

Manhattan Community Board 4

Liquor License/Sidewalk Cafe Stipulations Application

(All Fields Must Be Completed)

| | | | |
|---|--|--|--|
| CORPORATION NAME | | DOING BUSINESS AS (DBA) | |
| The Farrier LLC | | The Farrier | |
| STREET ADDRESS | | CROSS STREETS | ZIP CODE |
| 644 10th Ave, New York, NY 10036 | | W 45th & W 46th Street | 10036 |
| OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small> | NAME: Richard Jason Clark, Brian Daly | ATTORNEY/ REPRESENTATIVE | NAME: Kimberly A. Summers |
| | PHONE: 980-253-1187 | | PHONE: 646-383-4607 |
| | EMAIL: jason@thefarriernyc.com; brian@thefarriernyc.com | | EMAIL: Kimberly@DS-LawOffices.com |
| MANAGER | NAME: | LANDLORD | NAME: SPI MAUI LLC |
| | PHONE: | | PHONE: 415-288-7900 |
| | EMAIL: | | EMAIL: N/A |
| APPLICATION TYPE (<input checked="" type="checkbox"/> Liquor License <input type="checkbox"/> Unenclosed Sidewalk Cafe) | | | |
| <input checked="" type="checkbox"/> New | Has applicant owned or managed a similar business? | <input checked="" type="checkbox"/> YES | <input type="checkbox"/> NO |
| | What is/was the name and address of establishment? | Applicant Richard Jason Clark: Join Us HK LLC Serial #1302077- 364 W. 46th St, New York, NY 10036 | |
| | What were the dates applicant was involved with this former premise? | Interest began 04/2017 | |
| <input type="checkbox"/> 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 |
| | If alterations or operational changes are being made, please describe/list all changes. | | |
| <input type="checkbox"/> 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 type="checkbox"/> Wine/Beer & Cider | | |
| ESTABLISHMENT TYPE | <input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input 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 checked="" type="checkbox"/> NO | To be submitted following the CB Meeting |
| 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="checkbox"/> YES | <input 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. | 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 | 8am-2am | 8am-2am | 8am-2am | 8am-2am | 8am-2am | 8am-2am | 8am-2am |
| | Kitchen | 8am-2am | 8am-2am | 8am-2am | 8am-2am | 8am-2am | 8am-2am | 8am-2am |
| | Music | 8am-2am | 8am-2am | 8am-2am | 8am-2am | 8am-2am | 8am-2am | 8am-2am |
| If you plan to have music, what type(s)? (Circle all that apply) | | | BACKGROUND <input checked="" type="checkbox"/> | LIVE MUSIC | DJ | JUKE BOX | 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 | 74 | 45 | 9 | 20 | 0 | 1 | 15 |
| OUTSIDE <i>(Other than sidewalk café)</i> | TBD | 12 | 3 | 10 | 0 | 0 | N/A |
| DCA APPROVED UNENCLOSED SIDEWALK CAFÉ | N/A | N/A | N/A | N/A | *They are proposing 4 tables and 8 chairs for DOT/Open Restaurants sidewalk seating | | |

| | | |
|--|--|---|
| How many floors are there? What is the capacity for each floor? | Ground floor and basement | |
| How frequently will the owner(s) be at the establishment? | Applicant Richard Jason Clark will be at the establishment approx 20 hours per week, applicant Brian Daly will be there 60-70 hours per week | |
| Will there be dancing? | YES | NO <input checked="" type="checkbox"/> |
| Will applicant have bottle or table service for beverage alcohol? | YES | NO <input checked="" type="checkbox"/> |
| Will applicant be hosting private; promotional or corporate events? | YES | NO <input checked="" type="checkbox"/> |
| Will outside promoters be used on a regular basis? If yes please describe. | YES | NO <input checked="" type="checkbox"/> |
| Will applicant have a security plan? If, yes please attach. | YES | NO <input checked="" type="checkbox"/> |
| Will security plan be implemented? | YES | NO |
| Will State certified security personnel be used? | YES | NO <input checked="" type="checkbox"/> |
| Will New York Nightlife Association and NYPD Best Practices be followed? | YES <input checked="" type="checkbox"/> | NO |
| Does applicant agree to notify MCB4 prior to making changes to its method of operation? | YES <input checked="" type="checkbox"/> | NO |
| Will applicant be using delivery bicycles? If yes, how many? | YES | 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 | NO |
| Where will delivery bicycles be stored during the day when not in use? | | |

