Manhattan Community Board 4 (All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)								
SH Operation	s LLC		The Sleeping Cat							
STREET ADDRESS 160 7th Avenue			CROSS STRE	EETS	DE					
			West 19th S	West 19th Street & West 20th Street						
OWNER	NAME:	DongJu Song			NAME:	Max Bo	ookman, E	Esq.		
(Attach a list of all the people that will	PHONE:	(917) 690-4618	ATTORNEY/ REPRESENT	AIVE	PHONE:	(212) 51	13-1988			
be associated/listed with the license)	EMAIL:	mail@sleepingcatbakery.com			EMAIL:	max@j	pb.law; an	nnmarie@pb.law		
	NAME:	DongJu Song			NAME:	Kensing	gton Hous	e NY LLC		
MANAGER	PHONE:	(917) 690-4618	_		PHONE:	(212) 744-6944				
	EMAIL:	mail@sleepingcatbakery.com			EMAIL:	ALL: scott@rialtomanagement.com				
APPLICATION TYPE (X Liquor License					Unenclo	sed Side	ewalk Ca	ufe)		
	Has applicant owned or managed a similar business?					s	NO			
New New			N/A							
	What were the dates applicant was involved with this former premise?					N/A				
Corp	What is the lic	ense # and expiration date?								
Change/Class	Is applicant m	aking any alterations or operational changes?		YES			NO			
Change/Removal	If alterations o	or operational changes are being made, please desc	cribe/list all changes		_					
Alterestica	What is the cu	urrent license # and expiration date?								
Alteration	Please list/de	scribe the nature of all the changes and attach the p	olans:							
METHOD O	F OPER.	ATION								
TYPE OF ALCOH	IOL	C Liquor/Wine/Beer & Cider	O 1	Beer & C	ider		● Wine	e/Beer & Cider		
ESTABLISHMEN	T	Restaurant Cabaret C	•) Hotel		ar/Tavern Cafe	0	Catering Establishment		
ТҮРЕ	6 1 1 11 11	Adult Entertainment Wine E	Bar O Dano	ce Club	O Spor	rts Bar C	Club (Frate	ernal Organization – Members	Only)	
Has applicant/owner you plan to file?	YES	NO	After	the me	eting					
On-Premise liquor I establishment and t	icense estab he Public In		YES	NO						
Is the 200 Foot Rule schools and houses		? If yes, please attach a diagram of the that trigger the rule.	YES	NO						
Has applicant/owne Location of Alcoholi		CB4 Policy Regarding Concentration and stablishments?	VES	NO						

OPERATIO	ONAL DE	ΓAILS (*Cl	osing time will	l be wh	nen e	stablishme	nt is vac	cated of	all j	patrons)				
		MONDAY	TUESDAY	Y	WE	EDNESDAY	THUI	RSDAY		FRIDAY	SA	TURDAY	sı	JNDAY
HOURS*			8A	M-11PM	8AM-	-11PM	8/	AM-11PM	8/	AM-11PM	8AN	1-11PM		
(Indoor Only)	Kitchen	8AM-11pm	8AM-11PM	Ī	8A1	M-11PM	8AM-11PM		8AM-11PM		8AM-11PM		8AN	I-11PM
	Music	8AM-11PM	8AM-11PM	1	8A	M-11PM	8AM	-11PM	8.	AM-11PM	8 <i>A</i>	M-11PM	8AN	I-11PM
If you plan to hav (Circle all that ar		type(s)?	BACKGRO	UND	L	IVE MUSIC]	DJ		JUKE BOX		KAI	RAOKE	
(Circle an that ap	piy)					OCCUP.	ANCY							
	(Certi	pacity ificate of upancy)	Maximum # of Persons Occupying Premises (Including Employees)	Num of Tal		Number of Seats		er of Servio	ce	Number Stand-Up F		Number of at Stand-Up		
INSIDE	50		50	15		40	0			1		0		
OUTSIDE (Other than sidewalk café)	N/A	A	N/A	N/A	A	N/A	N/A			N/A		N/A		
DCA APPROVED UNENCLOSE SIDEWALK CAFÉ	N/.	A	N/A	N/.	A	N/A								
How many floors	are there? Wh	nat is the capacit	y for each floor?				2 floors: ground floor (50 persons) and basement (10 person							
How frequently w	vill the owner(s) be at the estab	lishment?				Durin	g all ho	urs	of operatio	n			
Will there be dan	cing?						YES	NO						
Will applicant ha	ve bottle or tab	le service for be	verage alcohol?				YES	NO						
Will applicant be	hosting private	e; promotional or	corporate even	ts?			YES	NO						
Will outside prom	oters be used	on a regular bas	sis? If yes please	e descri	be.		YES	NO						
Will applicant ha	ve a security p	lan? If, yes pleas	se attach.				YES	NO						
Will security plan	be implemente	ed?					YES	NO						
Will State certifie	d security pers	onnel 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 bicy wear attire clearl				taurant	and v	will staff	YES	NO	N//	Α				
Where will delive	ry bicycles be	stored during the	e day when not i	n use?			N/A							

