

# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License/Sidewalk Cafe Stipulations Application

<b>CORPORATION NAME</b> Upright Citizens Brigade LLC		<b>DOING BUSINESS AS (DBA)</b> UCB Theatre	
<b>STREET ADDRESS</b> 555 West 42nd Street		<b>CROSS STREETS</b> 10th Avenue & 11th Avenue	<b>ZIP CODE</b> 10026
<b>OWNER</b> <i>(Attach a list of all the people that will be associated/listed with the license)</i>	<b>NAME:</b> See attached	<b>ATTORNEY/ REPRESENTATIVE</b>	<b>NAME:</b> Hubert M. Cunniffe
	<b>PHONE:</b>		<b>PHONE:</b> (212)571-0300
	<b>EMAIL:</b>		<b>EMAIL:</b> hucun.atty@verizon.net
<b>MANAGER</b>	<b>NAME:</b> Alexander Sidtis	<b>LANDLORD</b>	<b>NAME:</b> Massachusetts Mutual Life Ins. Co.
	<b>PHONE:</b> (917) 287-9272		<b>PHONE:</b> (860) 368-2813
	<b>EMAIL:</b> alex@ucbtheatre.com		<b>EMAIL:</b> linda.houston@barings.com
<b>APPLICATION TYPE (Check One)</b>			
<input type="radio"/> New	Has applicant owned or managed a similar business?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	What is/was the name and address of establishment?		
	What were the dates applicant was involved with this former premise?		
<input checked="" type="radio"/> Corp <b>Change/Class Change/Removal</b>	What is the license # and expiration date?	1120571 Exp. Date 11/30/2019	
	Is applicant making any alterations or operational changes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO <input type="checkbox"/> Yes
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>	Minor cosmetic changes to theatre and lobby	
<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>		
<b>METHOD OF OPERATION</b>			
<b>TYPE OF ALCOHOL</b>	<input type="radio"/> Liquor/Wine/Beer & Cider <input type="radio"/> Beer & Cider <input checked="" type="radio"/> Wine/Beer & Cider		
<b>ESTABLISHMENT TYPE</b>	<input type="radio"/> Restaurant <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input 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 type="checkbox"/> NO	On or before 11/01/2017
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 type="checkbox"/> YES	<input type="checkbox"/> NO	No
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 type="checkbox"/> NO	No
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)									
HOURS* (Indoor Only)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	9:30 am to 2:00 am	9:30 am to 2:00 am	9:30 am to 2:00 am	9:30 am to 2:00 am	9:30 am to 2:30 am	9:30 am to 2:30 am	9:30 am to 12:00 am	
	Kitchen								
	Music	saa	saa	saa	saa	saa	saa	saa	
If you plan to have music, what type(s)? (Circle all that apply)			<input checked="" type="checkbox"/> BACKGROUND	<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> DJ	<input type="checkbox"/> JUKE BOX	<input type="checkbox"/> KARAOKE		
OCCUPANCY									
	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 Stand-Up Bar		
INSIDE	215	200	0	160	0	1	0		
OUTSIDE (Other than sidewalk café)	0	0	0	0	0	0	0		
SIDEWALK CAFÉ	0	0	0	0	0				
How many floors are there? What is the capacity for each floor?					1/215				
How frequently will the owner(s) be at the establishment?					Daily				
Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?					YES	NO	No		
Will applicant have bottle or table service for beverage alcohol?					YES	NO	No		
Will you be hosting private; promotional or corporate events?					YES	NO	No		
Will outside promoters be used on a regular basis? If yes please describe.					YES	NO	No		
Will you have a security plan? If, yes please attach.					YES	NO	No		
Will security plan be implemented?					YES	NO	No		
Will State certified security personnel be used?					YES	NO	No		
Will New York Nightlife Association and NYPD Best Practices be followed?					YES	NO	Yes		
Will applicant be using delivery bicycles? If yes, how many?					YES	NO	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	NO	n/a		
Where will delivery bicycles be stored during the day when not in use?					n/a				

<b>LOCATION &amp; ZONING</b>			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	Clinton/Hell's Kitchen
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	Yes
Is a Public Assembly permit required?	YES	NO	Yes
Are your plans filed with DOB?	YES	NO	PA-1 to be filed

<b>Community Notification/Relations</b>			
<b>NOTIFICATION:</b> 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		
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.			
Who was your contact person at each group you met with?			
When did applicant post the notice that was provided?			
Where did applicant post the notice that was provided?			
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	YES	NO	Yes (917) 287-9272
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	YES	NO	Yes

<b>BUILDING DESIGN</b>			
State the name and type of business previously located in the space.	Pearl Theatre		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO	Yes.
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	Name change
Will applicant have a vestibule within the establishment?	YES	NO	n/a
Will applicant use a storm enclosure?	YES	NO	n/a
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 checked="" type="checkbox"/> YES	NO	<i>No</i>
Will applicant comply with the NYC noise code?	YES	NO	Yes
Will the establishment have any of the following: (circle all that apply)	<b>FRENCH DOORS</b>		<b>GARAGE DOORS</b>
			<b>WINDOWS THAT CAN BE OPENED</b>
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	YES	NO	n/a
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	n/a
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	NO	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?	YES	NO	Yes, if necessary
Will the kitchen exhaust system extend to the roof?	YES	NO	n/a
Will the establishment have an illuminated sign?	YES	NO	Yes
Will the establishment have a canopy extending over the sidewalk?	YES	NO	Yes (currently as exists)
Where will the air conditioner be located? What type is it?	central a/c Interior Mechanical Room		
When was the air conditioner installed?	1997		

