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

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MONDAY       TUESDAY       WEDNESDAY       THURSDAY       PRUBAY       SATURDAY       SUBAY         HOURS*       Operation       AODDA       TO       MIDAY       SUBAY       SUBAY         Gladar       Mono       AII       OP       AIII       OP       AIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	OPERATI	ONAL DE	TAILS (	*Closing time v	vill be w	hen establis	hment i	s vacated	of all patrons	)	·····
Induces Output       Kitchen       A 11 OP       TO       NT UTU       GTT       TO         Induce Output       Music       A 11 OP       TO       NT UTU       GTT       TO       Dury         If you plan to have emails, what type(s)?       BACKGROUND       LIVE MUSIC       DJ       JUKE BOX       KARAOKE         Create all that apply)       BACKGROUND       LIVE MUSIC       DJ       JUKE BOX       KARAOKE         OCCUPANCY         INSIDE       Company You Anticipate Occupancy       Number of Sense       Number of Service Outputs       Number of Service Stand-Up Bars       Number of Searts Attended Colspan       Number of Sea			MONÐAY	TUESDA	<b>λ</b> Υ	WEDNESDA	y TI	IURSDAY	FRIDAY	SATURÐAY	SUNDAY
Kitchen       HII OPN HIDER         (Croup)       Music       ALL       PEND       HOURS         H'you plan to have music, what type(s)?       INCKGROUND       LIVE MUSIC       DJ       JUKE BOX       KARAOKE         Occupancy       Capacity       Maximum # of Persons Yau       Number of Secies       DJ       JUKE BOX       KARAOKE         Occupancy       Capacity       Maximum # of Persons Yau       Number of Secies       Number of Secrice	HOURS*	Operation		NODI	v	to	M	IDN	r GH-	5-7	Day_S
If you plan to have music, what type(s)?       KLL       TZCKGROUND       LIVE MUSIC       DJ       JUKE BOX       KARAOKE         OCCUPANCY         OCCUPANCY         OCCUPANCY         OCCUPANCY         Number of Service Outy Bars       Number of Service Ou	•	Kitchen		A11	OP	J.N	Arc	DUR	$\leq$		l
Circle all that apply)       D.C.C.R.R.R.COND       D.V.E.MISC       D.J       J.K.R.BOX       KARAOKE         OCCUPANCY         OCCUPANCY         OCCUPANCY         Number of Service Outpans?       Number of Servi		Music		ALL	đ	DREI	$)_{\gamma}$	HON	RS		
Capacity (Corrificate of Occupancy)       Maximum # of Premises (Corrificate of Occupancy)       Number of Seats       Number of Service Only Bars       Number of Stand-Up Bars       Number of State at Stand-Up Bars         INSIDE       Under Corrificate of Occupancy)       Under Premises (Including Employees)       Number of Seats       Number of Servic Only Bars       Number of Seats         INSIDE       Under Corrificate of Occupancy)       Under Premises (Including Employees)       Image: Number of Seats       Number of Seats         OUTSIDE (Other than sidewalk cold)       Under Fig       Image: Number of Seats       Image: Number of Seats       Image: Number of Seats       Image: Number of Stand-Up Bars         SIDEWALK       Sort Sate       Image: Number of Seats         SIDEWALK       Sort Sate       Image: Number of Seats         How frequently will fbe owner(s) be at the establishment?       Image: Number of Seats       Image:	If you plan to ha (Circle all that a	ve music, what opły)	type(s)?	BACKGRO	DUND	LIVE MUSI	c	DJ DJ	JUKE BOX	К/	ARAOKE
Capacity (Correlated of cocupancy)       Persons You Premises (lackeding Employees)       Number of Tables       Number of Service Only Bars       Number of Stand-Up Bars <th< td=""><td></td><td></td><td></td><td></td><td></td><td>occu</td><td>JPANCY</td><td></td><td>-1</td><td><u></u></td><td></td></th<>						occu	JPANCY		-1	<u></u>	
OUTSIDE $75$ $75$ $8$ OUTSIDE $75$ $75$ $75$ $74$ $6$ $24$ $75$ $8$ OUTSIDE $74$ $24$ $6$ $24$ $24$ $6$ $24$ Sidewark café $55$ $74$ $66$ $55$ Sidewark café $55$ $74$ $66$ $55$ How many floors are there? What is the capacity for each floor? $5$ $756$ $4xy_{24}$ pcs, wuck         How frequently will the owner(s) be at the establishment? $5$ $756$ $4xy_{24}$ pcs, wuck         Will you be applying or intending to apply for a cabarot license with DCA? If yes, will ves       No $300$		(Certific of	ate	Persons You Anticipate Occupying emises (Including			1				5
(Other than sidewalk café)       GY       Z       4       G       Z       4         SIDEWALK CAFE       Sidewalk café)       GY       Z       4       G       Z       4         SIDEWALK CAFE       Sidewalk café)       GY       Z       4       G       Z       4         How many floors are there?       Mal is the capacity for each floor?       6       L5       5       4       5       5       4       6       2.4       6       1.5         How many floors are there? What is the capacity for each floor?       5	INSIDE	und	6 2	ndes					1	8	
CAFE       15       6       44       6       5         How many floors are there? What is the capacity for each floor?       5       5       5       6       6       6         How frequently will the owner(s) be at the establishment?       5       5       5       6	(Other than	274	Ê	24	6	24					
How frequently will the owner(s) be at the establishment?       5       the S       the stablishment?         Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?       YES       No         Will applicant have bottle or table service for beverage alcohol?       YES       NO         Will you be hosting private; promotional or corporate events?       YES       NO         Will outside promoters be used on a regular basis? If yes please describe.       YES       NO         Will you have a security plan? If, yes please attach.       YES       NO         Will State certified security personnel be used?       YES       NO         Will New York Nightlife Association and NYPD Best Practices be followed?       YES       NO         Will delivery bicycles be clearly marked with the name of the restaurant and will staff yes no       YES       NO		Sorto 15	6	Tables	6	5				<b>I</b>	l.,
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Will State certified security personnel be used?     YES     NO       Will New York Nightlife Association and NYPD Best Practices be followed?     YES     NO       Will applicant be using delivery bicycles? If yes, how many?     YES     NO       Will delivery bicycles be clearly marked with the name of the restaurant and will staff year attire clearly noting name as described by NYC Law?     YES     NO	Vill you have a se	ecurity plan? If,	yes please a	tach.			YES	NO			
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Vill delivery bicycles be clearly marked with the name of the restaurant and will staff ver attire clearly noting name as described by NYC Law?	Vill applicant be u	sing delivery bio	cycles? If yes	, how many?			YES			******	
Vhere will delivery bicycles be stored during the day when not in use?	Vill delivery bicycl /ear attire clearly	es be clearly m noting name as	arked with th described by	e name of the res ( NYC Law?	taurant a	nd will staff					
	Vhere will delivery	bicycles be sto	pred during th	e day when not ir	n use?		Dr	sento	pranie	244	