| LOCATION & ZONING | | | |
|---|--|---------------|---------|
| Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards? | YES <input checked="" type="checkbox"/> | NO | Clinton |
| Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection? | YES <input checked="" type="checkbox"/> | NO | |
| Is a Public Assembly permit required? | YES | NO | |
| Are your plans filed with DOB? | 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 | All required block organizations/associations have been notified | | |
| | # 2 | | | |
| | # 3 | | | |
| | # 4 | | | |
| | # 5 | | | |
| Please provide dates when applicant met with the groups listed above. | | To be provided at the Community Board Meeting | | |
| Who was your contact person at each group you met with? | | To be provided at the Community Board Meeting | | |
| When did applicant post the notice that was provided? | | To be provided at the Community Board Meeting | | |
| Where did applicant post the notice that was provided? | | To be provided at the Community Board Meeting | | |
| Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided. | | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | 980-253-1187 |
| Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage? | | YES <input checked="" type="checkbox"/> | NO <input type="checkbox"/> | |

BUILDING DESIGN

| | | | |
|---|---|---|--|
| State the name and type of business previously located in the space. | WMW REST II LLC d/b/a Dianne & Elisabeth- Full Service Restaurant | | |
| 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 | WMW REST II LLC d/b/a Dianne & Elisabeth- Serial #1294614 (expired 07/31/2020) |
| Do you plan any changes to the existing façade? If yes, please describe. | YES <input checked="" type="checkbox"/> | NO | Repaint and change name on sign |
| Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo? | YES <input checked="" type="checkbox"/> | NO | |
| Is the entrance ADA Compliant? | 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 | Just repainting and changing the name on the sign |
| Will applicant have a vestibule within the establishment? | YES | NO <input checked="" type="checkbox"/> | |
| Will applicant use a storm enclosure? | YES | NO <input checked="" type="checkbox"/> | |
| 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? | YES <input checked="" type="checkbox"/> | NO | |
| Will applicant comply with the NYC noise code? | YES <input checked="" type="checkbox"/> | NO | |
| Will the establishment have any of the following: (circle all that apply) | 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 | N/A |
| 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 | N/A |
| Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings? | YES | NO <input checked="" type="checkbox"/> | In progress |
| 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 | NO <input checked="" type="checkbox"/> | |
| 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? | Above the doors/through wall (self-contained) | | |
| When was the air conditioner installed? | Installed by the previous establishment | | |

****OPEN RESTAURANTS PROGRAM ONLY****

| OUTDOOR ITEMS - OTHER THAN 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, gazebo or open dining in the parking lane? If yes, which one(s)? | YES <input checked="" type="checkbox"/> | NO | Rear yard & Open restaurants |
| 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) or on the sidewalk? | YES <input checked="" type="checkbox"/> | NO | |
| Will there be no amplified music, as per the law? | YES <input checked="" type="checkbox"/> | NO | |
| If amplified sound is played inside the establishment, will windows and doors be closed? | YES | NO | N/A |
| 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 <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 | |
| If open dining in the parking lane, will applicant agree to leave the sidewalk free of any furniture? | YES <input checked="" type="checkbox"/> | NO | |
| If open dining, will you comply with all NYC DOT guidelines? | YES <input checked="" type="checkbox"/> | NO | |
| If open dining, will the installation be year-round? | YES <input checked="" type="checkbox"/> | NO | |

