

Manhattan Community Board 4

Liquor License/Sidewalk Cafe Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME		DOING BUSINESS AS (DBA)	
Playhouse 46, Inc (a nonprofit 501(c)3 corp)		Playhouse 46 at St. Luke's	
STREET ADDRESS		CROSS STREETS	ZIP CODE
308 W. 46th Street		46th St and 8th Ave	10036
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: Jennifer Powers, Executive Director	ATTORNEY/ REPRESENTAIVE	NAME: Anthony Caraballo
	PHONE: (917) 652-1548		PHONE: (718) 875-2929
	EMAIL: jpluff@playhouse46.org		EMAIL: anthony@cblservices.com
MANAGER	NAME: Jennifer Powers	LANDLORD	NAME: Pastor Arden Strasser
	PHONE: (917) 426-0442		PHONE: (212) 246-3540
	EMAIL: jpluff@playhouse46.org		EMAIL: pastor@stlukesnyc.org
APPLICATION TYPE (<input checked="" type="checkbox"/> <i>Liquor License</i> _____ <i>Unenclosed Sidewalk Cafe</i>)			
<input checked="" type="checkbox"/> New	Has applicant owned or managed a similar business?	YES	<input checked="" type="checkbox"/>
	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?	YES	NO
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input type="checkbox"/> 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 type="checkbox"/> Liquor/Wine/Beer & Cider	<input type="checkbox"/> Beer & Cider	<input checked="" type="checkbox"/> Wine/Beer & Cider
ESTABLISHMENT TYPE	<input type="checkbox"/> Restaurant <input checked="" type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input 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 checked="" type="checkbox"/> YES	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 checked="" 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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="checkbox"/> YES	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	(30 minutes before performance time and during 15 minute intermission if any)						
	Kitchen	X	X	X	X	X	X	X
	Music							
If you plan to have music, what type(s)? (Circle all that apply)		BACKGROUN <u>D</u>		LIVE <u>M</u> USIC		DJ	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	175	179	n/a	175	2	0	0
OUTSIDE <i>(Other than sidewalk café)</i>	n/a	n/a	n/a	n/a	n/a	n/a	n/a
DCA APPROVED UNENCLOSED SIDEWALK CAFÉ	n/a	n/a	n/a	n/a	n/a		

How many floors are there? What is the capacity for each floor?	1 floor (basement) 175 (theater) 60 (offices)	
How frequently will the owner(s) be at the establishment?	2-3 times/week	
Will there be dancing?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO only the paid performers of an off-Broadway production will be dancing, not patrons
Will applicant have bottle or table service for beverage alcohol?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Will applicant be hosting private; promotional or corporate events?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Will outside promoters be used on a regular basis? If yes please describe.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Will applicant have a security plan? If, yes please attach.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Will security plan be implemented?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Will State certified security personnel be used?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Will New York Nightlife Association and NYPD Best Practices be followed?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Does applicant agree to notify MCB4 prior to making changes to its method of operation?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
Will applicant be using delivery bicycles? If yes, how many?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> 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
Basement	Theater Bar service will be only available 30 minutes before each performance and during intermission (if there is one). Only 1 service bar as patron courtesy.	175	varies for example Mon 7-9 Tue DARK Wed 7-9 Thu 8-10 Fri 8-10 Sat 2-4 Sat 8-10 Sun 2-4	none, but we have the capacity to move seating to allow for cabaret tables, 8 at most	175	1	0	during bar service, background music only
Basement	Offices Maybe down the road, we would like to offer special pre-show sparkling wine service to our VIP donors in our VIP lounge	15	Only offered 30 min. before show time. See example above.	1 coffee table, and 1 side table	1 sofa, 2 chairs, mostly standing	1	0	during bar service, background music only

