

# Manhattan Community Board 4

# Liquor License/Sidewalk Cafe Stipulations Application

(All Fields Must Be Completed)

<b>CORPORATION NAME</b>		<b>DOING BUSINESS AS (DBA)</b>	
HIBISCUS MEXIPRO INC		EL GALLO TAQUEIRA	
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>	<b>ZIP CODE</b>
609 9TH AVE., NEW YORK, NY (aka 607-609 9th Ave., space #2)		w43 and w44th st.	10036
<b>OWNER</b> <small>(Attach a list of all the people that will be associated/listed with the license)</small>	<b>NAME:</b>	ALEJANDRO TORRES	<b>ATTORNEY/ REPRESENTAIVE</b>
	<b>PHONE:</b>	917-335-4643	
	<b>EMAIL:</b>	alex@elgallobk.com	
<b>MANAGER</b>	<b>NAME:</b>	SAME	<b>LANDLORD</b>
	<b>PHONE:</b>		
	<b>EMAIL:</b>		
		<b>NAME:</b>	JOHN SPRINGER
		<b>PHONE:</b>	631-331-3334
		<b>EMAIL:</b>	JOHN@NYBARGUY.COM
		<b>NAME:</b>	NINTH AVENUE REALTY LLC
		<b>PHONE:</b>	
		<b>EMAIL:</b>	
<b>APPLICATION TYPE</b> ( <input checked="" type="checkbox"/> <i>Liquor License</i> <input type="checkbox"/> <i>Unenclosed Sidewalk Cafe</i> )			
<input checked="" type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	What is/was the name and address of establishment?		SEE ATTACHED APPLICANT PQ
	What were the dates applicant was involved with this former premise?		SEE ATTACHED APPLICANT PQ
<input type="radio"/> <b>Corp</b> <b>Change/Class Change/Removal</b>	What is the license # and expiration date?		
	Is applicant making any alterations or operational changes?		YES <input type="checkbox"/> NO <input type="checkbox"/>
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input type="radio"/> <b>Alteration</b>	What is the current license # and expiration date?		
	<i>Please list/describe the nature of all the changes and attach the plans:</i>		
<b>METHOD OF OPERATION</b>			
<b>TYPE OF ALCOHOL</b>	<input type="radio"/> Liquor/Wine/Beer & Cider <input type="radio"/> Beer & Cider <input checked="" type="radio"/> Wine/Beer & Cider		
<b>ESTABLISHMENT TYPE</b>	<input checked="" type="radio"/> Restaurant <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input 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?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	SERIAL NUMBER NOT ASSIGNED YET
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 type="checkbox"/> YES <input checked="" 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.		<input type="checkbox"/> 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	10a-12a	10a-12a	10a-12a	10a-12a	10a-12a	10a-12a	10a-12a
	Kitchen	10a-12a	10a-12a	10a-12a	10a-12a	10a-12a	10a-12a	10a-12a
	Music	10a-12a	10a-12a	10a-12a	10a-12a	10a-12a	10a-12a	10a-12a
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
<b>INSIDE</b>	LNO pending	20	5	17	0	1	0
<b>OUTSIDE</b> <i>(Other than sidewalk café)</i>	N/A	N/A	0	0	N/A	0	0

**DCA APPROVED UNENCLOSED SIDEWALK CAFÉ**

NOTE: No outside areas associated with this SLA application. Applicant is aware that any future use of existing shed requires separate notice, permit, SLA amendment

How many floors are there? What is the capacity for each floor? 2 ... ground floor & base. ground floor=20 ppl

How frequently will the owner(s) be at the establishment? frequently .. 25 hours a week (more initially)

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 6-8 per year (family/corp)

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

Will security plan be implemented? YES NO  strict zero tolerance police in effect

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?

