

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)	
Desi Deli Inc		Desi Deli	
STREET ADDRESS		CROSS STREETS	ZIP CODE
724 10th Ave, New York, NY 10019			10019
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME:	Amit Jit	NAME: Jim Bingham
	PHONE:	(212) 399-9007	PHONE: 585-683-9647
	EMAIL:	basrayo@hotmail.com	EMAIL: jimbingham68@gmail.com
MANAGER	NAME:	n/a	NAME: 722 724 Tenth Avenue Holdings LLC
	PHONE:	n/a	PHONE: 212-228-9300
	EMAIL:	n/a	EMAIL: n/a
ATTORNEY/ REPRESENTATIVE			
LANDLORD			
APPLICATION TYPE (Check One)			
<input type="radio"/> New	Has applicant owned or managed a similar business?		YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
	What is/was the name and address of establishment?		724 10th Ave, New York, NY 10019
	What were the dates applicant was involved with this former premise?		24 hours a day since v01/2001
<input type="radio"/> Transfer	What is the prior license # and expiration date?		
	Is applicant making any alterations or operational changes?		YES <input type="checkbox"/> NO <input type="checkbox"/>
	If alterations or operational changes are being made, please describe/list all changes.		
<input type="radio"/> Alteration	What is the current license # and expiration date?		
	Please list/describe the nature of all the changes and attach the plans:		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input type="radio"/> Liquor/Wine/Beer <input checked="" type="radio"/> Beer <input type="radio"/> Wine & Beer		
ESTABLISHMENT TYPE	<input checked="" type="radio"/> Restaurant <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input type="radio"/> Bar/Tavern <input type="radio"/> Catering Establishment <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Club (Fraternal Organization – Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Pending the 30 day notice
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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	24 Hours a day 7 days a week							
	Kitchen	24 Hours a day 7 days a week							
	Music								
If you plan to have music, what type(s)? (Circle all that apply)		BACKGROUND	LIVE MUSIC	DJ	JUKE BOX	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	yes	25	6	18	0	0	0		
OUTSIDE (Other than sidewalk café)	N/A	N/A	N/A/N/A		N/A	N/A	N/A		
SIDEWALK CAFÉ	N/A	N/A	N/A	N/A					
How many floors are there? What is the capacity for each floor?					2				
How frequently will the owner(s) be at the establishment?					Daily				
Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?					YES	NO V			
Will applicant have bottle or table service for beverage alcohol?					YES	NO ^V			
Will you be hosting private; promotional or corporate events?					YES	NO ^V			
Will outside promoters be used on a regular basis? If yes please describe.					YES	NO ^V			
Will you have a security plan? If, yes please attach.					YES	NO ^V			
Will security plan be implemented?					YES	NO ^V			
Will State certified security personnel be used?					YES	NO ^V			
Will New York Nightlife Association and NYPD Best Practices be followed?					YES	NO ^V			
Will applicant be using delivery bicycles? If yes, how many?					YES ^V	NO	2		
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 ^V	NO			
Where will delivery bicycles be stored during the day when not in use?					Basement				

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO V	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	V YES	NO	
Is a Public Assembly permit required?	YES	V NO	
Are your plans filed with DOB?	YES	V 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	N/A	
	# 2	N/A	
	# 3	N/A	
	# 4	N/A	
	# 5	N/A	
Please provide dates when applicant met with the groups listed above.	N/A		
Who was your contact person at each group you met with?	N/A		
When did applicant post the notice that was provided?	Will Post		
Where did applicant post the notice that was provided?	Will Post		
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	YES V	NO	
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	YES V	NO	

