Manhattan Community Board 4 (All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME			DOING BUSINESS AS (DBA)						
Tor Restaura	int LLC		Meme Mediterranean						
STREET ADDRESS)		CROSS STREETS			ZIP CODE			
607 Tenth Avenue			West 43rd &	44th Stre	eets	10036			
OWNER	NAME:	Yakov Cohen		NAME:	Robert S	Bookman			
(Attach a list of all the people that will be associated listed with the license)	PHONE:	917-945-2327	ATTORNEY/ REPRESENTAIVE	PHONE:	212-513	-1988			
	EMAIL:	jacobcohen581@gmail.com		EMAIL:	rbookma	n@pandblegal.com			
	NAME:	Zion Alon Cohen		NAME:	Rudolf B	rillant Alonzo			
MANAGER	PHONE:	917-609-4474	LANDLORD	PHONE: 917-971-6127					
	EMAIL:	mememediterranean@gmail.com		EMAIL:					
APPLICATION	ON TYP	E (Check One) N/A - An A	opplication for a	an Unend	closed Sid	ewalk Cafe			
	Has applicar	nt owned or managed a similar business?		YE	s	NO			
O New	What is/was	the name and address of establishment?							
	What were th	ne dates applicant was involved with this former premi	se?						
	What is the p	rior license # and expiration date?							
Transfer Transfer	Is applicant making any alterations or operational changes?				s	NO			
	If alterations	or operational changes are being made, please descr	ibe/list all changes.						
Alteration	What is the c	urrent license # and expiration date?							
	Please list/de	escribe the nature of all the changes and attach the pla	ans: 🗘 🐧 () J1	At WA	ive card y c			
METHOD OI	OPER	ATION N/A - An Applicatio	on for an Unen	closed S	idewalk C	afe			
TYPE OF ALCOH	OL	C Liquor/Wine/Beer	O Beer		(Wine & Beer			
ESTABLISHMENT TYPE Restaurant Cabaret Cabare				,	ar/Tavern	Catering Establishment			
Has applicant/owner filed with the SLA? If yes, when? If no, when do			" Dance Club	◯ Spor	rts Bar () C	lub (Fratemal Organization – Members Only)			
you plan to file?			YES NO						
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.			YES NO						
Is the 200 Foot Rule schools and houses		? If yes, please attach a diagram of the that trigger the rule.	YES NO						
	(s) read MC	CB4 Policy Regarding Concentration and	YES NO						

		MONDA	Y TUESD	ΑY	W	'EDNESDAY	3341	URSDAY		FRIDAY	SAT	TURDAY	s	UNDAY
HOURS*	Operation	12pm-12	am 12pm-12a	am	12	!pm-12am	12pı	m-12ar	n 1	2pm-12am	10a	m-12am	10aı	m-11pm
(Indoor Only)	Kitchen													
	Music												***************************************	
f you plan to ha Circle all that a	ave music, what noly)	type(s)?	BACKGR	OUND	3 (1)	LIVE MUSIC		DJ		JUKE BOX		KA)	RAOKI	ß
	11 37					OCCUI	PANCY		1					
	Capaci (Certific of Occupa	eate	Maximum # of Persons You Anticipate Occupying Premises (Including Employees)	Numl of Tai		Number of Seats		oer of Ser Only Bars	vice	Number a Stand-Up B		Number of at Stand-U _I		
NSIDE														
OUTSIDE Other than idewalk café)														
SIDEWALK CAFÉ	16		16	8	***************************************	16			*******			***************************************		
low many floors	are there? Wh	at is the cap	acity for each floo	or?			1 plus basement for storage							
low frequently v	vill the owner(s)	be at the es	tablishment?						•••••					
Vill you be apply nere be dancing		to apply for	a cabaret license	with DC	A? If	yes, will	YES	0			***************************************	***************************************		***************************************
/ill applicant ha	ve bottle or table	e service for	beverage alcoho	l?			YES	(~~~~
/ill you be hosti	ng private; prom	notional or co	orporate events?				YES	0						
'ill outside prom	noters be used o	on a regular	basis? If yes plea	se descri	be.		YES	0						
/ill you have a s	ecurity plan? If,	yes please	attach.				YES	0						
ill security plan	be implemente	ď?					YES	NO	N	/A				
Will State certified security personnel be used?						YES	NO	N/	A					
Will New York Nightlife Association and NYPD Best Practices be followed?						YES	NO.	N/	Ά					
Will applicant be using delivery bicycles? If yes, how many?						YES	0							
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	N/	′ A						
horo will dolivo	ri biovolgo bo of	arad durina	the day when not	0				N/A						· · · · · · · · · · · · · · · · · · ·

