

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)	
IMDN Holdings LLC & Mianor Restaurant Group LLC		Hotel: Holiday Inn NYC Times Square South Restaurant: Latitude 39 Restaurant & Bar	
STREET ADDRESS		CROSS STREETS	ZIP CODE
585 8th Avenue, New York, NY 10018		West 38th Street & West 39th Street	10018
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: Samir Gandhi	ATTORNEY/ REPRESENTAIVE	NAME: Law Office of Stacy L. Weiss, PLLC
	PHONE: 732-548-7512		PHONE: 212-521-0828
	EMAIL: sgandhi@gandhilaw.com		EMAIL: slweissattorney@aol.com
MANAGER	NAME:	LANDLORD	NAME: IMDN HOLDINGS LLC
	PHONE:		PHONE: 732-548-7512
	EMAIL:		EMAIL: sgandhi@gandhilaw.com
APPLICATION TYPE (<input checked="" type="checkbox"/> <i>Liquor License</i> <input type="checkbox"/> <i>Unenclosed Sidewalk Cafe</i>)			
<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?		
	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?		<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 type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input checked="" 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?		<input type="checkbox"/> YES	<input type="checkbox"/> 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 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.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?		<input 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	6:30 - 2 AM	6:30 - 2 AM	6:30 - 2 AM	6:30 - 2 AM	6:30 - 2 AM	7 AM - 2 AM	7 AM - 2 AM
	Kitchen	6:30 - 2 AM	6:30 - 2 AM	6:30 - 2 AM	6:30 - 2 AM	6:30 - 2 AM	7 AM - 2 AM	7 AM - 2 AM
	Music	6:30 - 2 AM	6:30 - 2 AM	6:30 - 2 AM	6:30 - 2 AM	6:30 - 2 AM	7 AM - 2 AM	7 AM - 2 AM

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
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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	159	159	32	96	0	1	15
OUTSIDE <i>(Other than sidewalk café)</i>							
DCA APPROVED UNENCLOSED SIDEWALK CAFÉ							

How many floors are there? What is the capacity for each floor? *1 Floor*

How frequently will the owner(s) be at the establishment? manager/owner everyday

Will there be dancing?	YES	<input type="radio"/> NO	
Will applicant have bottle or table service for beverage alcohol?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant be hosting private; promotional or corporate events?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will outside promoters be used on a regular basis? If yes please describe.	YES	<input type="radio"/> NO	
Will applicant have a security plan? If, yes please attach.	YES	<input type="radio"/> NO	hotel security
Will security plan be implemented?	YES	<input type="radio"/> NO	hotel security
Will State certified security personnel be used?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will New York Nightlife Association and NYPD Best Practices be followed?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
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 type="radio"/> NO	

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
35 floors	Hotel	600	24 hours					
ground floor	Bar	159	6:30am 2am	32	96	0	1 bar 15 seats	recorded music

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	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	w 30's block association
	# 2	
	# 3	
	# 4	
	# 5	
Please provide dates when applicant met with the groups listed above.	11/7/22	
Who was your contact person at each group you met with?	see attached	
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.	<input checked="" type="radio"/> YES	NO 732 548-7512
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

NO OUTDOOR SPACE

OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ		
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	<input checked="" type="radio"/> 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="radio"/> NO
Are the floorplans for the outdoor space(s) included?	YES	<input checked="" type="radio"/> 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="radio"/> NO
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	<input checked="" type="radio"/> 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="radio"/> NO
Will there be no amplified music, as per the law?	YES	<input checked="" type="radio"/> NO
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	<input checked="" type="radio"/> NO
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES	<input checked="" type="radio"/> NO
Will applicant agree to train staff to encourage a peaceful environment?	YES	<input checked="" type="radio"/> NO
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	<input checked="" type="radio"/> NO
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	<input checked="" type="radio"/> NO
If open dining in the parking lane, will applicant agree to leave the sidewalk free of any furniture?	YES	<input checked="" type="radio"/> NO
If open dining, will you comply with all NYC DOT guidelines?	YES	<input checked="" type="radio"/> NO
If open dining, will the installation be year-round?	YES	<input checked="" type="radio"/> NO

DCA APPROVED UNENCLOSED SIDEWALK CAFÉ		
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	<input checked="" type="radio"/> NO
Will applicant be applying for a sidewalk café now or in the future?	YES	<input type="radio"/> NO
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	<input 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 type="radio"/> NO
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	YES	<input type="radio"/> NO
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	<input type="radio"/> NO
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	YES	<input type="radio"/> NO
Will applicant mark the perimeter of the café on the sidewalk?	YES	<input type="radio"/> NO
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	<input type="radio"/> NO
Will the sidewalk café not provide standing space for drinking or smoking?	YES	<input 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 type="radio"/> NO
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	<input type="radio"/> NO
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	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?	YES	<input type="radio"/> NO
Will applicant use umbrellas?	YES	<input 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?	YES	<input type="radio"/> NO
If open dining is in the parking lane, will applicant agree to remove its sidewalk café?	YES	<input type="radio"/> NO

BUILDING DESIGN			
State the name and type of business previously located in the space.	Restaurant & Bar		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input type="radio"/> NO	
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Is the entrance ADA Compliant?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input type="radio"/> NO	
Will applicant have a vestibule within the establishment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant use a storm enclosure?	YES	<input 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 type="radio"/> YES	<input type="radio"/> NO	
Will applicant comply with the NYC noise code?	<input type="radio"/> YES	<input type="radio"/> 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?	<input type="radio"/> YES	<input type="radio"/> 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 type="radio"/> YES	<input type="radio"/> 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 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?	<input type="radio"/> YES	<input type="radio"/> NO	
Will the kitchen exhaust system extend to the roof?	<input type="radio"/> YES	<input type="radio"/> NO	
Will the establishment have an illuminated sign?	<input type="radio"/> YES	<input type="radio"/> NO	
Will the establishment have a canopy extending over the sidewalk?	YES	<input type="radio"/> NO	
Where will the air conditioner be located? What type is it?	Roof		
When was the air conditioner installed?	Roof		

ADDITIONAL STIPULATIONS: (Office Use Only)

- This application does not extend to any outdoor space
- Applicant will take steps to minimize the amount of time that hotel linen is left in front of hotel building
- Applicant will request that the mobil police command station currently located in front of hotel be relocated
- Applicant will increase rounds of hotel security in outdoor space in front of hotel

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

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


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

Manhattan Community Board 4 (MCB4) recommends:
 (MCB4's recommendation is based on a vote taken at its
 January 4, 2023 full board meeting, with 44 members voting in favor
 of the recommendation, 0 members opposed, 0 members
 abstaining and 0 present but not eligible)


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

Denial Approval

CB4 REPRESENTATIVES


 Nelly Gonzalez
 CB4 Assistant District Manager


 Frank Holozubiec
 CB4 BLP Committee Co-Chair


 Burt Lazarin
 CB4 BLP Committee Co-Chair

APPLICANT AGREEMENT WITH THE COMMUNITY

Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of operation of its liquor license. The stipulations in this application constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 and applicant. These stipulations supersede any oral statements or representations in connection with this application.

SIGN HERE



Samir Gandhi

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

11/14/22

DATE