Manhattan Community Board 4 (All Fields Must Be Completed)

CORPORATION NAME 589 Tavern NYC STREET ADDRESS 589 11th Ave New York,NY			DOING BUSINESS AS (DBA) TBD					
			44th st			10036		
			OWNER	NAME:	Fation Syla	ATTORNEY/ REPRESENTAIVE	NAME:	NAME: Terrance Flynn
(Attach a list of all the people that will be associated/listed	PHONE:	(646) 359-6655	PHONE:	718	945100			
with the license)	EMAIL:	sylafation@gmail.com	EMAIL:	trflyr	nnjr@gm		ail.com	
	NAME:	Same as above		NAME:	F&K F	Properties	s Managment	
MANAGER	PHONE:		LANDLORD	PHONE:	(914) 527-31	35	
	EMAIL:	1		EMAIL:	Info	@fkmllc.c	com	
APPLICATI	ON TYP	E (Liquor Licens	e	Unenclo	osed Side	walk Caf	e)	
21 - 5.5	Has applicant	owned or managed a similar business?		YE	s (NO		
New	What is/was t	he name and address of establishment?						
,	What were the	e dates applicant was involved with this former pre	mise?					
O Corp	What is the lic	cense # and expiration date?						
Change/Class Change/Removal	Is applicant m	Is applicant making any alterations or operational changes?				NO		
Change/Achioval	If alterations or operational changes are being made, please describe/list all changes.							
Altonation	What is the cu	rrent license # and expiration date?						
○ Alteration	Please list/de	scribe the nature of all the changes and attach the						
METHOD O	FOPER	ATION						
TYPE OF ALCOH	IOL	O Liquor/Wine/Beer & Cider	O Beer & C	Cider		X Wine/I	Beer & Cider	
ESTABLISHMEN TYPE	T	Restaurant O Cabaret O Adult Entertainment O Wine			ar/Tavern ts Bar		atering Establishment nal Organization – Members	
you plan to file?		ne SLA? If yes, when? If no, when do	YES NO					
	icense estab	? If yes, please attach a diagram of the lishments within a 500 ft. radius of you erest Statement.						
	e applicable?	P If yes, please attach a diagram of the	YES (NO)				
Has applicant/owne Location of Alcoholi	r(s) read MC c-Serving Es	B4 Policy Regarding Concentration an stablishments?	d VES NO					

Business Licenses & Permits Committee

		MONDAY	TUESDA	Y	WEI	DNESDAY	THUR	RSDAY	FF	RIDAY	SATU	RDAY	SI	JNDAY
HOURS*	Operation	8am-2am	8am-2am		8am-2am		8am-2am		8am-2am		8am-2am		8am-2am	
(Indoor Only)	Kitchen	8am-2am	8am-2am	า	8am-2am		8am-2am		8am-2am		8am	-2am	8am	8am-2am
	Music	8am-2am			8am-2am		8am-2am				8am-2am		8am-2am	
If you plan to (Circle all that	have music, what	-	BACKGRO	~	1	VE MUSIC			1	JKE BOX	•••••	1.2.5	RAOKE	
(Chele all that	ταρμιγγ	1200	-			OCCUP	ANCY				3	100	110	7.49
	(Cert	pacity tificate of :upancy)	Maximum # of Persons Occupying Premises (Including Employees)	Num of Tal		Number of Seats		er of Servi aly Bars		Number o Stand-Up B		Number of at Stand-U		
INSIDE	74		74							2		13		
OUTSIDE (Other than sidewalk cafë))													
DCA APPROVEI	D													
SIDEWAL	SED													
SIDEWALH CAFÉ	SED	hat is the capacity	y for each floor?				-	2 Floor	s (gro	ound FL/B	aseme	nt-64 pe	rson To	otal)
SIDEWALH CAFÉ How many floo	SED K			2			-	2 Floor 80% of t			aseme	nt-64 pe	rson To	otal)
SIDEWALH CAFÉ How many floo How frequently	SED ors are there? Wi ly will the owner(s			2			YES				aseme	nt-64 pe	rson To	otal)
How frequently Will there be d	SED ors are there? Wi ly will the owner(s	s) be at the establ	ishment?					80% of t			aseme	nt-64 pe	rson To	otal)
SIDEWALH CAFÉ How many floo How frequently Will there be d Will applicant f	SED ors are there? Wi ly will the owner(s dancing?	s) be at the establ	ishment? verage alcohol?				YES	80% of t	he tin					
SIDEWALH CAFÉ How many floo How frequently Will there be d Will applicant I Will applicant	SED ors are there? Wi ly will the owner(s dancing? have bottle or tab	s) be at the establ ble service for bev e; promotional or	ishment? verage alcohol? corporate even	ts?	be.		YES YES	80% of t	he tin	ne				
SIDEWALH CAFÉ How many floo How frequently Will there be d Will applicant I Will applicant I Will outside pr	SED ors are there? Wi ly will the owner(s dancing? have bottle or tab be hosting private	s) be at the estable ole service for bev e; promotional or l on a regular bas	ishment? verage alcohol? corporate even is? If yes please	ts?	be.		YES YES	80% of t	the tin	ne	Christma	as Party	s possi	bly
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SIDEWALH CAFÉ How many floo How frequently Will there be d Will applicant I Will applicant I Will outside pr Will applicant I Will security pl Will State certi Will New York Does applican operation?	SED ors are there? Wi ly will the owner(s dancing? have bottle or tab be hosting private romoters be used have a security p lan be implement ified security pers Nightlife Associa	s) be at the estable ole service for bever e; promotional or l on a regular bas olan? If, yes pleas ted? sonnel be used? ation and NYPD E MCB4 prior to ma	verage alcohol? corporate even is? If yes please ie attach. Best Practices b aking changes to	ts? e descri e follow	red?	f	YES YES YES YES YES YES	80% of t	the tin	ne orporate C	Christma	as Party	s possi	bly