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	Ø	NO	Clinton
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	Ø	NO	
Is a Public Assembly permit required?	YES	Ø	
Are your plans filed with DOB?	YES	NO	

Community Notification/Relat	ions			5.00	
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 wi	th the group	s listed above.	*************************		
Who was your contact person at each group	you met wi	th?			
When did applicant post the notice that was	provided?				
Where did applicant post the notice that was	provided?				
Will applicant provide owner cell phone num complaints that arise? Please provide numb)	YES	NO
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?				YES	NO NO

BUILDING DESIGN N/A				
State the name and type of business previously located in the space.				
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	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		
Will applicant not place any items or obstructions on the sidewalk, for example, 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)	FREN	CH 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		
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		
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, including placing speakers on the floor of the establishment?	YES	NO		
Will the kitchen exhaust system extend to the roof?	YES	NO		
Will the establishment have an illuminated sign?	YES	NO		
Will the establishment have a canopy extending over the sidewalk?	YES	NO		
Where will the air conditioner be located? What type is it?				
When was the air conditioner installed?				

OUTDOOR ITEMS - OTHER THEN 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 or 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 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)?	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

OUTDOOR ITEMS – SIDEWALK CAFÉ					
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	O s	NO			
Will applicant be applying for a sidewalk café now or in the future?	0	NO			
Is applicant in this application seeking to include a sidewalk café in its liquor license?	Ø.	NO			
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	0	NO			
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	YES)no	yes	900	
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	Ø	NO.			
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	a	NO			-
Will applicant mark the perimeter of the café on the sidewalk?	Ø	NO.			
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	Ø	NO			
Will the sidewalk café not provide standing space for drinking or smoking?	۱Q	NO			
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	0			
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	0	NO			
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	Ø	NO			
Will all furniture be stored inside between December 21st and March 21st, and any other day when it rains or snows?	10	NO			
Will applicant use umbrellas?	YES	<u>_</u>			
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 closes obstruction including construction barricades?	O s	NO			

ADDITIONAL STIPULATIONS: (Office Use Only)		
·		
To the extent any additional stipulation on pages 7 and 8 of the pages 1 – 6 of this application, the stipulations on pages 7 and	is application conflicts with any response on d 8 control.	
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ADDITIONAL STIPULATIONS: (Office Use Only), Continued					
To the extent any additional stipulation on pages 7 and 8 of this appared 1 — 6 of this application, the stipulations on pages 7 and 8 of	oplication conflicts with any response on				
ages 1 – 6 of this application, the stipulations on pages 7 and 8 control.					

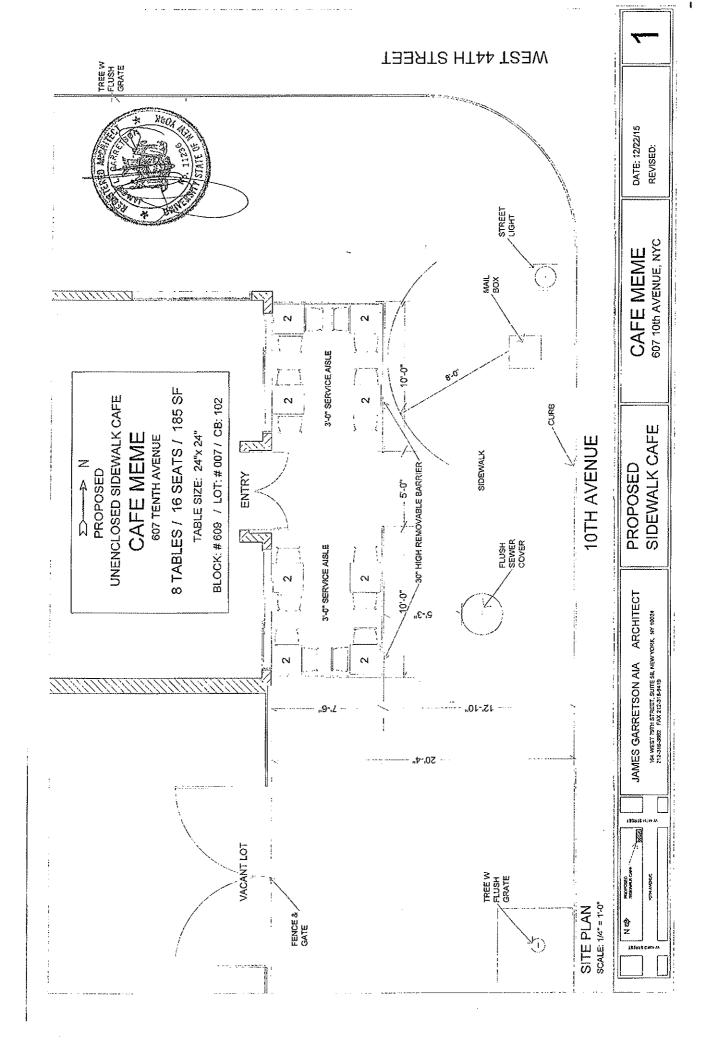
Manhattan Community Board 4 (MCB4) recommends:	Denial unless all stipulations agreed to by applicant/owner are part of the method of operation Denial Approval				
CB4 REPRESENTATIVES						
Nelly Gonzalez CB4 Assistant District Manager	Franc Holozubiec CB4 BLP Committee Co-Chair		Burt Lazarin CB4 BLP Committee Co-Che	air		
APPLICANT AGREEMENT WI	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.						
SIGN HERE	Yakov Cohen	gh		01/06/2016		