*AS*

<b>OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFE</b>			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO	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	No
Are the floorplans for the outdoor space(s) included?	YES	NO	No
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	YES	NO	n/a No outdoor space
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	n/a
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	NO	n/a
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	n/a
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES	NO	Yes
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO	Yes
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO	n/a
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	

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



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

- Will submit floor plans to CB4 Office no later than 11/28/17 - Attached and submitted on 11/15/17

***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.***





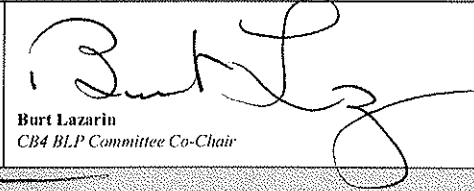


Manhattan Community Board 4 (MCB4) recommends:  
(MCB4's recommendation is based on a vote taken at its  
12/6/17 full board meeting, with 45 members voting in favor  
of the recommendation, 0 members opposed, 0 members  
abstaining and 0 present but not eligible)

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
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**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**



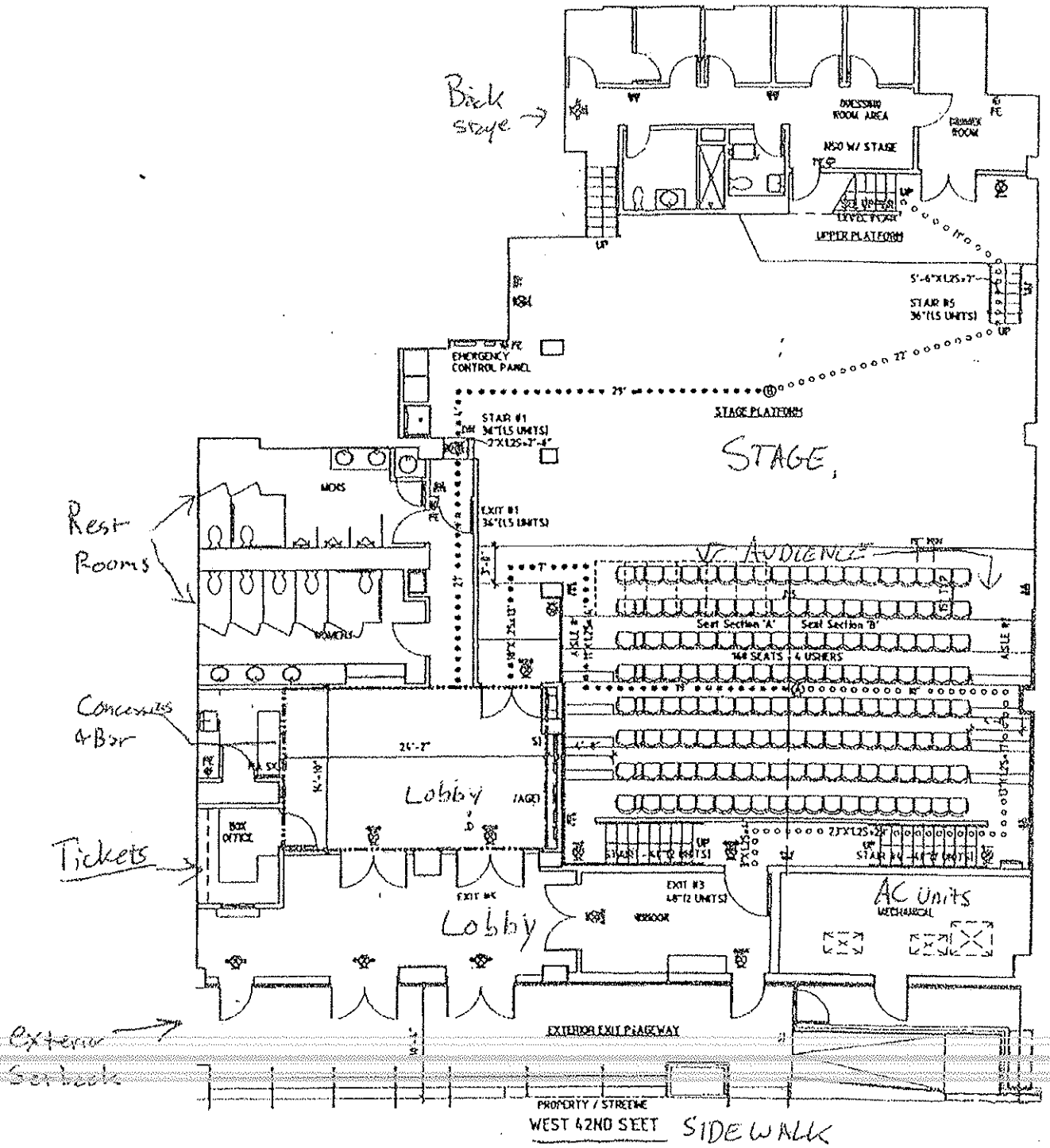
Upright Citizens  
Brigade LLC  
by Alexander Sidtis  
PRINT NAME OF APPLICANT

  
SIGNATURE OF APPLICANT

11/14/17  
DATE

555 WEST 42ND ST.

Upright Citizens Brigade LLC  
d/b/a UCB Theatre  
Serial No. 1120571



① PLAN #1 - 160 FIXED SEATS  
1/8" = 1'-0"

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

WILL SUBMIT FLOOR  
PLAN TO CDY OFFICE  
NO LATER 11/28/17

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