## Manhattan Community Board 4 (All Fields Must Be Completed)

NYS Liquor License/DOT Dining Out Stipulations Application

CORPORATION NAME			DOING BU	DOING BUSINESS AS (DBA)					
Añejo LLC			Ane	jo					
STREET ADDRESS			CROSS ST	REETS			ZIP CODE	Ε	
668 10th ave			47th st	_			10036		
Applicant	NAME: John Valenti				NAME:	Max I	Bookmar	ı	
(Attach a list of all individuals that will be listed/associated	PHONE:	917-523-3079	ATTORNE REPRESE		PHONE:	212	2-513-19	88	
with the license)	EMAIL:	jp@anejonyc.com			EMAIL:	max	@pb.law		
	NAME:	Tyler Monroe			NAME:	Elaine	Bay		
MANAGER	PHONE:	1 (917) 226-1227	LANDLOR	D	PHONE:	917-	8		
	EMAIL:	tyler@anejorestaurant.com			EMAIL:	L: kengjbay@yahoo.com			
APPLICATIO	N TYP	E ( <u>x</u> New York State Li	quor Licens	e _	x Dep	ot. of Trai	nsportatio	on Dining Out)	
	Has applica	ant owned or managed a similar business?			YE	s	NO	YES	
O New	What is/wa	as the name and address of establishment?			An	ejo Tribo	eca and A	Anejo	
	What were	e the dates applicant was involved with this	former premise?		201	Anejo Tribeca and Anejo 2012-Present			
○ Corp	What is the	e license # and expiration date?		1419380-DCA 12/15/2020					
Change/Class	Is applican	nt making any alterations or operational cha	nges?	s? YES			NO	NO	
Change/Method of Operation Change/Removal	If alteration	ns or operational changes are being made, p	lease describe/list	all changes.		•			
•	What is the	e current license # and expiration date?							
<b>○</b> Alteration	Please list/o	describe the nature of all the changes and a	tach the plans:		- I				
METHOD OF	OPER	ATION							
TYPE OF ALCOH	OL	Q Liquor/Wine/Beer & Cider	C	Beer & C	Cider		O Wine/E	Beer & Cider	
		Restaurant C Cabaret	Night Club	O Hote	. Ов	ar/Tavern	O Ca	atering Establishment	
ESTABLISHMENT TYPE	Γ	Adult Entertainment	ne Bar O D	ance Club	O Spor	rts Bar	Club (Frater	nal Organization – Members Only)	
Has applicant filed applicant plan to f		SLA? If yes, when? If no, when d	oes	NO	Yes				
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 foot radius of the establishment and the Public Interest Statement.			* T T C	NO	No				
		ble? If yes, please attach a diagram worship within a 200 foot radius	* * * * * * * * * * * * * * * * * * * *	NO	No				
		MCB4 Policy Regarding of Alcoholic-Serving	YES	NO	Yes				

OPERATI	ONA	L DET	TAILS (*	Closing time will	l be wh	hen es	stablishme	nt is vac	cated of	all p	atrons)				
		MONDAY		TUESDAY	7	WE	DNESDAY	THUI	RSDAY	F	RIDAY	SA	TURDAY	SI	JNDAY
HOURS			12pm-10pm	12pm -11pm		12pm-11pm		12pm-	12am	12 m		11:30am- 1am		11:30	am-10pm
of Operation	Out	doors	12pm-9pm	12pm-10pm		12рі	m-10pm	12pm-1	0pm	12p	m-10pm	11:3	30am-10pm	11:30	am-10pm
•	Kitc	hen	12pm-10pm	12pm -11pm		12pm	n-11pm	12pm-	12am	12p	m-12am	11:3	0am-12am	11:30	am-10pm
	Mus (indoo		12pm-10pm	12pm -11pm			n-11pm	12pm-	12am	12pm-12am		11:30am-12am		11:30am-10pm	
If yes, what type (Circle all that a				BACKGRO	UND	LI	IVE MUSIC	]	DJ	Л	UKE BOX		KAl	ARAOKE	
						occ	CUPANCY								
		Purs Cert	acity uant to ificate of ipancy	Maximum Occupancy (Including Employees)	Num of Tal		Number of Seats		mber of e-Only Bar	rs .	Number Stand-Up		Number of at Stand-U <sub>I</sub>		
INSIDE															
OUTSIDE (Rooftop/Rear Yard/Patio/Terr /Garden; within the premises)															
DOT Dining Out: Sidewal Cafe	k				20		40								
DOT Dining ( Roadway	Out:														
How frequent	ly will	the own	er(s) be at the	ne establishment?	,										
Will there be o	lancing	g?						YES	NO						
Will applicant wine?	have b	oottle or	table servic	e for alcohol bev	erages	other	than	YES	NO						
	be hos	sting pri	vate promot	ional or corporate	e event	ts?		YES	NO						
Will outside p	romote	ers be us	ed on a regu	lar basis? If yes,	please	desci	ribe.	TES	NO						
Will applicant	have a	a securit	y plan? If yo	es, please attach.				YES	<b>(</b>						
Will security p	olan be	implem	ented?					YES	NO	]	N/A				
Will State certified security personnel be used?							YES	NO	1	NO					
Will New York Nightlife Association and NYPD Best Practices be followed?						llowed?	YES	NO		N/A					
Does applican operation?	t agree	to notif	y MCB4 pri	or to making cha	nges to	o its n	nethod of	YES	NO						
				? If yes, how mat parked when pick			veries?	YES	No						

Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly marked with the name as described by NYC Law?	YES	NO	N/a	
Where will applicants' own delivery bicycles be parked when not making deliveries?	N/a			
If applicant is using third party delivery service, where will third party delivery bicycles park?	On curb			
Where will applicant store its garbage containers when not in use?	47th st next to building			
Where will applicant lay out garbage containers and at what time?	10th A	ve at 12	am	

LOCATION & ZONING	$\overline{}$		
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	Letter of No Objection
Is a Public Assembly permit required?	YES	NO	NO
Are your plans filed with DOB?	YES	NO	Yes
What is the zoning designation for this location?	Соі	mmercia	al

Community Notification/Relations									
NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential	# 1	Elke fears	Elke fears						
	# 2								
buildings; and community groups that applicant has notified regarding its application. For each,	# 3								
please list both the organization and individual you contacted.	# 4								
·	# 5								
When did applicant post the notice that	was prov	vided?	8/28/24						
Where did applicant post the notice that	was pro	vided?	Restaurant window and light posts						
Please provide dates when applicant me above.	et with th	e groups listed	8/29/	24					
Who was your contact person at each gr	roup you	met with?	Elko	Foor					
Will applicant provide a cell phone nun to complaints that arise? If yes, please p		eighbors and respond	Elke	rears	NO				
Will applicant inform the Community I and/or provide a hyperlink to applicant			gs	YES	NO h	ttps://www.anejonyc.com/jobs			

MULTIPLE S	PACES/FLOOI	RS BREAKD	OWN					
Space/Floor	Description/ Use of Space	Capacity	Hours	# of Tables	# of Seats	# of Service- Only Bars	# of Stand-Up Bars/Seats at Bar	Music

BUILDING DESIGN						
State the name and type of business previously located in the space.		Same business pre covid				
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO	Yes			
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	No			
Has the applicant/owner(s) read MCB4 ADA Guidelines Memo?	YES	NO	Yes			
Is the entrance ADA Compliant?	YES	NO	Yes			
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	No			
Will applicant have a vestibule within the establishment?	YES	NO	No			
Will applicant use a storm enclosure?	YES	NO	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	Yes			
Will applicant comply with the NYC noise code?	YES	NO	Yes			
Will the establishment have any of the following: (circle all that apply)	FREN	CH DOOR	S 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	Yes			
Will applicant close all windows, French doors, garage doors by 11 p.m. Friday and Saturday and 10 p.m. on all other days even if no music or amplified sound is played inside the establishment?	YES	NO	Yes			
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	NO	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?	YES	NO	N/a			
Will the kitchen exhaust system extend to the roof?	YES	NO	Yes			
Will the establishment have an illuminated sign?	YES	NO	No			
Will the establishment have a pole-supporting canopy extending over the sidewalk?	YES	NO	Yes			
Where will the air conditioner be located? What type is it?						
When was the air conditioner installed?						