Snace	Description/Use of Space							
Space Floor	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	NO					
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO					
Is a Public Assembly permit required?	YES	NO					
Are your plans filed with DOB?	YES	NO .					

Community Notification/Rela	tions						
NOTIFICATION:	# 1	See outreach ma	ed				
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	# 2						
	# 3						
	# 4						
	# 5						
Please provide dates when applicant met v	with the gro	oups listed above.	Mass ema	ail sent 8/	30/2023		
Who was your contact person at each grou	ıp you met	with?	See attached Rider A (mass email)				
When did applicant post the notice that wa	s provided	?	8/30/2023 160 7th Avenue (front of premises); Lobby of 200 W 20th St; lamp posts at:				
Where did applicant post the notice that was provided?			20th St/8th; 19th/8th; 20th/7th; 19th/7th; 19th between 7th/8th; 8th/20th NEC; 8th/20th SEC; 7th/20th SWC; 7th 20th NWC; 7th/19th SWC; 7th/19th NWC				
Will applicant provide owner cell phone nui complaints that arise? Please provide num				YES	NO	DongJu Song (917) 690-4618	
Will applicant inform the Community Board provide a hyperlink to applicants jobs webp		s job openings and/or		YES	NO		

State the name and type of business previously located in the space.	160 Bistro Inc. dba Le Singe Vert - Restaurant					
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO	160 Bistro Inc. dba Le Singe Vert			
Do you plan any changes to the existing façade? If yes, please describe.	YES NO		Repair, repaint front facade, replace one door with a displ window and change awning			
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	YES	NO				
Is the entrance ADA Compliant?	YES	NO				
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO		air, repaint front facad dow and change awnin	e, replace one door with a displa	
Will applicant have a vestibule within the establishment?	YES	NO				
Will applicant use a storm enclosure?	YES	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?	YES	NO				
Will applicant comply with the NYC noise code?	YES	NO				
Will the establishment have any of the following: (circle all that apply)	FRENCH DOOR		ıs	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	N/A			
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	N/A			
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	NO				
Will applicant follow the recommendations of a certified sound engineer to mitigate potential noise disturbance to the neighboring residents and buildings, ncluding placing speakers on the floor of the establishment?	YES	NO				
Will the kitchen exhaust system extend to the roof?	YES	NO				
Nill the establishment have an illuminated sign?	YES	NO				
Nill the establishment have a canopy extending over the sidewalk?	YES	NO				
Where will the air conditioner be located? What type is it?	HVAC is located in the mechanical room			oom		
	Presently being installed during renovations					

OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ	N/A		
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	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	NO	
Are the floorplans for the outdoor space(s) included?	YES	NO	
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	YES	NO	
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s) or on the sidewalk?	YES	NO	
Will there be no amplified music, as per the law?	YES	NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES	NO	
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	
If open dining in the parking lane, will applicant agree to leave the sidewalk free of any furniture?	YES	NO	
If open dining, will you comply with all NYC DOT guidelines?	YES	NO	
If open dining, will the installation be year-round?	YES	NO	

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	
ls 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	Patrons can consume alcohol at sidewalk cafe; however waiter service will not be available
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	YES	NO	No waiter service-no serving aisle
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	Perimeter will be marked with the use of planters
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	Patrons will be able to order food and drinks inside the premises and use the sidewalk cafe area for consumption
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 nours and the morning opening hours?	YES	NO	
Will all furniture be stored inside between December 21st and March 21st, and any other day when it rains or snows?	YES	NO	
Nill applicant use umbrellas?	YES	NO	*
f 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	
f 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 (MCB4's recommendation is based on a voctober 4, 2023 full board meeting, with of the recommendation, omembers of abstaining and open present but not eligib	l) recommends: ote taken at its 40 members voting in favor posed, 0 members	Denial unless all stip operation Denial Appro		t/owner are part of the method of			
CB4 REPRESENTATIVES							
Nelly Gonzalez CB4 Assistant District Manager	Frank Holozubiec CB4 BLP Committee Co-Chair	lyli	Burt Lazarin CB4 BLP Committee Co-Che	air S			
APPLICANT AGREEMENT W	ITH 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	DongJu Song PRINT NAME OF APPLICANT	D_J SIGNATURE OI	FAPPLICANT	22 Aug 2023 Date			



