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

Liquor License Stipulations Application

| APPLICANT                |                                         |                                                                               |                                                        | DOING BUSI            | NESS AS (DBA)                         |  |  |  |
|--------------------------|-----------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------|---------------------------------------|--|--|--|
| BEAN N BEAN CHELSEA CORP |                                         |                                                                               |                                                        | BEAN & BEAN COFFEE    |                                       |  |  |  |
| STREET ADI               | PRESS                                   |                                                                               |                                                        | CROSS STRE            | ETS                                   |  |  |  |
| 320 8TH                  | AVE, NEW                                | YORK, NY 1000                                                                 | 1                                                      | 8TH AVE               | & W 26TH ST                           |  |  |  |
|                          | NAME:                                   | YONG BUM H                                                                    | AN                                                     |                       | NAME: MATTHEW I. MARKS, ESQ.          |  |  |  |
| OWNER                    | PHONE:                                  | (917) 495-284                                                                 | 14                                                     | ATTORNEY              | PHONE: (516) 366-0329                 |  |  |  |
|                          | FAX:                                    |                                                                               |                                                        |                       | PAX:                                  |  |  |  |
|                          | NAME:                                   | N/A                                                                           |                                                        |                       | NAME: CHELSEA W26 LLC                 |  |  |  |
| MANAGER                  | PHONE:                                  | IONE:                                                                         |                                                        |                       | PHONE: (212) 929-9404                 |  |  |  |
|                          | FAX:                                    |                                                                               |                                                        |                       | PAX:                                  |  |  |  |
| DESCRIPT                 | ION OF BUS                              | INESS                                                                         | ing (Pagara) ing                                       |                       |                                       |  |  |  |
|                          |                                         | O Bar/Tavern O                                                                | Bed & Breakfast C Eating Pl                            | ace Beer 🔘 C          | Cabaret Night Club Hotel Restaurant   |  |  |  |
| Establishmen             | t Type:                                 | Catering Establis                                                             | hment O Club (Fraternal Org.                           | anization – Memb      | ers Only)                             |  |  |  |
|                          |                                         | Other (Explain):Bar/Arcade                                                    |                                                        |                       |                                       |  |  |  |
| <u></u>                  | *************************************** | Restaurant Dance Club Sports Bar Adult Entertainment Wine Bar Pizzeria & Cafe |                                                        |                       |                                       |  |  |  |
| Method of Op             | eration:                                | Other (Explain):Bar/Arcade                                                    |                                                        |                       |                                       |  |  |  |
|                          |                                         |                                                                               |                                                        |                       |                                       |  |  |  |
| License Type             |                                         | On-Premise O                                                                  | Wine O Beer & Wine &                                   | Веег                  |                                       |  |  |  |
|                          |                                         |                                                                               | Has applicant owned or managed a similar business?     |                       | YES NO                                |  |  |  |
|                          |                                         | Ø Nov                                                                         | What is/was the name of establish                      | ment?                 | BEAN & BEAN COFFEE                    |  |  |  |
|                          |                                         | ⊗ New                                                                         | What is/was the address of the establishment?          |                       | 71 BROADWAY, NEW YORK                 |  |  |  |
|                          |                                         |                                                                               | What were the dates the applicant                      | was involved with the | nis former premise? 01/22/2008        |  |  |  |
| APPLICAT                 | ION TYPE                                |                                                                               | What is the prior license #?                           |                       |                                       |  |  |  |
| (check one)              |                                         | ( Transfer                                                                    | What is the expiration date on the                     | prior license?        |                                       |  |  |  |
|                          |                                         |                                                                               | Are you making any alterations or operational changes? |                       |                                       |  |  |  |
|                          |                                         |                                                                               | If alterations or operational change                   | es are being made, p  | olease attach the plans to this form. |  |  |  |
|                          |                                         |                                                                               | What is the current license #?                         |                       |                                       |  |  |  |
|                          |                                         | Alteration                                                                    | What is the expiration date on the                     | current license?      |                                       |  |  |  |
|                          |                                         |                                                                               | Please describe the nature of the a                    | alterations and attac | h the plans                           |  |  |  |

