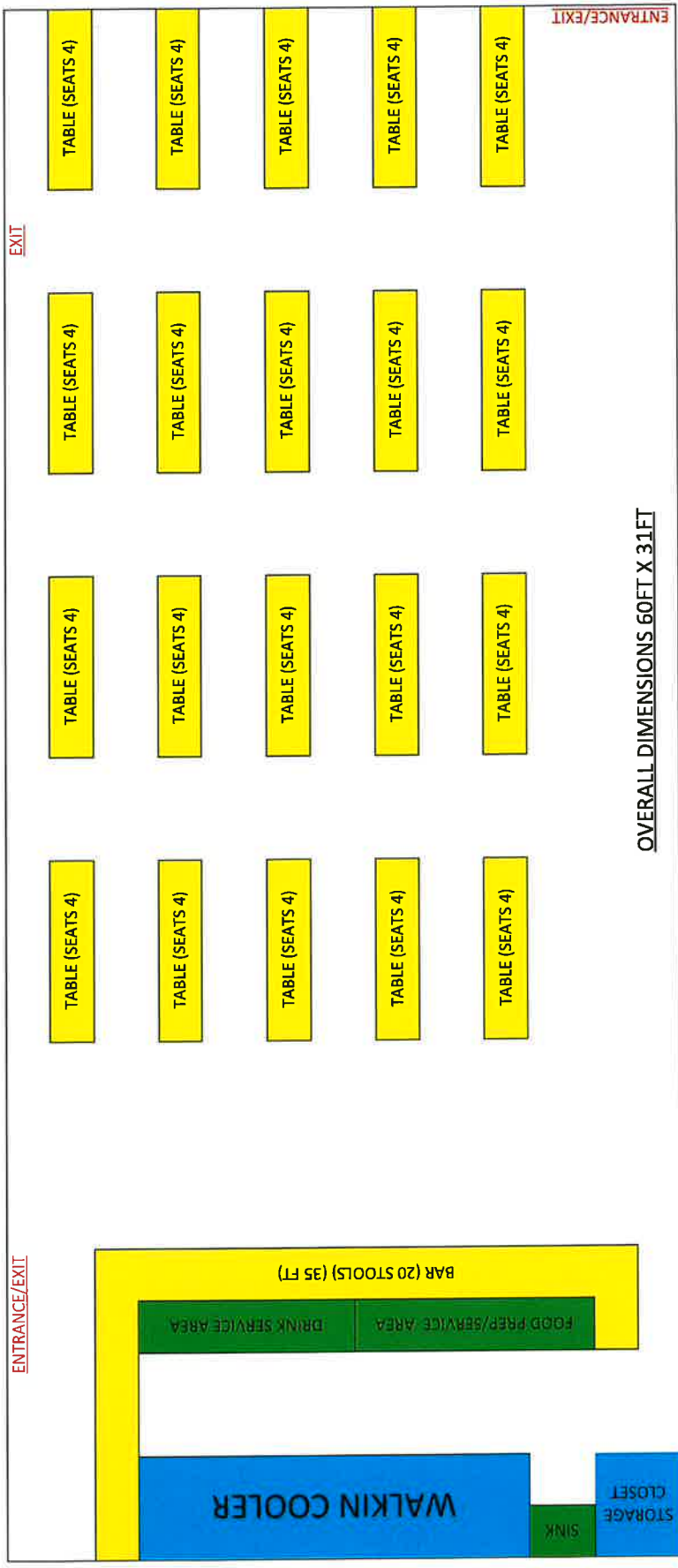
PICKLES & SIDES

Assorted Pickle Plate	\$ 4
Olives	\$ 4
Salt & Vinegar Almonds	\$ 4
DFM Bar Mix (contains pork)	\$ 4

DRINKS

Beer - Coming Soon!	\$ 7
White Wine - Coming Soon!	\$ 12
Red Wine - Coming Soon!	\$ 12
Cider - Coming Soon!	\$ 8
Topo Chlco Sparkling Water	\$ 3

Salumi, Cheese & Tartare served on crustini with signature condiments

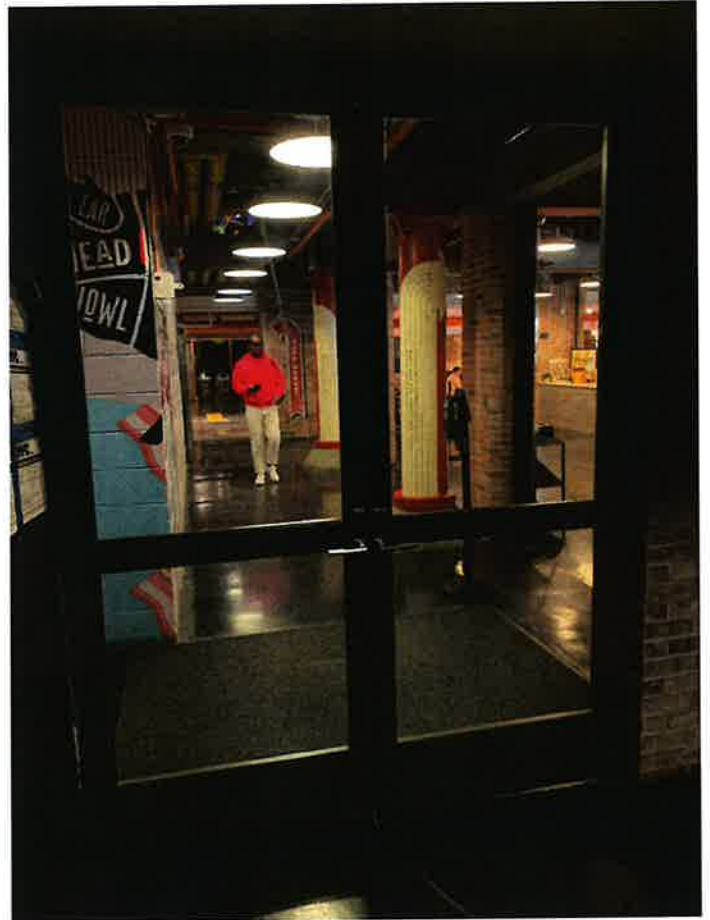


OVERALL DIMENSIONS 60FT X 31FT

Farmstand Meats Inc.
75 Ninth Avenue, New York, New York 10011



Exterior Entrance



Bottom of Stairs from Exterior Entrance into Location

Farmstand Meats Inc.
75 Ninth Avenue, New York, New York 10011



Seating



Seating, Table Detail

Farmstand Meats Inc.
75 Ninth Avenue, New York, New York 10011



Bar



Bar with Curing Refrigerator and Food Prep

Farmstand Meats Inc.
75 Ninth Avenue, New York, New York 10011



Kitchen Prep Area, Slicer and Refrigerator



Kitchen Prep Area, Oven



Kitchen Prep Area, Salami Curing Refrigerator