

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT Sherena International Inc.		DOING BUSINESS AS (DBA) Mamasita Bar & Grill		
STREET ADDRESS 818 Tenth Ave., New York, NY		CROSS STREETS 54th and 55th		
OWNER	NAME: Prakash Hundalani	ATTORNEY	NAME: Vivian K. Tozaki, Esq.	
	PHONE: 917-767-2295		PHONE: 347-401-0295	
	FAX: 631-880-7101		FAX: 631-382-8190	
MANAGER	NAME:	LANDLORD	NAME: Icon Realty Management	
	PHONE:		PHONE: unknown	
	FAX:		FAX:	
DESCRIPTION OF BUSINESS				
Establishment Type:	<input checked="" type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization – Members Only) <input type="radio"/> Other (Explain): _____			
Method of Operation:	<input type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input checked="" type="radio"/> Other (Explain): <u>tavern serving food at all hours of operation</u>			
License Type:	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
APPLICATION TYPE <i>(check one)</i>	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
		What is/was the name of establishment?	Sherry's Restaurant	
		What is/was the address of the establishment?	852 8th Ave.	
		What were the dates the applicant was involved with this former premise?	10/93-12/2012	
	<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 <input type="checkbox"/> NO <input type="checkbox"/>	
		<i>If alterations or operational changes are being made, please attach the plans to this form.</i>		
	<input type="radio"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
<i>Please describe the nature of the alterations and attach the plans</i>				

OPERATIONAL ISSUES

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	11a-1a	11a-1a	11a-1a	11a-1a	11a-1a	11a-1a	11a-1a
	Music	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Kitchen	11a-1a	11a-1a	11a-1a	11a-1a	11a-1a	11a-1a	12p-1a

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
	74	25	5	10	0	1	3	0	0

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	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	no		
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	yes		
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	yes		

If you plan to have music, what type(s)?	BACKGROUND	LIVE MUSIC	DJ	background / ambient
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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	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	n/a

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

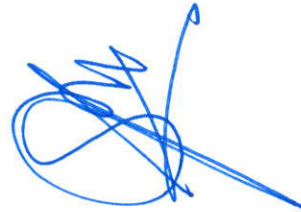
LOCATION & ZONING				
Primary Zoning District:	C	Overlay (If Applicable):		F4
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	N/A	no
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	N/A	yes
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	NO	N/A	no
Is a Public Assembly permit required?	YES	NO	N/A	no
Are your plans filed with DOB?	YES	NO	N/A	yes
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	CB 4		
	# 2			
	# 3			

ADDITIONAL INFORMATION: (Applicant Use)

Mamasita's Bar & Grill will be small, quiet neighboring gathering place. A light menu including appetizers, pub food and some entrees will be served at all hours of operation. The applicant, an experienced restaurant operator, is aware of quality of life issues and promises to be respectful of the rights and needs of neighbors at all times.

ADDITIONAL NOTES: (Office Use Only)

*kitchen will be vented to the roof
as per DOB code.*



ADDITIONAL STIPULATIONS: (Office Use Only)

