

# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License Stipulations Application

<b>APPLICANT</b>		<b>DOING BUSINESS AS (DBA)</b>			
Oxido Corp.		To be filed			
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>			
753 Ninth Avenue, New York, NY 10019		50 & 51 Street			
<b>OWNER</b>	<b>NAME:</b>	Pablo Raimondi	<b>ATTORNEY</b>		
	<b>PHONE:</b>	(917)817-8360			
	<b>FAX:</b>				
<b>MANAGER</b>	<b>NAME:</b>	Tom Mazar	<b>LANDLORD</b>		
	<b>PHONE:</b>	(917)531-4442			
	<b>FAX:</b>				
		<b>NAME:</b>	Alan J. Gardner		
		<b>PHONE:</b>	(212)227-1700		
		<b>FAX:</b>	(212)766-2628		
		<b>NAME:</b>	753 Ninth Avenue Realty LLC		
		<b>PHONE:</b>	c/o Guy Arad, Esq. (212)584-1955		
		<b>FAX:</b>			
<b>DESCRIPTION OF BUSINESS</b>					
<b>Establishment Type:</b>		<input checked="" type="checkbox"/> Bar/Tavern <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Eating Place Beer <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Restaurant <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Club (Fraternal Organization – Members Only) <input type="checkbox"/> Other (Explain): _____			
<b>Method of Operation:</b>		<input type="checkbox"/> Restaurant <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Pizzeria <input type="checkbox"/> Cafe <input checked="" type="checkbox"/> Other (Explain): <u>Bar/Lounge</u>			
<b>License Type:</b>		<input checked="" type="checkbox"/> On-Premise <input type="checkbox"/> Wine <input type="checkbox"/> Beer <input type="checkbox"/> Wine & Beer			
<b>APPLICATION TYPE</b> (check one)		<input type="checkbox"/> <b>New</b>			
		Has applicant owned or managed a similar business?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
		What is/was the name of establishment?		Ajaccio, Inc.	
		What is/was the address of the establishment?		40 Ave. C, NY, NY	
		What were the dates the applicant was involved with this former premise?		2010-Pres.	
		<input type="checkbox"/> <b>Transfer</b>		What is the prior license #? What is the expiration date on the prior license? Are you making any alterations or operational changes?	
				<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
				If alterations or operational changes are being made, please attach the plans to this form.	
		<input type="checkbox"/> <b>Alteration</b>		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	3pm-4am Daily inc. Sunday								
	Music	Same								
	Kitchen	Same								
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	
	99	99	14	50	0	1	11	N.A.		
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	3-4	5+	1 floor (basement storage)		
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	No		
Will applicant have bottle service?					YES	NO	N/A	No		
Will you be hosting private parties and promotional events?					YES	NO	N/A	No		
Will outside promoters be used?					YES	NO	N/A	No		
Will the security plan submitted be implemented?					YES	NO	N/A	Yes		
Will State certified security personnel be used?					YES	NO	N/A	Yes		
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					YES	NO	N/A	Yes		
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	No		
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					YES	NO	N/A	No		
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	N/A		
Will applicant provide contact information to neighbors and respond to complaints that arise?					YES	NO	N/A	Yes		
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?					YES	NO	N/A	N/A		
If you plan to have music, what type(s)?			BACKGROUND	LIVE MUSIC	DJ		DJ (Weekends); Bkground			
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	N/A	Yes		
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	Yes		
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	Yes		

OUTDOOR ITEMS				
Will applicant use the rooftop, rear yard or any outdoor space?	YES	NO	N/A	No
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	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	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	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	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	N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A	N/A

LOCATION & ZONING			
Primary Zoning District:	R-8	Overlay (If Applicable):	C1-5
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 Clinton
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A Yes
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A Yes
Is a Public Assembly permit required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A Yes
Are your plans filed with DOB?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A No
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" 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	50/51 Street Block Association	
	# 2		
	# 3		

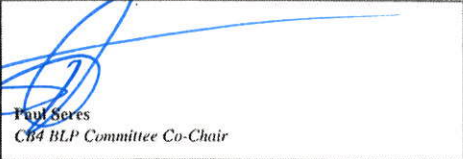
**ADDITIONAL INFORMATION: (Applicant Use)**