LOCATION & ZONING	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES NO
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES NO
Is a Public Assembly permit required?	YES NO
Are your plans filed with DOB?	VES NO 12 years after

Community Notification/Relat	ions		
NOTIFICATION:	#1	The	premises has operated
List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and	# 2	in the	some manner for only
community groups that applicant has notified regarding its application. For each please list both the organization	# 3	10 no	are and its operation is
and individual you contacted	#4	known	to the Community and CB4
	#5		
Please provide dates when applicant met wi	th the gro	ups listed above.	Nome
Who was your contact person at each group	you met	with?	Nome
When did applicant post the notice that was	provided	?	Vex - 4/3/15
Where did applicant post the notice that was	s provided	?	91315
Will applicant provide owner cell phone num complaints that arise? Please provide numb			VES NO
Will applicant inform the Community Board of provide a hyperlink to applicants jobs webpa		s job openings and/or	YES NO

BUILDING DESIGN	
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?	VES 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?	VES NO Ereget minide outdoor cafe
Will applicant comply with the NYC noise code?	TES NO
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?	VES NO Ra warranted
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
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?	Central
When was the air conditioner installed?	5

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ			
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)?	VES	NO	Rea Yard
Are the floorplans for the outdoor space(s) included?	YES	NO	Shateh
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	TES	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	) <sup>NO</sup>	
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	Using yand for over 13 years - few amplant
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	" all addressed

OUTDOOR ITEMS – SIDEWALK CAFÉ			
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 21st and March 21st, 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)

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.

