Manhattan Community Board 4

NYS Liquor License/DOT Dining Out Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME	DOING BUSINESS AS (DBA)
LA NACIONAL CAFE, LLC	

STREET ADDRESS	CROSS STREETS	ZIP CODE
239 W 14TH STREET	BETWEEN 7TH & 8TH AVENUES	10011

Applicant *(Attach a list of all individuals that will be listed/associated with the license)*	**NAME:**	Robert Sanfiz	**ATTORNEY/ REPRESENTATIVE**	**NAME:**	
	PHONE:	2129297873		**PHONE:**	
	EMAIL:	hola@lanacional.org		**EMAIL:**	
MANAGER	**NAME:**		**LANDLORD**	**NAME:**	
	PHONE:			**PHONE:**	
	EMAIL:			**EMAIL:**	

APPLICATION TYPE *(___ New York State Liquor License X__ Dept. of Transportation Dining Out)*

☒ **New**	Has applicant owned or managed a similar business?	**YES**	**NO**	
	What is/was the name and address of establishment?	N/A		
	What were the dates applicant was involved with this former premise?	N/A		
○ **Corp Change/Class Change/Method of Operation Change/Removal**	What is the license # and expiration date?			
	Is applicant making any alterations or operational changes?	**YES**	**NO**	
	If alterations or operational changes are being made, please describe/list all changes.			
○ **Alteration**	What is the current license # and expiration date?			
	Please list/describe the nature of all the changes and attach the plans:			

METHOD OF OPERATION

TYPE OF ALCOHOL	☒ Liquor/Wine/Beer & Cider ○ Beer & Cider ○ Wine/Beer & Cider
ESTABLISHMENT TYPE	☒ Restaurant ○ Cabaret ○ Night Club ○ Hotel ○ Bar/Tavern ○ Catering Establishment ○ Adult Entertainment ○ Wine Bar ○ Dance Club ○ Sports Bar ○ Club (Fraternal Organization – Members Only)

Has applicant filed with the SLA? If yes, when? If no, when does applicant plan to file?	**YES**	**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.	**YES**	**NO**	NO
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship within a 200 foot radius of the establishment.	**YES**	**NO**	NO
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	**YES**	**NO**	YES

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

HOURS of Operation		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Indoors	CLOSED	4pm-11pm	4pm-11pm	4pm-11pm	4pm-11pm	12 pm-11pm	12 pm-11pm
	Outdoors	CLOSED	4pm-11pm	4pm-11pm	4pm-11pm	4pm-11pm	12 pm-11pm	12 pm-11pm
	Kitchen	CLOSED	4pm-11pm	4pm-11pm	4pm-11pm	4pm-11pm	12 pm-11pm	12 pm-11pm
	Music (indoors)	CLOSED	4pm-11pm	4pm-11pm	4pm-11pm	4pm-11pm	12 pm-11pm	12 pm-11pm

If yes, what type(s)? (Circle all that apply)	BACKGROUND	LIVE MUSIC	DJ	JUKE BOX	KARAOKE

OCCUPANCY

	Capacity Pursuant to Certificate of Occupancy	Maximum Occupancy (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	70	70	19	70	1	1	6	
OUTSIDE *(Rooftop/Rear Yard/Patio/Terrace /Garden; within the premises)*	10	10	5	10	0	0	0	
DOT Dining Out: Sidewalk Cafe								
DOT Dining Out: Roadway			6	12	NO			

How frequently will the owner(s) be at the establishment?			Always
Will there be dancing?	YES	NO	NO
Will applicant have bottle or table service for alcohol beverages other than wine?	YES	NO	YES
Will applicant be hosting private promotional or corporate events?	YES	NO	NO
Will outside promoters be used on a regular basis? If yes, please describe.	YES	NO	NO
Will applicant have a security plan? If yes, please attach.	YES	NO	NO
Will security plan be implemented?	YES	NO	NO
Will State certified security personnel be used?	YES	NO	NO
Will New York Nightlife Association and NYPD Best Practices be followed?	YES	NO	YES
Does applicant agree to notify MCB4 prior to making changes to its method of operation?	YES	NO	YES
Will applicant be using delivery bicycles? If yes, how many? Please describe where delivery bicycles will be parked when picking up deliveries?	YES	NO	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?	N/A		
Where will applicant store its garbage containers when not in use?	We have pickup 7 days a week		
Where will applicant lay out garbage containers and at what time?	In front of our building, at 10 pm		