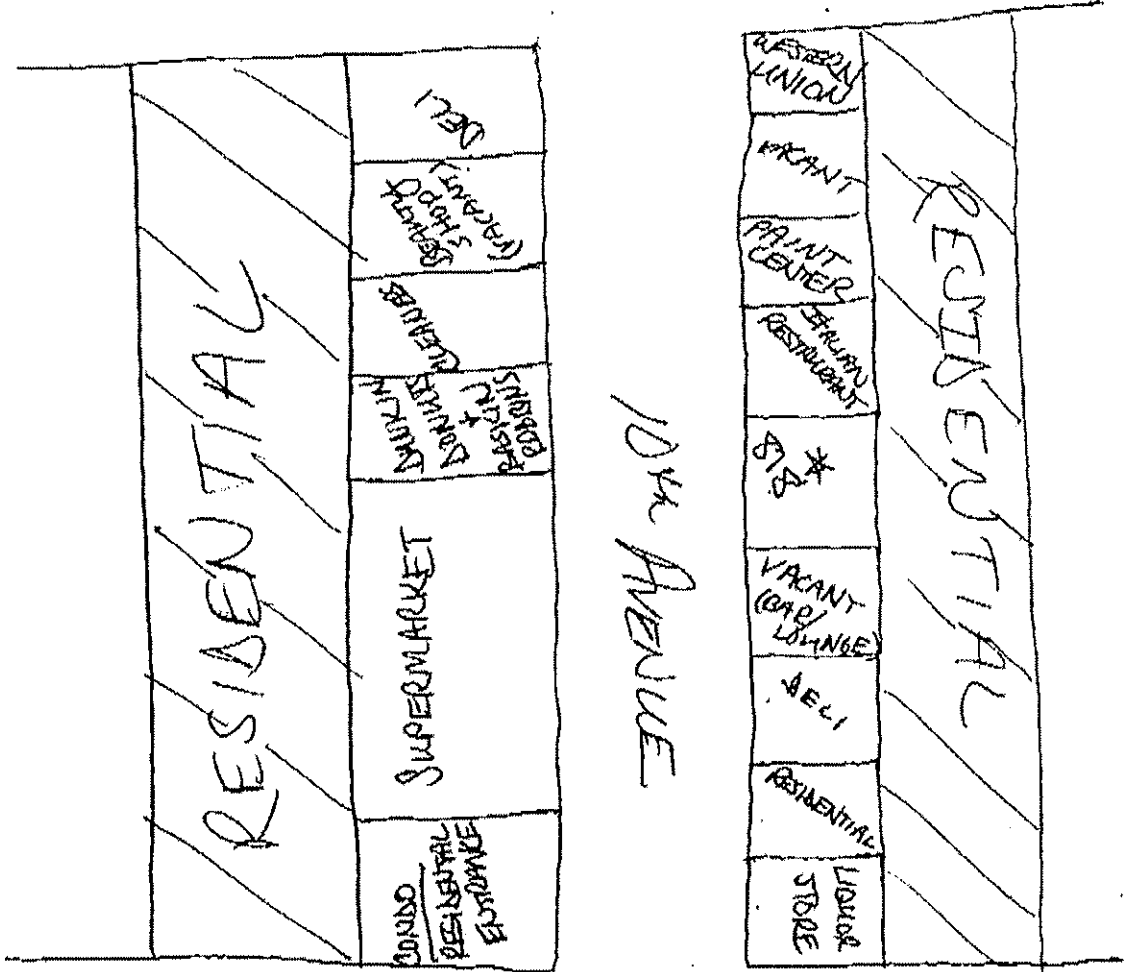
Manhattan Community Board 4 (MCB4) recommends:		<input type="radio"/> Approval <input checked="" type="radio"/> Denial unless all agreed to by applicant is part of the method of operation <input type="radio"/> Denial
CB4 REPRESENTATIVES		
 Nelly Gonzalez <i>CB4 Community Associate</i>	Lisa Daglian <i>CB4 BLP Committee Co-Chair</i>	 Paul Serris <i>CB4 BLP Committee Co-Chair</i>
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	4/9/2013 DATE

Sherena's International Inc.
 dba Mamasita Bar & Grill
 818 10th Ave.
 New York, NY 10019

