



CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD FOUR

424 West 33rd Street, Suite 580 New York, NY 10001

tel: 212-736-4536
www.mcb4.nyc

JEFFREY LEFRANCOIS
Chair

JESSE R. BODINE
District Manager

October 18, 2023

Lily Fan
Chair
New York State Liquor Authority
80 S. Swan Street, Suite 900
Albany, New York 12210

Re: La Sandwicherie Chelsea LLC
239 West 15th Street

Dear Chair Fan

Manhattan Community Board 4 recommends denial¹ of the application of 239 W 15th Street - La Sandwicherie Chelsea LLC. for a New Wine, Beer, and Cider License. Its location, in the middle of a primarily residential block, has never been previously licensed. Given the serious concerns of the applicant's neighbors, those residing in the building and adjacent to it, and those living further along the adjacent blocks, and the applicant's inability to respond to their concerns, the license sought in this application would not serve, and would be contrary to, the public interest.

At the September 12, 2023, meeting of the BLP Committee at which this application was considered, many residents and neighborhood groups either spoke directly at the meeting against the application or sent letters in opposition. The applicant neither recognized the legitimacy of the issues raised nor appeared to respond to them directly. The BLP Committee offered the applicant time to consider its position to address its neighbors' concerns. It never did which to us signifies a problematic attitude that could very well in the future generate negative community relations.

For these reasons, MCB4 urges the denial of the present application before you.

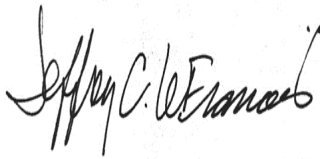
¹ MCB4's recommendation is based on a vote taken at its October 4, 2023 full board meeting, with 40 members voting in favor of the recommendation, 0 members opposed, 0 members abstaining and 0 present but not eligible.

If the SLA disagrees with our conclusions and were to approve this application for a wine, beer, and cider license, MCB4 requests that the following stipulations be included in the establishment's method of operation:

- Operating hours of 8 am to 7 pm Sundays through Tuesdays and 8 am to 8 pm Wednesdays through Saturdays.
- Applicant will meet with interested residents of 239 West 15th Street on a regular basis to ascertain the impact of its establishment on their quality of life and structure changes in its method of operation if needed.
- There will be no alcohol service in any outdoor area, including outdoor seating within the property line.
- Applicant will obtain an acoustical report from a NYC approved acoustician, share the findings of the report with its neighbors and MCB4, and agree to implement all recommendations of the report.

Thank you for your attention and cooperation with this application.

Sincerely,



Jeffery LeFrançois
Chair



Burt Lazarin
Co-Chair
Business Licenses & Permits
Committee



Frank Holozubiec
Co-Chair
Business Licenses & Permits
Committee



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 Application 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

Manhattan Community Board 4

RECEIVED
Date: 7/31/23
Time: _____
By: _____

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: None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure
(check all that apply) Sidewalk Cafe Other (specify): _____

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

16. List the floor(s) of the building that the establishment is located on:

17. List the room number(s) the establishment is located in within the building, if appropriate:

18. Is the premises located within 500 feet of three or more on-premises liquor establishments? Yes No

19. Will the license holder or a manager be physically present within the establishment during all hours of operation? Yes No

20. If this is a transfer application (an existing licensed business is being purchased) provide the name and serial number of the licensee:

Name	Serial Number

21. Does the applicant or licensee own the building in which the establishment is located? Yes (if YES, SKIP 23-26) No

Owner of the Building in Which the Licensed Establishment is Located

22. Building Owner's Full Name:

23. Building Owner's Street Address:

24. City, Town or Village: State: Zip Code:

25. Business Telephone Number of Building Owner:

Representative or Attorney Representing the Applicant in Connection with the Application for a License to Traffic in Alcohol at the Establishment Identified in this Notice

26. Representative/Attorney's Full Name:

27. Representative/Attorney's Street Address:

28. City, Town or Village: State: Zip Code:

29. Business Telephone Number of Representative/Attorney:

30. Business E-mail Address of Representative/Attorney:

I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

31. Printed Principal Name: Title:

Principal Signature: _____

