

# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License/Sidewalk Cafe Stipulations Application

<b>CORPORATION NAME</b> HELL'S KITCHEN PICKLE BALL, LLC		<b>DOING BUSINESS AS (DBA)</b>	
<b>STREET ADDRESS</b> 660 12TH AVENUE, 7TH FLOOR		<b>CROSS STREETS</b> 49TH ST/12TH AVE	<b>ZIP CODE</b> 10019
<b>OWNER</b> <small>(Attach a list of all the people that will be associated/listed with the license)</small>	<b>NAME:</b> Stephen Richter	<b>ATTORNEY/ REPRESENTAIVE</b>	<b>NAME:</b>
	<b>PHONE:</b> 212-977-1372		<b>PHONE:</b>
	<b>EMAIL:</b> info@hellskitchenpickleball.com		<b>EMAIL:</b>
<b>MANAGER</b>	<b>NAME:</b> Stephen Richter	<b>LANDLORD</b>	<b>NAME:</b> 677 ELEVENTH AVENUE REALTY LLC
	<b>PHONE:</b> 212-977-1372		<b>PHONE:</b> 732-925-6295
	<b>EMAIL:</b> info@hellskitchenpickleball.com		<b>EMAIL:</b> srichter@bramautogroup.com
<b>APPLICATION TYPE</b> ( <input type="checkbox"/> <i>Liquor License</i> <input type="checkbox"/> <i>Unenclosed Sidewalk Cafe</i> )			
<input checked="" type="checkbox"/> <b>New</b>	Has applicant owned or managed a similar business?	<b>YES</b>	<input checked="" type="radio"/> <b>NO</b>
	What is/was the name and address of establishment?		
	What were the dates applicant was involved with this former premise?		
<input type="radio"/> <b>Corp</b> <b>Change/Class Change/Removal</b>	What is the license # and expiration date?		
	Is applicant making any alterations or operational changes?	<b>YES</b>	<b>NO</b>
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input type="radio"/> <b>Alteration</b>	What is the current license # and expiration date?		
	<i>Please list/describe the nature of all the changes and attach the plans:</i>		
<b>METHOD OF OPERATION</b>			
<b>TYPE OF ALCOHOL</b>	<input type="radio"/> Liquor/Wine/Beer & Cider <input type="radio"/> Beer & Cider <input checked="" type="radio"/> Wine/Beer & Cider		
<b>ESTABLISHMENT TYPE</b>	<input type="radio"/> Restaurant <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" 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?	<b>YES</b>	<input checked="" type="radio"/> <b>NO</b>	
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.	<b>YES</b>	<input checked="" type="radio"/> <b>NO</b>	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	<b>YES</b>	<input checked="" type="radio"/> <b>NO</b>	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="radio"/> <b>YES</b>	<b>NO</b>	

**OPERATIONAL DETAILS (\*Closing time will be when establishment is vacated of all patrons)**

HOURS* (Indoor Only)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	6AM-10PM	_____	_____	_____	_____	_____	_____
	Kitchen	6AM-10PM	_____	_____	_____	_____	_____	_____
	Music	6AM-10PM	_____	_____	_____	_____	_____	_____

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

<input checked="" type="checkbox"/> BACKGROUND	<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> DJ	<input type="checkbox"/> JUKE BOX	<input type="checkbox"/> 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
<b>INSIDE</b>	280	280	16	40	1	1	15
<b>OUTSIDE</b> <i>(Other than sidewalk café)</i>			15	54	1		
<b>DCA APPROVED UNENCLOSED SIDEWALK CAFÉ</b>							

How many floors are there? What is the capacity for each floor? **ONE / 280**

How frequently will the owner(s) be at the establishment? **DAILY**

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**

**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
7TH FLOOR INSIDE	BAR & LOUNGE AREA SURROUNDING PICKLEBALL COURTS	280	6AM-10PM	16	40	1	1/15	BACKGROUND
7TH FLOOR OUTSIDE	OUTDOOR LOUNGE SEATING		6AM-10PM	15	54	1		

