

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME Highline Group NYC LLC		DOING BUSINESS AS (DBA) TBD	
STREET ADDRESS 525 West 29th Street		CROSS STREETS 10th Avenue, 11th Avenue	ZIP CODE 10001
OWNER <i>(Attach a list of all the people that will be associated listed with the license)</i>	NAME: Paula Lopez	ATTORNEY/ REPRESENTAIVE	NAME: Benjamin Korngut
	PHONE: (347) 421-7242		PHONE: (212) 566-5021
	EMAIL:		EMAIL: ben@korngutlawoffices.com
MANAGER	NAME: Fernando Lopez	LANDLORD	NAME: PFJ LTD
	PHONE: (347) 624-9277		PHONE: (347) 403-3407
	EMAIL: F14224@gmail.com		EMAIL:
APPLICATION TYPE (Check One)			
<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
	What is/was the name and address of establishment?	Fabianib Corp. 35-50 31st St., Astoria, N	
	What were the dates applicant was involved with this former premise?	2005- Present	
<input type="radio"/> Transfer	What is the prior license # and expiration date?		
	Is applicant making any alterations or operational changes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input type="radio"/> Alteration	What is the current license # and expiration date?		
	<i>Please list/describe the nature of all the changes and attach the plans:</i>		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input checked="" type="radio"/> Liquor/Wine/Beer <input type="radio"/> Beer <input type="radio"/> Wine & Beer		
ESTABLISHMENT TYPE	<input checked="" type="radio"/> Restaurant <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Bar/Tavern <input type="radio"/> Catering Establishment <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Club (Fraternal Organization – Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	After the meeting with the Community Board.
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	See attached 500 ft survey
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

*Late night menu available after midnight.

1am
2am
2am
12/1
PL

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)									
HOURS* <i>(Indoor Only)</i>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	noon-2am	noon-2am	noon-2am	noon-4am	noon-4am	noon-4am	noon-2am	
	Kitchen	noon-1am*	noon-1am*	noon-1am*	noon-1am*	noon-1am*	noon-1am*	noon-1am*	
	Music	noon-2am	noon-2am	noon-2am	noon-4am	noon-4am	noon-4am	noon-2am	
If you plan to have music, what type(s)? <i>(Circle all that apply)</i>		<input checked="" type="checkbox"/> BACKGROUND	<input checked="" type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> DJ *	<input type="checkbox"/> JUKE BOX	<input type="checkbox"/> KARAOKE			
** Live music will be light dinner music, eg, jazz trio, acoustic guitar				OCCUPANCY		*Friday and Saturday Only			
	Capacity <i>(Certificate of Occupancy)</i>	Maximum # of Persons You Anticipate Occupying Premises <i>(Including Employees)</i>	Number of Tables	Number of Seats	Number of Service Only Bars	Number of Stand-Up Bars	Number of Seats at Stand-Up Bar		
INSIDE	141	141	16	110	1	1	10		
OUTSIDE <i>(Other than sidewalk café)</i>	N/A	N/A							
SIDEWALK CAFÉ	N/A								
How many floors are there? What is the capacity for each floor?					1 Floor/ 141				
How frequently will the owner(s) be at the establishment?					All the time				
Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?					YES	<input type="checkbox"/> NO			
Will applicant have bottle or table service for beverage alcohol?					<input checked="" type="checkbox"/> YES	NO			
Will you be hosting private; promotional or corporate events?					<input checked="" type="checkbox"/> YES	NO			
Will outside promoters be used on a regular basis? If yes please describe.					YES	<input type="checkbox"/> NO			
Will you have a security plan? If, yes please attach.					YES	<input type="checkbox"/> NO			
Will security plan be implemented?					YES	<input type="checkbox"/> NO			
Will State certified security personnel be used?					<input checked="" type="checkbox"/> YES	NO			
Will New York Nightlife Association and NYPD Best Practices be followed?					<input checked="" type="checkbox"/> YES	NO			
Will applicant be using delivery bicycles? If yes, how many?					YES	<input type="checkbox"/> NO			
Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law?					YES	<input type="checkbox"/> NO			
Where will delivery bicycles be stored during the day when not in use?					N/A				

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Is a Public Assembly permit required?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Are your plans filed with DOB?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Cosmetic alterations only, no plans of required.