Pesetsky & Bookman, PC

Attorneys at Law

325 Broadway, Suite 501 New York, NY 10007

(212) 513-1988 | www.PB.law

Max Bookman | Partner | max@pb.law

August 11, 2023

Via FedEx Express

Manhattan Community Board No. 4 424 W 33rd St #580 New York, NY 10001

Re:

SH Operations LLC d/b/a The Sleeping Cat

160 7th Avenue

New York, NY 10011

Manhattan Community Board 4

Dete: 8 14 33
Time:
By: Nettue by 2002

Dear Sir/Madam:

Please allow this correspondence and enclosure to serve as notification of the above-referenced applicant's intent to apply to the State Liquor Authority for an on-premises beer and wine license and a temporary permit at the above referenced premises.

Thank you for your attention to this matter. Please do not hesitate to contact the undersigned should you have any questions.

Very truly yours,

PESETSKY & BOOKMAN, P.C.

By: Max Bookman, Esq.

rev1	231	326	121



	OFFICE USE ONLY					
Original	Amended	Date				

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Standardized NOTICE FORM for Providing 30-Day Advance Notice to a Local Municipality or Community Board

1. Date Notice Sent:	08/11/2023	1a. Delivered by:	Overnight Mail, Tracking Number and Proof of Delivery
	application that will be filed with the Authority foe the City of New York:	or an On-Premises Al	coholic Beverage License:
New Application	Removal Class Change		
For premises in the	City of New York:		
O New Application	New Application and Temporary Retail Pe	rmit O Renewal	O Alteration O Removal
O Class Change	Method of Operation Corporate Chang	ge	
For Renewal applica For Alteration applica For Corporate Chang For Removal applica For Class Change ap For Method of Oper Please include all	prary Retail Permit applicants, answer each que ants, answer all questions cants, attach a complete written description an age applicants, attach a list of the current and prants, attach a statement of your current and proplicants, attach a statement detailing your currention Change applicants, although not required documents as noted above. Failure to do nce Notice is Being Provided to the Clerk of	d diagrams depicting roposed corporate poposed addresses went license type and d, if you choose to so so may result in the corporation of the corp	g the proposed alteration(s) rincipals ith the reason(s) for the relocation your proposed license type ubmit, attach an explanation detailing those changes disapproval of the application.
-	· ·		
3. Name of Municipalit	ty or Community Board: Manhattan Com	munity Board N	No. 4
Applicant/Licensee	e Information:		
4. Licensee Serial Numb	ber (if applicable):	Expi	ration Date (if applicable):
5. Applicant or Licensee	e Name: SH Operations LLC		
6. Trade Name (if any):	The Sleeping Cat		
7. Street Address of Est	tablishment: 160 7th Avenue		
8. City, Town or Village	New York		NY Zip Code: 10011
9. Business Telephone	Number of applicant/ Licensee: 917-	690-4618	
10. Business E-mail of Ap	pplicant/Licensee: mail@sleepingcat	tbakery.com	
11. Type(s) of alcohol so	old or to be sold: O Beer & cider O	Wine, Beer & Cide	r Ciquor, Wine, Beer & Cider
12. Extent of Food Servi	ice: O Full Food menu; full kitchen run by a ch	ef/cook 🧿 Menu m	eets legal minimum food requirements; food prep area require
13. Type of Establishmer	nt: Cafe		
14. Method of Operation (check all that apply)	Live Music (give details i.e., rock bands	_	
	☐ Patron Dancing ☐ Employee Danci	_	- <u>-</u> '
	☐ Video/Arcade Games ☐ Third Part	ty Promoters	Security Personnel
	Other (specify):		
15. Licensed Outdoor A (check all that app	rrea: ☐ None ☐ Patio or Deck ☐ F ply) ☑ Sidewalk Cafe ☐ Other (speci		rden/Grounds Freestanding Covered Structure

