

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT		DOING BUSINESS AS (DBA)	
Pushcart Coffee Chelsea LLC		Pushcart Coffee	
STREET ADDRESS		CROSS STREETS	
401 West 25th Street		25th and 9th Ave	
OWNER	NAME: James Rogers	ATTORNEY	NAME: Vivian Tozaki
	PHONE: 917-234-0766		PHONE: 347-401-0295
	FAX:		FAX:
MANAGER	NAME: James Rogers	LANDLORD	NAME: 25th Street Chelsea Equities
	PHONE: pending		PHONE: 646-834-9463
	FAX:		FAX:
DESCRIPTION OF BUSINESS			
Establishment Type:		<input checked="" type="checkbox"/> Bar/Tavern <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Eating Place Beer <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Restaurant <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Club (Fraternal Organization – Members Only) <input checked="" type="checkbox"/> Other (Explain): <u>Coffeeshop/Cafe</u>	
Method of Operation:		<input type="checkbox"/> Restaurant <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Pizzeria <input checked="" type="checkbox"/> Cafe <input type="checkbox"/> Other (Explain): _____	
License Type:		<input type="checkbox"/> On-Premise <input type="checkbox"/> Wine <input type="checkbox"/> Beer <input checked="" type="checkbox"/> Wine & Beer	
APPLICATION TYPE (check one)	<input checked="" type="checkbox"/> 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?	Pushcart Coffee
		What is/was the address of the establishment?	221 E. Broadway
		What were the dates the applicant was involved with this former premise?	current, but no beer and wine license
	<input type="checkbox"/> 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="checkbox"/> 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	7AM - MIDNIGHT							
	Music	Recorded ONLY							
	Kitchen	N/A							

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
	206	100 approx.	8	24	N/A	Ø	Ø	N/A	N/A

How many floors are there? What is the capacity for each floor? (please respond in space provided)	1-2	3-4	5+	ground floor use only (206)		
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 Nightlife 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.).	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.	<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	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> NO	N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	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 checked="" type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	Penn South, Brendan Keany, GM	
	# 2	Elliot Chelsea Houses: Carol Cross, Manager	
	# 3	London Terrace: Margaret Brozic, Property Manager	

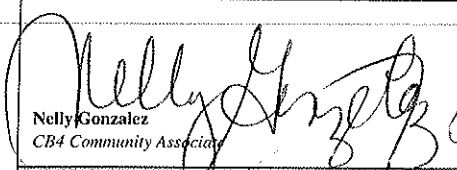
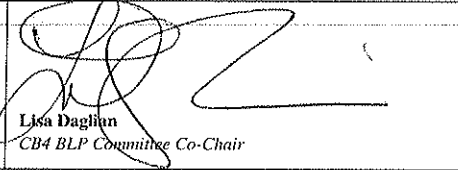
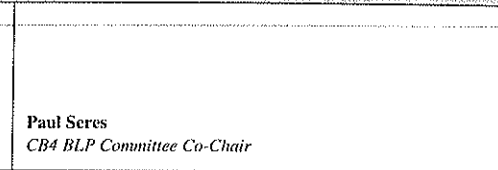
ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

Manhattan Community Board 4 (MCB4) recommends:

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

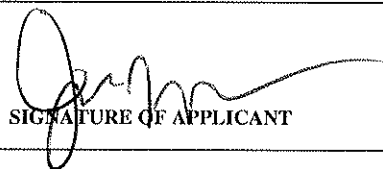
CB4 REPRESENTATIVES

 Nelly Gonzalez CB4 Community Association	 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.

SIGN HERE →



SIGNATURE OF APPLICANT

DATE 9/10/13