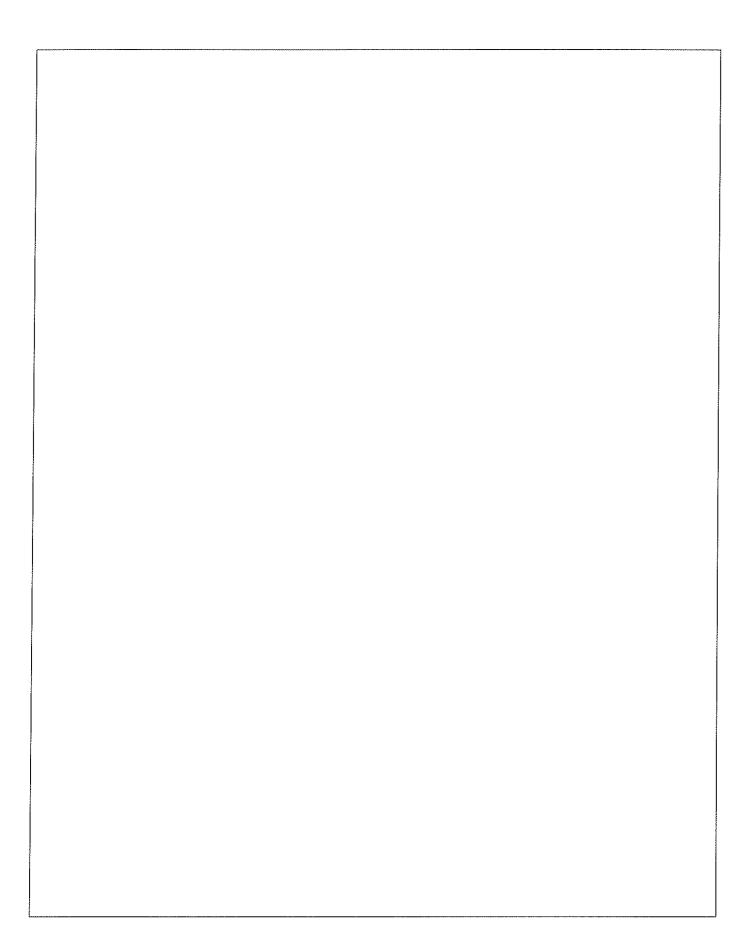
| OPERATIO                                                              | NAL ISSUI                          | ES              |            |                                                                      |                                         |                                        |                                              |                                         |                     |             |                               |                    |                     |
|-----------------------------------------------------------------------|------------------------------------|-----------------|------------|----------------------------------------------------------------------|-----------------------------------------|----------------------------------------|----------------------------------------------|-----------------------------------------|---------------------|-------------|-------------------------------|--------------------|---------------------|
|                                                                       |                                    | MON             | DAY        | TUESDA                                                               | ,                                       | WEDNESDAY                              | ТИЦ                                          | RSDAY                                   | 1                   | RIDAY       | SATU                          | JRDAY              | SUNDAY              |
|                                                                       | Operation                          | eration 6:30 AM |            | 12 AM, 7 DAYS                                                        |                                         |                                        | 3 (200-11-11-11-11-11-11-11-11-11-11-11-11-1 |                                         |                     |             |                               |                    |                     |
| HOURS                                                                 | Music                              | Iusic NONE      |            |                                                                      |                                         |                                        |                                              | *************************************** |                     | A           |                               |                    |                     |
|                                                                       | Kitchen                            | Kitchen 6:30 AM |            | 12 AM, 7 DAYS                                                        |                                         |                                        |                                              |                                         |                     |             |                               |                    |                     |
|                                                                       |                                    |                 |            | INDOOR                                                               |                                         |                                        |                                              |                                         | BAI                 | ł           |                               | OU                 | TSIDE               |
| OCCUPANCY                                                             | Capacit<br>(Certificat<br>Occupani | e of            | Yo<br>Occu | num# of Persons<br>u Anticipate<br>pying Premises<br>ling Employees) | Number of Table                         |                                        | Ser                                          | ber of<br>vice<br>Bars                  | Numb<br>Stand<br>Ba | l-Up        | Number<br>of Seats at<br>Bars | Number<br>of Seats | Number<br>of Tables |
|                                                                       | 100                                |                 | 60 10      |                                                                      | 48                                      | (                                      | )                                            | 1                                       |                     | 0           | 0                             | 0                  |                     |
| How many floors a provided)                                           | are there? What i                  | s the cap       | acity for  | each floor? (plea                                                    | ase respor                              | nd in space                            | 1-2                                          | 3-4                                     | 5+                  | ONE         | FLOOR                         | ONLY. 1            | LOO MAX             |
| Will you be applyir (please respond in                                |                                    |                 | a cabai    | et license? If yes                                                   | s, will there                           | e be dancing?                          | YES                                          | NO                                      | N/A                 | NO          |                               |                    |                     |
| Wilf applicant have                                                   |                                    | ,               |            |                                                                      |                                         | ······································ | YES                                          | NO                                      | N/A                 | NO          |                               |                    |                     |
| Will you be hosting                                                   | private parties a                  | and promo       | otional e  | vents?                                                               | *************************************** |                                        | YES                                          | NO                                      | N/A                 | NO          |                               |                    |                     |