Na-16V 1230202 I		E USE ONLY	
	Original Amended	Date	49
	_		
16. List the floor(s) of the building that	t the establishment is located on:	round Floor and Basement	
17. List the room number(s) the establ	lishment is located in within the build	ing, if appropriate:	
18. Is the premises located within 500	feet of three or more on-premises liq	uor establishments? ① Yes ⑥ No	
19. Will the license holder or a manage	er be physically present within the est	ablishment during all hours of operation?	• Yes • No
20. If this is a transfer application (an e	existing licensed business is being pur	chased) provide the name and serial number	of the licensee:
	Name	Serial N	umber
21. Does the applicant or licensee own	n the building in which the establishm	ent is located?	⊙ No
	Owner of the Building in Which t	the Licensed Establishment is Located	
22. Building Owner's Full Name: Kel	ensington House NY LLC		
23. Building Owner's Street Address:	872 Madison Avenue, #2A		
24. City, Town or Village: New York	(State: NY	Zip Code: 10021
25. Business Telephone Number of Bui	ilding Owner: 212-744-9644		
		nting the Applicant in Connection with ol at the Establishment Identified in thi	
26. Representative/Attorney's Full Nar	me: Max Bookman,Esq Peset	sky and Bookman, P.C.	
27. Representative/Attorney's Street A	Address: 325 Broadway - Suite 5	01	
28. City, Town or Village: New York	<u> </u>	State: NY	Zip Code: 10007
29. Business Telephone Number of Rep	presentative/Attorney: 212-513-7	1988	
30. Business E-mail Address of Represe	entative/Attorney: max@pb.law;	sorraya@pb.law	
Representations in th the Authority when upon, and that fals	nis form are in conformity with rep granting the license. I understand se representations may result in d	of the legal entity that holds or is applyin presentations made in submitted docum is that representations made in this form is approval of the application or revocations that the representations made in this	ents relied upon by n will also be relied on of the license.
by my signature,	Tamin ander renaity or religion	, and the representations made in this	TOTAL CITACE
31. Printed Principal Name: Dong	gJu Song	Title: President	
Principal Signature:			

