

(All Fields Must Be Completed)

APPLICANT B & N Restaurant Inc.		DOING BUSINESS AS (DBA) Star on 18	
STREET ADDRESS 128 10 th Avenue		CROSS STREETS 28 th Street	
OWNER	NAME: Betty Gioulis	ATTORNEY	NAME: Harry Manesis
	PHONE: 212-366-0994		PHONE: 212-947-8710
	FAX: 212-366-0995		FAX: 212-564-2543
MANAGER	NAME: Betty Gioulis	LANDLORD	NAME: The Nanas Family Mangament LLC
	PHONE: 212-366-0994		PHONE: 718-777-8877
	FAX: 212-366-0995		FAX: 718-777-8452

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): _____

Method of Operation:
 Restaurant Dance Club Sports Bar Adult Entertainment Wine Bar Pizzeria Cafe
 Other (Explain): _____

License Type:
 On-Premise Wine Beer **Wine & Beer**

APPLICATION TYPE (check one)	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
		What is/was the name of establishment?	Starlite Diner	
		What is/was the address of the establishment?	1269 First Ave	
		What were the dates the applicant was involved with this former premise?	1996-2001	
	<input type="radio"/> Transfer	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
		If alterations or operational changes are being made, please attach the plans to this form.		
	<input type="radio"/> 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									
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	6am – 9pm	6am – 9pm	6am – 9pm	6am – 9pm	6am – 9pm	6am – 9pm	6am – 9pm	6am – 9pm
	Music	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
	Kitchen	6am – 9pm	6am – 9pm	6am – 9pm	6am – 9pm	6am – 9pm	6am – 9pm	6am – 9pm	6am – 9pm
OCCUPANCY	INDOOR				BAR			OUTSIDE	
	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
	54	54	14	43	0	0	0	N/A	N/A
How many floors are there? What is the capacity for each floor? (please respond in space provided)					<input checked="" type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> 5+		
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					YES	<input checked="" type="checkbox"/> NO	N/A		
Will applicant have bottle service?					YES	<input checked="" type="checkbox"/> NO	N/A		
Will you be hosting private parties and promotional events?					YES	<input checked="" type="checkbox"/> NO	N/A		
Will outside promoters be used?					YES	<input checked="" type="checkbox"/> NO	N/A		
Will the security plan submitted be implemented?					YES	NO	<input checked="" type="checkbox"/> N/A		
Will State certified security personnel be used?					YES	NO	<input checked="" type="checkbox"/> N/A		
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					YES	NO	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> NO	N/A		
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					<input checked="" type="checkbox"/> YES	NO	N/A	Will apply in future	
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					YES	<input checked="" type="checkbox"/> NO	N/A		
Will applicant provide contact information to neighbors and respond to complaints that arise?					<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> NO	N/A		
If you plan to have music, what type(s)?			BACKGROUND	LIVE MUSIC	DJ				
BUILDING DESIGN									
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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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.)					<input checked="" type="checkbox"/> YES	NO	N/A		

OUTDOOR ITEMS

Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> N/A	
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> N/A	
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	<input checked="" type="checkbox"/> N/A	

LOCATION & ZONING

Primary Zoning District:	C6-3	Overlay (If Applicable):	R8
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A West Chelsea
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	<input type="checkbox"/> 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	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> N/A
Is a Public Assembly permit required?	YES	<input checked="" type="checkbox"/> NO	<input type="checkbox"/> N/A
Are your plans filed with DOB?	YES	<input type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A
Building Type	<input type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1		
	# 2		
	# 3		

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

ADDITIONAL STIPULATIONS: (Office Use Only)

Manhattan Community Board 4 (MCB4) recommends:

Approval Denial unless all agreed to by applicant is part of the method of
 operation Denial

CB4 REPRESENTATIVES

Nelly Gonzalez
 CB4 Community Associate

Lisa Daglian
 CB4 BLP Committee Co-Chair

Paul Seres
 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 →

Betty Groolin
 SIGNATURE OF APPLICANT

Tuesday,
 December 11, 2012

DATE