**LOCATION & ZONING**

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

**Community Notification/Relations**

<b>NOTIFICATION:</b> 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	47TH/48TH STREETS BLOCK ASSOCIATION (1)	ELKE FEARS
	# 2	47TH/48TH STREETS BLOCK ASSOCIATION (2)	LARRY ROBERTS
	# 3	350 W51ST STREET TENANTS	TENANTS350WEST51ST@GMAIL.COM
	# 4	HK 49-53 BLOCK ALLIANCE	STEVE BELIDA
	# 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?			
Where did applicant post the notice that was provided?			
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.		<input type="radio"/> YES	<input type="radio"/> NO
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		<input type="radio"/> YES	<input type="radio"/> NO

<b>BUILDING DESIGN</b>			
State the name and type of business previously located in the space.	VACANT		
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="radio"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="radio"/> NO	
Has the applicant/owner(s) read MCB 4 ADA Guidelines Memo?	<input checked="" type="radio"/> YES	NO	
Is the entrance ADA Compliant?	<input checked="" type="radio"/> YES	NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="radio"/> NO	
Will applicant have a vestibule within the establishment?	YES	<input checked="" type="radio"/> NO	
Will applicant use a storm enclosure?	YES	<input checked="" type="radio"/> 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="radio"/> YES	NO	
Will applicant comply with the NYC noise code?	<input checked="" type="radio"/> YES	NO	
Will the establishment have any of the following: (circle all that apply)	<input checked="" type="checkbox"/> FRENCH DOORS	<input type="checkbox"/> GARAGE DOORS	<input type="checkbox"/> 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="radio"/> YES	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="radio"/> YES	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="radio"/> NO	
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?	<input checked="" type="radio"/> YES	NO	
Will the kitchen exhaust system extend to the roof?	YES	<input checked="" type="radio"/> NO	
Will the establishment have an illuminated sign?	YES	<input checked="" type="radio"/> NO	
Will the establishment have a canopy extending over the sidewalk?	YES	<input checked="" type="radio"/> NO	
Where will the air conditioner be located? What type is it?	BALCONY / 60 TON AC UNIT		
When was the air conditioner installed?	CURRENTLY IN PROCESS		

<b>OUTDOOR ITEMS - OTHER THAN SIDEWALK CAFÉ</b>			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	<input checked="" type="radio"/> YES	<input type="radio"/> 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)?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	7TH FLOOR BALCONY
Are the floorplans for the outdoor space(s) included?	<input checked="" type="radio"/> YES	<input type="radio"/> 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="radio"/> YES	<input type="radio"/> NO	Outdoor space closed & vacated by 10pm nightly
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s) or on the sidewalk?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will there be no amplified music, as per the law?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant agree to train staff to encourage a peaceful environment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
If open dining in the parking lane, will applicant agree to leave the sidewalk free of any furniture?	<input type="radio"/> YES	<input type="radio"/> NO	N/A
If open dining, will you comply with all NYC DOT guidelines?	<input type="radio"/> YES	<input type="radio"/> NO	N/A
If open dining, will the installation be year-round?	<input type="radio"/> YES	<input type="radio"/> NO	N/A

## DCA APPROVED UNENCLOSED SIDEWALK CAFÉ

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 <sup>st</sup> and March 21 <sup>st</sup> , 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.***



***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  
May 1, 2024 full board meeting, with 39 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 Holozubiec**  
 CB4 BLP Committee Co-Chair



**Burt Lazarin**  
 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**



**STEPHEN RICHTER**

PRINT NAME OF APPLICANT



SIGNATURE OF APPLICANT

DATE

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

1. Date Notice Sent: 1/20/24

1a. Delivered by: Certified Mail Return Receipt

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

RECEIVED

Date: 1/20/24

Time: 12:30

By: [Signature]

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: Community Bd #4

**Applicant/Licensee Information:**

4. Licensee Serial Number (if applicable): \_\_\_\_\_ Expiration Date (if applicable): \_\_\_\_\_

5. Applicant or Licensee Name: Hell's Kitchen Pickle Ball LLC

6. Trade Name (if any): Hell's Kitchen Pickleball

7. Street Address of Establishment: 660 12th Ave

8. City, Town or Village: New York, NY Zip Code: 10019

9. Business Telephone Number of applicant/ Licensee: 212-977-1372

10. Business E-mail of Applicant/Licensee: info@hellskitchenpickleball.com

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: Baseball Park, Race Track, Outdoor or Indoor Athletic Field/Facility, Arena or Stadium