**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
n/a								

**LOCATION & ZONING**

Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	yes.. CLA - CLINTON PRESERVATION AREA
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Is a Public Assembly permit required?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are your plans filed with DOB?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	none required. taking over existing eatery

**Community Notification/Relations**

<b>NOTIFICATION:</b> 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 CB 4 block and tenant associations per staff instrucionts	
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.		none	
Who was your contact person at each group you met with?		none	
When did applicant post the notice that was provided?		day of receipt	
Where did applicant post the notice that was provided?		front door.. corner lamp posts	
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	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> NO

<b>BUILDING DESIGN</b>			
State the name and type of business previously located in the space.	<b>SWIFT EATS</b>		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO <input checked="" type="checkbox"/>	
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO <input checked="" type="checkbox"/>	
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	NO <input checked="" type="checkbox"/>	
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)	<b>FRENCH DOORS</b>		<b>GARAGE DOORS</b> <b>WINDOWS THAT CAN BE OPENED</b>
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	YES <input checked="" type="checkbox"/>	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?	YES <input checked="" type="checkbox"/>	NO	
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"/>	
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	NO <input checked="" type="checkbox"/>	NOT NEEDED
Will the kitchen exhaust system extend to the roof?	YES <input checked="" type="checkbox"/>	NO <input checked="" type="checkbox"/>	
Will the establishment have an illuminated sign?	YES	NO <input checked="" type="checkbox"/>	
Will the establishment have a canopy extending over the sidewalk?	YES	NO <input checked="" type="checkbox"/>	
Where will the air conditioner be located? What type is it?	dining area. not yet purchased		
When was the air conditioner installed?	n/a		

**OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ**

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 ✓	note: per SLA, any outdoor areas on city property must go through NYC DOT program and should not be part of initial application
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	
Will applicant be applying for a sidewalk café now or in the future?	YES	NO	note: per SLA, any outdoor areas on city property must go through NYC DOT program and should not be part of initial application
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 cafe?	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  
 November 2, 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