BAR
 3000 STROOK
 1700

WAREHOUSE
 RESIDENTIAL
 LOFTS
 VACANT

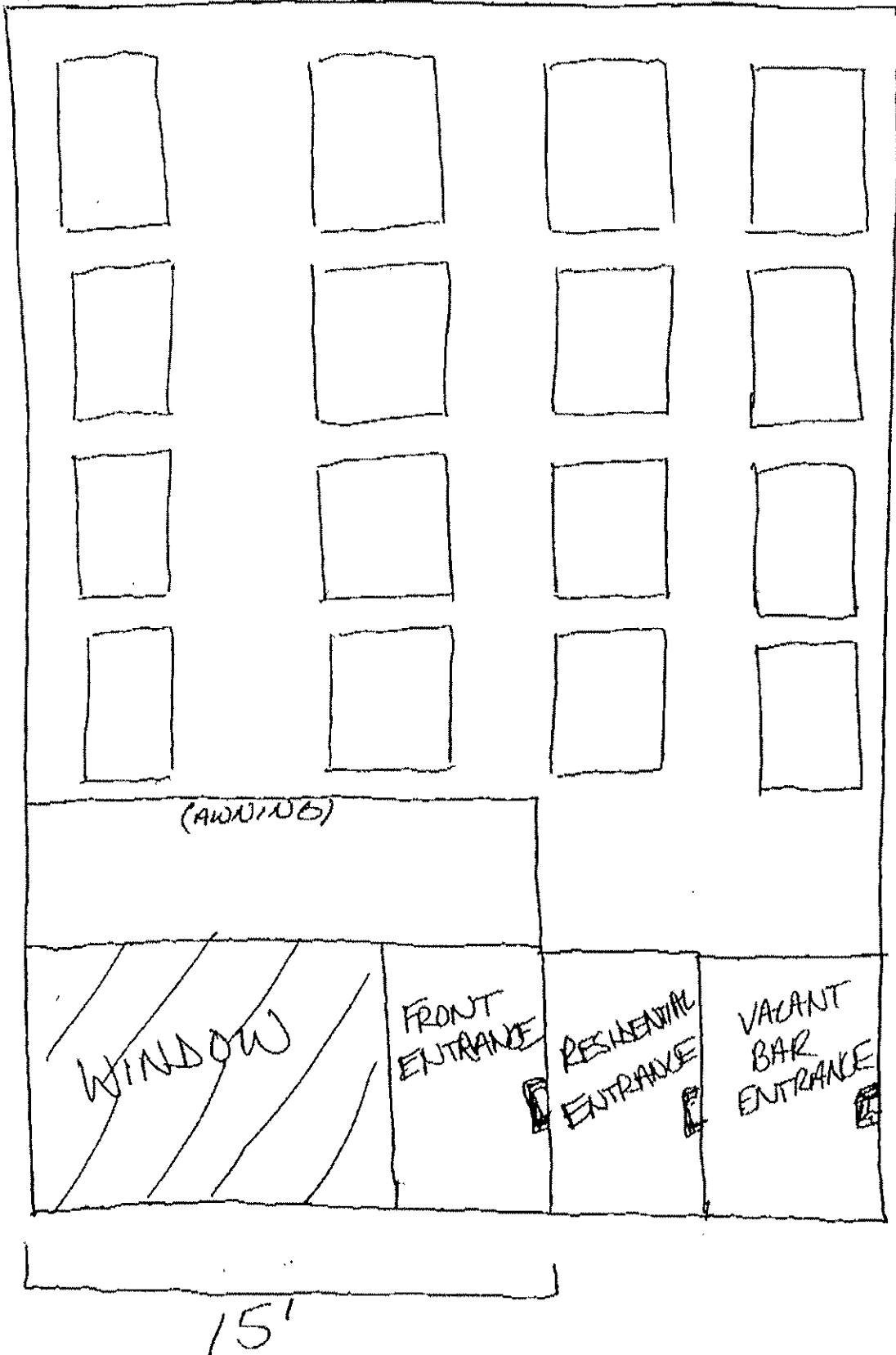
55th Street



54th Street

ATTN
 CENTER

