

**Manhattan Community Board 4**  
(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT <b>F &amp; W INTERNATIONAL LLC</b>		DOING BUSINESS AS (DBA)			
STREET ADDRESS <b>337 W 14<sup>th</sup> STREET</b>		CROSS STREETS			
OWNER	NAME:	ATTORNEY	NAME: <b>ALEXANDRO MORANDI</b>		
	PHONE:		PHONE: <b>212 564 5400</b>		
	FAX:		FAX: <b>646 536 8719</b>		
MANAGER	NAME: <b>PAOLO MENEQALLI</b>	LANDLORD	NAME: <b>335-7 LLC</b>		
	PHONE: <b>347 894 1220</b>		PHONE: <b>212 243 7757</b>		
	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 checked="" type="radio"/> Wine & Beer <span style="float: right;"><i>P. Meneqalli</i></span>			
APPLICATION TYPE (check one)	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?		YES	<input checked="" type="radio"/> 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 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	10am - 12am	Same	Same	10 - 1am	10 - 2am	10 - 2am	10 - 12am
	Music					PM	PM	
	Kitchen	10am - 11:30	Same	Same	10 - 12	10 - 12	10 - 12	10 - 11:30

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
	75	74	16	60	1	1	10		

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

Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)

Will applicant have bottle service?

Will you be hosting private parties and promotional events?

Will outside promoters be used?

Will the security plan submitted be implemented?

Will State certified security personnel be used?

Will New York Nightlife Association recommendations and NYPD Best Practices be followed?

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)

Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)

If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)

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

Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?

If you plan to have music, what type(s)?

**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.

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?

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.

OUTDOOR ITEMS				
Will applicant use the rooftop, rear yard or any outdoor space?	<input checked="" type="radio"/> YES	NO	N/A	See Attachment
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.	<input checked="" type="radio"/> YES	NO	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.	<input checked="" type="radio"/> YES	NO	N/A	
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	<input checked="" type="radio"/> YES	NO	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?	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.	YES	NO	N/A	
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	NOT YET
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)**

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

- soundproof installation
- exhaust to roof
- will keep sidewalk in front clear of people
- queue inside.
- will relocate staircase entry to east side of entrance.  
[pending DOB approval]
- will work with neighbors
- will relocate garbage

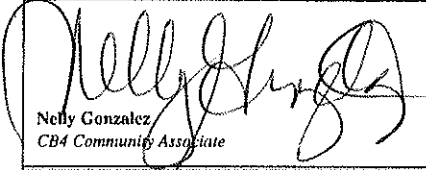
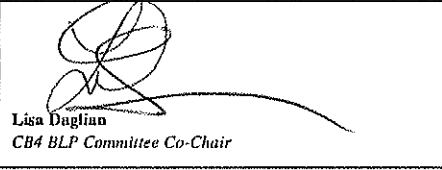

P. Khosli

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

Empty box for additional stipulations.

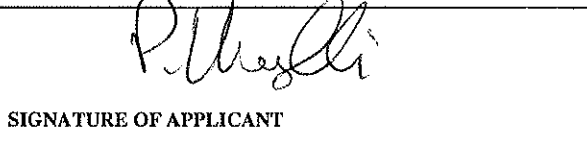
Manhattan Community Board 4 (MCB4) recommends:	<input type="radio"/> Approval <input checked="" type="radio"/> Denial unless all agreed to by applicant is part of the method of operation <input type="radio"/> Denial
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**CB4 REPRESENTATIVES**

 Nelly Gonzalez CB4 Community Associate	 Lisa Daglian CB4 BLP Committee Co-Chair	 Paul Seres CB4 BLP Committee Co-Chair
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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.

<b>SIGN HERE</b> →	 SIGNATURE OF APPLICANT	9/10/13 DATE
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