BUILDING DESIGN			
State the name and type of business previously located in the space.	Restaurant		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO	dont know
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO ^V	
Will applicant have a vestibule within the establishment?	YES	NO ^V	
Will applicant use a storm enclosure?	YES	NO ^V	
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 ^V	
Will applicant comply with the NYC noise code?	YES ^V	NO	
Will the establishment have any of the following: (circle all that apply)	FRENCH DOORS		GARAGE DOORS
			WINDOWS THAT CAN BE OPENED ^V
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	YES	NO ^V	
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 ^V	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	^V 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?	^V YES	NO	
Will the kitchen exhaust system extend to the roof?	YES ^V	NO	
Will the establishment have an illuminated sign?	YES ^V	NO	
Will the establishment have a canopy extending over the sidewalk?	YES ^V	NO	
Where will the air conditioner be located? What type is it?	yes Dining area		
When was the air conditioner installed?	over one year ago		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFE			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO	N/A
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	NO	N/A
Are the floorplans for the outdoor space(s) included?	YES	NO	N/A
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	YES	NO	N/A
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	N/A
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	NO	N/A
Will there be no amplified music, as per the law?	YES	NO	N/A
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	N/A
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES	NO	N/A
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO	N/A
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO	N/A
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A

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

ADDITIONAL STIPULATIONS: (Office Use Only)

- All on-premises service of beer will cease by midnight nightly
- Will meet with 50/51 Block Association prior to 6/1 Full Board Meeting

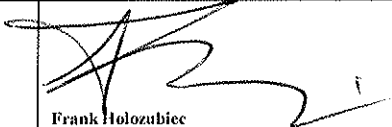
To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

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

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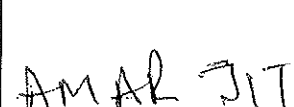
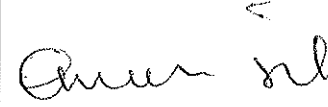
Manhattan Community Board 4 (MCB4) recommends:	<input checked="" type="radio"/> Denial unless all stipulations agreed to by applicant/owner are part of the method of operation <input type="radio"/> Denial <input type="radio"/> Approval
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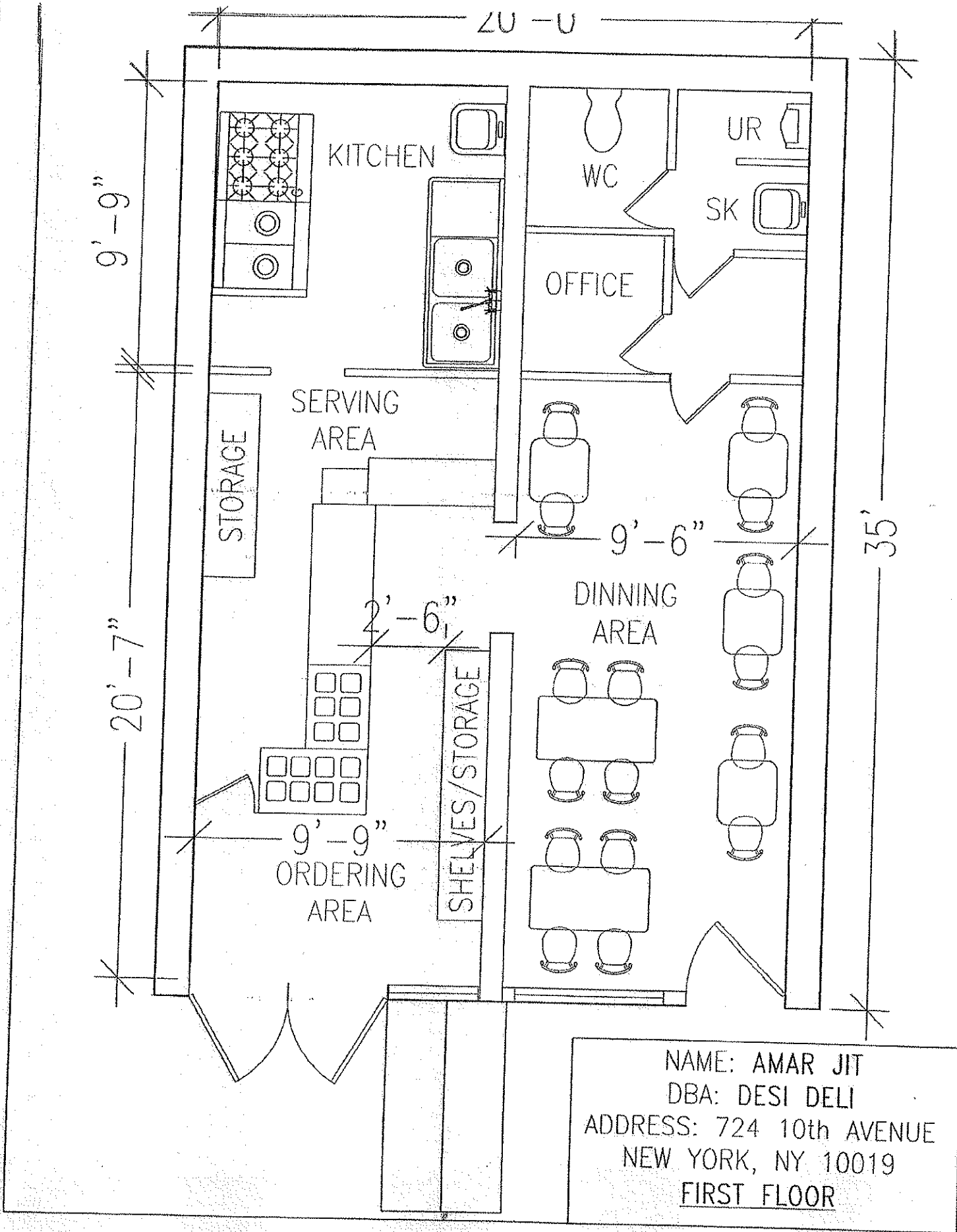
CB4 REPRESENTATIVES