Menu

Pies

Seasonal Selection

Blueberry Streusel pastry crust

wedge or hand pie

Pecan

pastry crust, maple syrup

Chocolate Cream

Oreo crust, whipped cream

Lemon or Key Lime Bar

graham cracker crust

Treats

Strawberry Shortcake

Ice Cream Sandwich

vanilla in gingerbread

Cookies

Oat and Pecan Brittle

Chocolate Chip

Kitchen Sink

Brown-Edge Butter

Rye Brownies

Milk

Caramel Custard

Pudding Cup

vanilla or chocolate

Bread

Scone

jam and clotted cream

Gingerbread

cream cheese sauce

Savory

Ham

sandwich bread, Emmentaler cheese, grainy mustard

Turkey

sandwich bread, Brie cheese, arugula, butter

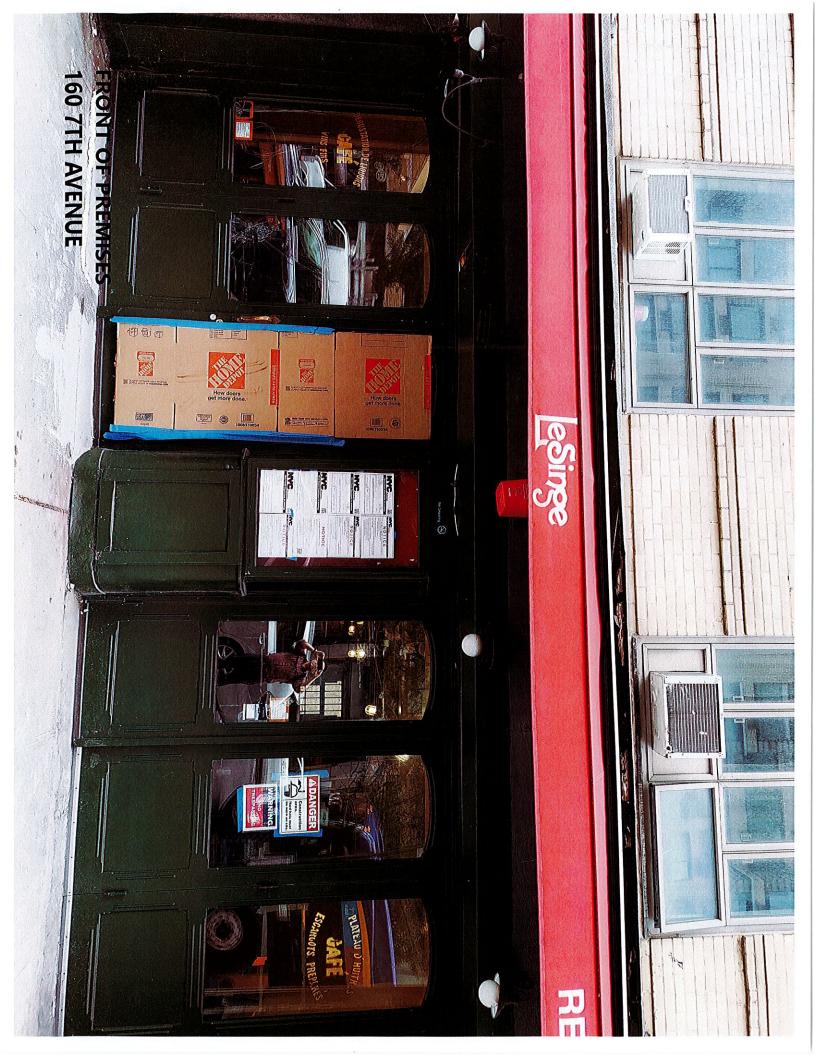
Chicken Hand Pie

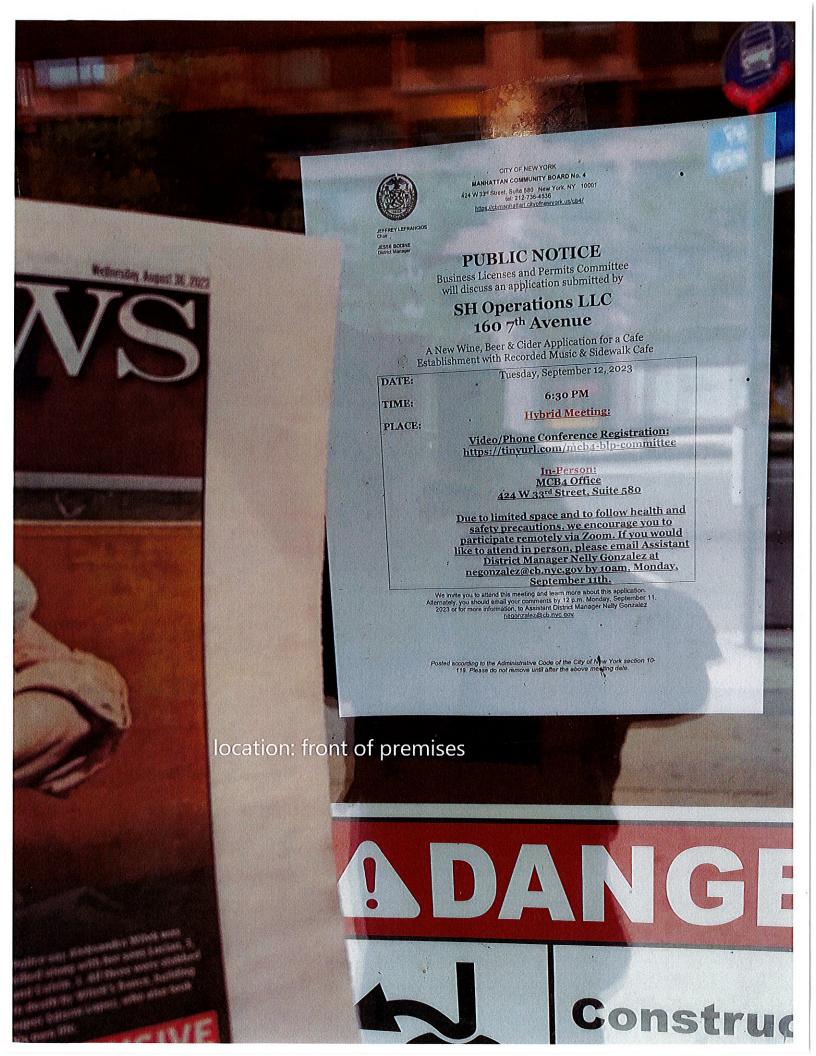
pastry crust, white gravy

Milk Roll and Butter

+ savory butter

All of our food, including nuts, gluten-containing flour, and butter and other animal fats, is prepared in the same kitchen. Please alert us to any allergies or other restrictions.