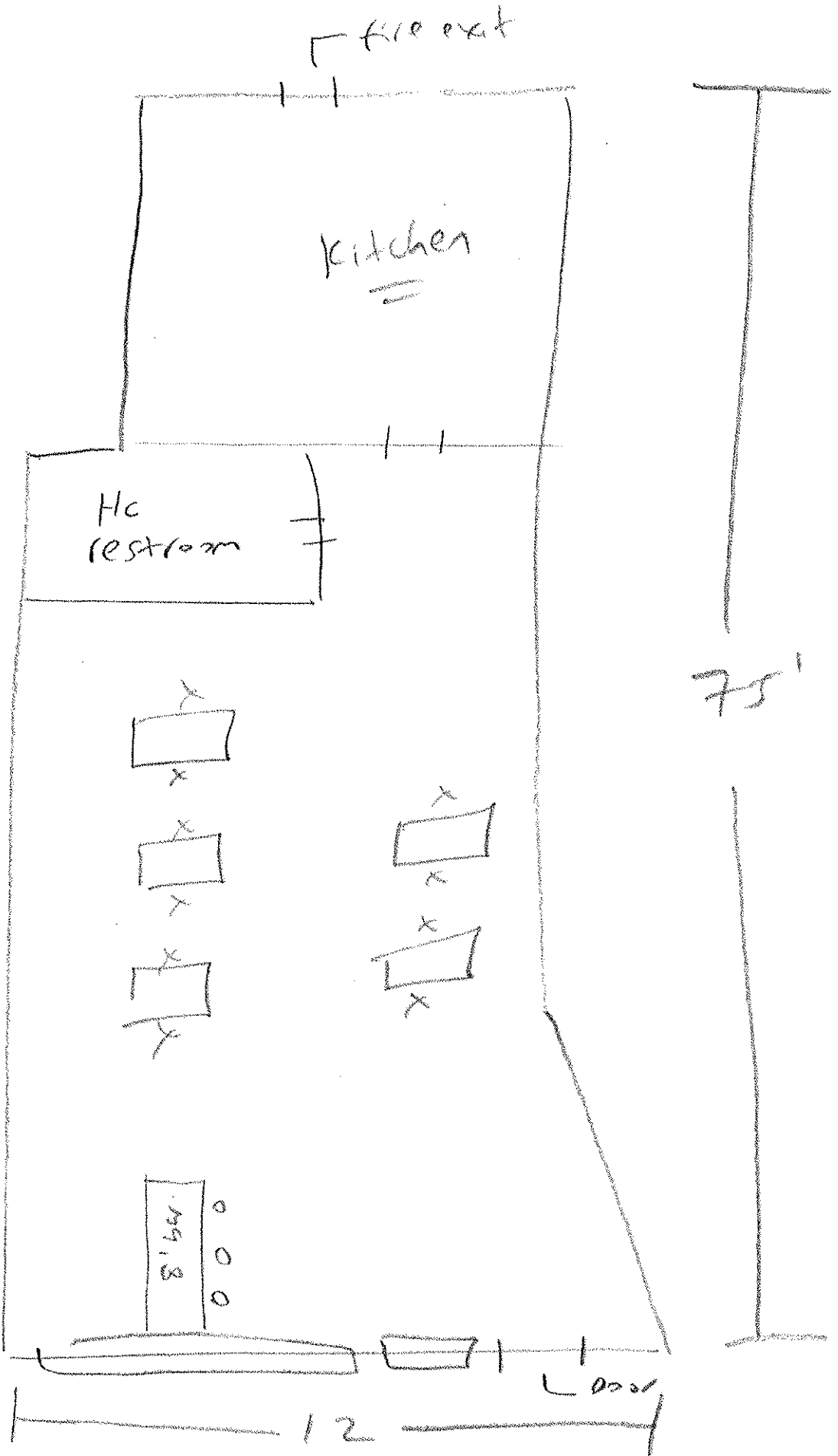
CONDOS
 RESIDENTIAL



100

Sherena's International Inc.
dba Mamasita Bar & Grill
818 10th Ave.
New York, NY 10019