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): Pickle Ball Club

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: 7<sup>th</sup> Floor
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: 677 Eleventh Ave Realty, LLC
23. Building Owner's Street Address: 7500 West Side Ave
24. City, Town or Village: North Bergen State: NJ Zip Code: 07047
25. Business Telephone Number of Building Owner: 201-255-1200

**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**

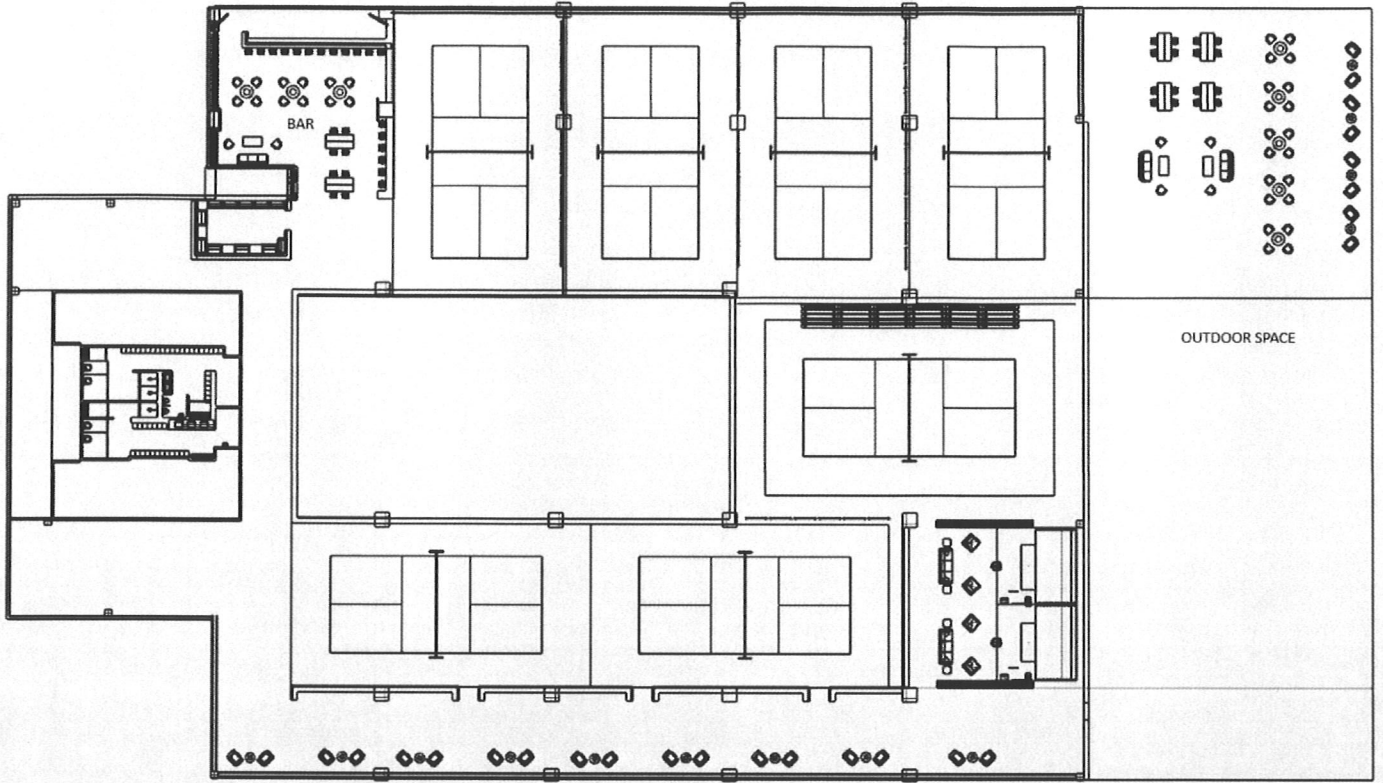
26. Representative/Attorney's Full Name: Terrence R. Flynn, Jr
27. Representative/Attorney's Street Address: 444 Beach 129th Street, 2nd Floor
28. City, Town or Village: Belle Harbor State: New York Zip Code: 11694
29. Business Telephone Number of Representative/Attorney: 718-945-1000
30. Business E-mail Address of Representative/Attorney: trflynnjr@gmail.com