****OPEN RESTAURANT PROGRAM ONLY****

| DCA APPROVED UNENCLOSED SIDEWALK CAFÉ | | <i>*Please note the Applicant is answering the following with respect to outdoor space if approved for the Open Restaurants Program</i> | |
|---|---------------------|---|--|
| Has the applicant/owner(s) read MCB4 Sidewalk Café Policy? | YES X | NO | |
| Will applicant be applying for a sidewalk café now or in the future? | YES X | NO | At this time, Applicant will only be seeking to use the parking and sidewalk space pursuant to Open Restaurants program |
| Is applicant in this application seeking to include a sidewalk café in its liquor license? | YES | NO X | At this time, Applicant will only be seeking to use the parking and sidewalk space pursuant to Open Restaurants program |
| If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans. | YES | NO X | Pending |
| Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days? | YES X | NO | Yes to all outdoor space |
| Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service? | YES | NO | N/A |
| Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk café? | YES X | NO | |
| Will applicant mark the perimeter of the café on the sidewalk? | YES X | NO | |
| Will the service and consumption of alcohol in the sidewalk café only be via seated food service? | YES X | NO | |
| Will the sidewalk café not provide standing space for drinking or smoking? | YES X | NO | |
| Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department? | YES | NO X | |
| Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors? | YES X | NO | |
| Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours? | YES X | 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 X | NO | |
| Will applicant use umbrellas? | YES | NO X | |
| 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 X | NO | |
| If open dining is in the parking lane, will applicant agree to remove its sidewalk café? | YES X | NO | |

ADDITIONAL STIPULATIONS: (Office Use Only)

- This application does not extend to any rear yard
- Rear Yard will not be used by any establishment personnel other than for incidental use and will not be used at all after 6 p.m. nightly
- Door to rear yard will be kept closed after 6 p.m. nightly

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.

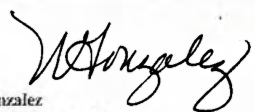


ADDITIONAL STIPULATIONS: (Office Use Only), *Continued*

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
 December 1, 2021 full board meeting, with 43 members voting in favor
 of the recommendation, 0 members opposed, 0 members
 abstaining and 0 present but not eligible)

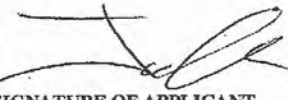
Denial unless all stipulations agreed to by applicant/owner are part of the method of operation
 Denial Approval

CB4 REPRESENTATIVES

| | | |
|--|--|--|
|  Nelly Gonzalez <i>CB4 Assistant District Manager</i> |  Frank Holozubiec <i>CB4 BLP Committee Co-Chair</i> |  Burt Lazarin <i>CB4 BLP Committee Co-Chair</i> |
|--|--|--|