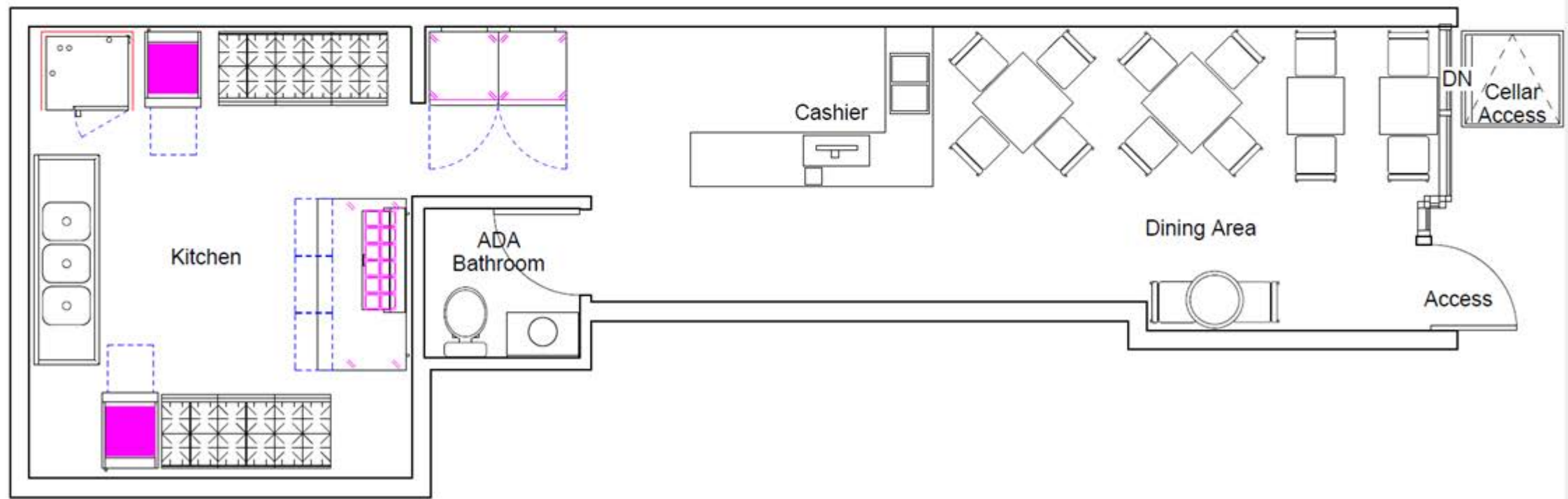
**CB4 REPRESENTATIVES**

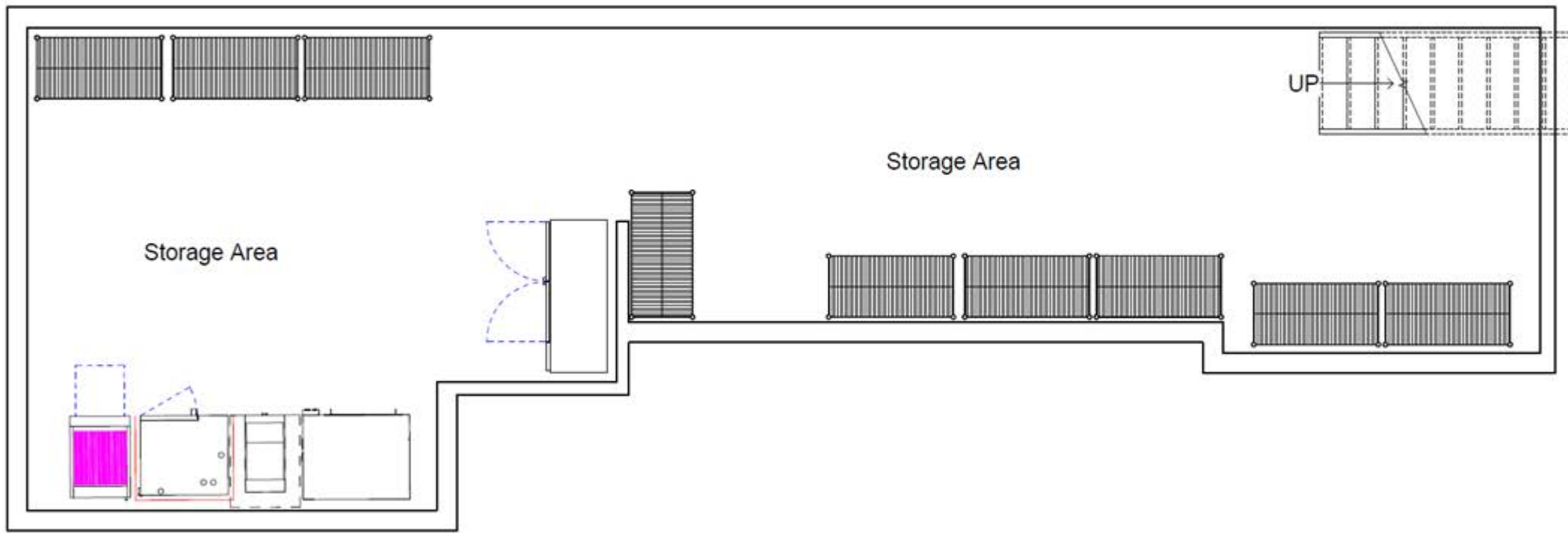
 <b>Nelly Gonzalez</b> <i>CB4 Assistant District Manager</i>	 <b>Frank Holozubiec</b> <i>CB4 BLP Committee Co-Chair</i>	 <b>Burt Lazarin</b> <i>CB4 BLP Committee Co-Chair</i>
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**APPLICANT AGREEMENT WITH THE COMMUNITY**

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><b>SIGN HERE</b> →</p>	<p>ALEJANDRO TORRES  <b>PRINT NAME OF APPLICANT</b></p>	 <b>SIGNATURE OF APPLICANT</b>	<p>10/3/2022  <b>DATE</b></p>
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SED CELLAR FLOOR

1'-0"



OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

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

1. Date Notice Sent:  1a. Delivered by:

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 Applciation  Removal  Class Change

For premises in the City of New York:

New Application  New Application and Temporary Retail Permit  Renewal  Alteration  Removal