RE: TENANT PROTECTION PLAN FOR OCCUPANTS

The New York City Department of Buildings (DOB) has issued a permit for work in this building that requires a Tenant Plan (TPP). Building occupants may obtain a paper copy of the TPP from the owner and may access the plan on DOB www.nyc.gov/buildings.

Permit Number(s): M00857378-S1-01, M00857378-S2-01, M0085738-11-01

160 7th Ave. New York, NY 10021

Below is the contact information for the [check one]

Site Safety Manager

Site Safety

Superintendent of

☐ Owner/Owner's

Name: Jessica Charitos, Ronald Figliola

Phone Number 347 905 3184/517 992 492

Building occupants may call 311 to make complaints.

NYC Administrative Code § 28-120.1.3 requires the Owner to:

- Distribute this notice to each occupied dwelling unit; and
- Post this notice in a conspicuous manner in the looky and
- on each floor within ten feet of the elevator
 if the building does not have an elevator, within ten feet of or in the main stainwell of each floor.

To learn more about lead paint hazards in the home; wait nye govidoh and select Our Health, then select Lead Poisoning: Information for Tenants or scan the QR code with your device.



ORTS FINAL



EXCLUSIVE

e stuns family, neighbors I woes as possible factor

OU HAVE MONEY OU IN AN OLD ACCOUNT? or vocations mosby of 200



PUBLIC NOTICE

Business Licenses and Permits Committee will discuss an application submitted by

SH Operations LLC 160 7th Avenue

A New Wine, Beer & Cider Application for a Cafe Establishment with Recorded Music & Sidewalk Cafe

DATE: TIME:

Tuesday, September 12, 2023

PLACE:

Hybrid Meeting:

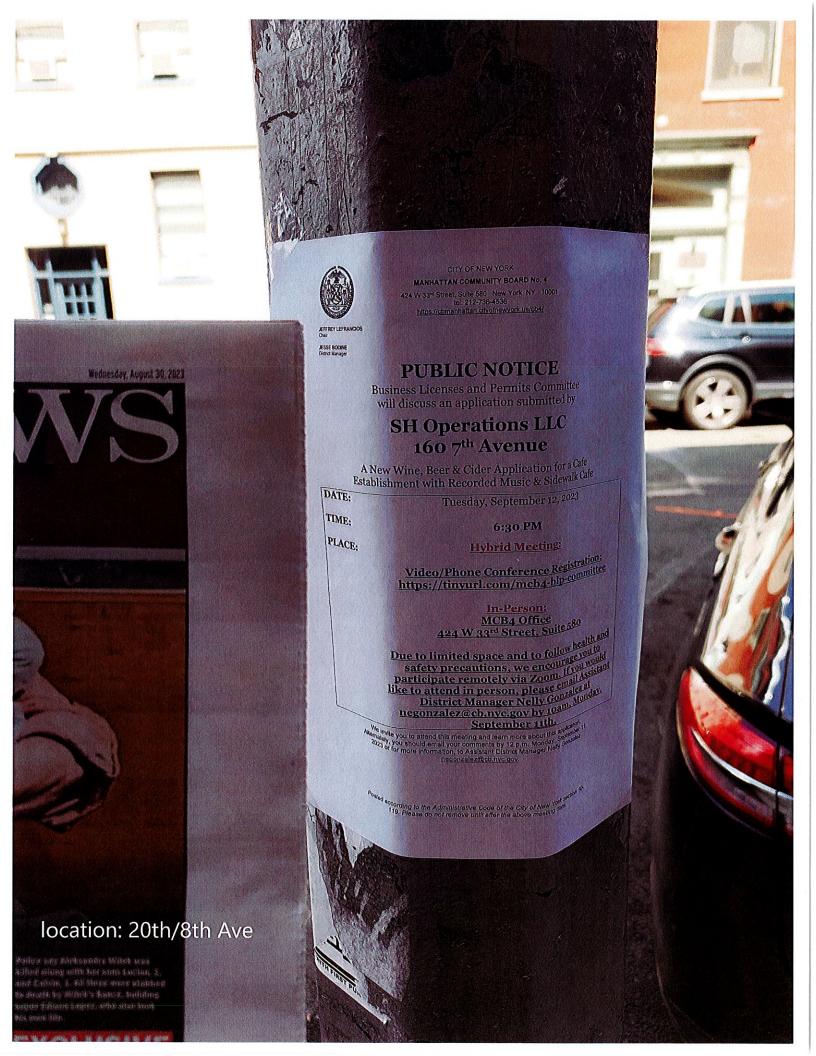
Video/Phone Conference Registration; https://tinvurl.com/mcb4-blp-committee