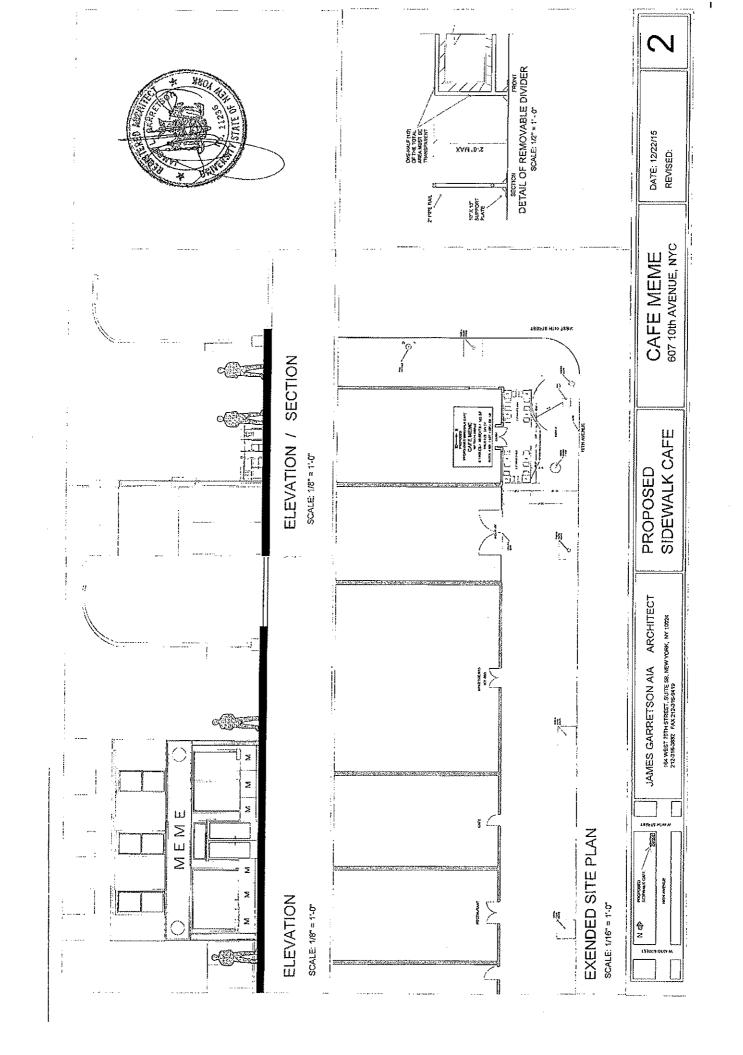


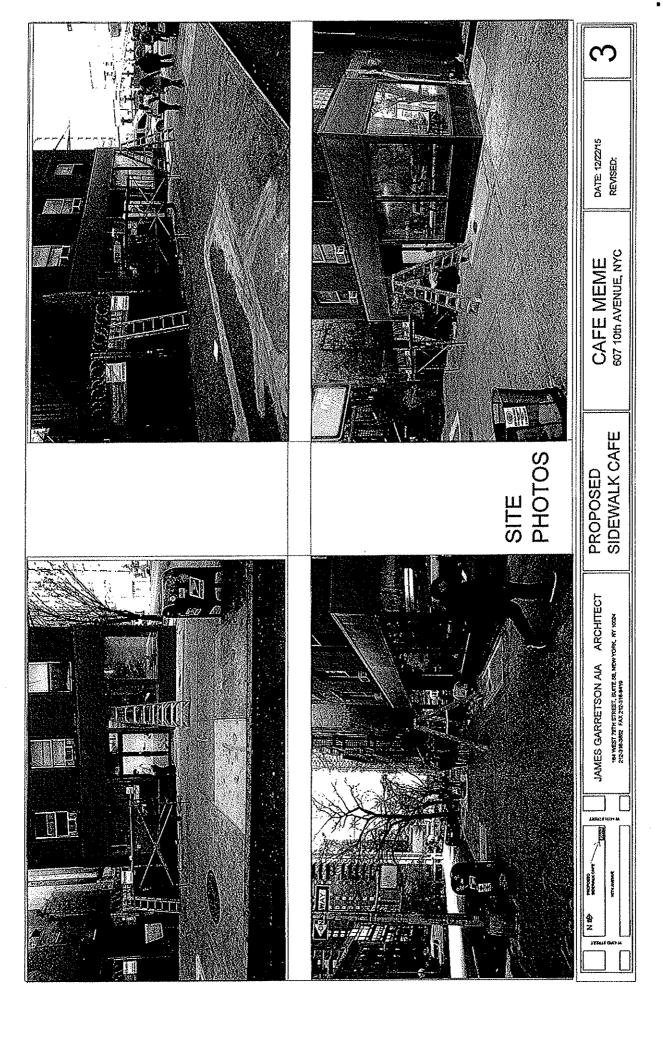
PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE









LICENSING CENTER
42 Broadway, 5th floor
New York, NY 10004
Monday-Friday: 9:00 a.m.-5:00 p.m.
Wednesday: 8:30 a.m.-5:00 p.m.
www.nyo.gov/consumers

SIDEWALK CAFÉ COMPLIANCE CHECKLIST

Applicants must answer a series of questions to demonstrate that the café meets City requirements. Please answer all questions and sign the Checklist.

1.	Is there a minimum of 12 feet of sidewalk space for entire length of the property?	the TYes I No
2.	Will your café be at an address zoned for the type of sidewalk café you plan to operate?	Yes 🗆 No
	u answered "No" to question 1 or 2, you cannot agication process.	ply for a Sidewalk Café license and must stop the
3.	Sidewalk Café Business Name:	Tor Restaurant LLC
4.	Sidewalk Café Type: Check all that apply.	□ Enclosed □ Small Unenclosed □ Unenclosed
5,	Application Type:	√ New □ Renewal
		☐ Assignment (Consent assigned by previous owner more than 90 days before expiration date)
		☐ Modification (Changes to an existing consent)
6.	Maximum number of tables in your café:	8
7.	Maximum number of chairs in your café:	16