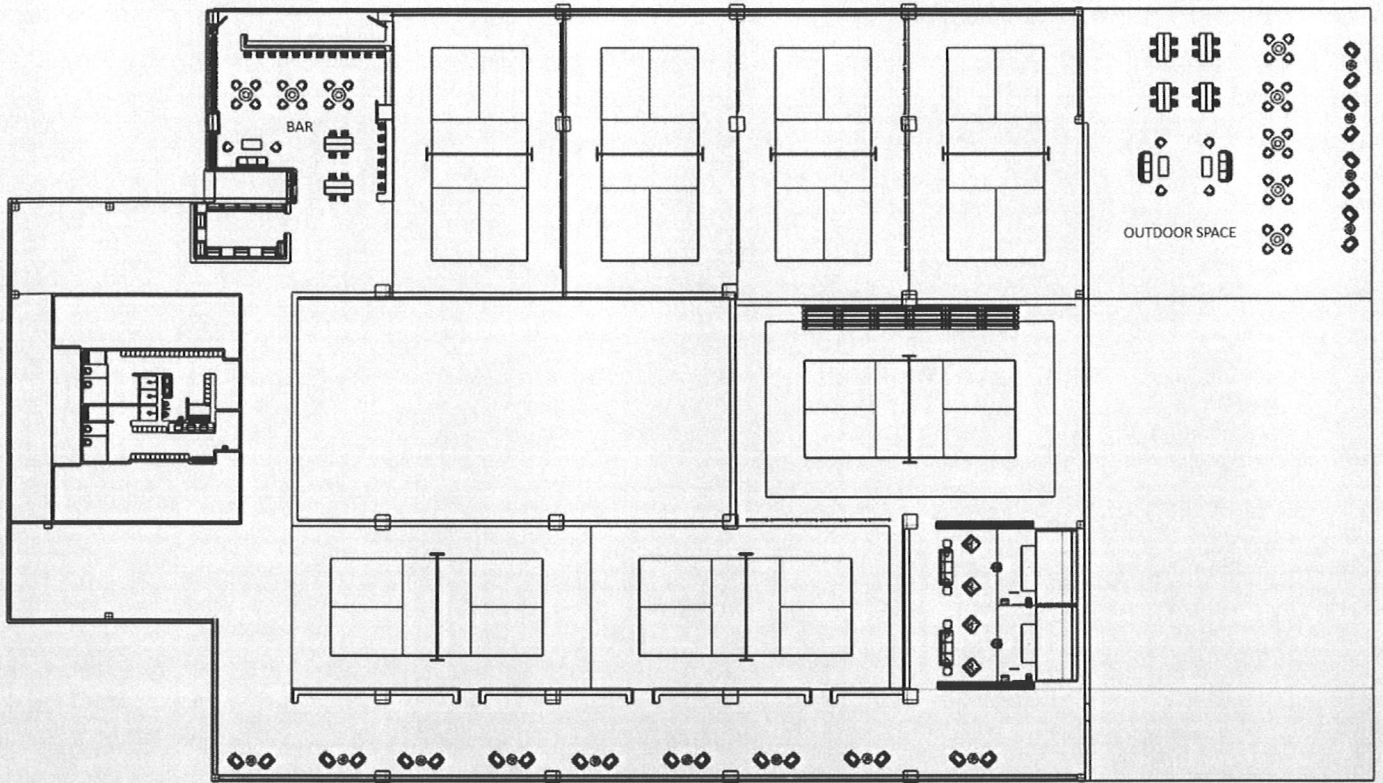
I am the applicant or licensee holder or a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations 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: Rob Iacono Title: Member

Principal Signature: 







# Certificate of Occupancy

CO Number:1027125-0000008

This certifies that the premises described herein conforms substantially to the approved plans and specifications and to the requirements of all applicable laws, rules and regulations for the uses and occupancies specified.No change of use or occupancy shall be made unless a new Certificate of Occupancy is issued.*This document or a copy shall be available for inspection at the building at all reasonable times.*