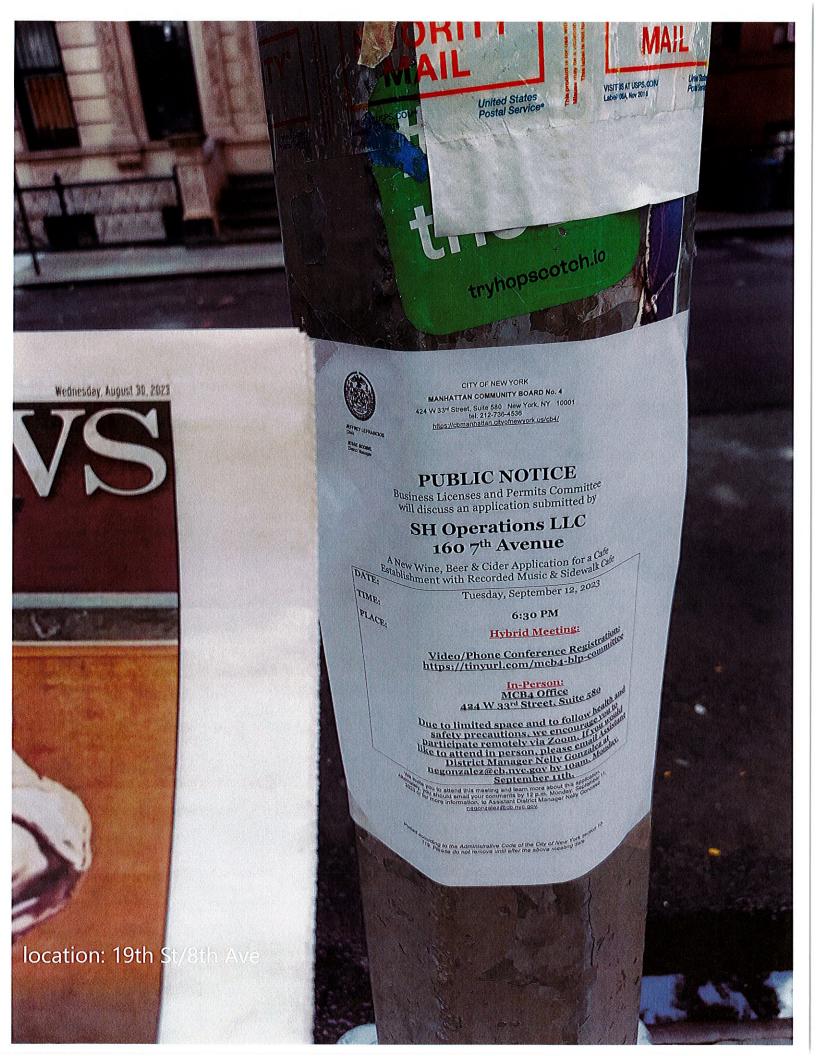
In-Person: MCB4 Office 424 W 33rd Street, Suite 580

Due to limited space and to follow health and safety precautions, we encourage von to participate remotely via Zoom. If you would like to attend in person, please email Assistant District Manager Nelly Gonzalez at negonzalez@ch.nvc.gov by toam, Monday, September 11th.

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Posted economy to the Acommistrative Code of the City of New York section 10-118. Please do not remove unit after the acove meeting date.