Class Change  Method of Operation  Corporate Change

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:

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable):  Expiration Date (if applicable):

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

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

9. Business Telephone Number of applicant/ Licensee:

10. Business E-mail of Applicant/Licensee:

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:

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.):

Patron Dancing  Employee Dancing  Exotic Dancing  Topless Entertainment

Video/Arcade Games  Third Party Promoters  Security Personnel

Other (specify):

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



OFFICE USE ONLY <input type="radio"/> Original <input type="radio"/> Amended    Date _____
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**5. Kitchen:**

5a. Does the premises have a full kitchen?     Yes     No

If NO, does the premises have a food preparation area?     Yes     No

**Show Kitchen or Food Prep Area on the Interior Diagram**

**NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU**

5b. Is a chef/cook employed at the premises?     Yes     No

If YES, please list hours of day chef/cook will devote to the premises:

NOON TO MIDNIGHT DAILY (OR WHENEVER PREMISE IS OPEN)

**6. Hotel or Bed & Breakfast:**

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises?     Yes     No

**7. Outdoor Areas:**

7a. Are there any outside areas used for the sale or consumption of alcohol?     Yes     No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:  
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

- |   |                               |                                  |                                   |                                 |
|---|-------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Sidewalk Cafe  | <input type="checkbox"/> Deck | <input type="checkbox"/> Patio   | <input type="checkbox"/> Porch    | <input type="checkbox"/> Gazebo |
| <input type="checkbox"/> Rooftop  | <input type="checkbox"/> Yard | <input type="checkbox"/> Balcony | <input type="checkbox"/> Pavilion | <input type="checkbox"/> Tent   |
| <input type="checkbox"/> Other (describe): <input style="width: 650px; height: 20px;" type="text"/> |                               |                                  |                                   |                                 |

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control?     Yes     No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- |   |                               |                                    |                                 |                                     |
|---|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Fencing  | <input type="checkbox"/> Wall | <input type="checkbox"/> Shrubbery | <input type="checkbox"/> Roping | <input type="checkbox"/> Stanchions |
| <input type="checkbox"/> Other (describe): <input style="width: 650px; height: 20px;" type="text"/> |                               |                                    |                                 |                                     |

7f. Is a permit required by the locality for outside area(s)?     Yes     No  
If yes, submit a copy of the permit.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

## PROPOSED METHOD OF OPERATION

*This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.*

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises?  Yes  No  
*(If YES, please provide details on a separate sheet)*

1a. If the premises *is not* a catering establishment, will the premises periodically close to host private events?  Yes  No

If YES, how frequently? Approximately 6-8 times per year for corporate or family events

2. Will the premises have music?  Yes  No

2a. If YES, check all that apply:  Recorded  DJ  Juke Box  Karaoke

Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):

2b. Will the premises use the services of an Event Promoter?  Yes  No

3. Will the premises permit dancing?  Yes  No

3a. If dancing is permitted, who will be permitted to dance?  Patrons  Employees for Entertainment  Both

3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing?  Yes  No

4. Will there be topless entertainment?  Yes  No

5. Will the business employ a manager?  Yes  No

5a. If NO, will principal(s) manage?  Yes  No

6. How many employees? (excluding principals and security personnel) 5

6a. If answer is "0" please provide an explanation:



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<input type="radio"/> Original	<input type="radio"/> Amended	Date

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions). If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number: NO LONGER REQUIRED PER DCL

Disability Insurance Carrier Name and Policy Number: NO LONGER REQUIRED PER DCL

**If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996**

8. Will security personnel be used at the premises?  Yes  No

9a. If YES, how many?

9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

***The Licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.***

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

The applicant will be a hands-on operator and vigilant enforcer of ABCL, the Rules of the NYS Liquor Authority and his own zero-tolerance policy concerning violations of any law, regulation, rule or management policy. Servers will be monitored closely to ensure that minors, visibly intoxicated and unruly persons will not be served. All staff and customers will be monitored closely to ensure adherence to the temporary rules put in place in response to the COVID-19 pandemic (i.e. masks, distancing, occupancy etc).