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Manhattan Community Board 4 (MCB4	) recommends:	<ul> <li>Denial unless all stip operation</li> <li>Denial</li> <li>Approx</li> </ul>		nt/owner are part of the method of
CB4 REPRESENTATIVES				
<b>Nelly Gonzalez</b> CB4 Assistant District Manager	FrankHolozubiec CB4 BLP Committee Co-Chair	2	Burt Lazarin CB4 BLP Committee Co-Ch	nair
APPLICANT AGREEMENT WI	TH THE COMMUNIT	Ϋ́Υ		
Applicant agrees to these stipulations a stipulations are essential prerequisites stipulations incorporated in the method agreement between MCB4 and applical supersede any oral statements or repre	to the MCB4 recommendati of operation of its liquor lice nt and may only be altered	on regarding this ap ense. The stipulation in writing signed by f	plication. Applicant ag s in this application co	prees to have these constitute the entire
$\mathbf{SIGN} \mathbf{HERE} \rightarrow$	BERNHDE TTL print name of applicant		F APPLICANT	9 8 / 5 DATE
	Knaif1	А		

BABIEL

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## GEORGE KARP

P.O. BOX 778 NEW YORK, NY 10108

PH: (929) 286-6400

E-mail georgekarp28@aol.com

RECEIVED JUL 29 2015

(64-PG

July 28, 2015

Community Board 4, Manhattan 330 West 42<sup>nd</sup> Street New York, NY 10036

## Re: KIWIS HISTORICAL BUILDING LTD 626B 10<sup>TH</sup> Avenue New York, NY 10036

Dear Sir or Madam:

Please take notice that the above named licensee intends to file a Corporate Change application under which Bernadette Babiel, the widow of Rolf Babiel, her deceased husband, will be formally substituted as sole shareholder, director and officer of the above licensee.

Ms. Babiel has managed the restaurant since 2009, without incident and there is no change in the method of operation since it opened in 2002.

This letter is to request that Community Board 4 waive the 30 day waiting period required by the Liquor Authority before the Corporate Change application may be filed.

Thank you for your consideration in this matter.

Very truly yours George Karpe Karp

GK/msk BY HAND

rev 10/23/13	<ul> <li>Original</li> </ul>	OFFICE US	SE ONLY Date			49
State of New York Executive Department Division of Alcoholic Beverage State Liquor Authority		Standardize	d <u>NOTICE FO</u>			D-Day Advanced Notice to a pality or Community Board (Page 1 of 2 of Form)
1. Date Notice was Sent: (mm	ı/dd/yyyy)	JULY 27, 2015			RECE	IVED JUL 29 2015 CEH - PG
2. Select the type of Applicati	on that will be	filed with the Aut	hority for an On-	Premises Alcoh	olic Beve	rage License
New Application	enewal 🗌 Al	teration 🔀 Corp	orate Change			
This 30-Day Advance Notice	is Being Prov	ided to the Clerk	of the followin	g Local Munici	pality or	Community Board
3. Name of Municipality or C	ommunity Boa	rd TOWN CLERK C	OF CONKLIN, NEV	V YORK		
Applicant/Licensee Informa	tion					
4. License Serial Number, if no	ot New Applica	ation: 2500406		Expiration Dat	e, if not №	lew Application: 08/31/2015
5. Applicant or Licensee Nam	e: KIWIS	HISTORICAL BUIL	DING LTD	********		······
6. Trade Name (if any): HAL	LO BERLIN NO	RTH				
7. Street Address of Establish	ment: 626B 1	OTH AVENUE				
8. City, Town or Village: NEV	V YORK				,NY	Zip Code : 10036
9. Business Telephone Numbe	er of Applicant	/Licensee: 607-7	75-4391			
10. Business Fax Number of A	pplicant/Licer	isee: 212-217-462	24			
11. Buisness E-mail of Applica	nt/Licensee:	halloberlin44st@	gmail.com			
	tion applicant For Current	s, provide descrip s, attach comple Licensees, set fo Use This Form to	te description a rth approved N	nd diagram of lethod of Oper	propose ation on	d alteration(s).
12. Type(s) of Alcohol sold or t	to be sold:("X	"One) 🔲 Beer O	nly 🔄 Wine &	Beer Only	X Liquo	r, Wine & Beer
13. Extent of Food Service: ("X	" One) 🛛 Re Fi	estaurant (Sale of f ill food menu; Kitc	ood primarily; hen run by chef	Tavern/Co sales prin availabilit	narily; Me	unge/Adult Venue/Bar (Alcohol ets legal minimum food ments)
14. Type of Establishment: ("X" all that apply)	] Patron Danci ] Capacity of 6	usic 🔲 Live Musi ing (small scale) 600 or more patror Facility (Sports Fa ablishment	Cabaret, Nigl	ht Club (Large S Entertainment	cale Dan Rest	aurant 🗍 Hotel
15. Licensed Outdoor Area: ("X" all that apply)	None 🗙	Patio or Deck 📃 afe 🔲 Other (spo		Garden/Ground	ts 🔲 F	reestanding Covered Structure

