

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)	
44 th Enterprise Corp.		Lace Two	
STREET ADDRESS		CROSS STREETS	
689 Eighth Ave		43 rd & 44 th St.	
OWNER	NAME:	Anthony Capeci	ATTORNEY
	PHONE:	631-921-2415	
	FAX:	631-421-4734	
MANAGER	NAME:		LANDLORD
	PHONE:		
	FAX:		
	NAME:	Warren Pesetsky	
	PHONE:	212-513-1988	
	FAX:	212-385-0564	
	NAME:	Adcourt Realty Ltd	
	PHONE:		
	FAX:		

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 <i>(check one)</i>	<input type="radio"/> 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?		
	<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?	YES	NO
		<i>If alterations or operational changes are being made, please attach the plans to this form.</i>		
	<input checked="" type="radio"/> Alteration	What is the current license #?	1191455	
		What is the expiration date on the current license?	9/30/13	
<i>Please describe the nature of the alterations and attach the plans</i> Adding a bar				

OPERATIONAL ISSUES									
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	12AM-4AM	12AM-4AM	12AM-4AM	12AM-4AM	12AM-4AM	12AM-4AM	12AM-4AM	12AM-4AM
	Music	12AM-4AM	12AM-4AM	12AM-4AM	12AM-4AM	12AM-4AM	12AM-4AM	12AM-4AM	12AM-3AM
	Kitchen	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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
How many floors are there? What is the capacity for each floor? (please respond in space provided)					<input checked="" type="checkbox"/> 1-2	3-4	5+		
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A	Already have one	
Will applicant have bottle service?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	N/A		
Will you be hosting private parties and promotional events?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	N/A		
Will outside promoters be used?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	N/A		
Will the security plan submitted be implemented?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	N/A		
Will State certified security personnel be used?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	N/A		
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 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)					<input checked="" type="checkbox"/> YES	<input 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	<input type="checkbox"/> NO	N/A		
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Will applicant provide contact information to neighbors and respond to complaints that arise?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	N/A		
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	N/A		
If you plan to have music, what type(s)?			<input checked="" type="checkbox"/> BACKGROUND	<input checked="" type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> 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.					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 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?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 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.)					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 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:	CL-MID	Overlay (If Applicable):	Clinton & Midtown
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?	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> NO	N/A
Is a Public Assembly permit required?	YES	NO	N/A
Are your plans filed with DOB?	YES	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 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)

- will not use velvet ropes prior to 8PM
- will keep ropes w/in 3 ft. of door
- no other change to method of operation

AE
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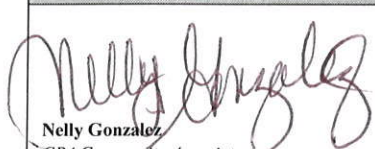
ADDITIONAL STIPULATIONS: (Office Use Only)

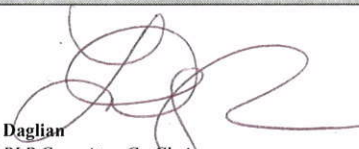
Manhattan Community Board 4 (MCB4) recommends:

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

Denial Approval

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 →


SIGNATURE OF APPLICANT

Tuesday,
February 12, 2013
DATE