10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

Yes  No

10a. If NO, please explain:

**ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY**

A list of county closing hours is available at the following link:  
<http://sla.ny.gov/provisions-for-county-closing-hours>

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

## 500 FOOT LAW STATEMENT

### Applicants for on premises liquor licenses must complete this section (Not required for on premises beer or wine applicants)

If the location is subject to the 500 Foot Law, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-b, 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within a 500 foot radius of three or more on premises liquor establishments and the population of the municipality is 20,000 or more. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

#### The Proposed Premises (*check the appropriate box below*):

- IS NOT WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.
- IS WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500 FOOT RADIUS, *UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.*)
- NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.
- NOT APPLICABLE - POPULATION OF CITY, TOWN OR VILLAGE IS UNDER 20,000
- NOT APPLICABLE - BEER, WINE AND CIDER ONLY

#### **IMPORTANT:**

### YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS LOCATED WITHIN A 500 FOOT RADIUS OF THE PROPOSED PREMISES

For assistance, use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If a premises is within a 500 foot radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must **ATTACH A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

**FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.**

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.

<b>Proximity Report For:</b>	
Location	<b>609 9th Ave, New York, New York, 10036</b>
Geocode	<b>Latitude: 40.75934 Longitude: -73.99220</b>
Report Generated On	<b>9/26/2022</b>

<b>8 Closest Liquor Stores</b>		
<b>Name</b>	<b>Address</b>	<b>Distance</b>
589 NINTH AVENUE CORP Ser #: 1023817	589 9TH AVENUE NEW YORK, NY 10036	347 ft
WEST 42 WINE & SPIRITS INC Ser #: 1335361	424 W 42ND ST NEW YORK, NY 10036	606 ft
NINTH AVENUE VINTNER LTD Ser #: 1023814	669 671 9TH AVENUE NEW YORK, NY 10036	788 ft
GRACE WINE & SPIRITS INC Ser #: 1220827	610 10TH AVENUE NEW YORK, NY 10036	834 ft
TIME SQUARE CONVENIENCE INC Ser #: 1302533	705 8TH AVE NEW YORK, NY 10036	979 ft
AUTHORITY CELLARS INC Ser #: 1305784	625 8TH AVE SPACE BTS 234 NEW YORK, NY 10018	1,165 ft
39TH STREET WINE INC Ser #: 1257090	354 W 39TH ST NEW YORK, NY 10018	1,252 ft
GM & M RETAIL LIQUOR INC Ser #: 1023628	302 W 40TH STREET NEW YORK, NY 10018	1,288 ft

<b>Schools within 500 feet</b>		
<b>Name</b>	<b>Address</b>	<b>Distance</b>
No Schools within 500 feet		

<b>Churches within 500 feet</b>	
<b>Name</b>	<b>Distance</b>
Residential Amenities Corporat	396 ft
Crossroads Seventh Day Adventist Church	410 ft
Origins Church	458 ft

<b>Pending On Premises Liquor Licenses within 750 feet</b>
--

Pending On Premises Liquor Licenses within 750 feet		Distance
Name	Address	Distance
576 9TH AVE LLC Ser #: 1342556	576 9TH AVE NEW YORK, NY 10036	452 ft
SV FOODS NY INC Ser #: 1344435	332 W 44TH ST NEW YORK, NY 10036	469 ft
574 SB LLC Ser #: 1346295	574 9TH AVE NEW YORK, NY 10036	476 ft
RED EYE NY LLC Ser #: 1340691	355 W 41ST ST NEW YORK, NY 10036	621 ft
FUSHIMI NYC LLC Ser #: 1348088	311 W 43RD ST NEW YORK, NY 10036	640 ft
J ENTERTAINMENT GROUP INC Ser #: 1346007	358 W 46TH ST NEW YORK, NY 10036	741 ft