| Will outside promo                                                    | ters be used?                      |                 |            |                                                                      |                                         |                                        | YES                                          | NO                                      | N/A                 | NO          |                               |                    |                     |
| Will the security pla                                                 | an submitted be i                  | implemen        | ited?      |                                                                      |                                         |                                        | YES                                          | NO                                      | N/A                 | NO          |                               |                    |                     |
| Will State certified                                                  | security personn                   | el be use       | d?         |                                                                      |                                         |                                        | YES                                          | NO                                      | N/A                 | N/A         | 4                             | ·····              |                     |
| Will New York Nigit<br>followed?                                      | htlife Association                 | recomme         | endation   | s and NYPD Bes                                                       | st Practice                             | s be                                   | YES                                          | NO                                      | N/A                 | YES         | 5                             |                    |                     |
| Will the applicant b<br>rack? Delivery bicy<br>wear attire clearly r  | cles are to be cle                 | early marl      | ked with   | the name of the                                                      |                                         |                                        | YES                                          | NO                                      | N/A                 | NO          |                               |                    |                     |
| Will the applicant b<br>space provided)                               | e applying for a                   | Sidewalk        | Café no    | w or in the future                                                   | ? (please                               | respond in                             | YES                                          | NO                                      | N/A                 | NO          |                               |                    |                     |
| If yes to the above,<br>(please respond in                            |                                    |                 | ubmitted   | I to DCA? How n                                                      | nany table                              | s/seats?                               | YES                                          | NO                                      | N/A                 | N/A         | 4                             |                    |                     |
| Will applicant provi                                                  | de contact inform                  | nation to r     | neighbor   | s and respond to                                                     | complain                                | its that arise?                        | YES                                          | NO                                      | N/A                 | YES         |                               |                    |                     |
| Will you inform the to your jobs webpa                                |                                    | rd office o     | f your jo  | b openings and/                                                      | or provide                              | a hyperlink                            | YES                                          | ) NO                                    | N/A                 | Mo          | U.                            |                    |                     |
| If you plan to have                                                   | music, what type                   | (s)?            | ·          |                                                                      | BACKGRO                                 | UND LIVE                               | MUSIC                                        |                                         | DJ                  | N/i         | Д                             |                    |                     |
| BUILDING I                                                            | DESIGN                             |                 |            |                                                                      |                                         |                                        |                                              |                                         |                     |             |                               |                    |                     |
| Doors and windows<br>event of no amplifie<br>on all other days.       |                                    |                 |            |                                                                      |                                         |                                        | ) NO                                         | N/A                                     |                     | <b>T</b> A  |                               |                    |                     |
| Will applicant follow<br>potential noise distu<br>placing speakers or | urbance to the ne                  | eighboring      | resider    |                                                                      |                                         |                                        | NO                                           | (N/A                                    | и                   | JA.         |                               |                    |                     |
| Do you agree to cor<br>enclosures can be u<br>project more than 1     | used between No                    | ovember 1       | 15 and A   |                                                                      |                                         | YES                                    | ) NO                                         | N/A                                     | Ŋ                   | <i>T</i> \$ |                               |                    |                     |

