Manhattan Community Board 4 (All Fields Must Be Completed)

Liquor License Stipulations Application

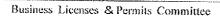
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CORPORATIONN	DOING BUSINESS	AS (DBA)				V 1		
JOHU.	5 HK	H019	Fasi	T				
STREET ADDRESS			CROSS STREETS			ZIP CODI	· · · · · · · · · · · · · · · · · · ·	
364	W 46T	*ST	849THY	tuence	5	loc	36	
OWNER	NAME: RI	chard Clark		NAME: U	uche	يعا لا	.ELL4	
(Attach a list of all the people that will be associated listed	PHONE: (980	0) S23-1187	ATTORNEY/ REPRESENTAIVE	PHONE: (C	<u> (૧૫)</u>	632	- 6036	0
with the licensu)	EMAIL NOW	nadic strite Guail		EMAIL: 1	4811	YMLK	136064	vail.Com
	NAME:	Same		NAME: V	105	igny	uc	
MANAGER	PHONE:		LANDLORD	PHONE: (7	2(2)	154-	1212	
	EMAIL:			EMAIL:	CONTRACTOR TO THE STATE OF THE		to for As version property and the contract and an action of the contract and action of the contract a	
APPLICATION	ON TYPE	(Check One)						
	Has applicant owned or	managed a similar business?		YES		NO		
O New	What is/was the name a						***************************************	
	What were the dates app	slicant was involved with this former premi	se?					
į	What is the prior license		1280	D698	١٥)।डा/। ४	•	
X Transfer	Is applicant making any a	alterations or operational changes?		VES)	NO		
	If alterations or operation	al changes are being made, please dusch	be/list all changes.	iéw men iew sign	<u>∞06,</u>	see a	Trached	Plan
(Alteration	What is the current licens	e # and expiration date?						
	Please list/describe the n	ature of all the changes and attach the pla	vis:					
METHOD OF	OPERATION	Ŋ						
TYPE OF ALCOHO	эr 🔏	L Liquor/Wine/Beer	O Beer		() Wine &	Beer	
ESTABLISHMENT	TYPE	light Club O Hotel	O Sports Ba			ering Establishmer I Organization – M		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?			VES NO)				
		lease attach a diagram of the within a 500 ft. radius of your	(YES) NO					
establishment and th		tement. lease attach a diagram of the						
schools and houses		•	VES (NO)			Milijaka Manii Miria kalii muu minida guund yyyysii ka ka	
Has applicant/owner(Location of Alcoholic		Regarding Concentration and ents?	(YES) NO					
******	·····						According to the Company of the Comp	

		MOND	AY	TUESD	VY.	31	VEDNESDAY	T	HURSDAY	FRIDAY	s	ATURDAY	SUNI	λY
HOURS*	Operation	-Zai	m	liam -zam	·	-	Tian		liam Zam	llan -zam		Toam Zam	-2a,	~
(Indoor Only)	Kitchen	11am	n	-100	v.	ļ	11000	-	liam Liam	liam -lam	· 	loan -lam	LOP	۲۷
	Music	11 au	~	- 2a"	· · · · · · · · · · · · · · · · · · ·	-	-Zam	1	11am -Zam	11am	-	loan -lan	•	an
lf you plan to ha (Circle all that a	ve music, what toply)	ype(s)?		BACKGRO	DUND) ,	LIVE MUSIC	-	DJ	Јике вох		KARA	***************************************	
							OCCUP	ANC	Ý					
	Capacity (Certifica of Occupan	te	Pe A O Premis	cimum # of rsous You nticipate coupying es (Including uployees)	Numl of Tab		Number of Seats		ubor of Service Only Bars	Number Stand-Up I		Number of Se at Stand-Up B		
NSIDE	45		(t S	9		30	·	0			15		
OUTSIDE Other than idewalk café)	N/A								·					A
IDEWALK AFÉ	NIA		Martin Barrio La Lagragia								1			
ow many floors a	are there? What	is the cap	pacity f	or each floor?		J		**********		45			71.60- b	***********
ow frequently wil	I the owner(s) be	e at the es	stablish	ment?					an	45 hours	>			
ill you be applyir ere be dancing?	g or intending to	apply for	r a cab	aret (icense w	ith DCA	? If y	res, will	YES	(NO)					
ill applicant have	bottle or table s	ervice for	bever	age alcohol?		***************************************		YES	(No)		**********	MANUAL	***************************************	
il you be hosting	private; promot	ional or co	orporat	e events?		*******		YES	NO.				***************************************	
ll outside promot	ers be used on	a regular .	basis?	If yes please	describe	9.		VES	(10)	***************************************				***********
ll you have a sec	curity plan? If, ye	s please	attach.			************		YES	(NO)	***************************************			***	
ll security plan be	implemented?							YES	(NO)				**************************************	
State certified s	ecurity personn	el be used	d?					YES	(NO)				***************************************	
l New York Nigh	tlife Association	and NYP	D Best	Practices be	followed	1?	,	YES	(NO)		*******	A Commission of the Production of the Commission		
l applicant be us	ing delivery bicy	cles? If ye	es, hov	/ many?			,	YES	(0)				***************************************	
delivery bicycle ar attire clearly n	s be clearly man oling name as d	ked with t escribed t	he nan by NYC	ne of the resta Law?	iurant ai	nd w	ili staff	VES		NIA	***************************************		***************************************	
	oicycles be store				~				L	A				