LOCATION & ZONING

Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	NO
Does the building have a Certificate of Occupancy ("C of O") or a Letter of No Objection?	YES	NO	YES
Is a Public Assembly permit required?	YES	NO	YES
Are your plans filed with DOB?	YES	NO	YES
What is the zoning designation for this location?	Chelsea, Zone 3		

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**	Council Chelsea Block Association / Sally Greenspan
	# 2	Village Preservation/The Greenwich Village Society for Historic Preservation / Andrew B
	# 3	2324 Chelsea Tenants Association / Thuy Pham
	# 4	Highline537 / Scott Hupe
	# 5	We notified all block/tenant association & community groups list provided by CB4

When did applicant post the notice that was provided?	8/22/2025		
Where did applicant post the notice that was provided?	On all light poles on the street		
Please provide dates when applicant met with the groups listed above.	We reached out via email on 8/29		
Who was your contact person at each group you met with?	Robert Sanfiz		
Will applicant provide a cell phone number to neighbors and respond to complaints that arise? If yes, please provide.	YES	NO	No, but we will provide the Society's number
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicant's jobs webpage?	YES	NO	Yes, if requested

MULTIPLE SPACES/FLOORS 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
Restaurant floor	Dining area	70	12 pm-11pm	19	70	1	6	yes
Parlor floor	Community event space	100	12 pm-4pm	19	100	1		yes
Outdoors	Dining area	12	12 pm-11pm	6	12	0	0	yes

BUILDING DESIGN			
State the name and type of business previously located in the space.	N/A		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO	NO
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)	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	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	YES
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	YES
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	NO
Where will the air conditioner be located? What type is it?	In our backyard. Split-air unit		
When was the air conditioner installed?	About 20 years ago		

OUTDOOR PRIVATE PROPERTY – *ROOFTOP, REAR YARD, TERRACE*			
Has the applicant/owner(s) read MCB4 Rear Yard Rooftop Policy?	**YES**	**NO**	YES
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck, gazebo? If yes, which one(s)?	**YES**	**NO**	YES
Are the floorplans for the outdoor space(s) included?	**YES**	**NO**	YES
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**	YES
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	**YES**	**NO**	YES
Will applicant prohibit patrons from drinking in any outdoor space(s)?	**YES**	**NO**	NO
Will there be no amplified music, as per the law?	**YES**	**NO**	YES
If amplified sound is played inside the establishment, will windows and doors be closed?	**YES**	**NO**	YES
Will applicant agree to post signs outside asking customers to respect the neighbors?	**YES**	**NO**	YES
Will applicant agree to train staff to encourage a peaceful environment?	**YES**	**NO**	YES
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants; apartments)	**YES**	**NO**	YES
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	**YES**	**NO**	YES

DEPARTMENT OF TRANSPORATION DINING OUT: SIDEWALK			
Has the applicant read MCB4 Sidewalk Café Policy?	YES	NO	YES
Will applicant be applying for sidewalk seating now or in the future?	YES	NO	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?			

DEPARTMENT OF TRANSPORATION DINING OUT: ROADWAY			
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	YES
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	No, except potentially for ADA ramp
Will the roadway structure have an ADA compliant ramp (not in the bike lane)?	YES	NO	YES
Will the roadway structure extend in the striped zone along the bike lane? By how much?	YES	NO	NO
Will the electric wires be brought over at the roof level?	YES	NO	YES
Will applicant dismantle and dispose of a shed that is no longer in use, along with its furniture?	YES	NO	YES
Will there be no music or amplifies sound in any outdoor seating, as per law?	YES	NO	YES
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	YES
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	YES
Will the Outdoor Dining Sidewalk & Roadway provide no standing space for drinking or smoking?	YES	NO	NO
Will the service and consumption of alcohol in the Outdoor Dining Sidewalk/Roadway only be via seated food service?	YES	NO	YES
Will applicant prohibit patrons from drinking in any outdoor space(s) or adjacent sidewalk?	YES	NO	YES
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	YES
Will applicant permit NO wait lines or smoking outside?	YES	NO	YES
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 respect trees and tree pits and insure the health of the tree?	YES	NO	YES
Will applicant permit NO wait lines or smoking outside?	YES	NO	YES
Will there be a staff person responsible to ensure no loitering, noise or crowds outside?	YES	NO	YES
Will applicant agree not to use propane heaters?	YES	NO	YES
Will the outdoor dining deposit its garbage in a container on the parking lane?	YES	NO	YES

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 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.