| OUTDOOR ITEMS NO OUTDOOR SPACE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |     |     |     |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|-----|--|
| Will applicant use the rooftop, rear yard or any outdoor space?                                                                                                                                                                                                                                                                                                                                                                                                                                                      | YES | NO  | N/A |  |
| If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.                                                                                                                                                                                                                                                                                                                                                             | YES | NO  | N/A |  |
| The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.                                                                                                                                                                                                                                                                                                                                                                         | YES | NO  | N/A |  |
| The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.                                                                                                                                                                                                                                                                                                                                                                                                     | YES | NO  | N/A |  |
| Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).                                                                                                         | YES | NO  | N/A |  |
| Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners. | YES | NO  | N/A |  |
| Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?                                                                                                                                                                                                                                                                                                                                                                                                    | YES | NO. | N/A |  |

| LOCATION & ZONI                                                                           | ING                                                       |            |                            |      |        |           |      |        |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------------|------------|----------------------------|------|--------|-----------|------|--------|
| Primary Zoning District:                                                                  | USE GROUP 6                                               |            |                            |      | (If Ap | plicable) | ):   |        |
| Is this a Special District? If yes,                                                       | , is it Clinton                                           | , West Che | elsea or Hudson Yards?     | Y    | /ES    | NO        | N/A  | NO     |
| Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection? |                                                           |            |                            |      | /ES    | NO        | N/A  | C OF O |
| Is the 500 Foot Rule or 200 Foot diagram of the establishments to                         |                                                           |            | es, which? Please attach a | Y    | ÆS     | NO        | N/A  | NO     |
| Is a Public Assembly permit rec                                                           | quired?                                                   |            |                            | Y    | /ES    | NO        | N/A  | NO     |
| Are your plans filed with DOB?                                                            | Are your plans filed with DOB?                            |            |                            |      | ÆS.    | NO.       | N/A  | YES    |
| Building Type                                                                             | O Residential O Commercial ⊗ Mixed Use O Other, describe: |            |                            |      |        |           |      |        |
| Adjacent Buildings                                                                        | ○ Residential ○ Commercial ⊗ Mixed Use ○ Other, describe: |            |                            |      |        |           |      |        |
| NOTIFICATION:                                                                             |                                                           | # 1        | MANHATTAN COI              | MMUN | JITY   | BOAF      | RD 4 |        |
| What organizations / community<br>have you notified regarding you<br>application?         |                                                           | # 2        |                            |      |        |           |      |        |
|                                                                                           |                                                           | #3         |                            |      |        |           |      |        |
|                                                                                           |                                                           |            |                            |      |        |           |      |        |
|                                                                                           |                                                           |            |                            |      |        |           |      |        |

| ADDITIONAL INFORMATION: (Applicant Use) |  |
|-----------------------------------------|--|
|                                         |  |
|                                         |  |
|                                         |  |
|                                         |  |
| ADDITIONAL NOTES: (Office Use Only)     |  |
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| ADDITIONAL STIPULATIONS: (Office Use Only) |  |  |
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| Manhattan Community Board 4 (MCB4                                                                                                                                                                                                                                          | ) recommends:                               | Denial unless all agreed to by applicant is 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                                                                                                                                                                                                                                     |                                             |                                                                                              |                                         |     |  |  |  |
| Pursuant to these stipulations, this applicant agrees to have these provisions incorporated in the method of operation of their liquor license. Additionally, the applicant agrees to the community agreements as the basis for the community supporting this application. |                                             |                                                                                              |                                         |     |  |  |  |
| sign here                                                                                                                                                                                                                                                                  | AM A<br>SIGNATURE OF APPLICANT              | m                                                                                            | 5/12/<br>DATE                           | /15 |  |  |  |



