

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME India Kitchen Inc.		DOING BUSINESS AS (DBA) Same		
STREET ADDRESS 493B & 495A Ninth Avenue		CROSS STREETS 37th St & 38th St		ZIP CODE 10018
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME: Anu Saini	ATTORNEY/ REPRESENTATIVE	NAME: RBA Restaurant & Bar Alliance	
	PHONE: 347-328-2272		PHONE: 1-888-722-9595	
	EMAIL: indiakitchenNY@gmail.com		EMAIL: inform@rba.nyc	
MANAGER	NAME: Amarjit Rai	LANDLORD	NAME: 485-497 Ninth Ave partners, LLC c/o Meyerson Management, LLC	
	PHONE: 212-464-8028		PHONE: 212-760-0003	
	EMAIL: IndiaKitchenNY@gmail.com		EMAIL:	
APPLICATION TYPE <i>(Check One)</i>				
<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?		YES	<input checked="" type="radio"/> NO
	What is/was the name and address of establishment?			
	What were the dates applicant was involved with this former premise?			
<input type="radio"/> Transfer	What is the prior license # and expiration date?			
	Is applicant making any alterations or operational changes?		YES	NO
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>			
<input type="radio"/> 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 type="radio"/> Liquor/Wine/Beer		<input type="radio"/> Beer	<input checked="" 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 checked="" type="radio"/> NO	2/12/16
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="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.		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	NO	

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)

HOURS* <i>(Indoor Only)</i>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	11:30 am 10:30 pm	11:30 am 10:30 pm	11:30 am 10:30 pm	11:30 am 10:30 pm	11:30 am 10:30 pm	11:30 am 10:30 pm	11:30 am 10:30 pm	11:30 am 10:30 pm
	Kitchen	11:30 am 10:30 pm	11:30 am 10:30 pm	11:30 am 10:30 pm	11:30 am 10:30 pm	11:30 am 10:30 pm	11:30 am 10:30 pm	11:30 am 10:30 pm	11:30 am 10:30 pm
	Music	<input checked="" type="checkbox"/>							

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	10	19	7	2	0	0	0
OUTSIDE <i>(Other than sidewalk café)</i>	n/a						
SIDEWALK CAFÉ	n/a						

How many floors are there? What is the capacity for each floor?

1

How frequently will the owner(s) be at the establishment?

weekly

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 security plan be implemented?

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 applicant be using delivery bicycles? If yes, how many?

YES

NO

1

Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law?

YES

NO

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?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	hudson yards
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/> YES	<input 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	non-applicable

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	none	
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.			
Who was your contact person at each group you met with?			
When did applicant post the notice that was provided?			
Where did applicant post the notice that was provided?			
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	347-328-2272 & 212-464-8028
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.	name unknown Exterminator, Use group 7 and store		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO	unknown
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="checkbox"/> NO	
Will applicant have a vestibule within the establishment?	YES	<input checked="" type="checkbox"/> NO	
Will applicant use a storm enclosure?	YES	<input checked="" type="checkbox"/> NO	
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	YES	<input checked="" type="checkbox"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/> YES	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?	YES	NO	not applicable
	<input checked="" type="checkbox"/>		
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	
	<input checked="" type="checkbox"/>		
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	not applicable
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?	<input checked="" type="checkbox"/> YES	NO	
Will the kitchen exhaust system extend to the roof?	YES	<input checked="" type="checkbox"/> NO	
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?	<input checked="" type="checkbox"/> Hvac, basement		
When was the air conditioner installed?	<input checked="" type="checkbox"/> unknown		

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

OUTDOOR ITEMS – SIDEWALK CAFÉ

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

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.

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

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.

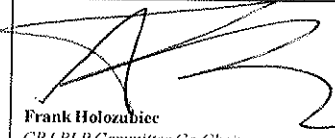
Manhattan Community Board 4 (MCB4) recommends:


Denial unless all stipulations agreed to by applicant/owner are part of the method of operation

Denial Approval

CB4 REPRESENTATIVES

Nelly Gonzalez
CB4 Assistant District Manager

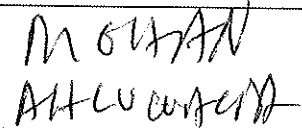

Frank Holozubiec
CB4 BLP Committee Co-Chair



Burt Lazarin
CB4 BLP Committee Co-Chair

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 →


PRINT NAME OF APPLICANT


SIGNATURE OF APPLICANT

5/10/16
DATE

BATHROOM

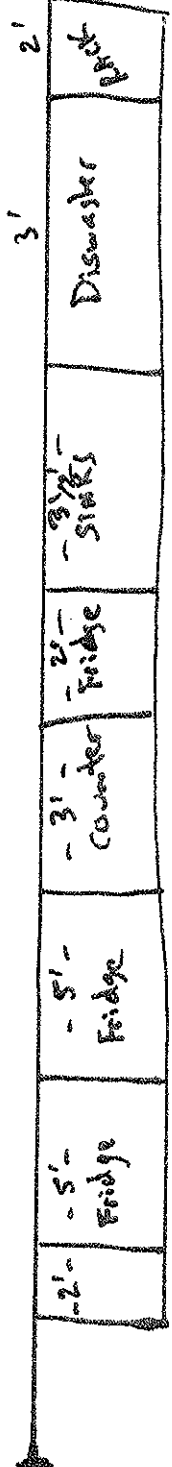
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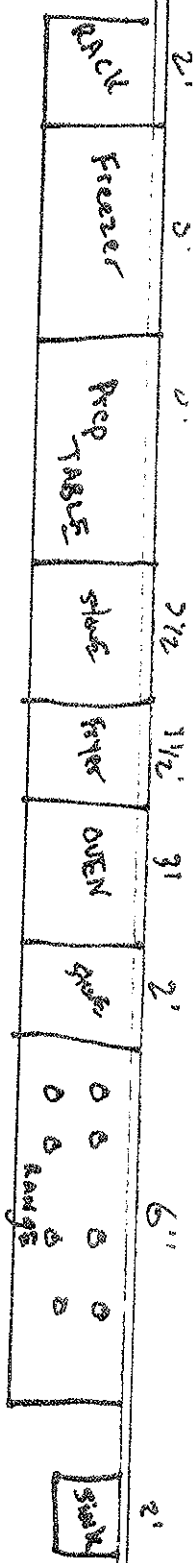


Dining Area
MAIN Floor

INDIA KITCHEN INC.



KITCHEN



ENTRANCE

WINDOW

WINDOW

Kitchen Door

9th Ave.

21' 9"

6'

2'

3'

1 1/2'

2 1/2'

0'

5'

2'

- BASEMENT -