**ADDITIONAL NOTES: (Office Use Only)**

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

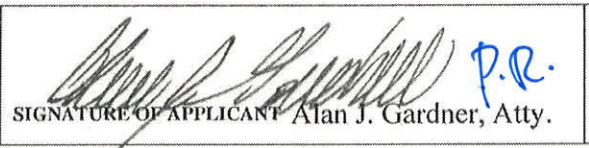
Manhattan Community Board 4 (MCB4) recommends:	<input type="radio"/> Approval <input checked="" type="radio"/> Denial unless all agreed to by applicant is part of the method of operation <input type="radio"/> Denial
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**CB4 REPRESENTATIVES**

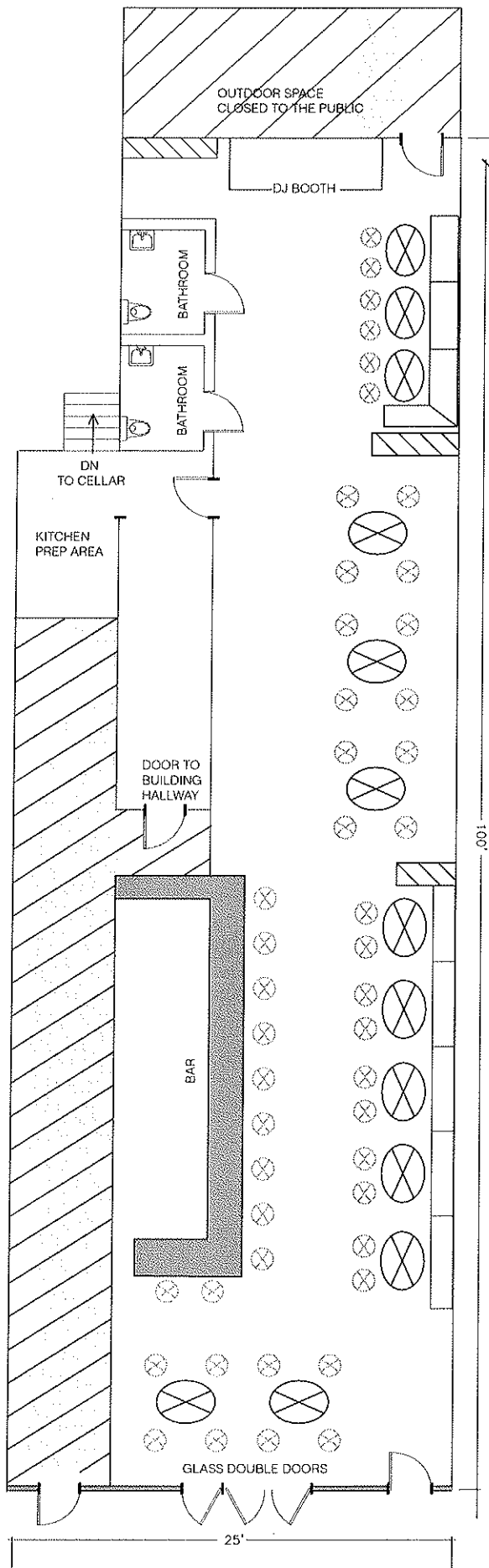
 Nelly Gonzalez <i>CB4 Community Associate</i>	Lisa Daglian <i>CB4 BLP Committee Co-Chair</i>	 Paul Seres <i>CB4 BLP Committee Co-Chair</i>
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**APPLICANT AGREEMENT WITH THE COMMUNITY**

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 →	 p.r. SIGNATURE OF APPLICANT Alan J. Gardner, Atty.	DATE 4/9/13 <del>4/1/13</del>
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ajgard@agardnerlaw.com



