

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)	
Operation Cousins LLC		Operation Falafel	
STREET ADDRESS		CROSS STREETS	ZIP CODE
232 7th Avenue		23rd Street and 7th Avenue	NY 10011
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME: Tamer Bazzari	ATTORNEY/ REPRESENTAIVE	NAME: Jeffrey Davis
	PHONE: 00971504551760		PHONE: 914 279 9929
	EMAIL: tamer.bazzari@genero.ae		EMAIL: Jeffrey@davisblegal.com
MANAGER	NAME: Kal Bazzari	LANDLORD	NAME: Noam Shemel
	PHONE: 914 690 4118		PHONE: 917 494 2770
	EMAIL: kal.bazzari@operationfalafel.com		EMAIL: ns@kanorei.com
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?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	What is/was the name and address of establishment?		Operation Falafel 232 7th Avenue NY 10011
	What were the dates applicant was involved with this former premise?		
<input type="checkbox"/> 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="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 type="checkbox"/> Liquor/Wine/Beer & Cider <input type="checkbox"/> Beer & Cider <input checked="" 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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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"/>	Not Applicable
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	11am-9pm	11am-9pm	11am-9pm	11am-9pm	11am-9pm	11am-9pm	Closed
	Kitchen	11am-9pm	11am-9pm	11am-9pm	11am-9pm	11am-9pm	11am-9pm	Closed
	Music	11am-9pm	11am-9pm	11am-9pm	11am-9pm	11am-9pm	11am-9pm	Closed
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	2375 sqf Ground 1115 sqf Basement	77	19	62	Not applicable	Not applicable	Not applicable	
OUTSIDE <i>(Other than sidewalk café)</i>								
DCA APPROVED UNENCLOSED SIDEWALK CAFÉ	225 sqf	16	4	16				
How many floors are there? What is the capacity for each floor?					Ground Floor 2375 sqf Basement 1115 sqf			
How frequently will the owner(s) be at the establishment?					Quarterly - Manager will be present at all times			
Will there be dancing?					YES	<input checked="" type="radio"/> NO		
Will applicant have bottle or table service for beverage alcohol?					YES	<input checked="" type="radio"/> NO		
Will applicant be hosting private; promotional or corporate events?					YES	<input checked="" type="radio"/> NO		
Will outside promoters be used on a regular basis? If yes please describe.					YES	<input checked="" type="radio"/> NO		
Will applicant have a security plan? If, yes please attach.					YES	<input checked="" type="radio"/> NO		
Will security plan be implemented?					YES	<input checked="" type="radio"/> NO	Not Applicable	
Will State certified security personnel be used?					YES	<input checked="" type="radio"/> NO		
Will New York Nightlife Association and NYPD Best Practices be followed?					YES	<input checked="" type="radio"/> NO	Not Applicable	
Does applicant agree to notify MCB4 prior to making changes to its method of operation?					<input checked="" type="radio"/> YES	<input type="radio"/> NO		
Will applicant be using delivery bicycles? If yes, how many?					YES	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> NO	Not Applicable	
Where will delivery bicycles be stored during the day when not in use?					Not Applicable			

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
Ground	Dine In area Kitchen area	2375 sqf	11am - 9pm	19	62	NA	NA	Background
Basement	Storage Prep area	1115 sqf	11am - 9pm	NA	NA	NA	NA	Background
Outdoor Sidewalk	Dine In area	225 sqf	11am-9pm	4	16	NA	NA	NA

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		
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.			
Who was your contact person at each group you met with?			
When did applicant post the notice that was provided?			
Where did applicant post the notice that was provided?			
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="radio"/> NO We dont believe this would be necessary
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 If needed

BUILDING DESIGN			
State the name and type of business previously located in the space.	First tenant		
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)	<input checked="" type="checkbox"/> FRENCH DOORS	<input type="checkbox"/> GARAGE DOORS	<input 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?	<input checked="" type="radio"/> YES	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	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?	YES	<input checked="" type="radio"/> NO	Not Applicable
Will the kitchen exhaust system extend to the roof?	<input checked="" type="radio"/> YES	NO	
Will the establishment have an illuminated sign?	<input checked="" type="radio"/> YES	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?	Inside the store - ceiling		
When was the air conditioner installed?	May 2021		

OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ		NOT APPLICABLE	
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	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	NO	
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?	<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	We have sidewalk seating approved
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	<input checked="" type="radio"/> NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	YES	<input checked="" 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?	YES	<input checked="" 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	
Will applicant mark the perimeter of the café on the sidewalk?	YES	<input checked="" type="radio"/> NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	<input checked="" type="radio"/> NO	
Will the sidewalk café not provide standing space for drinking or smoking?	YES	<input checked="" type="radio"/> NO	
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="radio"/> NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	<input checked="" 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?	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?	YES	<input checked="" type="radio"/> NO	Not Applicable

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 _____ full board meeting, with _____ members voting in favor of the recommendation, _____ members opposed, _____ members abstaining and _____ 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



Rushdi Sammakieh

PRINT NAME OF APPLICANT

Rushdi Sammakieh

SIGNATURE OF APPLICANT

7/6/2022

DATE