A.	<b>Borough:</b> MANHATTAN <b>Address:</b> 660 12TH AVENUE <b>Building Identification Number(BIN):</b> 1027125	<b>Block Number:</b> 1096 <b>Lot Number(s):</b> 7501 <b>Additional Lot Number(s):</b> <b>Application Type:</b> A1 - ALTERATION TYPE 1	<b>Full Building Certificate Type:</b> Temporary <b>Date Issued:</b> 01/08/2024
	<b>This building is subject to this Building Code:</b> 2008 <b>This Certificate of Occupancy is associated with job#</b> 121184501-01		
B.	<b>Construction Classification:</b> I-B: 2 HOUR PROTECTED - NON-COMBUSTI <b>Building Occupancy Group classification:</b> B - BUSINESS <b>Multiple Dwelling Law Classification:</b> Not Available		
	<b>No.of stories:</b> 7	<b>Height in feet:</b> 147	<b>No.of dwelling units:</b> Not Available
C.	<b>Fire Protection Equipment:</b> Fire Alarm System, Sprinkler System, Standpipe System		
D.	<b>Parking Spaces and Loading Berths:</b> Open Parking Spaces: 0 Enclosed Parking Spaces: 0 Total Loading Berths: Not available		
	<b>This Certificate is issued with the following legal limitations:</b> Restrictive Declaration: None      Zoning Exhibit: None BSA Calendar Number(s): None      CPC Calendar Number(s): None		
<b>Borough Comments:</b>			

Borough Commissioner

Commissioner



### Permissible Use and Occupancy

FLOOR	Occ Group	Max. Persons Permitted	Live Loads (lbs per sq ft)	Zoning Use Group	Dwelling or Rooming Units	Job Reference	Certificate of Occupancy Type	CO Expiration Date
Cellar	B	N/A	OG	17C		102491126	Final	
Description of Use: Business and Service ACCESSORY OFFICES						Exceptions:		
Cellar	S-2	N/A	OG	17C	0	102491126	Final	
Description of Use: Storage of non combustible Materials METER & PUMP ROOM, SWITCH GEAR ROOM, MECHANICAL ROOMS, LOCKER AREAS.						Exceptions:		
Cellar	F-2	168	OG	17C		102491126	Final	
Description of Use: Mechanical and/or electrical equipment rooms TRUCKING TERMINAL, FUEL STROAGE ROOMS, ELEVATOR MACHINE ROOM.						Exceptions:		
Floor 1	M	23	100	6C		121184501	Temporary	04/07/2024
Description of Use: Retail Sales Retail						Exceptions:		
Floor 1	F-1	115	300	17C	N/A	102491126	Final	
Description of Use: Moderate-Hazard: Processing TRUCKIN TERMINAL & WHEARHOUSE, VEHICLE MAINTENANCE						Exceptions:		
Floor 1	B	N/A	50	17E		121184501	Temporary	04/07/2024
Description of Use: Business and Service LOBBY, COAT CHECK ROOM						Exceptions:		





### Permissible Use and Occupancy

FLOOR	Occ Group	Max. Persons Permitted	Live Loads (lbs per sq ft)	Zoning Use Group	Dwelling or Rooming Units	Job Reference	Certificate of Occupancy Type	CO Expiration Date
Floor 1	S-2	N/A	100	17C		121184501	Temporary	04/07/2024
Description of Use: Storage of non combustible Materials MECHANICAL ROOMS, STORAGE AND UTILITY ROOMS.						Exceptions:		
Mezzanine - 1	F-2	N/A	100	16E	N/A	121184501	Temporary	04/07/2024
Description of Use: Mechanical and/or electrical equipment rooms (CEL,MEZ) ELECTRICAL ROOM						Exceptions:		
Floor 2	B	52	50	17E		121184501	Temporary	04/07/2024
Description of Use: Business and Service ACCESSORY OFFICES						Exceptions:		
Floor 2	F-2	187	200	17C	N/A	102491126	Final	
Description of Use: Mechanical and/or electrical equipment rooms TRUCKIN TERMIAL, TRAINING ROOMS, ELEC., TELECOM, MECHANICAL ROOMS.						Exceptions:		
Floor 3	S-2	N/A	100	16e	0	121184501	Temporary	04/07/2024
Description of Use: Storage of non combustible Materials LOCKER ROOMS, STORAGE, MECHANICAL AND UTILITY ROOMS.						Exceptions:		
Floor 3	B	102	100	16e		121184501	Temporary	04/07/2024
Description of Use: Business and Service ACCESSORY OFFICES AND BREAK ROOM						Exceptions:		



