

# Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

|   |  |  |                                     |
|---|--|--|-------------------------------------|
| CORPORATION NAME<br>Chelsea Market Events Inc.  |  | DOING BUSINESS AS (DBA)<br>Vault Manhattan |                                     |
| STREET ADDRESS<br>60 Ninth Avenue, Cellar, New York, NY   |  | CROSS STREETS<br>14/15 sts & 9th Ave.      | ZIP CODE<br>10011                   |
| OWNER<br><small>(Attach a list of all the people that will be associated/listed with the license)</small>   | NAME: Michael Gancarz  | ATTORNEY/<br>REPRESENTATIVE                | NAME: Robert W. Romano, Esq.        |
|   | PHONE: (847) 401-6595  |  | PHONE: (914) 500-3196               |
|   | EMAIL: Michael@vaultmanhattan.com  |  | EMAIL: Romanolaw@gmail.com          |
| MANAGER   | NAME: Michael Gancarz  | LANDLORD                                   | NAME: Delshah 60 Ninth LLC          |
|   | PHONE: (847) 401-6595  |  | PHONE: (212) 677-4506               |
|   | EMAIL: Michael@vaultmanhattan.com  |  | EMAIL: michael@delshah.com          |
| 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 checked="" type="radio"/> Corp<br><del>Change Class</del><br><del>Change/Removal</del>   | What is the license # and expiration date?   |  | #1329261 Exp. 09/30/2022            |
|   | Is applicant making any alterations or operational changes?  |  | NO                                  |
|   | 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="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 checked="" type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Bar/Tavern <input type="radio"/> Catering Establishment<br><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. |  | <input checked="" type="radio"/> YES       | 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       | NO                                  |

| OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)   |  |   |                  |                 |                             |                         |                                 |           |           |
|--|--|---|------------------|-----------------|-----------------------------|-------------------------|---------------------------------|-----------|-----------|
| HOURS*<br><i>(Indoor Only)</i>   |  | MONDAY  | TUESDAY          | WEDNESDAY       | THURSDAY                    | FRIDAY                  | SATURDAY                        | SUNDAY    |           |
|  | Operation                              | Noon -4AM   | Noon -4AM        | Noon -4AM       | Noon -4AM                   | Noon -4AM               | Noon -4AM                       | Noon -4AM | Noon -4AM |
|  | Kitchen                                | "   | "                | "               | "                           | "                       | "                               | "         |           |
|  | Music                                  | "   | "                | "               | "                           | "                       | "                               | "         |           |
| If you plan to have music, what type(s)?<br>(Circle all that apply)  |  | BACKGROUND  |                  | LIVE MUSIC      | DJ                          | JUKE BOX                | KARAOKE                         |           |           |
| OCCUPANCY  |  |   |                  |                 |                             |                         |                                 |           |           |
|  | Capacity<br>(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   | 123                                    | 123   | 13               | 57              | 0                           | 0                       | 25                              |           |           |
| OUTSIDE<br><i>(Other than sidewalk café)</i>   | N/A                                    | N/A   | N/A              | N/A             | N/A                         | N/A                     | N/A                             | N/A       |           |
| DCA APPROVED UNENCLOSED SIDEWALK CAFÉ  | N/A                                    | N/A   | N/A              | N/A             |                             |                         |                                 |           |           |
| How many floors are there? What is the capacity for each floor?  |  |   |                  |                 | 1 Floor                     |                         |                                 |           |           |
| How frequently will the owner(s) be at the establishment?  |  |   |                  |                 | Most open hours             |                         |                                 |           |           |
| Will there be dancing?   |  |   |                  |                 | YES                         |                         |                                 |           |           |
| Will applicant have bottle or table service for beverage alcohol?  |  |   |                  |                 | YES                         |                         | Occasionally                    |           |           |
| Will applicant be hosting private; promotional or corporate events?  |  |   |                  |                 | YES                         |                         | Occasionally                    |           |           |
| Will outside promoters be used on a regular basis? If yes please describe.   |  |   |                  |                 |                             | NO                      |                                 |           |           |
| Will applicant have a security plan? If, yes please attach.  |  |   |                  |                 | YES                         |                         |                                 |           |           |
| Will security plan be implemented?   |  |   |                  |                 | YES                         |                         |                                 |           |           |
| Will State certified security personnel be used?   |  |   |                  |                 | YES                         |                         |                                 |           |           |
| Will New York Nightlife Association and NYPD Best Practices be followed?   |  |   |                  |                 | YES                         |                         |                                 |           |           |
| Does applicant agree to notify MCB4 prior to making changes to its method of operation?  |  |   |                  |                 | YES                         |                         |                                 |           |           |
| Will applicant be using delivery bicycles? If yes, how many?   |  |   |                  |                 | YES                         |                         |                                 |           |           |
| 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                         |                         | N/A                             |           |           |
| Where will delivery bicycles be stored during the day when not in use?   |  |   |                  |                 | N/A                         |                         |                                 |           |           |