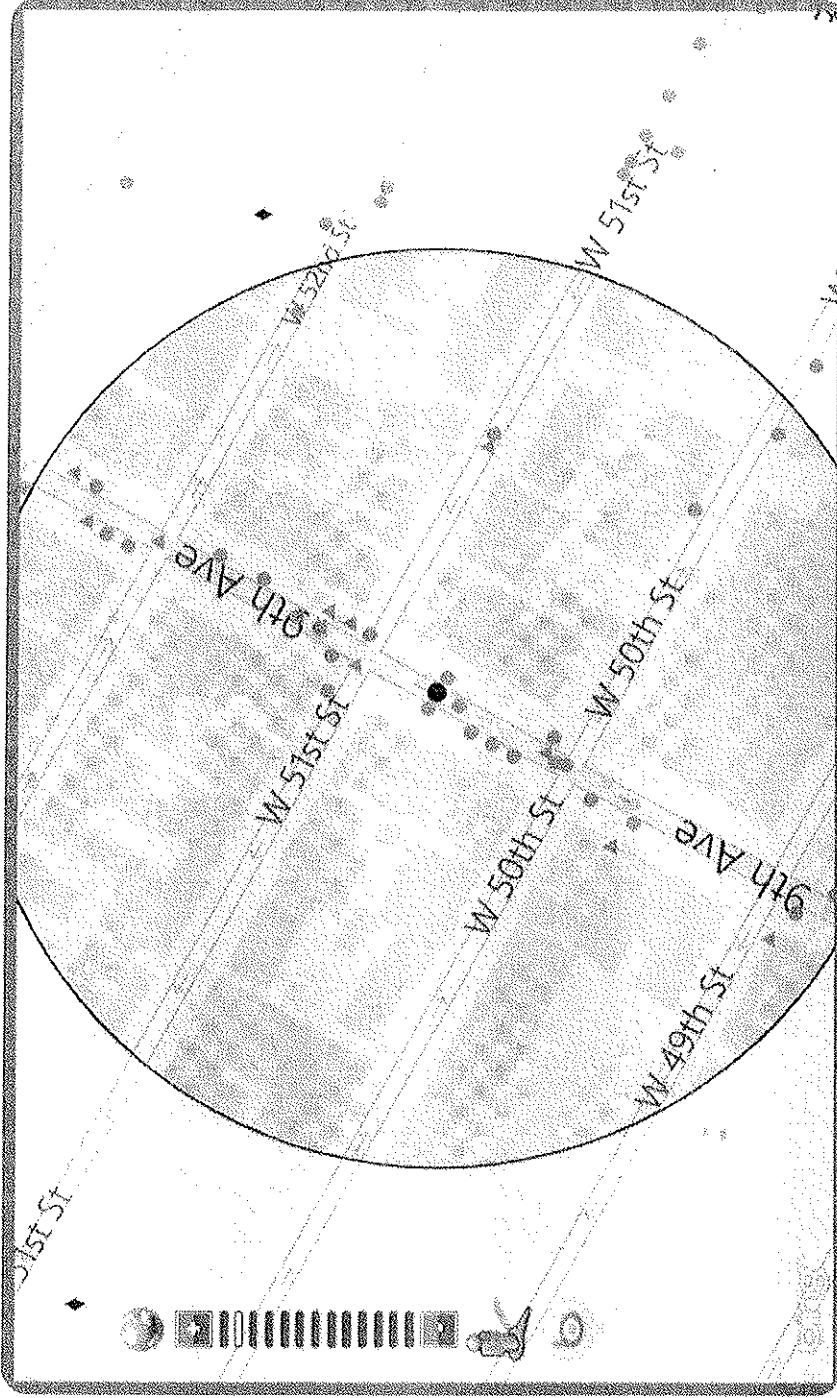
Oxido Corp.

753 Ninth Avenue, New York, NY

Floor Plan

Legend

- Legend symbols and text including: LEGEND, ADDRESS, DISTRICT, CITY, STATE, ZIP, COUNTY, and various symbols for different types of locations.



Disclaimer: The NYS Liquor Authority is not responsible for the accuracy of maps or data obtained from third party sources.

Oxido Corp.  
753 Ninth Avenue, New York, NY 10019  
Liquor Licenses within 500 Feet 4/1/13



OXIDO CORP.  
MENU

SNACKS & SLIDERS

VEGETABLE SPRING ROLLS  
\$ 9

MOZZARELLA STICKS (5)  
\$12

CHEDDAR-STUFFED JALAPEÑO  
\$ 9

ITTY-BITTY CHEESEBURGERS (2)  
\$12

CHICKEN NUGGETS (5)  
\$12

GARDEN ENCHILADAS  
\$ 9



Oxido Corp.  
753 Ninth Avenue, New York, NY 10019  
Exterior Photo

STATE OF NEW YORK  
 EXECUTIVE DEPARTMENT  
 DIVISION OF ALCOHOLIC BEVERAGE CONTROL  
 STATE LIQUOR AUTHORITY

Standardized **NOTICE FORM** for Providing a 30-Day Advance Notice to a Local Municipality or Community Board in connection with the submission to the State Liquor Authority of a (check one)

**New Application**    **Renewal Application**    **Alteration Application**  
 **Corporate Change** for an On-Premises Alcoholic Beverage License