Interior



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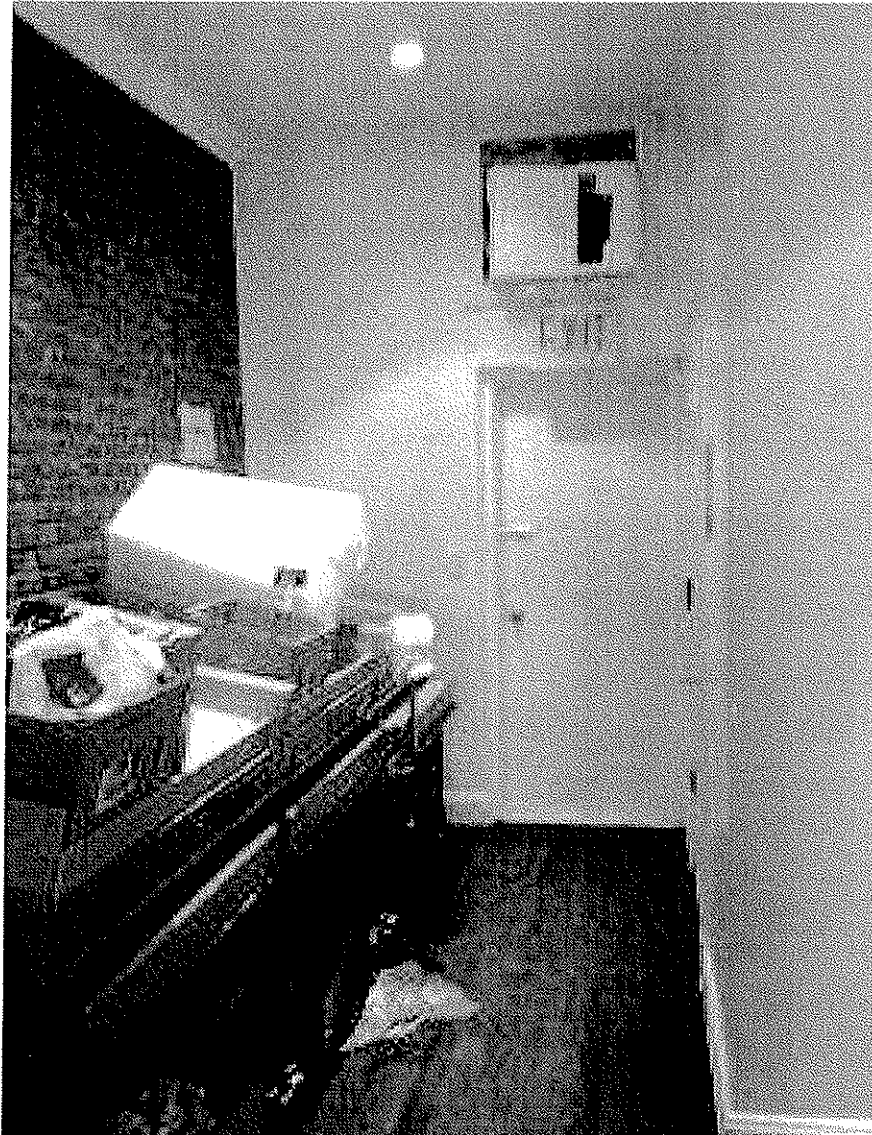
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DEPARTMENT OF BUILDINGS CERTIFICATE OF OCCUPANCY

BOROUGH **MANHATTAN**

DATE: **JUN 09 1986** NO. **88725**

ZONING DISTRICT **C 6-2**

This certificate supersedes C.D. No.

THIS CERTIFIES that the ~~owner~~ altered ~~existing~~ building premises located at
818 10th Avenue Block **1064** Lot **4**

CONFORMS SUBSTANTIALLY TO THE APPROVED PLANS AND SPECIFICATIONS AND TO THE REQUIREMENTS OF ALL APPLICABLE LAWS, RULES, AND REGULATIONS FOR THE USES AND OCCUPANCIES SPECIFIED HEREIN

PERMISSIBLE USE AND OCCUPANCY

STORY	LIVE LOAD LBS PER SQ FT	MAXIMUM NO OF PERSONS PERMITTED	ZONING NO OF DWELLING OR RESIDENTIAL UNITS	BUILDING CODE HABITABLE ROOMS	ZONING USE GROUP	BUILDING CODE OCCUPANCY GROUP	DESCRIPTION OF USE
Cellar	O.G.				2		Boiler Room
1st	80	60	0		6	C & F4	Store and restaurant
2nd	40		3	11	2	J2	Apartments
3rd	40		3	10	2	J2	Apartments
4th	40		3	10	2	J2	Apartments
5th	40		3	11	2	J2	Apartments
			Residential Old Code				

OPEN SPACE USES _____

(SPECIFY - PARKING SPACES, LOADING BERTHS, OTHER USES, NONE)

**NO CHANGES OF USE OR OCCUPANCY SHALL BE MADE UNLESS
A NEW AMENDED CERTIFICATE OF OCCUPANCY IS OBTAINED**

**THIS CERTIFICATE OF OCCUPANCY IS ISSUED SUBJECT TO FURTHER LIMITATIONS, CONDITIONS AND
SPECIFICATIONS NOTED ON THE REVERSE SIDE.**

George Colonna
BOROUGH SUPERINTENDENT

Charles W. ...
COMMISSIONER

ORIGINAL OFFICE COPY - DEPARTMENT OF BUILDINGS COPY

APPLICANT'S STATEMENT

Sherena International Inc. dba Mamasita Bar & Grill, 818 10th Ave., has filed plans to convert the existing space from a market to an eating and drinking establishment, a use that is consistent with the existing Certificate of Occupancy.