**MULTIPLE SPACES/FLOORS CAPACITY BREAKDOWN**

| Space /Floor | Description/Use of Space | Capacity | Hours | # of Tables | # of Seats | # of Service Only Bars | # of Stand-Up Bars/Seats at Bar | Music |
|--------------|--------------------------|----------|-------|-------------|------------|------------------------|---------------------------------|-------|
|              |                          |          |       |             |            |                        |                                 |       |
|              |                          |          |       |             |            |                        |                                 |       |
|              |                          |          |       |             |            |                        |                                 |       |
|              |                          |          |       |             |            |                        |                                 |       |
|              |                          |          |       |             |            |                        |                                 |       |
|              |                          |          |       |             |            |                        |                                 |       |
|              |                          |          |       |             |            |                        |                                 |       |
|              |                          |          |       |             |            |                        |                                 |       |

*None*

| LOCATION & ZONING   |               |               |                    |
|---|---------------|---------------|--------------------|
| Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?          |               | NO            |                    |
| Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection? | YES           | <del>XX</del> | <del>PENDING</del> |
| Is a Public Assembly permit required?   | <del>XX</del> | NO            |                    |
| Are your plans filed with DOB?  |               | NO            |                    |

| Community Notification/Relations   |     |  |                |
|--|-----|--|----------------|
| <b>NOTIFICATION:</b><br>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 | Email sent to all on CB list, including entire CB packet |                |
|  | # 2 |  |                |
|  | # 3 |  |                |
|  | # 4 |  |                |
|  | # 5 |  |                |
| Please provide dates when applicant met with the groups listed above.  |     | N/A  |                |
| Who was your contact person at each group you met with?  |     | N/A  |                |
| When did applicant post the notice that was provided?  |     | 3/25-3/28  |                |
| Where did applicant post the notice that was provided?   |     | Lampposts in 2 block radius of premise.                  |                |
| Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.   |     | YES  | (929) 446-0222 |
| Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?  |     | YES  |                |

| <b>BUILDING DESIGN</b>  |  |              |                                     |
|---|--|--------------|-------------------------------------|
| State the name and type of business previously located in the space.  |  |              |                                     |
| Has a liquor-licensed establishment previously occupied this space at any time?<br>If yes, please provide the name of the business.   |  | NO           |                                     |
| Do you plan any changes to the existing façade? If yes, please describe.  | YES                                    |              | Small signage on exterior wall only |
| Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?  | YES                                    |              |                                     |
| Is the entrance ADA Compliant?  | YES                                    |              | Elevator access to basement         |
| Do you plan any changes to the existing façade? If yes, please describe.  |  | NO           |                                     |
| Will applicant have a vestibule within the establishment?   | YES                                    |              | Staircase and small vestibule       |
| Will applicant use a storm enclosure?   |  | 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?   | YES                                    |              |                                     |
| Will applicant comply with the NYC noise code?  | YES                                    |              |                                     |
| 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                                    |              | Working with sound engineers        |
| 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                                    |              |                                     |
| Will the kitchen exhaust system extend to the roof?   |  | NO           |                                     |
| Will the establishment have an illuminated sign?  |  | NO           |                                     |
| Will the establishment have a canopy extending over the sidewalk?   |  | NO           |                                     |
| Where will the air conditioner be located? What type is it?   | On roof of building                    |              |                                     |
| When was the air conditioner installed?   | Several years ago, exact date unknown. |              |                                     |

| OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ  |     | NO OUTDOOR SPACE |     |
|---|-----|------------------|-----|
| Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?   | YES |                  |     |
| 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)? |     | NO               |     |
| Are the floorplans for the outdoor space(s) included?   | YES | NO               | N/A |
| Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?  | YES | NO               | N/A |
| Will the service and consumption of alcohol in any outdoor space only be via seated food service?   | YES | NO               | N/A |
| Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s) or on the sidewalk?   |     | 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   | NO DCA SIDEWALK CAFÉ |    |  |
|---|----------------------|----|--|
| Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?  | YES                  | NO |  |
| 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 <sup>st</sup> and March 21 <sup>st</sup> , 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  
May 4, 2022 full board meeting, with 38 members voting in favor  
 of the recommendation, 0 members opposed, 0 members  
 abstaining and 1 present but not eligible)