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rev 10/23/13	Original	OFFICE USE ONLY Amended Date				49
State of New York Executive Department Division of Alcoholic Beverage		Standardized NOTIC	E FORM	for Providing <u>3</u> Local Munic	<u>cipality or Com</u>	munity Board
State Liquor Authority	Control				(Page .	2 of 2 of Form)
					RECEIVED	JUL 29 2013 (B4
16. List the floor(s) of the bui	lding that the es	tablishment is located on:	MAIN FLC	OR/BASEMENT		β
17. List the room number(s) t building, if appropriate:	the establishme	nt is located in within the	AS ABOVE			
18. Is the premises located w	ith 500 feet of th	rree or more on-premises li	quor estal	blishments? 🗙 Ye	es 🔲 No	
19. Will the license holder or	a manger be ph	ysically present within the e	establishn	nent during all hou	rs of operation? $\mathbf{X}$	Yes 🗌 No
20. Does the applicant or lice	nsee own the bu	uilding in which the establis	hment is	located? ("X" One)	Yes (If Yes SKIP	21-24) 🗙 No
	Owner of the	Building in Which the Lice	ensed Est	ablishment is Loc	ated	
21. Building Owner's Full Nan	ne: 626 EMM	UT PROPERTIES LLC	-		······	
22. Building Owner's Street A	ddress: 626 1	OTH AVENUE				
23. City, Town or Village: NEW	V YORK		State:	NEW YORK	Zip Code : 10030	5
Attorney Representin	g the Applican	t in Connection with the A Establishment Identifie	pplicant d in this	's License Applicat Notice	tion Noted as Abo	re for the
25. Attorney's Full Name: GE	ORGE KARP					
26. Attorney's Street Address:	P.O. BOX 778	······		· · · · · · · · · · · · · · · · · · ·		
27. City, Town or Village: N	ew York		State:	NEW YORK	Zip Code : 10108	}
28. Business Telephone Num	ber of Attorney:	929-286-6400				
29. Business Email Address of	Attorney:	georgekarp28@aol.com	· · · · · · · · · · · · · · · · · · ·			
in this form are in c	onformity with r iderstand that re	m a principal of the legal er epresentations made in su presentations made in this disapproval of the applica	bmitted d form will	ocuments relied up also be relied upor	oon by the Authorit n, and that false rep	y when

By my signature, I affirm - under **Penalty of Perjury** - that the representations made in this form are true.