Manhattan Community Board 4 (MCB4) recommends: *(MCB4's recommendation is based on a vote taken at its* 09/30/25 *full board meeting, with* 33 *members voting in favor of the recommendation,* 2 *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

MCB4 REPRESENTATIVES

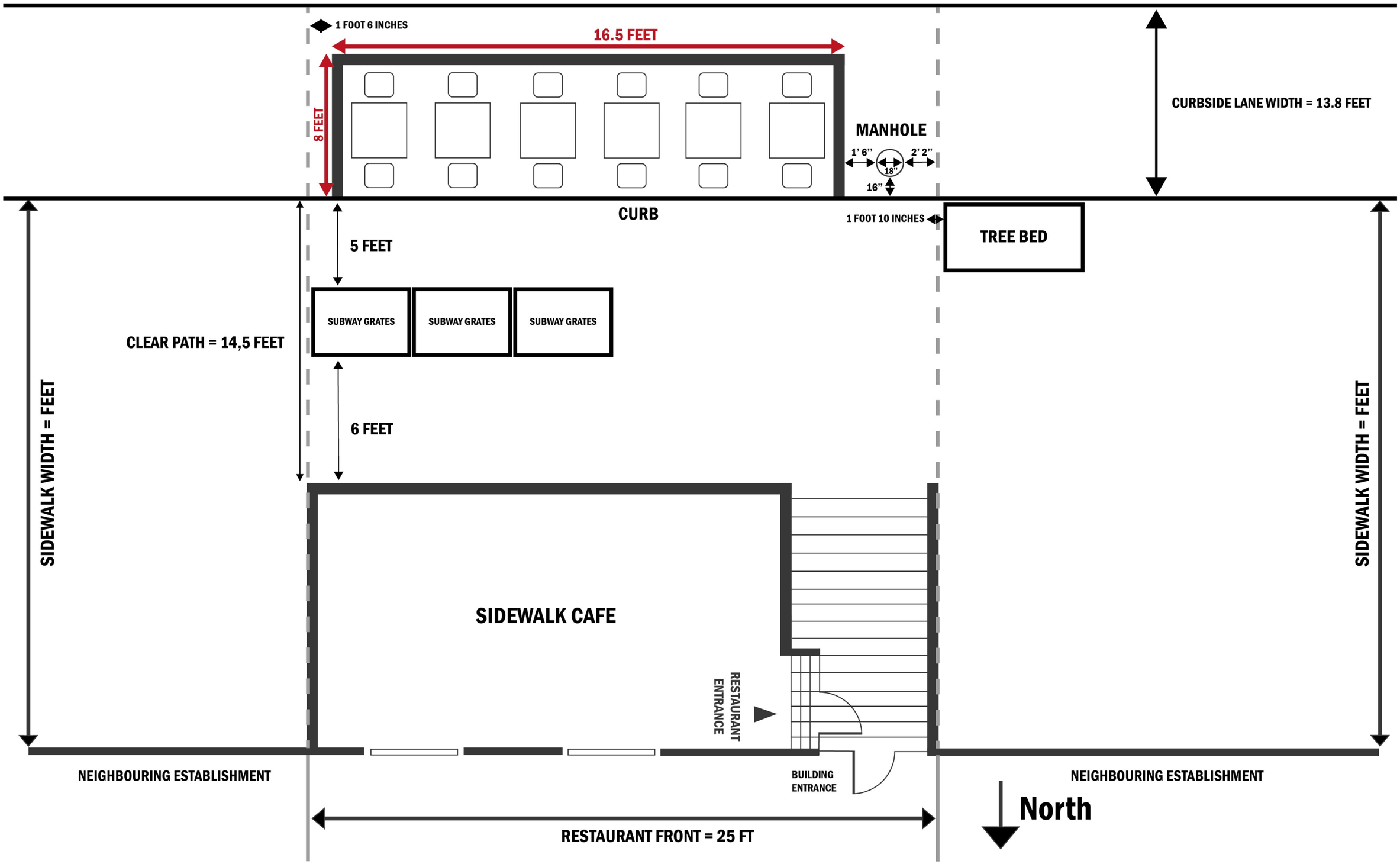
Nelly Gonzalez *MCB4 Assistant District Manager*	**Frank Holozubiec** *MCB4 BLP Committee Co-Chair*	**Wendy Gonzalez** *MCB4 BLP Committee Co-Chair*

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 →	ROBERT SANFIZ **PRINT NAME OF APPLICANT**	**SIGNATURE OF APPLICANT**	8/29/2025 **DATE**

NEW YORK STREET



SPANISH
BENEVOLENT
SOCIETY

SPANISH
BENEVOLENT
SOCIETY

FRIEDRICH
239

LA NACIONAL
WIZE GIZE
Walk Ins Welcome
Appointments Recommended
kiwa
212-620-3846

FRIEDRICH
LA NACIONAL