

Manhattan Community Board 4

Liquor License/Sidewalk Cafe Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME		DOING BUSINESS AS (DBA)	
FT 862 LLC		Bar Veloce	
STREET ADDRESS		CROSS STREETS	ZIP CODE
862 9th Avenue		corner of W 56th Street	10019
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME: Frederick Twomey	ATTORNEY/ REPRESENTAIVE	NAME: Robert S Bookman, Esq.
	PHONE: 917-834-1687		PHONE: 212-513-1988
	EMAIL: frederick@barveloce.com		EMAIL: rbookman@pandblegal.com
MANAGER	NAME: TBD	LANDLORD	NAME: 862 9th Ave Associates LLC
	PHONE:		PHONE: 718-542-7700
	EMAIL:		EMAIL: E.tempest1@gmail.com
APPLICATION TYPE (Check One)			
<input checked="" type="checkbox"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
	What is/was the name and address of establishment?	See Attached Rider	
	What were the dates applicant was involved with this former premise?		
<input type="checkbox"/> Corp Change/Class Change/Removal	What is the license # and expiration date?		
	Is applicant making any alterations or operational changes?	<input type="radio"/> YES	<input type="radio"/> NO
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input type="checkbox"/> Alteration	What is the current license # and expiration date?		
	<i>Please list/describe the nature of all the changes and attach the plans:</i>		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input checked="" type="checkbox"/> Liquor/Wine/Beer & Cider <input type="checkbox"/> Beer & Cider <input type="checkbox"/> Wine/Beer & Cider		
ESTABLISHMENT TYPE	<input type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Adult Entertainment <input checked="" type="checkbox"/> Wine Bar <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Club (Fraternal Organization – Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	<input type="radio"/> YES	<input checked="" type="radio"/> 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.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)								
HOURS* (Indoor Only)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	5pm-1am	5pm-1am	5pm-1am	5pm-1am	5pm-2am	5pm-2am	5pm-1am
	Kitchen	SAA	SAA	SAA	SAA	SAA	SAA	SAA
	Music	SAA	SAA	SAA	SAA	SAA	SAA	SAA
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 You Anticipate 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	
INSIDE		124	16	82	0	2	32	
OUTSIDE (Other than sidewalk café)		NA	NA	NA	NA	NA	NA	
SIDEWALK CAFÉ		NA	NA	NA				
How many floors are there? What is the capacity for each floor?					1st Floor and Basement			
How frequently will the owner(s) be at the establishment?					At all times			
Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?					YES	<input checked="" type="checkbox"/>		
Will applicant have bottle or table service for beverage alcohol?					YES	<input checked="" type="checkbox"/>		
Will you be hosting private; promotional or corporate events?					YES	<input checked="" type="checkbox"/>		
Will outside promoters be used on a regular basis? If yes please describe.					YES	<input checked="" type="checkbox"/>		
Will you have a security plan? If, yes please attach.					YES	<input checked="" type="checkbox"/>		
Will security plan be implemented?					YES	<input checked="" type="checkbox"/>		
Will State certified security personnel be used?					YES	<input checked="" type="checkbox"/>		
Will New York Nightlife Association and NYPD Best Practices be followed?					<input checked="" type="checkbox"/>	NO		
Will applicant be using delivery bicycles? If yes, how many?					YES	<input checked="" type="checkbox"/>		
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	<input checked="" type="checkbox"/>		
Where will delivery bicycles be stored during the day when not in use?					Not Applicable			

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

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	A mass email was sent to all the block associations/organization contacts	
	# 2	on the list provided by the CB	
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.		Not Applicable: Mass email sent on 8/23/2017	
Who was your contact person at each group you met with?		See Above	
When did applicant post the notice that was provided?		8/21/2017	
Where did applicant post the notice that was provided?		Front of Premises	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO 917-834-1687
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

BUILDING DESIGN			
State the name and type of business previously located in the space.	Ralph's Restaurant		
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="checkbox"/>	NO	Ralph's Restaurant
Do you plan any changes to the existing façade? If yes, please describe.	YES <input checked="" type="checkbox"/>	NO	adding French doors
Will applicant have a vestibule within the establishment?	YES	NO <input checked="" type="checkbox"/>	
Will applicant use a storm enclosure?	YES	NO <input checked="" type="checkbox"/>	
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 <input checked="" type="checkbox"/>	NO	
Will applicant comply with the NYC noise code?	YES <input checked="" type="checkbox"/>	NO	
Will the establishment have any of the following: (circle all that apply)	FRENCH DOORS <input checked="" type="checkbox"/>	GARAGE DOORS	WINDOWS THAT CAN BE OPENED <input checked="" type="checkbox"/>
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	YES <input checked="" type="checkbox"/>	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 <input checked="" type="checkbox"/>	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="checkbox"/>	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 <input checked="" type="checkbox"/>	NO	
Will the kitchen exhaust system extend to the roof?	YES	NO <input checked="" type="checkbox"/>	
Will the establishment have an illuminated sign?	YES <input checked="" type="checkbox"/>	NO	
Will the establishment have a canopy extending over the sidewalk?	YES <input checked="" type="checkbox"/>	NO	
Where will the air conditioner be located? What type is it?	rooftop, central air		
When was the air conditioner installed?	2017		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ	Not Applicable	
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	Not Applicable	
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 closes obstruction including construction barricades?	YES	NO

ADDITIONAL STIPULATIONS: (Office Use Only)

- All windows and french doors will close no later than 7 p.m. nightly

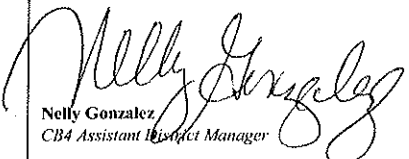

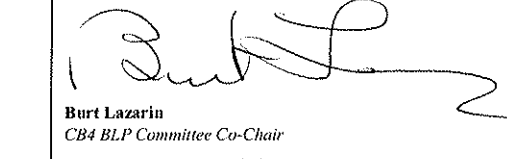
To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

ADDITIONAL STIPULATIONS: (Office Use Only), *Continued*

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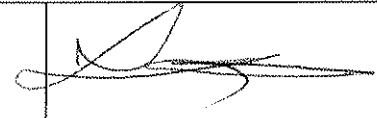
Manhattan Community Board 4 (MCB4) recommends:	<input checked="" type="radio"/> Denial-unless all stipulations agreed to by applicant/owner are part of the method of operation <input type="radio"/> Denial <input type="radio"/> Approval
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CB4 REPRESENTATIVES

 Nelly Gonzalez <i>CB4 Assistant District Manager</i>	 Frank Holozubiec <i>CB4 BLP Committee Co-Chair</i>	 Burt Lazarin <i>CB4 BLP Committee Co-Chair</i>
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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 →	Frederick Twomey <small>PRINT NAME OF APPLICANT</small>	 <small>SIGNATURE OF APPLICANT</small>	8/28/2017 <small>DATE</small>
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¹ Any Manhattan Community Board 4 (MCB4) recommendation on an application for a liquor license, whether for or against, should not be construed as an endorsement of, or precedent for, any group use that is not consistent with Board's preferred zoning. For example, 1). MCB4 supports R8, R8A and R9 zoning, and the underlining group uses associated with those zones, in the area bounded by Eleventh and Twelfth Avenues, and West 43rd and West 55th Streets. 2). MCB4 supports a text amendment to the Special Clinton District, Preservation Area, that limits group use for any vacant ground floor to Use Group 6.