



CITY OF NEW YORK

MANHATTAN COMMUNITY BOARD FOUR

330 West 42nd Street, 26th floor New York, NY 10036
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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, 9th Floor
Albany, New York 12210

Re: STHK, LLC
d/b/a Snack Tavern Hell's Kitchen
522 9th Avenue (9th & 39th)

Dear Chairman Rosen:

Manhattan Community Board 4 (MCB4) recommends denial of a new On-Premise Liquor License for STHK, LLC d/b/a Snack Tavern Hell's Kitchen 522 9th Avenue (9th & 39th) unless the following stipulations, agreed to by the applicant, are part of the method of operation for this establishment with a capacity of 74 people, with 14 tables, 34 seats, and 1 stand-up bar with 5 seats.

- Doors: windows will be closed at 10PM Sunday – Thursday and 11PM Friday & Saturday and whenever amplified sound.
- Will consider sidewalk corner repair

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

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT		DOING BUSINESS AS (DBA)	
STHK LLC		Snack Taverna Hell's Kitchen	
STREET ADDRESS		CROSS STREETS	
522 9 th Avenue, New York, NY 10018		Corner of 9 th Ave. + 39 th Street	
OWNER	NAME:	Adam Greene	ATTORNEY
	PHONE:	(917) 664-7164	
	FAX:	(212) 929-3491	
MANAGER	NAME:	Dennis Chrysanthopoulos	LANDLORD
	PHONE:	(917) 214-4235	
	FAX:	(212) 924-3491	
		NAME:	Joseph Levey
		PHONE:	(212) 219-1193
		FAX:	(212) 226-7554
		NAME:	Michael Kravne
		PHONE:	(516) 295-5156
		FAX:	N/A
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 checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES <input type="radio"/> NO
		What is/was the name of establishment?	Snack Company Bedford LLC
		What is/was the address of the establishment?	63 Bedford Street, New York, NY 10014
		What were the dates the applicant was involved with this former premise?	2002-Present
	<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?	<input type="radio"/> YES <input type="radio"/> NO
		If alterations or operational changes are being made, please attach the plans to this form.	
	<input type="radio"/> Alteration	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	7A-12A	7A-12A	7A-12A	7A-2A	7A-2A	9A-2A	9A-12A
	Music	7A-12A	7A-12A	7A-12A	7A-2A	7A-2A	9A-2A	9A-12A
	Kitchen	7A-12A	7A-12A	7A-12A	7A-2A	7A-2A	9A-2A	9A-12A

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	45	14	34	0	1	5	0	0

How many floors are there? What is the capacity for each floor? (please respond in space provided)	<input checked="" type="radio"/> 1-2	34	5+	1st: 74p Cellar: 10p
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)	YES	<input checked="" type="radio"/> NO	N/A	
Will applicant have bottle service?	YES	<input checked="" type="radio"/> NO	N/A	
Will you be hosting private parties and promotional events?	YES	<input checked="" type="radio"/> NO	N/A	
Will outside promoters be used?	YES	<input checked="" type="radio"/> NO	N/A	
Will the security plan submitted be implemented?	YES	<input checked="" type="radio"/> NO	N/A	
Will State certified security personnel be used?	YES	NO	<input checked="" type="radio"/> N/A	
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	YES	NO	<input checked="" type="radio"/> 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="radio"/> YES	NO	N/A	Have not applied yet; proper attire will be worn at all times.
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	<input checked="" type="radio"/> YES	NO	N/A	Will apply in future (7 tables/14 seats)
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)	YES	<input checked="" type="radio"/> NO	N/A	Please see above
Will applicant provide contact information to neighbors and respond to complaints that arise?	<input checked="" type="radio"/> YES	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="radio"/> 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.	<input checked="" type="radio"/> 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?	<input checked="" type="radio"/> 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.)	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> 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.).	YES	NO	<input checked="" type="radio"/> 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="radio"/> 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="radio"/> N/A

LOCATION & ZONING				
Primary Zoning District:	C1-7A		Overlay (If Applicable):	N/A
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	N/A	
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 Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="radio"/> YES	NO	N/A	500' only - see enclosed
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A	
Are your plans filed with DOB?	YES	<input checked="" type="radio"/> NO	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	Building tenants		
	# 2	Local establishments		
	# 3			

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

- Doors & windows will be closed at 10PM Sun-Thurs & 11PM Fri & Sat and whenever amplified sound
- will consider sidewalk corner repair

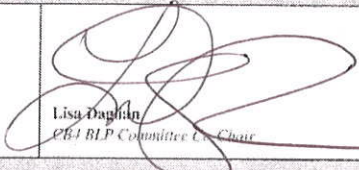


Manhattan Community Board 4 (MCB4) recommends:

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

CB4 REPRESENTATIVES

Nelly Gonzalez
CB4 Community Associate



Lisa Dagnidin
CB4 BLP Committee Co-Chair


Paul Torres
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

DATE

6/26/2013



7/9/2013