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


Denial  Approval

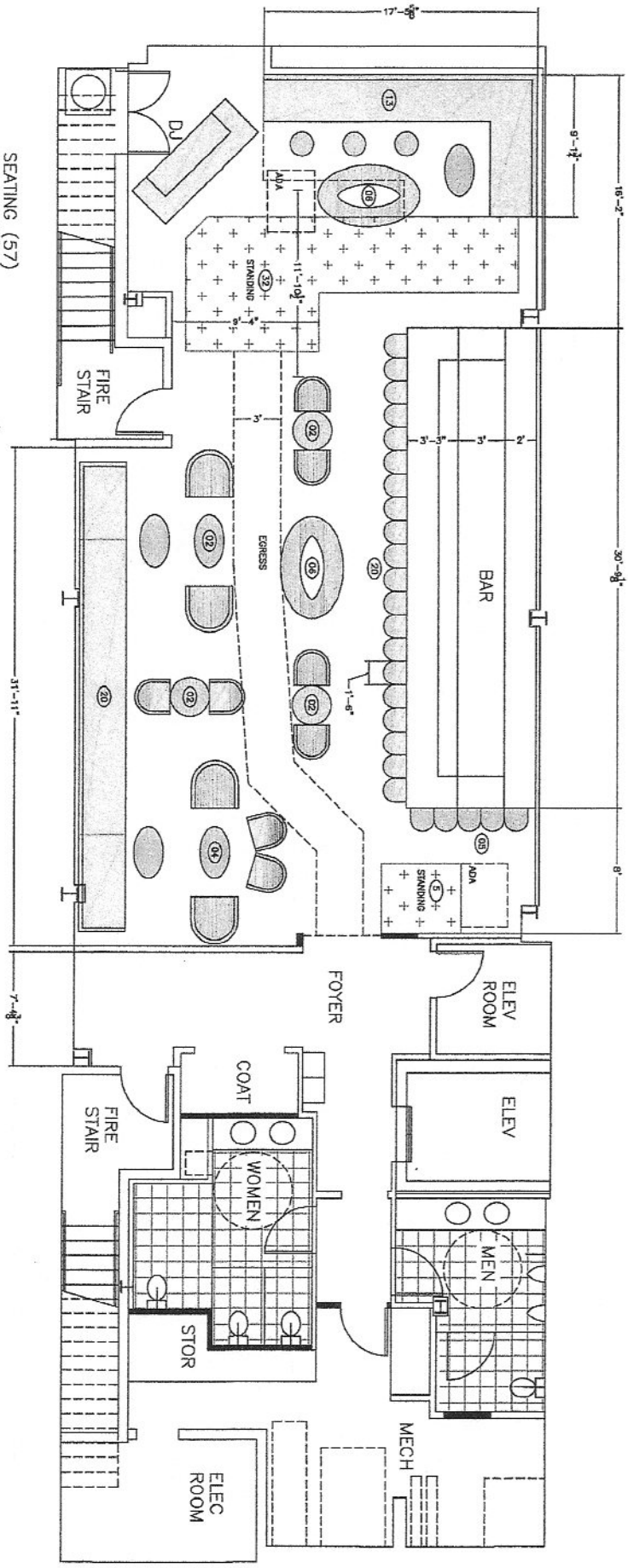
**CB4 REPRESENTATIVES**

|  |   |  |
|--|---|--|
| <br>Nelly Gonzalez<br><i>CB4 Assistant District Manager</i> | <br>Frank Holozubiec<br><i>CB4 BLP Committee Co-Chair</i> | <br>Burt Lazarin<br><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>Michael Gancarz<br/>         Chelsea MarketEvents Inc.</p> <p>PRINT NAME OF APPLICANT</p> | <br><p>SIGNATURE OF APPLICANT</p> | <p>5/10/22</p> <p>DATE</p> |
|--------------------|--|---|----------------------------|



SEATING (57)  
 BAR 25  
 MAX OCCUPANCY  
 125

Chelsea Market Events Inc.

CELLAR LEVEL  
 OPTION B

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

1. Date Notice Sent: **February 1, 2022**

1a. Delivered by: **Overnight Mail, Tracking Number and PFD**

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License:

For premises outside the City of New York:

New Application  Removal  Class Change

For premises in the City of New York:

New Application  New Application and Temporary Retail Permit  Temporary Retail Permit  Removal

Class Change  Method of Operation  Corporate Change  Renewal  Alteration

For New and Temporary Retail Permit 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

Please include all documents as noted above. Failure to do so may result in disapproval of the application.

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: **Manhattan Community Board 4**

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable): **1329261** Expiration Date (if applicable): **09/30/2022**

5. Applicant or Licensee Name: **Chelsea Market Events Inc.**

6. Trade Name (if any): **Vault Manhattan**

7. Street Address of Establishment: **609th Avenue, Cellar**

8. City, Town or Village: **New York**, NY Zip Code: **10011**

9. Business Telephone Number of applicant/ Licensee: **(929) 446-0222**

10. Business E-mail of Applicant/Licensee: **Michael@vaultmanhattan.com**

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/cook  Menu meets legal minimum food requirements; food prep area required

13. Type of Establishment: **Bar/Tavern**

Seasonal Establishment  Juke Box  Disc Jockey  Recorded Music  Karaoke

14. Method of Operation: (check all that apply)  Live Music (give details i.e., rock bands, acoustic, jazz, etc.): **Piano**

Patron Dancing  Employee Dancing  Exotic Dancing  Topless Entertainment

Video/Arcade Games  Third Party Promoters  Security Personnel

Other (specify): \_\_\_\_\_

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

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

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

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:

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:

23. Building Owner's Street Address:

24. City, Town or Village:  State:  Zip Code:

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:

27. Representative/Attorney's Street Address:

28. City, Town or Village:  State:  Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

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:  Title:

Principal Signature: 