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 →	 AMAR JIT PRINT NAME OF APPLICANT	 SIGNATURE OF APPLICANT	5/10/2016 DATE
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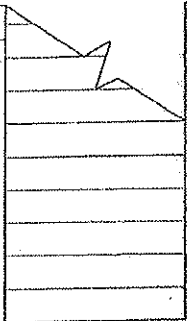
NAME: AMAR JIT
 DBA: DESI DELI
 ADDRESS: 724 10th AVENUE
 NEW YORK, NY 10019
 FIRST FLOOR

STORAGE
AREA

BASEMENT
AREA

11'-8"

7'-2"



NAME: AMAR JIT
DBA: DESI DELI
ADDRESS: 724 10th AVENUE
NEW YORK, NY 10019
BASEMENT

APARTMENT
BUILDING

VACANT/CONSTRUCTON

50TH STREET

TEX MEX
RESTAURANT

GROCERY STORE

PIZZERIA

ELECTRONIC STORE

PROPOSED PREMISES

SKYLINE
HOTEL

HARDWARE STORE

RETAIL STORE

LIQUOR STORE

10TH AVENUE

49TH STREET

VACANT/CONSTRUCTON

GROCERY
STORE

NAME: AMAR JIT
DBA: DESI DELI
ADDRESS: 724 10th AVENUE
NEW YORK, NY 10019
BLOCK PLOT DIAGRAM

Desi Deli Restaurants, Indian
724 10th Ave. , New York NY 10019 | (212) 399-9007

Breakfast

All parathas comes w/ yogurt

Aloo Paratha	4
Flat bread stuffed w/ potatoes	
Gobi Paratha	4
Flat bread stuffed w/ cauliflower	
Mooli Paratha	4
Flat bread stuffed w/ white radish.	
Plain Paratha	2.5
Puri Choliaa	7
Bhutara Choliaa	7

Breads

Naan	2
Wheat flour leavened bread, freshly baked in clay oven.	
Tandoori Roti	2
Durum wheat bread baked in clay oven	
Garlic Naan	2
Naan stuffed w/ garlic	
Makki Roti (2 Pc)	3.95
Bread made w/ corn flour	