OUTDOOR PRIVATE PROPERTY – ROOFTOP, REAR YARD, TERRACE								
Has the applicant/owner(s) read MCB4 Rear Yard Rooftop Policy?	YES	NO						
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck, gazebo? 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 11 p.m. on Friday & Saturday and 10 p.m. 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 prohibit patrons from drinking in any outdoor space(s)?	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						

DEPARTMENT OF TRANSPORATION DINING OUT: SI	DEWA	ALK	
Has the applicant read MCB4 Sidewalk Café Policy?	YES	NO	
Will applicant be applying for sidewalk seating now or in the future?	YES	NO	
If you answered no to the question above, jump to the next page			
Did applicant submit an application and dimension site plan at scale to NYC Dept. of Transportation? Please attach a copy of application and plans.	YES	NO	
Will applicant close and vacate the sidewalk and roadway seating by 11 p.m. on Friday & Saturday and 10 p.m. on all other days?	YES	) NO	
Will applicant respect trees and tree pits and insure the health of the tree?	YES	NO	
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	
Will applicant prohibit patrons from drinking in any outdoor space(s) or adjacent sidewalk?	YES	) NO	
Will applicant permit NO wait lines or smoking outside?	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 there be a staff person responsible to ensure no loitering, noise or crowds outside?	YES	NO	
Will applicant agree not to use propane heaters?	YES	NO	
Will applicant agree to abide by all applicable fire codes, including not blocking fire escapes?	YES	NO	
Will the outdoor dining deposit its garbage in a container on the parking lane?	YES	No	
Will the café have a 3 foot-wide serving aisle running the entire length of the sidewalk seating?	YES	NO	
Will the sidewalk seating have a platform?	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 there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	
Will the sidewalk seating block subway grate, utility hardware or Siamese water connection?	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 closes obstruction including construction barricades?			<del>/</del>

DEPARTMENT OF TRANSPORATION DINING OUT: RO	ADW	AY	
Did applicant submit an application and dimension site plan at scale to NYC Dept. of Transportation? Please attach a copy of application and plans.	YES	NO	
If you answered no to the question above, jump to the next page			
Will the roadway structure extend on top of the curb or pedestrian refuge? By how much?	YES	NO	
Will the roadway structure have an ADA compliant ramp (not in the bike lane)?	YES	NO	
Will the roadway structure extend in the striped zone along the bike lane? By how much?	YES	NO	
Will the electric wires be brought over at the roof level?	YES	NO	
Will applicant dismantle and dispose of a shed that is no longer in use, along with its furniture?	YES	NO	
Will there be no music or amplifies sound in any outdoor seating, as per law?	YES	NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	
Will applicant close and vacate the sidewalk and roadway seating by 11 p.m. on Friday & Saturday and 10 p.m. on all other days?	YES	NO	
Will the Outdoor Dining Sidewalk & Roadway provide no standing space for drinking or smoking?	YES	NO	
Will the service and consumption of alcohol in the Outdoor Dining Sidewalk/Roadway only be via seated food service?	YES	NO	
Will applicant prohibit patrons from drinking in any outdoor space(s) or adjacent sidewalk?	YES	NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	
Will applicant permit NO wait lines or smoking outside?	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 respect trees and tree pits and insure the health of the tree?	YES	NO	
Will applicant permit NO wait lines or smoking outside?	YES	NO	
Will there be a staff person responsible to ensure no loitering, noise or crowds outside?	YES	NO	
Will applicant agree not to use propane heaters?	YES	NO	
Will the outdoor dining deposit its garbage in a container on the parking lane?	YES	NO	

ADDITIONAL STIPULATIONS: (Office Use Only)
To the extent any additional stipulation on pages 9 and 10 of this application conflicts with any response on
pages 1 – 11 of this application, the stipulations on pages 9 and 10 control.

ADDITIONAL STIPULATIONS: (Office Use Only), Continued								
To the extent any add				n conflicts with any i	response on			
ages 1 – 11 of this a	pplication, the stipu	ulations on pages	9 and 10 control.					

## Manhattan Community Board 4 (MCB4) recommends:

(MCB4's recommendation is based on a vote taken at its
October 1, 2024 full board meeting, with 38 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	
O Denial O Approval	

## MCB4 REPRESENTATIVES

Nelly Gonzalez

MCB4 Assistant District Manager

Frank Holozubiec

MCB4 BLP Committee Co-Chair

Burt Lazarin

MCB4 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 representatives and applicant. These stipulations supersede any oral statements, representations, or prior iterations in connection with this application.

SIGN HERE

Tyler Monroe

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE 8/28/24