Active On Premises Liquor Licenses within 750 feet		
Name	Address	Distance
HORSHOES INC Ser #: 1154126	611 9TH AVENUE NEW YORK, NY 10036	39 ft
ZONEA FOOD & BEVERAGE INC Ser #: 1266241	403 W 43RD ST NEW YORK, NY 10036	69 ft
RACHEL ON NINTH CORP Ser #: 1196012	608 9TH AVE 43RD & 44TH STREETS NEW YORK, NY 10036	81 ft
WESTWAY DINER INC Ser #: 1027996	614 616 9TH AVENUE NEW YORK, NY 10036	154 ft
AGORA RESTAURANT CORP Ser #: 1343514	402 W 43RD ST NEW YORK, NY 10036	169 ft
PORTICI RESTAURANT INC Ser #: 1138404	621 9TH AVE S/W COR OF 44TH ST & 9TH AVE NEW YORK, NY 10036	191 ft
CHIPOTLE MEXICAN GRILL OF COLORADO LLC Ser #: 1166051	620 9TH AVE AKA 358 W 44 ST 43RD & 44TH STREETS NEW YORK, NY 10036	203 ft
MARILYN 18 REST INC Ser #: 1324934	358 W 44TH ST NEW YORK, NY 10036	208 ft
SRISTIENVONG INC Ser #: 1308619	592 9TH AVE NEW YORK, NY 10036	215 ft
LOTUS WEST CORP Ser #: 1332247	623 9TH AVE NEW YORK, NY 10036	234 ft
NINTH AVENUE SALOON INC Ser #: 1027874	627 9TH AVENUE NEW YORK, NY 10036	258 ft
R&R WESTSIDE LLC Ser #: 1296311	356 W 44TH ST NEW YORK, NY 10036	270 ft
PONENTE LLC Ser #: 1184275	628 9TH AVENUE WEST 44TH & WEST 45TH STREETS NEW YORK, NY 10036	293 ft
DANAS LLC Ser #: 1119571	630 NINTH AVE W 44TH & 45TH STREETS NEW YORK, NY 10036	319 ft
LA SCALA RESTAURANT LLC Ser #: 1202076	630 NINTH AVE 9THAVE & 8THAVE W 44TH&45TH ST NEW YORK, NY 10036	319 ft

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

**STATEMENT OF AREA PLAN**  
**200 Foot Law**

**THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE**

<p>1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH or PLACE OF WORSHIP WITHIN <b>300 FEET</b></p> <p>2. Is the premises within 200 feet of <b><u>ANY SCHOOL, CHURCH or PLACE OF WORSHIP?</u></b> (exclusive use as a church or place of worship will be determined by this agency) (please respond "YES" if ANY school, church or place of worship is within 200 feet)</p> <p style="text-align: center;"><input type="radio"/> Yes      <input checked="" type="radio"/> No</p> <p>3. Submit a BLOCK PLOT DIAGRAM (aerial view of the building, with nearby businesses and residences labeled) showing the location of any school, church or place of worship (8-1/2" x 11")</p>
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**Indicate the distance in feet from the entrance of the proposed premises to the closest entrance of any school, church or place of worship.**

*Attach additional sheets if necessary.*

**ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN**

1. Name of church/school:	<input type="text"/>
Address:	<input type="text"/>
Distance:	<input type="text"/>
2. Name of church/school:	<input type="text"/>
Address:	<input type="text"/>
Distance:	<input type="text"/>
3. Name of church/school:	<input type="text"/>
Address:	<input type="text"/>
Distance:	<input type="text"/>

For assistance use the "GIS MAPS - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

**If applying for a full liquor license (beer, wine and liquor) and the premises is within 200 feet of a school, church or place of worship, the application may be denied.**