LOCATION & ZONING	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	WES NO CLINTON
Does the building have a Certificate of Occupancy (*C of O*) or a letter of no objection?	YES NO
Is a Public Assembly permit required?	YES NO
Are your plans filed with DOB?	YES NO

Community Notification/Rela	tions	
NOTIFICATION:	#1	
List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and	#2	
community groups that applicant has notified regarding its application. For each please list both the organization	#3	
and individual you contacted	#4	
	#5	
Please provide dates when applicant met w	ith the groups listed above.	
Who was your contact person at each grou	p you met with?	
When did applicant post the notice that was	provided?	
Where did applicant post the notice that was	s provided?	
Will applicant provide owner cell phone num complaints that arise? Please provide numb	iber to neighbors and respond ter in space provided.	YES NO
Will applicant inform the Community Board or provide a hyperlink to applicants jobs webpa	office of its job openings and/or age?	YES) NO

BUILDING DESIGN							
State the name and type of business previously located in the space.	T				32.02.0		
Has a liquor-licensed establishment previously occupied this space at any time if yes, please provide the name of the business.	? VES	NO	Pi	KLL	-C	11/16- Presen 2/06-8/14 Tour Sign U	+
Do you plan any changes to the existing façade? If yes, please describe.	(VES	NO	(1)	COUL	Pur	2106-0117	Ď
Will applicant have a vestibule within the establishment?	YES	(vo)				1 201 3191 01	
Will applicant use a storm enclosure?	YES	(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 faw?	(YES)	NO					
Will applicant comply with the NYC noise code?	ES) NO					<u> </u>
Will the establishment have any of the following: (circle all that apply)	FRENC	H DOOR	S GAR	AGE DOORS	W	INDOWS THAT CAN BE	VIA
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	(VES)	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?	YES	NO		· · · · · · · · · · · · · · · · · · ·			
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	VES	(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?	VES	NO					
Will the kilchen exhaust system extend to the roof?	(YES)	NO	Pin halitik salam Marianda a hadayin magaaraa		·		
Will the establishment have an illuminated sign?	YES	(NO)			****		
Will the establishment have a canopy extending over the sidewalk?	(VES)	NO	£x	STIN	~~~~		
Where will the air conditioner be located? What type is it?	01	~ √	`00E	exis	<u>U</u> 37(1	ng	
When was the air conditioner installed?	-					7	



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

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

ADDITIONAL STIPUL	ATIONS: (Office Use O	aly)			
					The second secon
					•
o the extent any additiona	al stinulation on pages 7	and 8 of this applie	ration conflicts v	with any resno	ยกรุง กก
ages 1 – 6 of this applicat	tion, the stipulations on p	pages 7 and 8 conti	rol.	initially respe	4150 OH

ADDITIONAL STI	PULATIONS: (Offic	ce Use Only), Continu	ed	
		pages 7 and 8 of this		

Manhattan Community Board 4 (MC	B4) recommends:	O Denial O Appr		cant/owner are part of the method o
CB4 REPRESENTATIVES				
Kelly Gonzales CB4 Assistant District Manager	Frank Holozubiec CB4 BLP Committee Co-Chair	2	Burt Lazarin CB4 BLP Committee Co-C	Chair
APPLICANT AGREEMENT V	VITH THE COMMUNIT	T Y		
Applicant agrees to these stipulations stipulations are essential prerequisite stipulations incorporated in the metho agreement between MCB4 and applic supersede any oral statements or rep	d of operation of its liquor lice	ion regarding this app ense. The stipulations in writing signed by N	plication. Applicant a	grees to have these
SIGN HERE	Richard CLAMA PRINT NAME OF APPLICANT	SIGNATURE OF	APPLICANT	Man 21ct, 2017

\$ 100 AFF | \$ 60 AFF PROPOSED BASEMENT PLAN
RESTAURANT AREA DINING 00 00 ם ם 0000000000000000 201-8 - TEXTHEMENT 254 DINING KOTCHEN Casan Sassas

DEPARTMENT OF BUILDINGS CERTIFICATE OF OCCUPANCY

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DATE: JUN 24 186/ NO. 81472

This certificate supersedge CO No.

ZONING DISTRICT C1-5 in a-8

THIS CERTIFIES the the second detect the second description of the second description of the second description of the approved plans and specifications and to the Requirements of all applicable laws, rules and peculations for the USES and occupancies specified herein

PERMISSIBLE USE AND OCCUPANCY

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NO CHAN	GES OF USE OR OCCU	PANCY SHALL	E MADE UNL	ESS	and the same of the same of the same
A NEW AMENDED CERTIFICATE OF OCCUPANCY IS OBTAINED				VED	
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