CITY OF NEW YORK MANHATTAN COMMUNITY BOARD FOUR



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: Manhattan Fare Crop d/b/a Brooklyn Fare 431 W. 37th Street

Dear Chairman Rosen:

Manhattan Community Board 4 (MCB4) recommends <u>denial</u> of a new On-Premise Liquor License for Brooklyn Fare at 431 W. 37th Street <u>unless</u> the following stipulations, agreed to by the applicant, are part of the method of operation for this establishment with a capacity of 65 people, with 7 tables, 35 seats, 6 tables outside with 24 seats within building property line.

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

- ➤ Will adhere to CB4 outdoor guidelines closed and vacated by 10PM Sunday-Thursday and 11PM Friday & Saturday
- ➤ Will work with CB4 for jobs/applicants.

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

APPLICANI	or Comment	DOING BUSINESS AS (DBA)								
MANHATTI	CORP.	Brooklyn FARE								
STREET ADDRESS				CROSS STREETS						
431 West 37th ST, UNITB. NY NY 10036			Between 9th + 10th Avenues on 37ths							
NAMEL	MONEER			NAME	ARthur A. Hirschler					
OWNER PHONE:	917-75	0-1055 (cen)	ATTORNEY	PHONE:	212-301-6945					
PAX				FAX:						
NAME	Moneer	<u>i</u> issa		NAME.	WEST 37th YYY LLC					
MANAGER PHONE;	917-750	1055 (Cell)	LANDLORD	PHONE.	212-766-9651					
FAX				FAX						
DESCRIPTION OF BE	SINIS									
	O Bar/Tavern O	Bed & Breakfast O Eating Pla	ace Beer 🔘 C	abaret O Niç	ght Club O Hotel 🏶 Restaurant					
Establishment Type:	Catering Establis	shment O Club (Fratemal Orga	anization – Memb	ers Only)						
	Other (Explain):									
Method of Operation:	Restaurant (Restaurant Dance Club Sports Ber Adult Entertainment Wine Bar Pizzeria Cafe								
	Other (Explain):									
License Type:	On-Premise 🔾	Wine O Beer O Wine & E	Beer							
		Has applicant owned or managed a	similar business?		(YES) NO					
	New	What is/was the name of establishment?			BROOKLYN FARE Kitchen Gop					
		What is/was the address of the esta	ablishment?	200 Scheamerhopn ST Braddyn						
		What were the dates the applicant v	was involved with thi	s former premise?	Presently involved					
APPLICATION TYPE		What is the prior Ilcense #?			1258785					
(check one)	○ Transfer	What is the expiration date on the p	***************************************		11-30-13					
		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.								
		What is the current license #?	, , , , , , , , , , , , , , , , , , ,							
	Alteration	What is the expiration date on the co	urrent license?							
		Please describe the nature of the all	terations and attach							