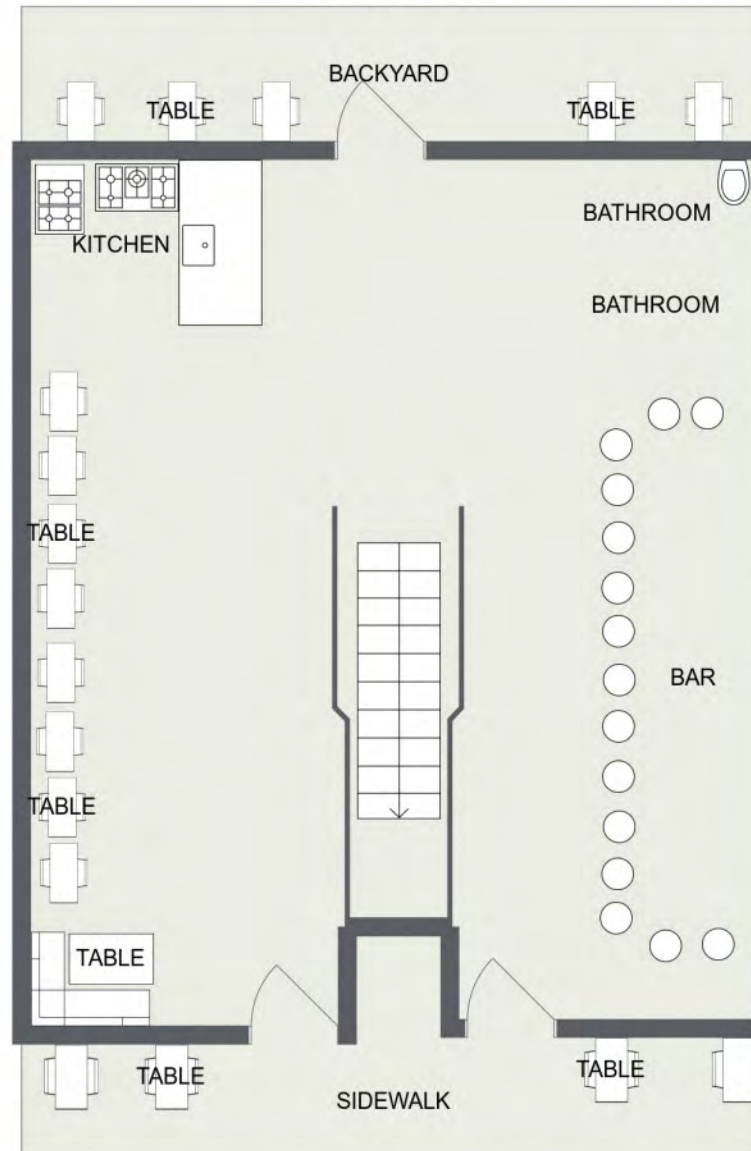
APPLICANT AGREEMENT WITH THE COMMUNITY

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>JASON CLARK PRINT NAME OF APPLICANT</p> |  SIGNATURE OF APPLICANT | <p>3/17 Oct 2021 DATE</p> |
|---------------------------|---|--|--|

THE FARRIER

1. Floor













This report is for informational purposes only in aid of identifying establishments potentially subject to 500 and 200 foot rules. Distances are approximated using industry standard GIS techniques and do not reflect actual distances between points of entry. The NYS Liquor Authority makes no representation as to the accuracy of the information and disclaims any liability for errors.

| Proximity Report For: | |
|-----------------------|--|
| Location | 644 10th Ave, New York, New York, 10036 |
| Geocode | Latitude: 40.76181 longitude: -73.99367 |
| Report Generated On | 10/4/2021 |

| 8 Closest Liquor Stores | | |
|--|--|----------|
| Name | Address | Distance |
| GRACE WINE & SPIRITS INC Ser #: 1220827 | 610 10TH AVENUE NEW YORK, NY 10036 | 438 ft |
| VERITAS STUDIOS INC Ser #: 1320601 | 527 W 45TH ST NEW YORK, NY 10036 | 518 ft |
| NINTH AVENUE VINTNER LTD Ser #: 1023814 | 669 671 9TH AVENUE NEW YORK, NY 10036 | 818 ft |
| WEST 42 WINE & SPIRITS INC Ser #: 1309336 | 507 W 42ND ST NEW YORK, NY 10036 | 906 ft |
| ADRIATIC WINE & LIQUOR LLC Ser #: 1023638 | 714 10TH AVENUE NEW YORK, NY 10019 | 914 ft |
| 706 9TH AVE LIQUORS INC Ser #: 1314835 | 706 9TH AVE NEW YORK, NY 10019 | 1,163 ft |
| 589 NINTH AVENUE CORP Ser #: 1023817 | 589 9TH AVENUE NEW YORK, NY 10036 | 1,252 ft |
| GRAND CRU WINE & SPIRITS INC Ser #: 1269097 | 555 W 42ND ST UNIT #1 NEW YORK, NY 10036 | 1,283 ft |

| Schools within 500 feet | | |
|----------------------------|---------|----------|
| Name | Address | Distance |
| No Schools within 500 feet | | |

| Churches within 500 feet |
|--------------------------|
| |

| Name | Distance |
|-----------------------------|----------|
| No Churches within 500 feet | |