1.	Date the original copy of this Notice was mailed to the Local Municipality or Community Board:	Month	0	Month	3	Day	1	Day	5	Year	2	Year	0	Year	1	Year	3				
<b>THIS 30-DAY ADVANCE NOTICE IS BEING PROVIDED TO THE CLERK OF THE FOLLOWING LOCAL MUNICIPALITY OR COMMUNITY BOARD</b>																					
2.	Name of the Local Municipality or Community Board:	Community Board No. 4 (Manhattan)																			
<b>ATTORNEY REPRESENTING THE APPLICANT IN CONNECTION WITH THE APPLICANT'S LICENSE APPLICATION NOTED AS ABOVE FOR THE ESTABLISHMENT IDENTIFIED IN THIS NOTICE</b>																					
3.	Attorney's Full Name is:	Alan J. Gardner, Esq.																			
4.	Attorney's Street Address:	225 Broadway, Ste. 1620																			
5.	City, Town or Village:	New York										State:	NY		Zip Code:	10007					
6.	Business Telephone Number of Attorney:	(212)227-1700; Fax (212)766-2628; E-Mail ajgard@agardnerlaw.com																			
<b>FOR NEW APPLICANTS, PROVIDE DESCRIPTION BELOW USING ALL INFORMATION KNOWN TO DATE          FOR ALTERATION APPLICANTS, ATTACH COMPLETE DESCRIPTION AND DIAGRAM OF PROPOSED ALTERATION(S)          FOR CURRENT LICENSEES, SET FORTH APPROVED METHOD OF OPERATION ONLY          DO NOT USE THIS FORM TO CHANGE YOUR METHOD OF OPERATION</b>																					
7.	Type(s) of alcohol sold or to be sold under the license: ("X" One)	<input type="checkbox"/> Beer Only	<input type="checkbox"/> Wine and Beer Only	<input checked="" type="checkbox"/> Liquor, Wine and Beer																	
8.	Extent of Food Service: ("X" One)	<input type="checkbox"/> Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef)	<input checked="" type="checkbox"/> Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily-meets legal minimum food availability requirements)																		
9.	Type of establishment: ("X" all that apply)	<input type="checkbox"/> Hotel	<input type="checkbox"/> Live Music	<input checked="" type="checkbox"/> Disc Jockey	<input type="checkbox"/> Juke Box	<input type="checkbox"/> Patron Dancing (Small scale)	<input type="checkbox"/> Karaoke Bar	<input type="checkbox"/> Cabaret, Night Club, (Large Scale Dance Club)	<input type="checkbox"/> Capacity for 600 or more patrons	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Club (e.g. Golf/Fraternal Org.)	<input type="checkbox"/> Catering Facility	<input type="checkbox"/> Stage Shows	<input type="checkbox"/> Topless Entertainment	<input type="checkbox"/> Recreational Facility (Sports Facility/Vessel)					
10.	Licensed outdoor area: ("X" all that apply)	<input type="checkbox"/> None	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Patio or Deck	<input type="checkbox"/> Freestanding Covered Structure	<input checked="" type="checkbox"/> Garden/Grounds												<input type="checkbox"/> Sidewalk Café	<input type="checkbox"/> Other (Specify): None		
11.	Will the license holder or a manager be physically present within the establishment during all hours of operation? ("X" one)	<input checked="" type="checkbox"/> Yes															<input type="checkbox"/> No				
12.	License serial number:	t/b/f										Expiration Date:	N.A.								
13.	The applicant's or license holder's full name, as it appears or will appear on the license:	Oxido Corp.																			
14.	The Trade name, if any, under which the establishment conducts or will conduct business:	To be determined																			
15.	The establishment is located within the building which has the following street address:	753 Ninth Avenue																			
16.	City, Town, or Village:	New York										State:	NY		Zip Code:	10019					
17.	The establishment is located on the following floor(s) of the building at the above address:	Ground Floor & Basement Storage																			
18.	Within the building at the above address, the establishment is located within the room(s) numbered as follows:																				
19.	Business telephone number of applicant/licensee:	(646)594-8766										Business fax number of applicant/licensee:									
20.	Business e-mail address of applicant/licensee:																				
21.	Does the applicant or license holder own the building in which the establishment is located? ("X" one)	<input type="checkbox"/> Yes (If "Yes", SKIP items 22-25)															<input checked="" type="checkbox"/> No				
<b>OWNER OF THE BUILDING IN WHICH THE LICENSED ESTABLISHMENT IS LOCATED</b>																					
22.	Building owner's full name is:	753 Ninth Avenue Realty LLC																			
23.	Building owner's street address:	753 Ninth Avenue																			
24.	City, Town, or Village:	New York										State:	NY		Zip Code:	10019					
25.	Business telephone number of building owner:	t	b	f	-																
26.	I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license. By my signature, I affirm - under <b>Penalty of Perjury</b> - that the representations made in this form are true.																				
	Printed Name	Alan J. Gardner										Title	Attorney					Signature	