Accompaniments

Raita	3
Mild spiced whipped yogurt w/ chickpea flour puffs.	
Papadam (2Pc)	3
Mango Chutney	3
Garden Salad	5
A refreshing mix of lettuce, tomatoes, cucumbers	

Samosa (2Pc) 3

Samosa Channa 5

Beverages

Fresh Squeezed Juice 4

Carrote

Fresh Squeezed Juice 5

Orange

Can Soda Any 1

Soda Plastic or Glass 2

20 Oz pepsi, coke, snapples etc

Style

Plastic

Glass

Lassi 3

Plain, mango, sweet, salty

Flavor

Plain

Mango

Sweet

Salty

Masala Chai (Tea) 1.5

Coffee 2

Cappuccino

Dessert Sweets (Single Order)

Rajbhog

Gulab Jamuns (2Pc) 3

Kheer 3

Ras Malai (2Pc) 3

Rajbhog Kulfi 2

Choose from: mango, pistachio, & plain.

Flavor

Mango

Pistachio

Plain

Main Course Vegetarian

Dalmakhni

Lentils cooked w/ garlic, onions, & ginger w/ a splash of butter.

8.95

Chana Masala

Chickpeas cooked w/ indian spices

8.95

Kadhi Pakora

Onions, potatoes, fritters, & ginger in fused in a tangy yogurt sauce.

8.95

Saag Paneer

Spinach cooked w/ cheese

8.95

Matar Paneer

Cheese coked w/ peas, onions, in a tomato sauce.

8.95

Shahi Paneer

Cheese cubes cooked in creamy sauce

9.95

Aloo Gobhi

Cauliflower cooked w/ potatoes & spices

8.95

Malai Kofta

Fried vegetable balls in a creamy sauce

8.95

Bhindi Masala (Okra)

Okra cooked w/ indian spices

8.95

Cabbage Mutter

Cabbage cooked w/ peas & herbs

8.95

Main Course Non-Vegetarian

Chicken Tikka Saagwala

Boneless chicken cooked w/ spinach & broccoli.

9.95

Chicken Channa

Chicken cooked w/ chickpeas & spices.

9.95

Chicken Karahi

9.95

Chicken Biryani

Chicken cooked w/ rice & spices.	9.95
Chicken Tandoori	9.95
Chicken legs cooked in clay oven	9.95
Chicken Kabab (3Pc)	9.95
Ground chicken cooked in clay oven	10.95
Goat Curry	10.95
Goat cooked w/ curry & spices	10.95
Chicken Vindaloo	10.95

Desi Deli Thali Special

Lunch and Diner (Box)	
Vegetarian Platters (Thali)	8.5
Choices of vegetables of the day rice + one roti	
Non-Veg Platter (Thali)	9
Choices of meat of the day rice + one roti	

Rajbhog Sweets

Rajbhog Cham Cham	9 per lb
Rajbhog Gulab Jaman	9 per lb
Rajbhog Gulabjaman Cut	9 per lb
Rajbhog Rasgulla	9 per lb
Rajbhog Peda Plain	9 per lb
Rajbhog Peda Kesar	9 per lb
Rajbhog Besan	8 per lb
Rajbhog Besan Ladoo	8 per lb
Rajbhog Ladoo Motichur	8 per lb
Rajbhog Jalabi	8 per lb

DELI
BI DHABA
SANDWICH



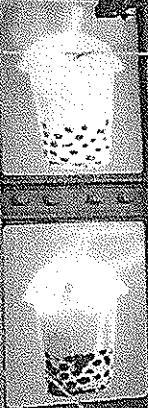
DESI JUICE

FRESH JUICE - BUBBLE TEA - ICE CREAM

WWW.DESIDELI.COM TEL: 212-399-9007

DRY CLEAN
WASH & FO
EXPERT TAIL

ROLL / WRAP
ATI ROLL 5.99
5.99
6.99



Menu board with various food items and prices.

