



CITY OF NEW YORK

**MANHATTAN COMMUNITY BOARD FOUR**

330 West 42<sup>nd</sup> Street, 26<sup>th</sup> floor New York, NY 10036  
tel: 212-736-4536 fax: 212-947-9512  
www.nyc.gov/mcb4

**COREY JOHNSON**  
Chair

**ROBERT J. BENFATTO, JR., ESQ.**  
District Manager

August 5, 2013

Dennis Rosen  
Chairman  
New York State Liquor Authority  
80 S. Swan Street, 9<sup>th</sup> Floor  
Albany, New York 12210

Re: 818 10<sup>th</sup> Ave., Inc  
d/b/a Reserve  
818 10<sup>th</sup> Avenue (54/55)

Dear Chairman Rosen:

Manhattan Community Board 4 (MCB4) recommends denial of a new On-Premise Liquor License for Reserve at 818 10<sup>th</sup> Avenue (54/55) unless the following stipulations, agreed to by the applicant, are part of the method of operation for this establishment with a capacity of 60 people, with 6 tables, 20 seats, 1 stand-up bar with 10 seats, 5 tables outside with 10 seats within building property line.

- Soundproof ceiling
- Will provide diagram of outdoor space with clearly shown escape egress
- Rear yard will close at 9PM Sunday-Thursdays and 11PM Friday & Saturday – clear & vacated
- Rear Yard will open at 4PM
- Job postings on website
- Distribute contact info and respond to any complaints.
- No music outside

A signed copy of the questionnaire and stipulations are enclosed.

Sincerely,

Corey Johnson

[signed 7/31/13]  
Paul Seres

[signed 7/31/13]  
Lisa Daglian

Chair

Co-Chair  
Business License & Permits  
Committee

Co-Chair  
Business License & Permits  
Committee

# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License Stipulations Application

<b>APPLICANT</b> 818 10th Ave., Inc.		<b>DOING BUSINESS AS (DBA)</b> Reserve			
<b>STREET ADDRESS</b> 818 10th Ave., New York, NY		<b>CROSS STREETS</b> 54th and 55th			
<b>OWNER</b>	<b>NAME:</b> Joe Miller	<b>ATTORNEY</b>	<b>NAME:</b> Michael G. LoRusso		
	<b>PHONE:</b> 631-331-3334		<b>PHONE:</b> 516-921-4305		
	<b>FAX:</b> 631-880-7101		<b>FAX:</b> 631-382-8190		
<b>MANAGER</b>	<b>NAME:</b>	<b>LANDLORD</b>	<b>NAME:</b> Icon Realty Management		
	<b>PHONE:</b>		<b>PHONE:</b> unknown		
	<b>FAX:</b>		<b>FAX:</b>		
<b>DESCRIPTION OF BUSINESS</b>					
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				
<b>APPLICATION TYPE</b> <i>(check one)</i>	<input checked="" type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?	<b>YES XXX</b>	<b>NO</b>	
		What is/was the name of establishment?	Claw		
		What is/was the address of the establishment?	744 9th Ave.		
		What were the dates the applicant was involved with this former premise?	9/2012-present		
	<input type="radio"/> <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?	<b>YES</b>	<b>NO</b>	
		<i>If alterations or operational changes are being made, please attach the plans to this form.</i>			
	<input type="radio"/> <b>Alteration</b>	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	12p-2a	12p-2a	12p-2a	12p-2a	12p-2a <sup>4</sup>	12p-2a <sup>4</sup>	12p-2a
	Music	n/a	n/a	n/a	n/a	n/a	n/a	n/a
	Kitchen	12p-2a	12p-2a	12p-2a	12p-2a	12p-2a <sup>4</sup>	12p-2a <sup>4</sup>	12p-2a

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
	60	40-50	6	20	0	1	10	10	5

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

**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

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

<b>LOCATION &amp; ZONING</b>				
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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	Yes... clinton
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: _____			

<b>NOTIFICATION:</b> What organizations / community groups have you notified regarding your application?	# 1	CB 4
	# 2	
	# 3	


**ADDITIONAL INFORMATION: (Applicant Use)**

"Reserve" 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)**

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

- soundproofed ceiling
- will provide diagram of outdoor space with clearly shown fire escape egress
- rear yard will close at 9PM Sun-Thurs and 11pm Fri & Sat - cleared & vacated.
- rear yard will open at 4PM
- job postings on website
- distribute contact info & respond to any complaints
- no music outside

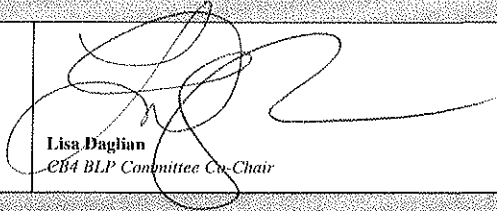


Manhattan Community Board 4 (MCB4) recommends:

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** →



SIGNATURE OF APPLICANT

6/11/2013  
DATE