Community Notification/Relations			
NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted	# 1	See attached email to community groups	
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.	We were not asked to meet with groups		
Who was your contact person at each group you met with?	N/A		
When did applicant post the notice that was provided?	March 1, 2016- Re-posted on 3/14/16		
Where did applicant post the notice that was provided?	Front of premises		
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	(347) 421-7242
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

BUILDING DESIGN

State the name and type of business previously located in the space.	Mona NYC Inc.		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Leonora
Do you plan any changes to the existing façade? If yes, please describe.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	New paint/ more visible window frontage.
Will applicant have a vestibule within the establishment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant use a storm enclosure?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have any of the following: (circle all that apply)	<input type="checkbox"/> FRENCH DOORS	<input type="checkbox"/> GARAGE DOORS	<input type="checkbox"/> WINDOWS THAT CAN BE OPENED
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant close all windows, French doors, garage doors by 11 PM Friday and Saturday and 10 PM on all other days even if no music or amplified sound is played inside the establishment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
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="checkbox"/> YES	<input type="checkbox"/> NO	Existing soundproofing.
Will the kitchen exhaust system extend to the roof?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will the establishment have an illuminated sign?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Where will the air conditioner be located? What type is it?	Roof		
When was the air conditioner installed?			

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO	N/A
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	NO	
Are the floorplans for the outdoor space(s) included?	YES	NO	
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	YES	NO	
Will the service and consumption of alcohol in any outdoor space only be via sealed food service?	YES	NO	
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	NO	
Will there be no amplified music, as per the law?	YES	NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES	NO	
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO	
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	

No outdoor/No sidewalk

OUTDOOR ITEMS – SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	NO	N/A
Will applicant be applying for a sidewalk café now or in the future?	YES	NO	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	YES	NO	
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	YES	NO	
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	NO	
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk café?	YES	NO	
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	YES	NO	
Will applicant use umbrellas?	YES	NO	
If construction or construction protection has reduced the sidewalk width, will applicant always maintain an 8 foot clear path of sidewalk between the perimeter of the café and the closes obstruction including construction barricades?	YES	NO	

No outdoor/ No sidewalk

ADDITIONAL STIPULATIONS: (Office Use Only)

- Promises to be closed and vacated of patrons no later than 1a.m. Sunday - Thursday and 2a.m. Friday - Saturday
- Kitchen to be open until 1 hour prior to closing

To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

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

To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

Manhattan Community Board 4 (MCB4) recommends:

Denial unless all stipulations agreed to by applicant/owner are part of the method of operation

Denial Approval

CB4 REPRESENTATIVES


Nelly Gonzalez
CB4 Assistant District Manager


Frank Holozubiec
CB4 BLP Committee Co-Chair


Burt Lazarin
CB4 BLP Committee Co-Chair

APPLICANT AGREEMENT WITH THE COMMUNITY

Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of operation of its liquor license. The stipulations in this application constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 and applicant. These stipulations supersede any oral statements or representations in connection with this application.