OPERATIO	NAL ISSUI	5												
		MO	INDAY	TUES	DAŸ	WEDNE	SDAY.	TH	RSDAY		FRIDAY	SAT	URDAY	SUNDAY
HOURS	Operation Music	SPM ,	-11 PM	SPM-	· IIAn	<u>5 M - 1</u>	Thu	SA.	m-1/f	m .s	<u> </u>		-11 <i>l</i> /m	5:Am 10)
	Kitchen	8 Am-	10:30 PM	8 Am -1	0:30 ln 8	?hm-10:	30 F.M	ļ		Pn 8A	m-1030	Di 8:Am	-15:30 PM	Sign Sio
			(Vini)	CIR .						į.				1-104
OCCUPANCY	Capacit (Cerfilicat Occupane	cut	Maximum 6 c You Auto Occupying I (Including En	ipate 'remises	Numbe of Table	A. 35 A. Call 4	berof uts	Ser	ber of vice Bars	Num Stan Bi		Number of Sents at Bars	Number of Seats	
	65		65		7	3	5	C	>	C	,	0	24	6
How many floors ar provided)	re there? What is	s the capa	city for each f	loor? (plea	se respo	nd in spac	ce ce	1.2	14	16.		. s=(1)	Floor	
Vill you be applying	g or intending to	apply for a	cabaret lice	nse? If yes	, will ther	e be dand	ing?	YES	(sō,	NA		46 C7	i wx	
olease respond in Vill applicant have						***************************************		(ves)						
/ill you be hosting		nd promot	ional events?				************	YES	NO NO	N/A N/A		1		
/ill outside promote	····							VES	(Ñ)	N/A	int.	yloe_		
/ill the security pla	n submitted be i	mplemente	ed?					YES	(8 0)	NA				
/ill State certified s	ecurity personne	el be used	?					YES	(T)	NA				
/ill New York Night bllowed?	life Association i	recommen	dations and f	VYPD Besi	l Practice	s be		(xis)	NO.	N/A		· · · · · · · · · · · · · · · · · · ·		
/ill the applicant be ick? Delivery bicyc ear attire clearly no	les are to be cle	ariy marke	d with the na	me of the i	to DOT for restauran	r bicycle t and staf	f will	YPS	(<u>§</u>	N/A				
ill the applicant be pace provided)	applying for a S	idewalk C	afé now or in	the future	? (please	respond i	n	YES	(<u>©</u>)	N/A		··········		
res to the above, a ease respond in s		ed and sub	mitted to DC	A? How m	any table	s/seats?		VES	NO	(0)				
Il applicant provide	e contact informa	ation to ne	ghbors and r	espond to	complain	ts that ari	se?	(vis)	NO	NZA				·
II you inform the C your jobs webpage	ommunity Board	office of	our job open	ings and/o	r provide	a hyperli	nk	YES	NO	N/A			and a substitute of the first processor of	
you plan to have m	usic, what type(s)?		[(ACKGRO	(Gran	LIVE A	tusic	ī	y.	musi	c insi	de ont	· ·
HEDING DI	ESIGN								I.					
ors and windows vent of no amplified all other days.	vill be closed wh sound, will be c	en any an losed by 1	plified music 1 PM Friday :	is played and Saturd	and in the lay and 1	9 0 PM	YES	(30)	N/A		1 Pm			
applicant follow the ential noise disturb eing speakers on t	cance to the neigh	ahboring re	esidents and	d engineer buildings, i	to mitiga		(IS)	NO:	N/A					
o you agree to comply with DOB rules concerning a storm enclosure? Storm iclosures can be used between November 15 and April 15, but they may NOT sees opect more than 18 inches from the store front.)						ŒS	(80)	M	1	et-Nac	25 Juny	1 3	2/	

OUTDOORTEMS				
Will applicant use the rooftop, rear yard or any outdoor space?	(vis)	NO	N/A	rear yard (small)
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.	Vis.	Ø	NIA	41 Pm - WIN
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.	Ø	NO	NA	SCATING ONLY
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	(313)	NO	NA	No Standing
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.).		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.	(3)	NO	Ş	
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?		NO	٧x	

LOCATION & ZONI	NG .							
Primary Zoning District:		Overlay (If A	pplicable)):				
Is this a Special District? If yes,	elsea or Hudson Yards?	3125	(10)	ΝA				
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?					NO.	N/i		*******
Is the 500 Foot Rule or 200 Foot diagram of the establishments th	es, which? Please attach a	YES	0	N/A				
Is a Public Assembly permit requ		YES	(60)	NIA				
Are your plans filed with DOB?				(F)	30	NΛ		
Building Type	O Residen	Other,	describe:					
Adjacent Buildings	Residential Commercial Mixed Us				describe:			
NOTIFICATION:		# 1				***************************************		
What organizations / community groups have you notified regarding your application?		# 2					An and a supplied to the suppl	
	1	4 3					And the second of the second o	1

ADDITIONAL INFORMATION: (Applicant Use)

This will be a first class Restaurant similiar to owner's other Restaurant by the name of Brooklyn Fare located at 200 Schemerborn Street, Brooklyn, NY. There is NO BAR + PATRONS CANNOT DRINK UNLESS they are Also Dining. The Restaurant is presently under Construction, so I am founding a Digram of the GEATING in Menus in his Brooklyn Restaurant.

ADDITIONAL NOTES: Office Use Only)

APDITIONAL STEP	ULATIONS: (Office	Use Only)		
	by	10pm S	un - Thur Tri - Sat	guidelines s /yplicat

Manhattan Community Board 4 (MCB4)	O Approval O Denial unless all agreed to by applicant is part of the method of operation O Denial					
CB4 REPRESENTATIVES						
Nelly Gonzalez CB4 Community Associate	Lisa Dagliah CB4 BLP Committee Co-Chair			aul Seres B4 BLP Comm	uittee Co-Chair	
APPLICANT AGREEMENT WI	TH THE COMMUNIT	Y				
Pursuant to these stipulations, this appli license. Additionally, the applicant agree	icant agrees to have these es to the community agree	provisions inco ments as the ba	rporated asis for t	I in the me	thod of operation	n of their liquor this application.
SIGN HERE	SIGNATURE OF APPLICANT		•		DATE	