**If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.**

Active On Premises Liquor Licenses within 750 feet		
Name	Address	Distance
407 WEST 42ND STREET CORP Ser #: 1028638	407 W 42ND STREET NEW YORK, NY 10036	335 ft
OLLIES 42ND LLC Ser #: 1180694	411 W 42ND STREET NEW YORK, NY 10036	347 ft
NINTH AVENUE TOMATO INC Ser #: 1027876	635 9TH AVENUE NEW YORK, NY 10036	364 ft
42ND ST DEVELOPMENT CORP DBA THEATRE ROW STUDIOS & Ser #: 1129693	410 WEST 42ND STREET 9TH & 10TH AVENUES NEW YORK, NY 10036	381 ft
CHEZ JOSEPHINE LTD Ser #: 1027772	414 W 42ND STREET NEW YORK, NY 10036	395 ft
POD TS F&B LLC & CAFE SERAFINA WEST 42 LLC Ser #: 1299766	400 W 42ND ST NEW YORK, NY 10036	406 ft
ILURAS LLC & 358 W 44TH ST THEATER CO INC Ser #: 1196150	358 W 44 ST 2ND FLOOR 8TH & 9TH AVES. NEW YORK, NY 10036	466 ft
THEATRE REFRESHMENT CO OF NY INC & MIDSUMMER Ser #: 1281353	422 W 42ND ST NEW YORK, NY 10036	491 ft
647 NINTH AVE CORP Ser #: 1250813	647 9TH AVE NEW YORK, NY 10036	511 ft
PROGETTO INC Ser #: 1154291	352 W 44TH ST 8TH & 9TH AVENUES NEW YORK, NY 10036	514 ft
ZAC 45 INC Ser #: 1320900	651 9TH AVE NEW YORK, NY 10036	575 ft
SIGNATURE THEATRE COMPANY INC & GREAT PERFORMANCES Ser #: 1259008	450 W 42ND ST NEW YORK, NY 10036	608 ft
659 REST INC Ser #: 1028039	659 9TH AVE NEW YORK, NY 10036	664 ft
656 9TH AVENUE LLC Ser #: 1339807	656 9TH AVE NEW YORK, NY 10036	667 ft
JOIN US HK LLC Ser #: 1302077	364 W 46TH ST NEW YORK, NY 10036	722 ft
GIFT NEW YORK NO 2 LLC Ser #: 1322727	360 W 46TH ST NEW YORK, NY 10036	734 ft

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

## LANDLORD IDENTIFICATION INFORMATION

In order to obtain the most accurate information this form should be completed by the Landlord. This form must be completed and submitted regardless of whether the property owner is a third party landlord or the applicant.

1. Name of Landlord (as it appears on lease and deed):

**Ninth Avenue Realty LLC**

2. Landlord Mailing Address

Street Address: 111 North Central Park Avenue

City: Hartsdale State: NY Zip Code: 10530

3. Telephone Number of Landlord: (914) 517-8800

4. Landlord Principals (ALL landlord principals must be disclosed below)

Name <b>Mark Scharfman</b>	Address (if different than Landlord's mailing address above)
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Name	Address (if different than Landlord's mailing address above)
------	--

Name	Address (if different than Landlord's mailing address above)
------	--

Name	Address (if different than Landlord's mailing address above)
------	--

5. Are any persons listed on this Landlord Identification Form currently or previously licensed under the ABC Law?  Yes  No

Serial Number	Licensee Name
---------------	---------------

Serial Number	Licensee Name
---------------	---------------

Serial Number	Licensee Name
---------------	---------------

6. Are any persons listed on this form police officers?  Yes  No

If yes, list names below:

Name

Name

7. List number of years real property has been owned or legally controlled by the landlord:

**24**

### PERSONAL QUESTIONNAIRE

- a. All principals to the license application must complete this questionnaire in full. (e.g., lenders, donors, guarantors and managers must also complete this questionnaire.)
- b. If you are a **lender, donor or guarantor** you must state your relationship to the applicant.
- c. Make duplicate blank forms as necessary.
- d. Answer all questions below.
- e. Attach additional sheets if more space is needed.