A CALIFORNIA COMMISSION OF TAXABLE 

# PUBLIC NOTICE

Puress Leanses and Peress Committee will discuss an application submitted by

### d/b/a Bean & Bean Coffee Bean N Bean Chelsea 320 8th Avenue Ogo.

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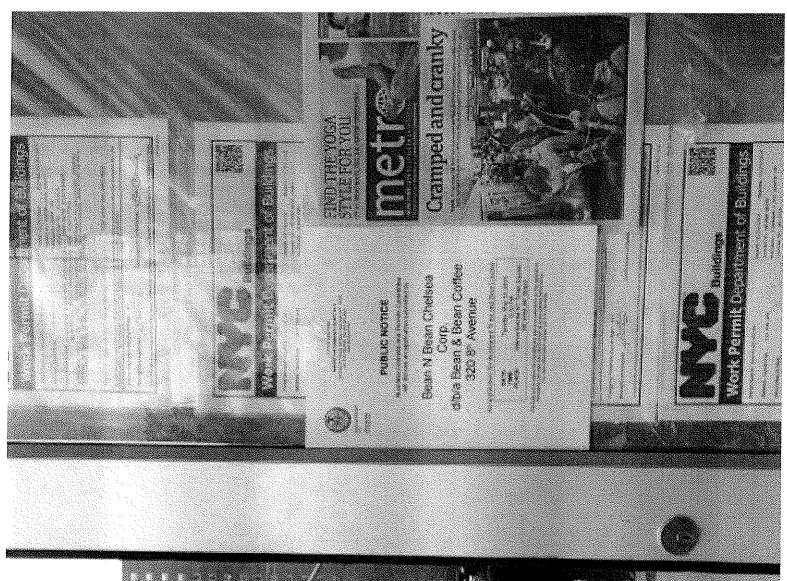
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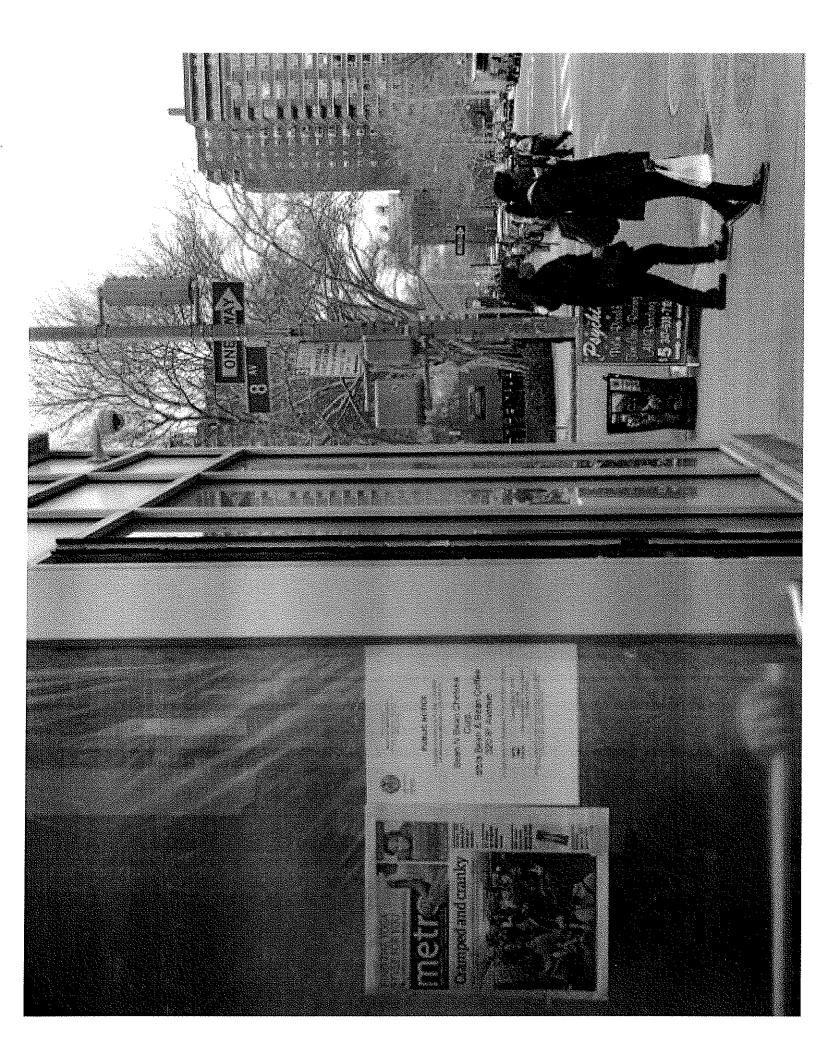