8,	Block Number:	1072
9.	Lot Number:	<u> 36</u>
10.	Community Board Number:	<u> </u>
11.	Will your café be on the same level as the adjoining sidewalk? (Unenclosed and Small unenclosed only)	Yes DNo

12.	Is your oafé in a historic district or in or adjacent to a landmarked building or district?	□ Yes □ No
	 a. If Yes, have you applied to the Landmarks Preservation Commission (LPC) for approval to operate your café? t. If Yes, have you received approval from LPC to operate your café? 	□Yes □No
Side	ewalk Café Business Information	Λ
13.	Sidewalk Café Business Address:	Men John Huenna Men John Ny 100310
14.	Is there an alternate entrance to your sidewalk café with a different address than your business address? If Yes, please enter address:	□ Yes ⊅No
Side	walk Café Architect or Engineer Information	- ^ ſ
15.	Full Name of Architect or Engineer:	James Gandson
16.	Business Name of Architect or Engineer:	James Garrelson Architects
17.	Address:	139 Broadway - State 1110 New York, Mr 1000le
18.	Telephone Number:	212-316-3882
19.	Fax Number (optional):	212-316-9419
20.	E-mail Address:	Igaoti @ asl. wm
Side	walk Café Applicant's Signature	Print Name
Title	Managing Member	12 10 15 Date