30. Printed Name: BERNADE		 PRESIDENT
Signature: X	lace	

rev 10/23/13 OFFICE USE ONLY Amended Date State of New York Executive Department Division of Alcoholic Beverage Control State Liquor Authority O6/14/2015 RECEIVED JUN 17 205 2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License New Application IX Renewal Alteration Corporate Change This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board 3. Name of Municipality or Community Board 4. License Serial Number, if not New Application: 1027841 5. Applicant or Licensee Name: KIWIS HISTORICAL BUILDING LTD 6. Trade Name (if any): HALLO BERLIN 7. Street Address of Establishment: 626B 10TH AVENUE 8. City, Town or Village: NEW YORK	49					
Executive Department       Local Municipality or Community         Division of Alcoholic Beverage Control       (Page 1 of 2 of         State Liquor Authority       06/14/2015       RECEIVED JUN 17 205         1. Date Notice was Sent: (mm/dd/yyyy)       06/14/2015       RECEIVED JUN 17 205         2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License       Inclusion []         New Application []       Renewal []       Alteration []       Corporate Change         This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board       3. Name of Municipality or Community Board [COMMUNITY BOARD 4, MANHATTAN]         Applicant/Licensee Information       1. License Serial Number, if not New Application: 1027841       Expiration Date, if not New Application: 08/31/2014         5. Applicant or Licensee Name:       KIWIS HISTORICAL BUILDING LTD       []         6. Trade Name (if any):       HALLO BERLIN       []         7. Street Address of Establishment:       6268 10TH AVENUE       []					🔿 Original	rev 10/23/13
	Board	ipality or Community		Standardized NOTICE FORM for		Executive Department Division of Alcoholic Bever
New Application       X Renewal       Alteration       Corporate Change         This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board       Name of Municipality or Community Board         3. Name of Municipality or Community Board       COMMUNITY BOARD 4, MANHATTAN         Applicant/Licensee Information       Alteration:         4. License Serial Number, if not New Application:       1027841         5. Applicant or Licensee Name:       KIWIS HISTORICAL BUILDING LTD         6. Trade Name (if any):       HALLO BERLIN         7. Street Address of Establishment:       626B 10TH AVENUE		ED JUN 17 2015	RECEIV	/14/2015	std/yyyy) 00	1. Date Notice was Sent: (r
This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board         3. Name of Municipality or Community Board COMMUNITY BOARD 4, MANHATTAN         Applicant/Licensee Information         4. License Serial Number, if not New Application: 1027841         5. Applicant or Licensee Name:       KIWIS HISTORICAL BUILDING LTD         6. Trade Name (if any):       HALLO BERLIN         7. Street Address of Establishment:       626B 10TH AVENUE		erage License	s Alcoholic Beve	d with the Authority for an On-Premise	n that will be fil	2. Select the type of Applic
<ul> <li>3. Name of Municipality or Community Board COMMUNITY BOARD 4, MANHATTAN</li> <li>Applicant/Licensee Information</li> <li>4. License Serial Number, if not New Application: 1027841 Expiration Date, if not New Application: 08/31/2015</li> <li>5. Applicant or Licensee Name: KIWIS HISTORICAL BUILDING LTD</li> <li>6. Trade Name (if any): HALLO BERLIN</li> <li>7. Street Address of Establishment: 626B 10TH AVENUE</li> </ul>				tion 📋 Corporate Change	ewal 🔄 Alter	New Application
Applicant/Licensee Information         4. License Serial Number, if not New Application: 1027841       Expiration Date, if not New Application: 08/31/2015         5. Applicant or Licensee Name:       KIWIS HISTORICAL BUILDING LTD         6. Trade Name (if any):       HALLO BERLIN         7. Street Address of Establishment:       626B 10TH AVENUE		Community Board	Aunicipality or	d to the Clerk of the following Local (	; Being Provid	This 30-Day Advance Not
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8. City, Town or Village: NEW YORK Zip Code :10036	····· /			AVENUE	ent: 626B 10T	7. Street Address of Establi
	······	Zip Code :10036	,NY		ORK	8. City, Town or Village: N
9. Business Telephone Number of Applicant/Licensee: 212-997-1944			1	ensee: 212-997-1944	of Applicant/Lic	9. Business Telephone Nur
10. Business Fax Number of Applicant/Licensee: 212-997-1949						
11. Buisness E-mail of Applicant/Licensee: halloberlin44st@gmail.com	1			loberlin44st@gmail.com_a+	/Licensee: ha	11. Buisness E-mail of Appli
For New applicants, provide description below using all information known to date. For Alteration applicants, attach complete description and diagram of proposed alteration(s).	8	n to date. d alteration(s).	rmation know am of propose	ovide description below using all info	applicants, pi	For For Alter
For Current Licensees, set forth approved Method of Operation only. Do Not Use This Form to Change Your Method of Operation.			<b>Operation onl</b>	ensees, set forth approved Method o	<sup>F</sup> or Current Lic	
12. Type(s) of Alcohol sold or to be sold: ("X" One) Beer Only Wine & Beer Only X Liquor, Wine & Beer			•			2. Type(s) of Alcohol sold o
13. Extent of Food Service: ("X" One)       Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef)       Tavern/Cocktail Lounge/Adult Venue/Bar (Alcol sales primarily; Meets legal minimum food availability requirements)		r, Wine & Beer	X Liquo	e) Beer Only 📄 Wine & Beer Only	ланица Ог	
Image: Stage Shows         I		unge/Adult Venue/Bar (Alco ets legal minimum food ments)	ern/Cocktail Lo s primarily; Mee ilability requirer	rant (Sale of food primarily; Tav od menu; Kitchen run by chef) ava	ne) 🔀 Resta Full fo	3. Extent of Food Service: (
15. Licensed Outdoor Area:       None       Patio or Deck       Rooftop       Garden/Grounds       Freestanding Covered Structur         ("X" all that apply)       Sidewalk Cafe       Other (specify):       REAR YARD	ity	unge/Adult Venue/Bar (Alco ets legal minimum food ments) raoke Bar [] Stage Shows e Club) [] Catering Facilit aurant [] Hotel	ern/Cocktail Lo s primarily; Mec ilability requirer ke Box 🔄 Kar irge Scale Danc ient 🔀 Resta	rant (Sale of food primarily; Tav od menu; Kitchen run by chef) ava Live Music [] Disc Jockey [] Ju anall scale) [] Cabaret, Night Club (La r more patrons [] Topless Entertainm ity (Sports Facility/Vessel) [] Club (e.g	ne) Resta Full fo ecorded Music atron Dancing ( apacity of 600 o ecreational Faci	3. Extent of Food Service: (' 4. Type of Establishment:
Page 1	ity Ikfast	unge/Adult Venue/Bar (Alco ets legal minimum food ments) raoke Bar Stage Shows e Club) Catering Facilit aurant Hotel remal Org.) Bed & Breal	ern/Cocktail Loi s primarily; Mec ilability requirer ke Box 🔄 Kar urge Scale Danc rent 🔯 Resta i. Golf Club/Frat	rant (Sale of food primarily; Tav od menu; Kitchen run by chef) ava [] Live Music [] Disc Jockey [] Ju amall scale) [] Cabaret, Night Club (La r more patrons [] Topless Entertainm ity (Sports Facility/Vessel) [] Club (e.c ament o or Deck [] Rooftop [] Garden/G	ne) Resta Full for ecorded Music atron Dancing ( apacity of 600 of ecreational Faci easonal Establis	<ol> <li>Extent of Food Service: (</li> <li>Type of Establishment: ("X" all that apply)</li> <li>Licensed Outdoor Area:</li> </ol>