SIGN HERE



Paula A. Lopez

PRINT NAME OF APPLICANT

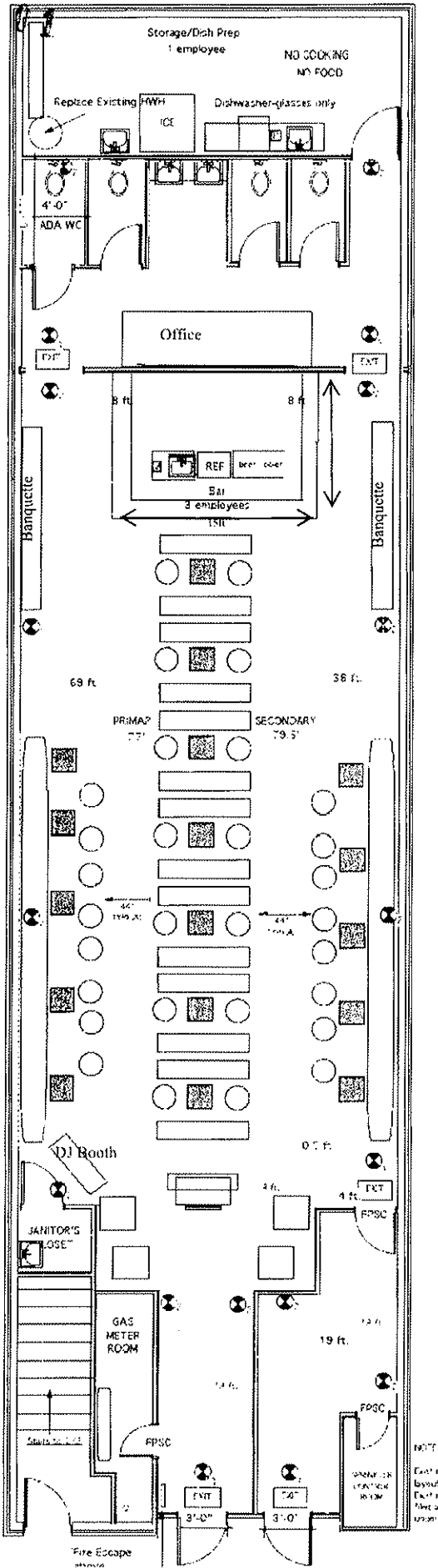


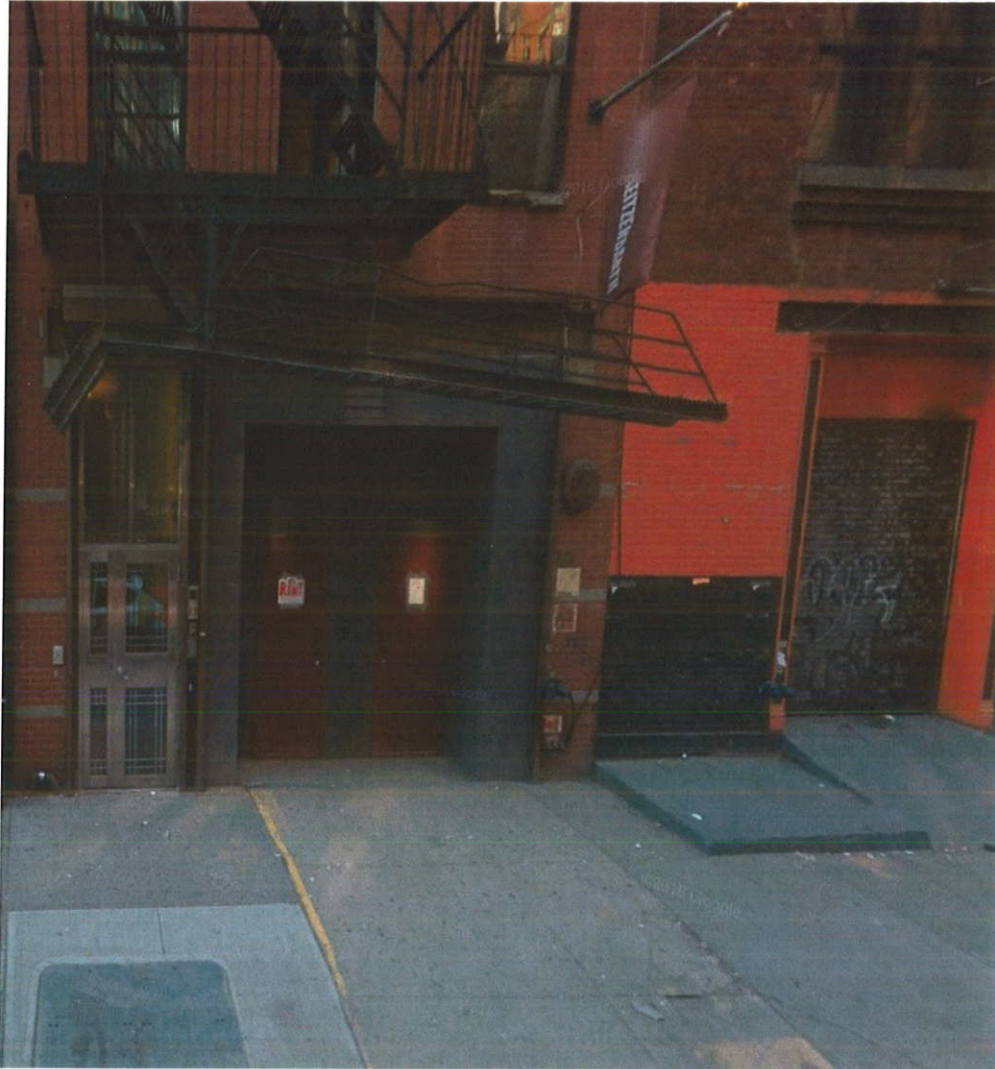
SIGNATURE OF APPLICANT

~~1/30/17~~

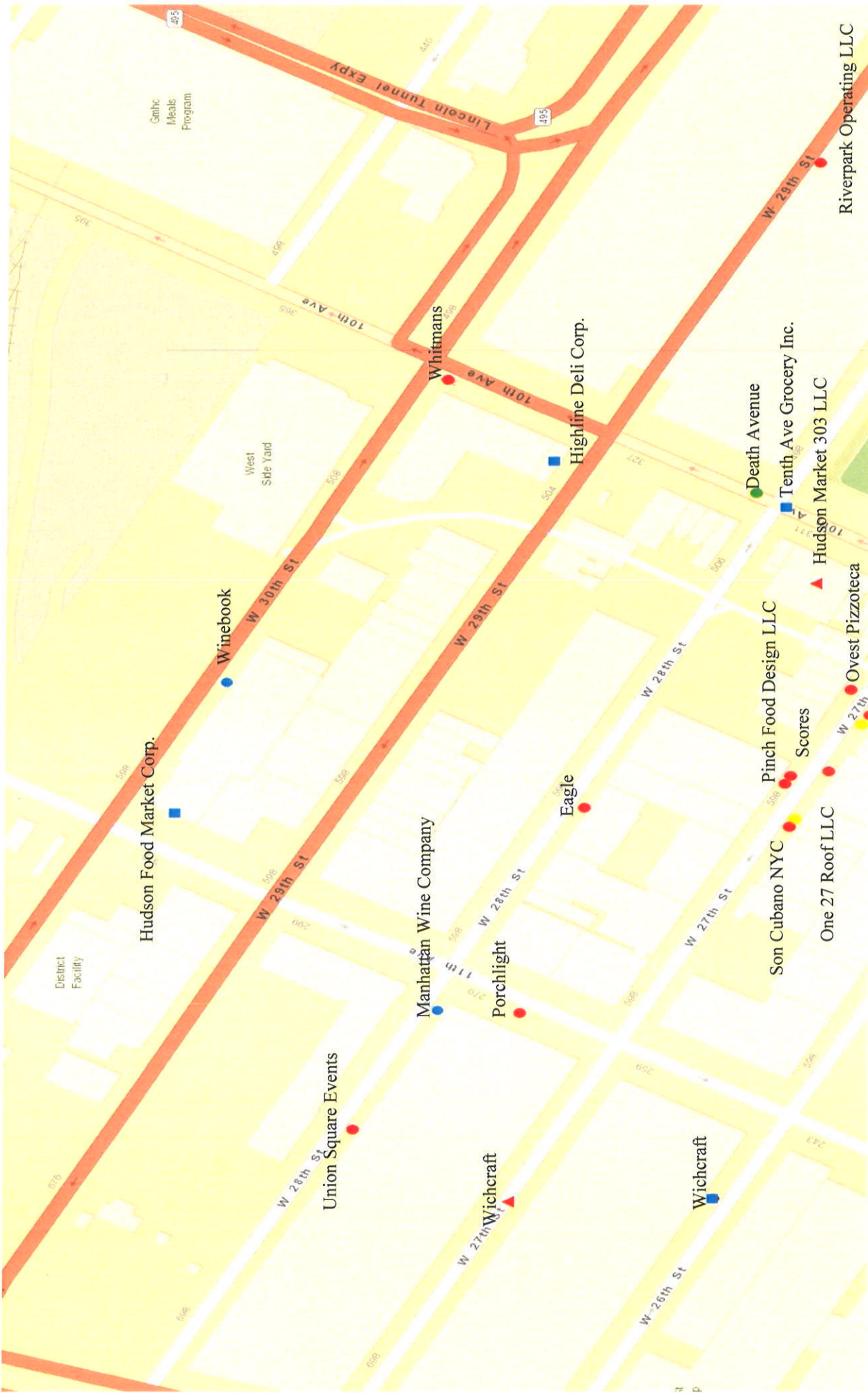
DATE 3/21/17

Highline Group NYC
525 West 29th Street
New York, NY 10001





Highline Group NYC
525 West 29th Street
New York, NY 10001
Exterior Photograph



Highline Group NYC
525 West 29th Street
New York, NY 10001

Khalø

MODERN MEXICAN TAPAS

SMALL PLATES

BASIL GUACAMOLE

FRESH GUACAMOLE WITH MANGO PICO DE GALLO & BASIL
SERVED WITH JICAMA (MEXICAN YAM) WARM CORN TORTILLAS

GRILLED WHOLE TOMATOES

FRESH TOMATOES SERVED ON A TOASTED FLATBREAD

SOPA DE LIMA

WITH CHICKEN BROTH, LIME & PIMIENTO

ROASTED CAULIFLOWER

ROASTED CAULIFLOWER SEASONED WITH SPICES, FRESH MINT AND
CILANTRO

GRILLED OCTOPUS

CHARCOAL GRILLED OCTOPUS IN LEMON SAUCE SERVED WITH
ROASTED POTATOES AND KALE

ZUCHINI SALAD

ROASTED ZUCCHINI WITH TRUFFLE OIL DRESSING AND OXACA CHEESE

SUMMER RICE PAPER ROLLS

SEASONAL FRESH VEGETABLES & YOUR CHOICE OF CHICKEN OR SHRIMP
FINISHED WITH AGAVE AND CILANTRO SAUCE

CHILES NOGADAS

CHILES NOGADA TOPPED WITH OXACA CHEESE

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MODERN MEXICAN TAPAS

