



CITY OF NEW YORK

MANHATTAN COMMUNITY BOARD FOUR

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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, 9th Floor
Albany, New York 12210

Re: 733 Restaurant Corp.
d/b/a Gossip
733 9th Avenue (49/50)

Dear Chairman Rosen:

Manhattan Community Board 4 (MCB4) recommends denial for an alteration of an On-Premise Liquor License for 733 Restaurant Corp d/b/a Gossip – 733 9th Avenue (49/50) unless the following stipulations, agreed to by the applicant, are part of the method of operation for this establishment with a capacity of 174, with 63 tables with 150 seats, 1 service bar and 1 stand up bar with 20 seats.

- Doors and windows must be closed at 10PM Sunday-Thursday and 11PM Friday & Saturday and whenever amplified sound is used.
- Sandwich board and sidewalk signs will be removed/flush to wall.
- For corporate change as well
- Open till 4AM and kitchen open as well.

A signed copy of the questionnaire and stipulations are enclosed.

Sincerely,

Corey Johnson
Chair

[signed 7/31/13]
Paul Seres
Co-Chair
Business License & Permits
Committee

[signed 7/31/13]
Lisa Daglian
Co-Chair
Business License & Permits
Committee

July 9, 2013

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT 733 RESTAURANT CORP.		DOING BUSINESS AS (DBA) Gossip		
STREET ADDRESS 733 9th Avenue, NY, NY 10019		CROSS STREETS 49th & 50th Streets		
OWNER	NAME: DANNY DOLHAN	ATTORNEY	NAME: Warren Pesetsky	
	PHONE: 917-613-8026		PHONE: (212) 513-1988	
	FAX:		FAX: (212) 385-0504	
MANAGER	NAME:	LANDLORD	NAME: 1604 Operating Corp.	
	PHONE:		PHONE: 917-714-1450	
	FAX:		FAX:	
DESCRIPTION OF BUSINESS				
Establishment Type:		<input 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 checked="" 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 checked="" 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 type="radio"/> Other (Explain): _____		
License Type:		<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer		
APPLICATION TYPE (check one)	<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
		If alterations or operational changes are being made, please attach the plans to this form.		
	<input checked="" type="radio"/> Alteration	What is the current license #?	1209592	
		What is the expiration date on the current license?	11/30/2014	
Please describe the nature of the alterations and attach the plans		CHANGE HOURS OF OPERATION * * STIPULATION CHANGE ONLY - * Method of oper. SAME.		

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* STIPULATION CHANGE ONLY - *
Method of oper. SAME.

OPERATIONAL ISSUES

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	10am - 4am	10am - 4am	10am - 4am	10am - 4am	10am - 4am	10am - 4am	10am - 4am	10am - 4am
	Music	"	"	"	"	"	"	"	
	Kitchen	"	"	"	"	"	"	"	

* Current
* Proposed

OCCUPANCY	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
	174	170	63	150	1	1	20	0	0

How many floors are there? What is the capacity for each floor? (please respond in space provided) 174 total

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

Will applicant have bottle service? YES NO N/A

Will you be hosting private parties and promotional events? YES NO N/A

Will outside promoters be used? YES NO N/A

Will the security plan submitted be implemented? YES NO N/A

Will State certified security personnel be used? YES NO N/A

Will New York Nighliffe Association recommendations and NYPD Best Practices be followed? YES 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) YES NO N/A

Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided) YES NO N/A

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

Will applicant provide contact information to neighbors and respond to complaints that arise? 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 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 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 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

OUTDOOR ITEMS

Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> 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="radio"/> 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="radio"/> 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="radio"/> 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.).	<input checked="" type="radio"/> YES	NO	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.	<input checked="" type="radio"/> YES	NO	N/A	
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="radio"/> YES	NO	N/A	

LOCATION & ZONING

Primary Zoning District:		Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	NO	N/A <i>CL - clinton</i>
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO	N/A
Is the 500 Foot Rule or 200 Foot Rule Triggerred? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	NO	<input checked="" type="radio"/> N/A
Is a Public Assembly permit required?	YES	NO	<input checked="" type="radio"/> N/A
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	NO	<input checked="" type="radio"/> N/A
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		
	# 2		
	# 3		



ADDITIONAL INFORMATION: (Applicant Use)

- Doors & windows must be closed at 10PM Sun- Thurs and 11PM Fri & Sat. and whenever amplified sound is used.
- sandwich board & sidewalk signs will be removed / flush to wall
- for corporate change as well
- open til 4am and kitchen open as well.

James Ryan

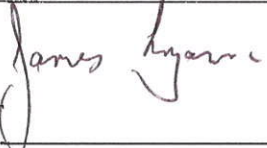
Manhattan Community Board 4 (MCB4) recommends:	<input type="radio"/> Approval <input type="radio"/> Denial unless all agreed to by applicant is part of the method of operation <input type="radio"/> Denial
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CB4 REPRESENTATIVES

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 →	SIGNATURE OF APPLICANT 	DATE
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