

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)	
Turnstyle Taco Projects LLC		Gotham Tacos	
STREET ADDRESS		CROSS STREETS	ZIP CODE
1000S 8th Avenue		57th and 58th Streets	10019
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME:	David Chong	ATTORNEY/ REPRESENTATIVE
	PHONE:	917-727-3116	
	EMAIL:	nyctacos@gmail.com	
	NAME:	Kathleen E. Negri Stathopoulos, Esq.	
	PHONE:	718-285-5675	
	EMAIL:	negriesq@aol.com	
MANAGER	NAME:	N/A	LANDLORD
	PHONE:		
	EMAIL:		
	NAME:	NYCTA	
	PHONE:	Columbus Turnstyle LLC	
	EMAIL:	Tdingli@turn-style.com	
APPLICATION TYPE (<input type="checkbox"/> Liquor License <input checked="" type="checkbox"/> Unenclosed Sidewalk Cafe)			
<input checked="" type="radio"/> 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?	Across The Park Inc.	
	What were the dates applicant was involved with this former premise?	July 2019 - Nov 2022	
<input type="radio"/> 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="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 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?	YES	<input checked="" type="checkbox"/> NO	In 2 weeks
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="checkbox"/> YES	<input type="checkbox"/> NO	See attached
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="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	10AM-10PM	10AM-10PM	10AM-10PM	10AM-10PM	10AM-10PM	10AM-10PM	10AM-10PM
	Kitchen							
	Music							

If you plan to have music, what type(s)? (Circle all that apply)

BACKGROUND	LIVE MUSIC	DJ	JUKE BOX	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		24	4	18			
OUTSIDE <i>(Other than sidewalk café)</i>	N/A						
DCA APPROVED UNENCLOSED SIDEWALK CAFÉ	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?

During all hours of operation.

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

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

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

Where will delivery bicycles be stored during the day when not in use?

N/A

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

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/>	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	N/A. City Owned.
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/>	
Are your plans filed with DOB?	YES	<input checked="" type="radio"/>	

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	Emailed all contacts on the CB List provided twice.	
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.	03/04/2023 and 03/05/2023		
Who was your contact person at each group you met with?	N/A		
When did applicant post the notice that was provided?	03/03/2023		
Where did applicant post the notice that was provided?	At the premise and throughout the same block		
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"/>	NO	917-727-3116
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	<input checked="" type="radio"/>	NO	Gothamtacos.com

BUILDING DESIGN

State the name and type of business previously located in the space.			
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Merchant's Gate/ Lic No.: 1311491
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="checkbox"/> NO	
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Is the entrance ADA Compliant?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="checkbox"/> NO	
Will applicant have a vestibule within the establishment?	YES	<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have any of the following: (circle all that apply)	FRENCH DOORS <input checked="" type="checkbox"/>	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 checked="" type="checkbox"/> YES	<input 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?	<input checked="" type="checkbox"/> YES	<input 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	<input checked="" type="checkbox"/> NO	Subway Level
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="checkbox"/> NO	
Will the kitchen exhaust system extend to the roof?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have an illuminated sign?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have a canopy extending over the sidewalk?	YES	<input checked="" type="checkbox"/> NO	
Where will the air conditioner be located? What type is it?	N/A Subway Level		
When was the air conditioner installed?	N/A Subway Level		

OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO	N/A	Subway Level
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavillion, tents, deck, gazebo or open dining in the parking lane? If yes, which one(s)?	YES	<input checked="" type="checkbox"/> NO		
Are the floorplans for the outdoor space(s) included?	YES	<input checked="" type="checkbox"/> NO	N/A	Subway Level
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	<input checked="" type="checkbox"/> YES	NO		
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	<input checked="" type="checkbox"/> YES	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="checkbox"/> NO		Subway Level
Will there be no amplified music, as per the law?	YES	<input checked="" type="checkbox"/> NO		
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	N/A	Subway Level
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES	NO	N/A	Subway Level
Will applicant agree to train staff to encourage a peaceful environment?	<input checked="" type="checkbox"/> YES	NO		
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO	N/A	Subway Level
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A	Subway Level
If open dining in the parking lane, will applicant agree to leave the sidewalk free of any furniture?	YES	NO	N/A	Subway Level
If open dining, will you comply with all NYC DOT guidelines?	YES	NO	N/A	Subway Level
If open dining, will the installation be year-round?	YES	NO	N/A	Subway Level

DCA APPROVED UNENCLOSED SIDEWALK CAFÉ N/A

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 st and March 21 st , 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
April 4, 2023 full board meeting, with 36 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 Helozabiec
CB4 BLP Committee Co-Chair


Bart Lazzaria
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 →

DAVID CHIONG
PRINT NAME OF APPLICANT


SIGNATURE OF APPLICANT

3/5/2023
DATE