TACOS & EMPANADAS

VEGETARIAN

BEANS WITH SALSA DE CHAYA, PICO DE GALLO

CHICKEN

SEASONED CHICKEN WITH FRESH CILANTRO & LEMON

SWEET PULLED PORK

SLOW COOKED SWEET PULLED PORK WITH TOMATILLO CHIPOTLE & PAPRIKA

SHRIMP

WITH SWEET ONION & PINEAPPLE SALSA

LOBSTER

GRILLED LOBSTER WITH CILANTRO & AVOCADO SALSA

EMPANADAS

HOMEMADE EMPANADAS. CHOICE OF CHICKEN, BEEF OR SPINACH

All tacos are served with homemade tortillas
2 Tacos per order

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MODERN MEXICAN TAPAS

MAIN DISHES

CAMARONES A LA PLANCHA

GRILLED LOCAL SHRIMP WITH LIME CASHEW CREAM, SERVED WITH QUINOA, CUCUMBER, CHERRY TOMATO AND AVOCADO

RED SNAPPER

BAKED WITH LEMONGRASS AND GINGER SERVED WITH FRESH HERBS AND COCONUT RICE

SEARED SALMON

GRILLED SALMON SEASONED WITH ACHIOTE BUTTER, SERVED WITH PICO DE GALLO & AVOCADO CREAM ON TOP OF A WHITE QUINOA

BONELESS RIBEYE

LOCAL RIBEYE IN A RUSTIC SAUCE SERVED WITH SEASONAL VEGETABLES AND SMOKED MASHED POTATOES

GRILLED CHICKEN

GRILLED FARM CHICKEN BREAST FINISHED WITH PIQUILLO PEPPER SAUCE AND BEETS. SERVED WITH CAULIFLOWER PUREE AND HOMEMADE SALAD

PORK STEW

SLOW COOKED PORK SHOULDER WITH ROASTED TOMATOES AND CHIPOTLE CHILES SERVED WITH JICAMA RICE