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Nov 10/32/13	[	OFFICE USI				49
rev 10/23/13	Original	O Amended	Date	EODIA	or Providing 3	30-Day Advanced Notice to a
State of New York Executive Department Division of Alcoholic Beverag State Liquor Authority		Standardized	INOTICE	PURIN	Local Munic	cipality or Community Board (Page 2 of 2 of Form)
16. List the floor(s) of the bu	ilding that the est	ablishment is lo	cated on: A	AAIN FLOC	DR/BASEMENT	
17. List the room number(s) building, if appropriate:			[	S ABOVE		
18. Is the premises located v						
19. Will the license holder of	r a manger be phy	vsically present v	within the e	stablishm	ent during all hou	rs of operation? 🔀 Yes 📋 No
20. Does the applicant or lic			΄.			Yes (If Yes SKIP 21-24) 🗙 No
	Owner of the	Building in Whi	ich the Lice	ensed Esta	ablishment is Loo	cated
21. Building Owner's Full Na	me: 626 EMMI	UT PROPERTIE LI	LC			
22. Building Owner's Street		ENTH AVENUE				
23. City, Town or Village: NE			~~~~	State:	NEW YORK	Zip Code : 10036
Attorney Represent	ing the Applican	t in Connection Establishme	with the A nt Identifie	pplicant' d in this f	s License Applica Notice	ation Noted as Above for the
25. Attorney's Full Name: G	FORGE KARP					
	r					
26. Attorney's Street Addre	ss: PO BOX 778					
27. City, Town or Village:	NEW YORK			State:	NEW YORK	Zip Code : 10108
28. Business Telephone Nu	mber of Attorney:	929-286-6400				
29. Business Email Address		georgekarp28	@aol.com			
in this form are in granting the license. I	understand that r may result i	representations n disapproval of	made in th f the applic	s form wil ation or re	I also be relied up vocation of the lie	ng for the license. Representations upon by the Authority when on, and that false representations cense. le in this form are true.
	ature, l'affirm - ur					
					Title PRESIDENT	
30. Printed Name: BERNEC			2			

Page	2