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	Bar/Restourant	60	8am-Midni	ght 10	40	1	10	Background
Basment	Dining room		Bam-Midnigł	ht	8	1	2	Background

LOCATION & ZONING		
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES NO	Clinton
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	7
Are your plans filed with DOB?	VE NO	

Community Notification/Relat	ions	
NOTIFICATION:	# 1	
List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and	# 2	
community groups that applicant has notified regarding its application. For each please list both the organization	# 3	
and individual you contacted	#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?		9/6/23
Where did applicant post the notice that wa	s provided?	WIndow and street sign in front area
Will applicant provide owner cell phone nun complaints that arise? Please provide numb		VES NO
Will applicant inform the Community Board provide a hyperlink to applicants jobs webp		VES NO

Major improvements are being made to the new building, including a Brand-new sidewalk that was approved by the DOT and will be installed Sept 26-30

New ownership of building also has members that are operating this bar or restaurant as well as caretaking for the building.

BUILDING DESIGN							
State the name and type of business previously located in the space.	McQuaids Bar- 589 11th Tavern						
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	NO NO						
Do you plan any changes to the existing façade? If yes, please describe.	YES Only changing signage-Building is new						
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	VES NO						
Is the entrance ADA Compliant?	YES NO						
Do you plan any changes to the existing façade? If yes, please describe.	YES NO						
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?	VES NO						
Will applicant comply with the NYC noise code?	YES NO						
Will the establishment have any of the following: (circle all that apply)	FRENCH DOORS GARAGE DOORS WINDOWS THAT CAN BE						
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	VES 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?	VES NO						
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES TO						
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						
Vill the establishment have an illuminated sign?	YES NO						
Nill the establishment have a canopy extending over the sidewalk?	YES T						
Where will the air conditioner be located? What type is it?	A/C is on the 7th floor roof						
Nhen was the air conditioner installed?	2020						

OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO	N/A
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
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 cafe?	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