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="checkbox"/>	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/>	NO	
Is a Public Assembly permit required?	<input checked="" type="checkbox"/>	NO	
Are your plans filed with DOB?	<input checked="" type="checkbox"/>	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	QDEP, shared tenant, contact: Ian Zdanowicz, ian@qdep.org	
	# 2	Saint Luke's Lutheran Church, Adam Cornelius, Operations Manager, adamjcornelius@gmail.com Pastor Arden Strasser, pastor@stlukesnyc.org	
	# 3	Times Square Alliance, Contact: Carlotta Ramos, Stakeholder Services Manager and TJ Witham, Vice President, Communications	
	# 4	Clinton Housing Association, Joe Restuccia	
	# 5	Clinton/Hell's Kitchen Block Associations/Tenant Association/Community Group email list	
Please provide dates when applicant met with the groups listed above.		July 14, 2023	
Who was your contact person at each group you met with?		contact listed above	
When did applicant post the notice that was provided?		Friday, July 14, 2023	
Where did applicant post the notice that was provided?		It was distributed to email list provided and hand delivered to tenants in the building.	
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"/>	NO (917) 652-1548
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		YES	<input checked="" type="checkbox"/>

BUILDING DESIGN			
State the name and type of business previously located in the space.	St. Luke's Theater - off-Broadway theater		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	<input checked="" type="checkbox"/>	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="checkbox"/>	
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	YES	NO	
Is the entrance ADA Compliant?	YES	<input checked="" type="checkbox"/>	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="checkbox"/>	
Will applicant have a vestibule within the establishment?	<input checked="" type="checkbox"/>	NO	
Will applicant use a storm enclosure?	<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"/>	NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/>	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?	YES	NO	not applicable to our venue
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	NO	not applicable to our venue
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	NO	not applicable to our 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?	YES	NO	not applicable to our venue
Will the kitchen exhaust system extend to the roof?	YES	NO	not applicable to our venue
Will the establishment have an illuminated sign?	<input checked="" type="checkbox"/>	NO	
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="checkbox"/>	NO	
Where will the air conditioner be located? What type is it?	The central air unit is located in a small courtyard adjacent to the space		
When was the air conditioner installed?	2020		

OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	not applicable to our venue
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)?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are the floorplans for the outdoor space(s) included?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
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	<input type="checkbox"/> NO	
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	not applicable to our venue
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s) or on the sidewalk?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will there be no amplified music, as per the law?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant agree to train staff to encourage a peaceful environment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
If open dining in the parking lane, will applicant agree to leave the sidewalk free of any furniture?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	not applicable to our venue
If open dining, will you comply with all NYC DOT guidelines?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	not applicable to our venue
If open dining, will the installation be year-round?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	not applicable to our venue

DCA APPROVED UNENCLOSED SIDEWALK CAFÉ

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

ADDITIONAL STIPULATIONS: (Office Use Only)

- Any live music will only be as part of theatre performances

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.


<p>Manhattan Community Board 4 (MCB4) recommends: (MCB4's recommendation is based on a vote taken at its September 6, 2023 full board meeting, with <u>40</u> members voting in favor of the recommendation, <u>0</u> members opposed, <u>0</u> members abstaining and <u>1</u> present but not eligible)</p>	<p><input checked="" type="radio"/> Denial unless all stipulations agreed to by applicant/owner are part of the method of operation</p> <p><input type="radio"/> Denial <input type="radio"/> Approval</p>
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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.

<p>SIGN HERE →</p>	<p>Jennifer K Powers</p> <p>PRINT NAME OF APPLICANT</p>	 <p>SIGNATURE OF APPLICANT</p>	<p>07/14/2023</p> <p>DATE</p>
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Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice Sent: 04/05/2023

1a. Delivered by: Certified Mail Return Receipt Requested

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:

Manhattan Community Board 4

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

RECEIVED
Date: 7/5/23
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: Manhattan Community Board 4

Applicant/Licensee Information:

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

5. Applicant or Licensee Name: Playhouse 46 Inc

6. Trade Name (if any): Playhouse 46 at St.Luke's

7. Street Address of Establishment: 308 W 46th Street

8. City, Town or Village: New York, NY Zip Code: 10036

9. Business Telephone Number of applicant/ Licensee: (917) 426-0442

10. Business E-mail of Applicant/Licensee: jpluff@playhouse46.org

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: Legitimate Theater or Concert Hall

Seasonal Establishment Juke Box Disc Jockey Recorded Music Karaoke

14. Method of Operation: 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 Sidewalk Cafe Other (specify):

- 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: 





USE 46
AT ST. LUKE'S

The Big Apple's
theater
in the
round.
PLAYHOUSE 46

Worship
DAILY
10:00 AM
11:00 AM
12:00 PM
1:00 PM
2:00 PM
3:00 PM
4:00 PM
5:00 PM
6:00 PM
7:00 PM
8:00 PM
9:00 PM