FIESTA BOWL

QUINOA WITH MANGO, AVOCADO, CHERRY TOMATO, CILANTRO & CHIVES GARNISHED WITH PLANTAIN CHIPS AND CREAMY CHIPOTLE DRESSING ON THE SIDE

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MODERN MEXICAN TAPAS

DESSERT

MEXICAN CHILI CINNAMON CHOCOLATE TRUFFLES

HOMEMADE CHURROS

PINEAPPLE COCONUT ICE CREAM

ALMOND CORNMEAL COOKIES

TEA & COFFEE

WHITE BASIL LEMON TEA

HIBISCUS

MINT

COCONUT COCOA

MEXICAN HOT CHOCOLATE

COLOMBIAN BREWED COFFEE

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MODERN MEXICAN TAPAS

SIGNATURE COCKTAILS

KHALO MARGARITA

MEZCAL, LIME, ROSEMARY

PINK

MEZCAL, GRAPEFRUIT, SAGE SALT

MEZCAL MULE

MEZCAL, GINGER, MINT, LIME, HONEY

COCO BERRY

BERRY INFUSED VODKA, COCONUT WATER

NIGHT FLOWER

RUM, HIBISCUS, MINT

ORGANIC WINE & BEER

RED, WHITE, ROSE

LOCAL BREWED BEER



**City of New York
Community Board #1, Queens**

The Pistilli Grand Manor
45-02 Ditmars Boulevard, LL Suite 1025
Astoria, N.Y. 11105
Tel: 718-626-1021, Fax: 718-626-1072
E-mail: qn01@cb.nyc.gov

Melinda Katz
Borough President, Queens
Vicky Morales
Director, Community Boards
Joseph Risi
Chairperson
Florence Koulouris
District Manager

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Norma Nieves-Blas