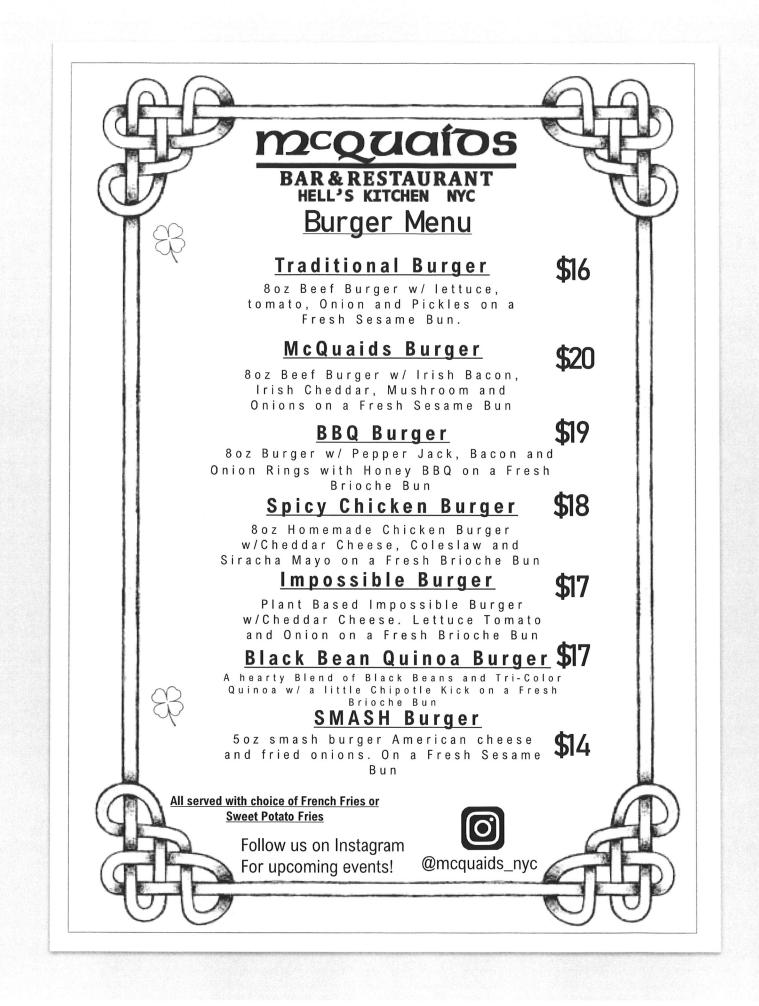
ADDITIONAL STIPULATIONS: (Office Use Only)

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

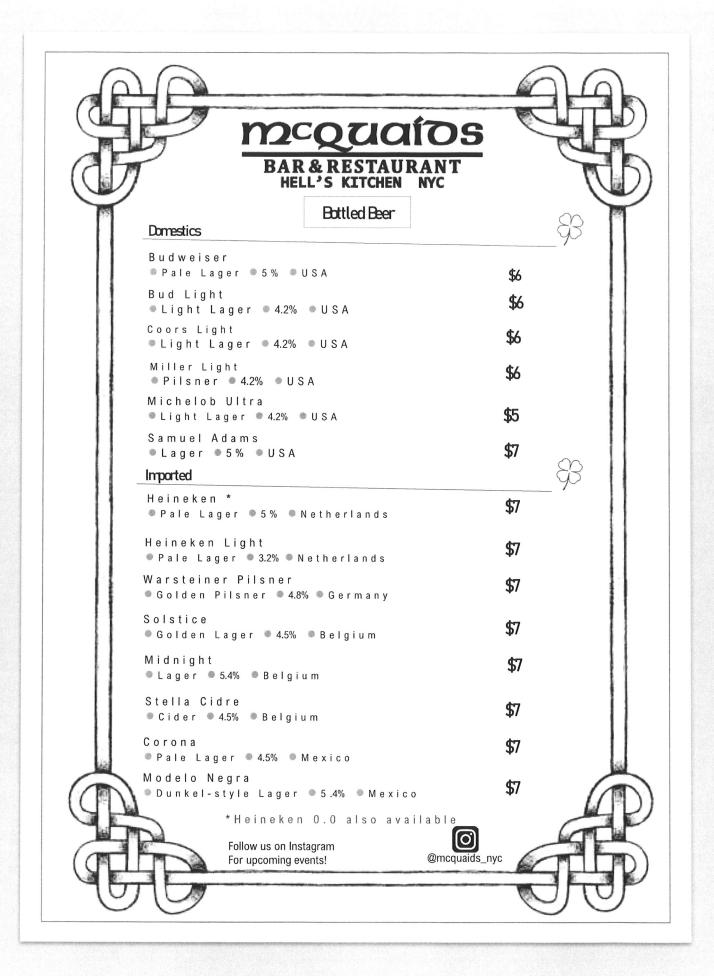
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Manhattan Community Board 4 (MCB4) (MCB4's recommendation is based on a vot November 1, 2023full board meeting, with 35 of the recommendation, <u>0</u> members opport abstaining and <u>0</u> present but not eligible)	 Denial unless all stipulations agreed to by applicant/owner are part of the method of operation Denial O Approval 						
CB4 REPRESENTATIVES							
Nelly Gonzalez CB4 Assistant District Manager		Burt Lazarin CB4 BLP Committee Co-Che	air air				
APPLICANT AGREEMENT WIT	TH THE COMMUNIT	Y					
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.							
	Fation Syla RINT NAME OF APPLICANT	SIGNATURE O	FAPPLICS AT	9/1/23 DATE			

