

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)		
Amigos Hospitality LLC		La Victoria		
STREET ADDRESS		CROSS STREETS	ZIP CODE	
357 W 16th St.		16th and 9th ave	10001	
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME: Antonio Turbay, Alan Dahdah, Ciro Sampietro PHONE: (305)-904-0810, (786) 651-6351, (305) 333-4719 EMAIL: turbayv@gmail.com, alands2896@gmail.com, cirocsampeiro@gmail.com	ATTORNEY/ REPRESENTATIVE	NAME: Terrence R. Flynn, Jr PHONE: 718-945-1000 EMAIL: trfflynnjr@gmail.com	
	NAME: Antonio Turbay PHONE: 305-904-0810 EMAIL: turbayv@gmail.com		LANDLORD	NAME: Richard Weisfisch PHONE: 305-830-1000 EMAIL: rick@maxwelle.com,
APPLICATION TYPE (<input checked="" type="radio"/> <i>Liquor License</i> <input type="radio"/> <i>Unenclosed Sidewalk Cafe</i>)				
<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
	What is/was the name and address of establishment?	La Victoria, 28 NE 40TH ST, MIAMI, FL 33137		
	What were the dates applicant was involved with this former premise?	2013 - present		
<input type="radio"/> Corp Change/Class Change/Removal	What is the license # and expiration date?			
	Is applicant making any alterations or operational changes?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>			
<input type="radio"/> Alteration	What is the current license # and expiration date?			
	<i>Please list/describe the nature of all the changes and attach the plans:</i>			
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 checked="" type="radio"/> Restaurant <input type="radio"/> Cabaret <input checked="" 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="radio"/> YES	<input type="radio"/> NO	After Community Board Meeting	
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement.	<input checked="" type="radio"/> YES	<input type="radio"/> 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 checked="" type="radio"/> YES	<input type="radio"/> NO		
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="radio"/> YES	<input type="radio"/> 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	12pm-2am	12pm-4am	12pm-4am	12pm-4am	12pm-4am	12pm-4am	12pm-2am
	Kitchen		12pm-3am	12pm-3am	12pm-3am	12pm-3am	12pm-3am	12pm-1am
	Music	10pm-2am	10pm-4am		10pm-4am	10pm-4am	10pm-4am	10pm-2am
If you plan to have music, what type(s)? (Circle all that apply)		<u>BACKGROUND</u>		LIVE MUSIC	<u>DJ</u>	JUKE BOX	KARAOKE	

OCCUPANCY

	Capacity (Certificate of Occupancy)	Maximum # of Persons Occupying Premises (Including Employees)	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Stand-Up Bar	
INSIDE	200	155	16	122		2		
OUTSIDE <i>(Other than sidewalk café)</i>								
DCA APPROVED UNENCLOSED SIDEWALK CAFÉ								

How many floors are there? What is the capacity for each floor?	2		150 in 1st floor, 50 in mezzanine	
How frequently will the owner(s) be at the establishment?	at least one owner at ALL times			
Will there be dancing?	<u>YES</u>	NO		
Will applicant have bottle or table service for beverage alcohol?	<u>YES</u>	NO		
Will applicant be hosting private; promotional or corporate events?	<u>YES</u>	NO		
Will outside promoters be used on a regular basis? If yes please describe.	YES	<u>NO</u>	In House Promoters	
Will applicant have a security plan? If, yes please attach.	<u>YES</u>	NO		
Will security plan be implemented?	<u>YES</u>	NO		
Will State certified security personnel be used?	<u>YES</u>	NO		
Will New York Nightlife Association and NYPD Best Practices be followed?	<u>YES</u>	NO		
Does applicant agree to notify MCB4 prior to making changes to its method of operation?	<u>YES</u>	NO		
Will applicant be using delivery bicycles? If yes, how many?	YES	<u>NO</u>		
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?	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
1st floor	restaurant and nightclub	150	12pm-4am	9	37	1	1	dj
mezzanine	restaurant and nightclub	50	6pm-4am	7	32	1	1	dj

LOCATION & ZONING

Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<u>YES</u>	<u>NO</u>	
Does the building have a Certificate of Occupancy (“C of O”) or a letter of no objection?	<u>YES</u>	NO	Certificate of Occupancy
Is a Public Assembly permit required?	<u>YES</u>	NO	
Are your plans filed with DOB?	<u>YES</u>	<u>NO</u>	

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.	<u>YES</u>	NO	786-613-0001
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	<u>YES</u>	NO	

BUILDING DESIGN

State the name and type of business previously located in the space.	NOIR NY		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<u>YES</u>	NO	NOIR NY
Do you plan any changes to the existing façade? If yes, please describe.	<u>YES</u>	NO	minor changes: re-painting, new sign
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	<u>YES</u>	NO	
Is the entrance ADA Compliant?	<u>YES</u>	NO	
Do you plan any changes to the existing façade? If yes, please describe.	<u>YES</u>	NO	minor changes: re-painting, new sign
Will applicant have a vestibule within the establishment?	<u>YES</u>	NO	
Will applicant use a storm enclosure?	YES	<input checked="" type="checkbox"/> 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?	<u>YES</u>	NO	
Will applicant comply with the NYC noise code?	<u>YES</u>	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?	<u>YES</u>	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?	<u>YES</u>	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	<u>NO</u>	sound-proofing from previous venue
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?	<u>YES</u>	NO	
Will the kitchen exhaust system extend to the roof?	YES	<u>NO</u>	
Will the establishment have an illuminated sign?	YES	<u>NO</u>	
Will the establishment have a canopy extending over the sidewalk?	YES	<u>NO</u>	
Where will the air conditioner be located? What type is it?	ROOF: 1 TRANE UNIT, 1 YORK UNIT		
When was the air conditioner installed?	2000, but prior tenants have regularly maintained the units		

OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	<u>YES</u>	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	<u>NO</u>	not applicable
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?	YES	NO	n/a
Will there be no amplified music, as per the law?	YES	NO	n/a
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	n/a
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES	NO	n/a
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO	n/a
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<u>YES</u>	NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	n/a
If open dining in the parking lane, will applicant agree to leave the sidewalk free of any furniture?	YES	NO	n/a
If open dining, will you comply with all NYC DOT guidelines?	YES	NO	n/a
If open dining, will the installation be year-round?	YES	NO	n/a

DCA APPROVED UNENCLOSED SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<u>YES</u>	NO	
Will applicant be applying for a sidewalk café now or in the future?	YES	<u>NO</u>	not applicable
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	NO	n/a
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	YES	NO	n/a
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	YES	NO	n/a
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	NO	n/a
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk café?	YES	NO	n/a
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	n/a
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	n/a
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	n/a
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	n/a
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	n/a
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	n/a
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	YES	NO	n/a
Will applicant use umbrellas?	YES	NO	n/a
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	n/a
If open dining is in the parking lane, will applicant agree to remove its sidewalk café?	YES	NO	n/a

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
 October 6, 2022 full board meeting, with 37 members voting in favor
 of the recommendation, 0 members opposed, 0 members
 abstaining and 0 present but not eligible)


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

CB4 REPRESENTATIVES

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

SIGN HERE →	ALAN DAHDAH PRINT NAME OF APPLICANT	 SIGNATURE OF APPLICANT	11/09/22 DATE
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