Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT	DOING BUSINESS AS (DBA)
AMARCORD HOSPITALITY GROUP	

STREET ADDRESS	CROSS STREETS
558 11TH AVENUE	42nd & 43rd

OWNER			ATTORNEY		
	NAME:	ANTONIO MAURO		NAME:	LEONARD M. FOGELMAN
	PHONE:	914-714-2806		PHONE:	212-370-1530
	FAX:	NA		FAX:	212-370-2851

MANAGER			LANDLORD		
	NAME:			NAME:	MASSACHUSETTS MUTUAL LIFE INSURA CO.
	PHONE:	N/A		PHONE:	413-788-8411
	FAX:			FAX:	413-744-6005

DESCRIPTION OF BUSINESS

Establishment Type:
○ Bar/Tavern ○ Bed & Breakfast ○ Eating Place Beer ○ Cabaret ○ Night Club ○ Hotel ● Restaurant
○ Catering Establishment ○ Club (Fraternal Organization -- Members Only)
○ Other (Explain):Bar/Arcade

Method of Operation:
● Restaurant ○ Dance Club ○ Sports Bar ○ Adult Entertainment ○ Wine Bar ○ Pizzeria ○ Cafe
○ Other (Explain):Bar/Arcade

License Type:
● On-Premise ○ Wine ○ Beer ○ Wine & Beer

APPLICATION TYPE *(check one)*				
	● New	Has applicant owned or managed a similar business?	YES	**NO**
		What is/was the name of establishment?		
		What is/was the address of the establishment?		
		What were the dates the applicant was involved with this former premise?		
	○ Transfer	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	YES	NO
		If alterations or operational changes are being made, please attach the plans to this form.		
	○ Alteration	What is the current license #?		
		What is the expiration date on the current license?		
		Please describe the nature of the alterations and attach the plans		

OPERATIONAL ISSUES

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS	Operation	11 – 11	11 – 11	11 – 11	11 – 11	11 – 11	11 – 11	11 – 11
	Music	11 – 11	11 – 11	11 – 11	11 – 11	11 – 11	11 – 11	11 – 11
	Kitchen	11 – 11	11 – 11	11 – 11	11 – 11	11 – 11	11 – 11	11 – 11

(handwritten above Thursday/Friday/Saturday columns: 1 a.m., 1 a.m., 1 am. AM)

	INDOOR				BAR			OUTSIDE	
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 Bars	Number of Seats	Number of Tables
	NOT YET OBTAINED	80	20	74	-0-	1	12		

Question				Notes
How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	3-4	5+	1
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)	YES	(NO)	N/A	
Will applicant have bottle service?	YES	(NO)	N/A	
Will you be hosting private parties and promotional events?	(YES)	NO	N/A	
Will outside promoters be used?	YES	(NO)	N/A	
Will the security plan submitted be implemented?	YES	NO	(N/A)	THERE WILL BE NO SECURITY GUA FOR THIS PREMIS
Will State certified security personnel be used?	YES	NO	(N/A)	
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	YES	NO	(N/A)	
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)	(YES)	NO	N/A	
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	(YES)	NO	N/A	IN FUTURE
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)	YES	(NO)	N/A	IN FUTURE
Will applicant provide contact information to neighbors and respond to complaints that arise?	(YES)	NO	N/A	
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?	YES	(NO)	N/A	AM
If you plan to have music, what type(s)?	(BACKGROUND)	(LIVE MUSIC)	DJ	LIVE MUSIC ON WEEKEND

BUILDING DESIGN

Question				
Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.	(YES)	NO	N/A	
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	N/A	
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)	(YES)	NO	N/A	

OUTDOOR ITEMS

Will applicant use the rooftop, rear yard or any outdoor space?	YES	(NO)	N/A	SIDEWALK CAFE (IN FUTURE)
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 & ZONING

Primary Zoning District:		Overlay (If Applicable):	

Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	(NO)	N/A	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	(YES)	NO	N/A	
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	(NO)	N/A	
Is a Public Assembly permit required?	YES	(NO)	N/A	
Are your plans filed with DOB?	(YES)	NO	N/A	WILL BE FILED SOON

Building Type	○ Residential ○ Commercial ● Mixed Use ○ Other, describe:
Adjacent Buildings	○ Residential ○ Commercial ● Mixed Use ○ Other, describe: _____

NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	43ʳᵈ STREET (B. 9ᵀᴴ /10ᵀᴴ) BLOCK ASSOCIATION
	# 2	
	# 3	

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)