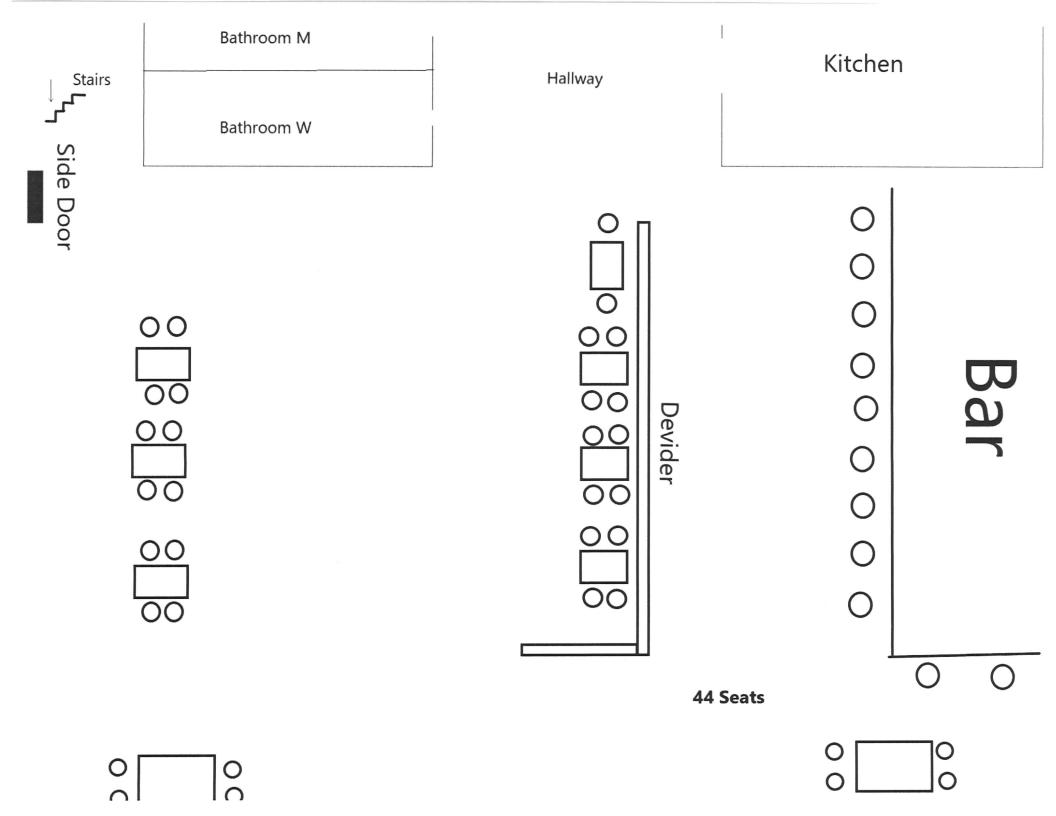












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39 11th ave Liquor license Notice D Inbox ×

tion Syla <sylafation@gmail.com>

Terrence, rjbenfatto, pgouris, west43rdstreetnyc@gmail.com, ashleyll, hk4546ba@gmail.com, aefearshk@earthlink.net 💌

llo Everyone, name is Fation Syla

t

ave applied for a liquor license for 589 11th ave. The bar is a 74 occupancy Pub. I am the owner of the building and the manager of the bar. If hours of operation will be Sunday-Wednesday 8am-12PM. Thursday-Saturday 8am-2am.

e will be serving food as well as alcohol. The bar will have background music and sports games. Occasionally we may have a DJ.

inyone would like to meet me and discuss this matter, I am available Monday 10/11/23. Please kindly reply with any questions or to schedule a meeting.

ank you for your time

← Reply ← Reply all ← Forward