First Vice Chairperson
Jean Marie D'Alleva
Second Vice Chairperson
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Third Vice Chairperson
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Thomas Ryan
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RoseMarie Poveromo
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Budget/Planning*
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Parliamentary*
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Cultural Services*
Richard Khuzami
Public Relations
Katie Ellman
Public Safety
Antonio Meloni
*Street Festivals/Special
Events*
Ann Bruno
Transportation
Robert Piazza
Youth Services
Jose Batista

February 6, 2017

To Whom it May Concern:

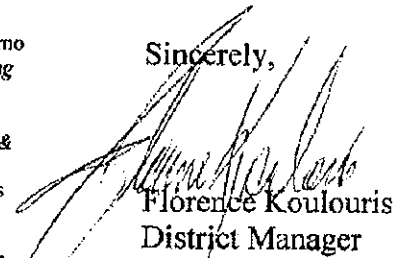
RE: FABIANIB CORP.
D/B/A Tantra Lounge
35-50 31 Street
Astoria, NY 11106

In regards to the above mentioned business, our office has had no community complaints to date. Our office has no adverse comments.

Should you have any questions, please do not hesitate to contact me.

Thank you.

Sincerely,


Florence Koulouris
District Manager

BOARD MEMBERS (cont.)

Rose Anne Alafogiannis
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