Mamasita Bar & Grill will operate a small, neighborhood gathering place. There will be a small bar and approximately five tables with a total of 10 seats.

The applicant's plan calls for the construction of a small kitchen in the rear of establishment. The kitchen will have a four-burner stove, griddle, deep fryer and broiler. Food will be served at all hours of operation.

There will be no live music or dancing, and there are no outside areas. There will be no promoters and the tavern will not participate in pub crawls or any activity likely to disturb neighbors or that could endanger the public.

The applicant, an experienced restaurant operator, promises to be a good corporate citizen and pledges to do everything in his power to be a community asset and to not contribute to quality of life problems along 10th Avenue.

Sherena's International Inc.
dba Mamasita Bar & Grill
818 10th Ave.
New York, NY 10019

APPLICANT'S STATEMENT CONCERNING THE MENU

The applicant is familiar with the minimum food availability requirement in the state Alcoholic Beverage Control Law for special on-premise liquor license holders.

Although the menu is a work in progress, the applicant will comply by offering:

- Cold and hot sandwiches
- Traditional pub fare
- Soups and salads
- Dinner entrees and specials
- Dessert and coffee

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dba Mamasita Bar & Grill
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SENT VIA PRIORITY MAIL w/SIGNATURE CONFIRMATION REQUESTED

John Springer
52 Horizon View Drive
Farmingville, NY 11738
(631) 331-3334 phone | (631) 880-7101 fax
john@nybarguy.com

Nelly Gonzalez
Manhattan Community Board No. 4
330 West 42nd St., 26th Floor
New York, NY 10036

RE: Sherena International Inc., 818 10th Ave., New York, NY 10019 (OP-NEW YORK-NEW)

March 13, 2013

Dear Ms. Gonzalez:

I am a non-attorney licensing consultant assisting Sherena International Inc. and its attorney, Vivian Tozaki Esq., in connection with an application for a an on-premise liquor license to the New York State Liquor Authority.

Attached please find the 30-day advance community notification the applicant is required to file with the Community Board under state law.

If you e-mail me the Stipulations Application, I will get to work on the photos, diagrams and other items required by the BLP committee requires in advance of its meeting on this application. We are hoping to come in for the April meeting.

Sincerely,



John Springer
For the applicant

Attachment

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-Premise Alcoholic Beverage License

1.	Date the original copy of this Notice was mailed to the Local Municipality or Community Board:	03/18/2013
2.	Name of the Local Municipality or Community Board:	MANHATTAN CB 4
3.	Attorney's Full Name Is:	
4.	Attorney's Street Address:	
5.	City, Town or Village:	State: Zip Code:
6.	Business Telephone Number of Attorney:	
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 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 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 checked="" type="checkbox"/> None <input type="checkbox"/> Rooftop <input type="checkbox"/> Patio or Deck <input type="checkbox"/> Freestanding Covered Structure <input type="checkbox"/> Garden/Grounds <input type="checkbox"/> Sidewalk Café <input type="checkbox"/> Other (Specify): None
11.	Will the license holder or 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:	PENDING Expiration Date:
13.	The applicant's or license holder's full name, as it appears or will appear on the license:	Sherene International Inc
14.	The Trade name, if any, under which the establishment conducts or will conduct business:	TBD
15.	The establishment is located within the building which has the following street address:	818 10th Ave
16.	City, Town, or Village:	NEW YORK NY Zip Code: 10019
17.	The establishment is located on the following floor(s) of the building at the above address:	1
18.	Within the building at the above address, the establishment is located within the room(s) numbered as follows:	1
19.	Business telephone number of applicant/licensee:	631-331-3334 Business fax number of applicant/licensee: 631-880-7101
20.	Business e-mail address of applicant/licensee:	John@NYBarGuy.com
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
22.	Building owner's full name is:	Icon Realty Management LLC
23.	Building owner's street address:	433 West 14th St, suite 429 JR
24.	City, Town, or Village:	State: Zip Code:
25.	Business telephone number of building owner:	(unknown) - - - - -
26.	By my signature, I certify that the information furnished on this application is true and correct. I understand that anyone who furnishes false or misleading information on this application or who omits material or information requested on the application may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).	
	Printed Name Title Signature	Trakash Hundalari President X [Signature]