| Pending On Premises Liquor Licenses within 750 feet | | |
|---|------------------------------------|----------|
| Name | Address | Distance |
| VALLA TABLE CORP Ser #: 1336767 | 641 10TH AVE NEW YORK, NY 10036 | 115 ft |

| Active On Premises Liquor Licenses within 750 feet | | |
|--|---|----------|
| Name | Address | Distance |
| SHEBA ETHIOPIAN RESTAURANT INC Ser #: 1114379 | 650 10TH AVENUE NEW YORK, NY 10036 | 32 ft |
| PELICANA HK INC Ser #: 1332010 | 641 10TH AVE SOUTH STORE NEW YORK, NY 10036 | 115 ft |
| SD HOSPITALITY CORP Ser #: 1214980 | 637 10TH AVENUE NEW YORK, NY 10036 | 145 ft |
| KIABACCA REST CORP Ser #: 1277751 | 639 10TH AVE NEW YORK, NY 10036 | 164 ft |
| WMW RESTAURANT GROUP LLC Ser #: 1269283 | 628 10TH AVE SOUTH STORE NEW YORK, NY 10036 | 238 ft |
| PRIVE GROUP CONSULTING LLC, THE Ser #: 1315708 | 626 10TH AVE STORE C STORE C NEW YORK, NY 10036 | 242 ft |
| 10TH AVENUE GROUP INC Ser #: 1028003 | 626 10TH AVE NEW YORK, NY 10036 | 256 ft |
| SC HOSPITALITY LLC Ser #: 1321466 | 652 10TH AVE NEW YORK, NY 10036 | 263 ft |
| 667 TENTH AVENUE CORP Ser #: 1261544 | 667 10TH AVE NEW YORK, NY 10036 | 273 ft |
| PRIVE HOSPITALITY GROUP LLC Ser #: 1306035 | 626 10TH AVE STORE B NEW YORK, NY 10036 | 302 ft |
| TULCINGO RESTAURANT INC Ser #: 1301609 | 665 10TH AVE NEW YORK, NY 10036 | 334 ft |
| ANEJO LLC Ser #: 1257388 | 668 10TH AVE NEW YORK, NY 10036 | 381 ft |
| TOR RESTAURANT LLC Ser #: 1287288 | 607 10TH AVE NEW YORK, NY 10036 | 461 ft |
| NANO ENDEAVOUR LLC Ser #: 1275109 | 691 10TH AVE NEW YORK, NY 10036 | 493 ft |

| | | |
|--|---|--------|
| PIO PIO OCHO INC Ser #: 1252194 | 604 10TH AVE NEW YORK, NY 10036 | 531 ft |
| SPOT BAR NYC LLC, THE Ser #: 1331174 | 599 10TH AVE NEW YORK, NY 10036 | 548 ft |
| PHYSICAL ONION LLC Ser #: 1260623 | 697 10TH AVE NEW YORK, NY 10036 | 549 ft |
| WEST SIDE STEAKHOUSE LLC Ser #: 1240741 | 597 10TH AVENUE NEW YORK, NY 10036 | 603 ft |
| FAIRYTALES LOUNGE 2 CORP Ser #: 1248424 | 500 W 48TH STREET NEW YORK, NY 10036 | 631 ft |
| CANARD INC Ser #: 1126744 | 503 W 43RD STREET 10TH AND 11TH STREETS NEW YORK, NY 10036 | 653 ft |
| MR BIGGS BAR & GRILL INC Ser #: 1233388 | 596 10TH AVE CORNER OF 10TH AVENUE & 43RD ST NEW YORK, NY 10036 | 656 ft |
| SAMARPAN INC Ser #: 1302413 | 688 10TH AVE NORTHERN PORTION OF BUILDING NEW YORK, NY 10019 | 710 ft |
| WBNC RESTAURANT MANAGEMENT LLC Ser #: 1316195 | 688 10TH AVE STORE 1 NEW YORK, NY 10019 | 714 ft |