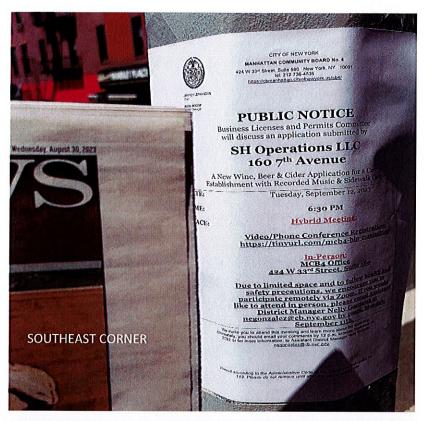


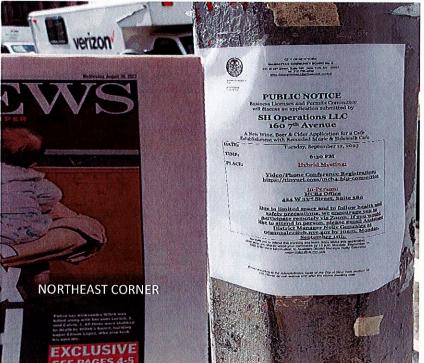




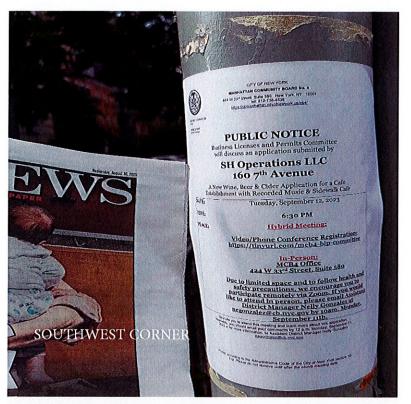


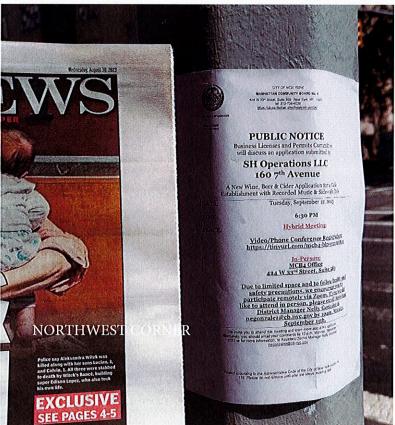


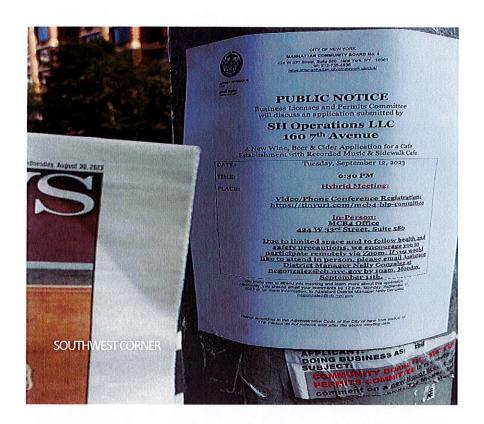


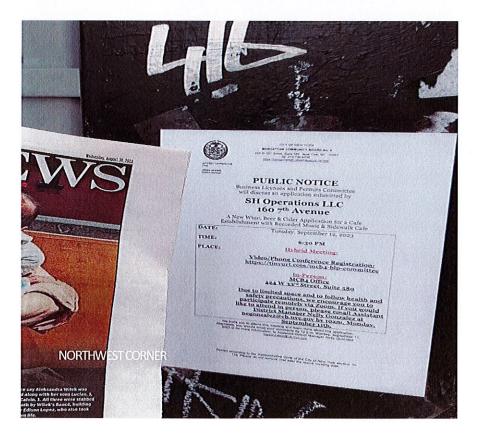


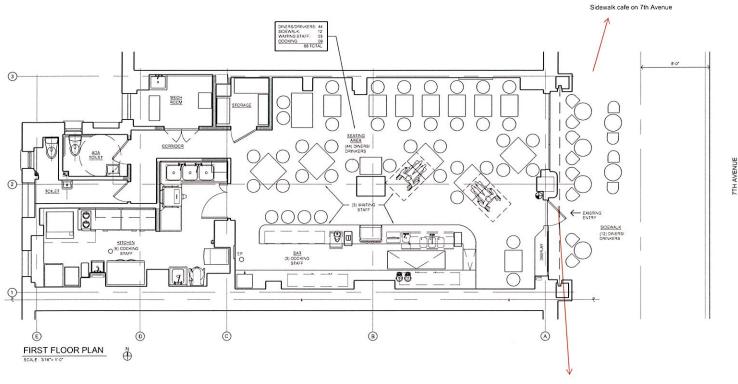
LOCATION: 7TH AVENUE/20TH STREET











Front Entrance on 7th Avenue

A-101

160 7TH AVENUE NEW YORK, NY 10011 JOB NO. 22.02

9.1.2023

Alta Indelman, Architect
451 Broome Street, New York, NY, 10013
Tel. (212) 219-1774 Fax (212) 219-0084
www.altaindelmanarchitect.com