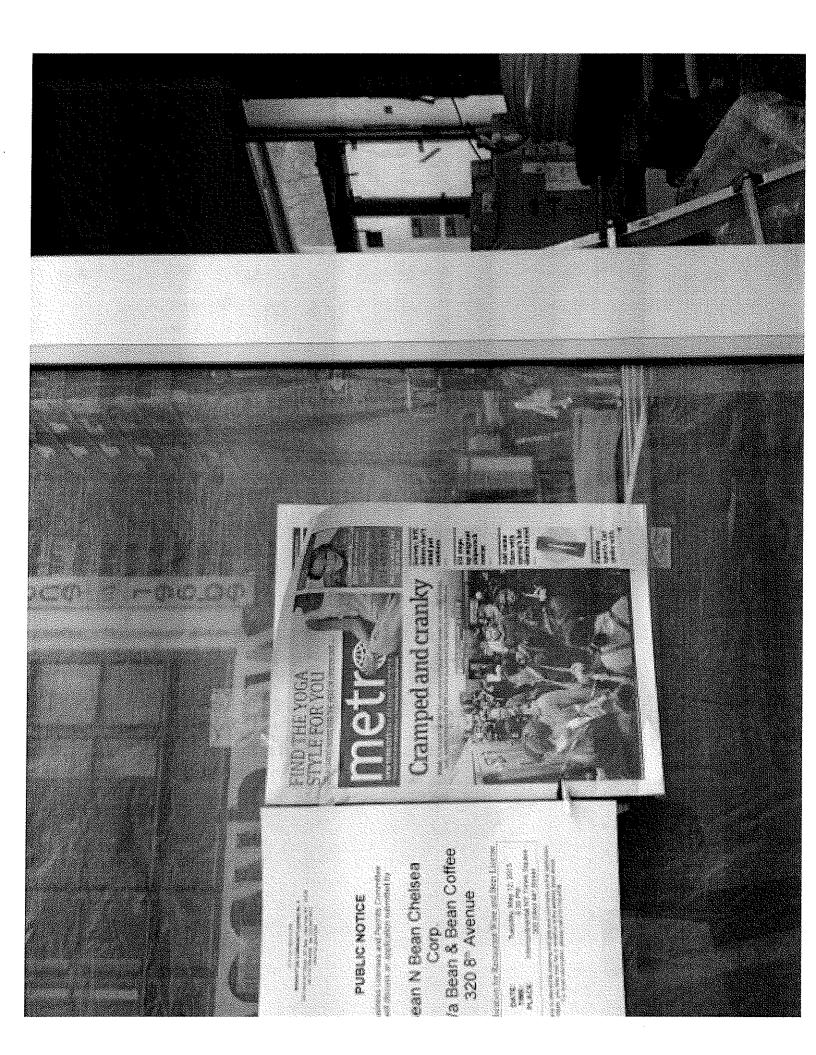
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#### **Bean & Bean Coffee**

**Organic Espresso** 

Cafe Latte 3.65 4.95 4.95

718 423-8083

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Frozen Fruits, Soy Milk & Honey Powder

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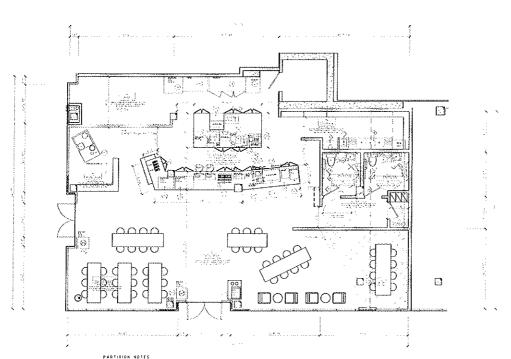
Page 1 of 1

| Gelato                                                             |                                     |                      | Cafe Mocha             | 2 05 1/75 5 25                                                       |
|--------------------------------------------------------------------|-------------------------------------|----------------------|------------------------|----------------------------------------------------------------------|
| Organic Coffee                                                     |                                     |                      | Espresso               | 3.95 4.75 5.25<br>1.95                                               |
| Regular<br>Decaf<br>Iced Coffee                                    | 2.25 2.95                           | 2.95<br>2.95<br>3.95 | Espresso Macchiato     | 2.95<br>6.75                                                         |
| Drip Coffee                                                        |                                     |                      | Organic Frappe         |                                                                      |
| Jamaican Blue Mountain Hawaiian Kona                               |                                     | 5.95<br>5.95         | Espresso Green Tea     | 4.25 5.25 5.95<br>4.25 5.25 6.25                                     |
| Kenyan AaIndonesian Sumatra                                        |                                     | 3.75                 | Chai TeaMocha          |                                                                      |
|                                                                    |                                     |                      | MUCUA                  | 4 25 5 25 6 25                                                       |
| Organic Tea                                                        |                                     | . 0.00               |                        | 4.25 5.25 6.25<br>4.25 5.25 6.25<br>4.25 5.25 6.25                   |
| Organic Tea Whole Leaf Tea Iced Tea Green Tea Latte Chai Tea Latte | 2.25 2.45<br>2.95 2.95<br>3.95 4.95 | 2.95<br>3.95<br>4.95 | White Mocha<br>Caramel | 4.25 5.25 6.25<br>4.25 5.25 6.25<br>4.25 5.25 6.25<br>4.25 5.25 6.25 |

Cafe Americano 2.95 3.95 Strawberry, Blueberry & Banana 6.95







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1 CONSTRUCTION PLAN

CONSTRUCTION PLAN

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