### Permissible Use and Occupancy

FLOOR	Occ Group	Max. Persons Permitted	Live Loads (lbs per sq ft)	Zoning Use Group	Dwelling or Rooming Units	Job Reference	Certificate of Occupancy Type	CO Expiration Date
Floor 3	F-1	104	100	16B	0	121184501	Temporary	04/07/2024
Description of Use: Moderate-Hazard: Manufacturing AUTOMOBILE SERVICE AREA						Exceptions:		
Floor 4	S-2	N/A	100	16E	0	121184501	Temporary	04/07/2024
Description of Use: Parking Garage STORAGE OF AUTOMOBILE AND UTILITY ROOM						Exceptions:		
Floor 4	B	111	100	16B	0	121184501	Temporary	04/07/2024
Description of Use: Business and Service ACCESSORY OFFICES AND SHOWROOM.						Exceptions:		
Floor 4	F-1	214	100	16B	0	121184501	Temporary	04/07/2024
Description of Use: Moderate-Hazard: Manufacturing AUTOMOBILE SERVICE AREA						Exceptions:		
Mezzanine - 4	B	47	100	16E		121184501	Temporary	04/07/2024
Description of Use: Business and Service ACCESSORY OFFICES						Exceptions:		
Floor 5	B	395	100	9C	0	121184501	Temporary	04/07/2024
Description of Use: Business and Service ACCESSORY OFFICES-ACCESSORY TERRACE						Exceptions:		



### Permissible Use and Occupancy

FLOOR	Occ Group	Max. Persons Permitted	Live Loads (lbs per sq ft)	Zoning Use Group	Dwelling or Rooming Units	Job Reference	Certificate of Occupancy Type	CO Expiration Date
Floor 5	S-2	N/A	N/A	9C	0	121184501	Temporary	04/07/2024
Description of Use: Storage of non combustible Materials MECHANICAL AND UTILITY ROOMS						Exceptions:		
Floor 6	F-2	20	N/A	9C	0	121184501	Temporary	04/07/2024
Description of Use: Low-Hazard: Processing KITCHEN						Exceptions:		
Floor 6	A-2	1845	100	9A	0	121184501	Temporary	04/07/2024
Description of Use: Banquet A-1: WHEN USING AS A CONCERT HALL, A-2: WHEN USED AS AN EATING AND DRINKING BANQUET WITH ACCESSORY TERRACE.						Exceptions:		
Floor 7	B	280	100	9C	0	121184501	Temporary	04/07/2024
Description of Use: Business and Service OFFICES						Exceptions:		
Roof	S-2	N/A	150	16E	0	121184501	Temporary	04/07/2024
Description of Use: Storage of non combustible Materials MECHANICAL AND UTILITY ROOMS						Exceptions:		

**CofO Comments:**

Borough Commissioner

Commissioner

## Proposed Menu – Hell’s Kitchen Pickleball Club

### Appetizers

- Pickle Sampler
- Spinach & Artichoke Dip
- Nachos (Chicken / Vegetarian)
- Marcona Almonds
- Shrimp Cocktail

### Mains

- Turkey Club Sandwich
- Chicken Salad Sandwich
- Caesar Salad
- Flatbread
- Panini Rustico

### Beverages

- Sparkling Water
- Soda
- Fresh Squeezed Juice
- Domestic Beer
- Imported Beer
- Red Wine
- White Wine
- Rose Wine
- Champagne
- Coffee
- Espresso
- Latte

### Desserts

- Assorted Pastries
- Fresh Fruit Plate
- Ice Cream Sandwich