Name of Applicant

#### 1. STATE OF IDENTIFICATION

Print **YOUR** name  Date of Birth  Social Security Number

Residence Street Address  Gender  Male  Female

City  State  Zip Code  Residence Telephone  Cellular Telephone

E-mail Address  U.S Citizen  Yes  No If NOT U.S. citizen - country of citizenship

Married  Yes  No If Married, Spouse Name  Spouse Social Security Number

#### 2. POSITION (or interest) you will hold (check each);

- |   |   |  |
|---|---|--|
| <input checked="" type="checkbox"/> President | <input type="checkbox"/> Director             | <input checked="" type="checkbox"/> Stockholder -----> <input type="text" value="200"/> Number of shares owned |
| <input type="checkbox"/> Vice President       | <input type="checkbox"/> Manager              | <input type="checkbox"/> LLC Member -----> <input type="text"/> Percentage of ownership                        |
| <input type="checkbox"/> Secretary            | <input type="checkbox"/> Partner              | <input type="checkbox"/> LLC Manager   |
| <input type="checkbox"/> Treasurer            | <input type="checkbox"/> General Partner      | <input type="checkbox"/> Lender*   |
| <input type="checkbox"/> Chairman             | <input type="checkbox"/> Limited Partner      | <input type="checkbox"/> Donor*  |
| <input type="checkbox"/> Officer              | <input type="checkbox"/> Sole Proprietor      | <input type="checkbox"/> Guarantor*  |
| <input type="checkbox"/> ABC Officer          | <input type="checkbox"/> Joint Account Holder | <input type="checkbox"/> Trustee   |

Other (describe)

\*If Lender, Donor, or Guarantor please state your relationship to the applicant.



Print **YOUR** Name Alejandro Torres

**5. LICENSE HISTORY / AFFILIATIONS**

5(a) If you are an applicant (e.g., proprietor, partner, stockholder, officer or director) or applicant's spouse, will you continue your present occupation or business?     Yes     No

5(b) Will you take an active part in the operation of the business to be licensed?     Yes     No

If YES, please explain the nature of activity and the hours you will devote to the business (hours, days, responsibilities):

I am spending 25 hours per week running paperwork and supervising the staff as well as being in charge of purchasing all necessary goods.

5(c) Do you have any interest, direct or indirect, in any premises currently licensed by the Liquor Authority or business where any alcoholic beverage is manufactured, transported or sold at wholesale or retail whether by stock ownership, interlocking directors, mortgage or lien on, or ownership of any real or personal property, or by any other means including loans?     Yes     No

If YES, please provide information below:

Business Name Torres Hospitality Inc.	Business Address 214 Highlawn Ave., Brooklyn, NY
Type of Interest President	Date Interest Began 07/13/2018
License Serial Number 1309892	

Business Name	Business Address
Type of Interest	Date Interest Began
License Serial Number	

Business Name	Business Address
Type of Interest	Date Interest Began
License Serial Number	

Print **YOUR** Name Alejandro Torres

**5. LICENSE HISTORY / AFFILIATIONS**

5(d) Other than as itemized in 5(c) above, have you ever applied in New York State or anywhere for a license or permit to traffic in alcoholic beverages, including any application as a partnership, limited partnership, limited liability entity or corporation in which you are/were a principal?       Yes     No

If YES, please provide information below:

Name of Applicant Gravesend Provisions Inc.	Address of Premises 502 Amsterdam Ave., Unit A, New York, NY 100
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Disposition Pending	Date of Filing 09/26/2021	License Serial Number 1339133
------------------------	------------------------------	----------------------------------

Name of Applicant Torres Hospitality Inc.	Address of Premises 214 Highlawn Ave.
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Disposition PENDING RW TO OP CLASS CHANGE	Date of Filing 04/05/2022	License Serial Number 1344493
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Name of Applicant	Address of Premises
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Disposition	Date of Filing	License Serial Number
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Name of Applicant	Address of Premises
-------------------	---------------------

Disposition	Date of Filing	License Serial Number
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5(e) Has a license or permit listed above been REVOKED, CANCELLED or otherwise **Involuntarily Terminated**?       Yes     No

If YES, please provide information below:

5(f) Are you a police commissioner or law enforcement / police officer?       Yes     No

If YES, please provide details:

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