

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License/Sidewalk Cafe Stipulations Application

CORPORATION NAME To Be Determined		DOING BUSINESS AS (DBA) The Copper Still	
STREET ADDRESS 206th 7th Ave		CROSS STREETS 22nd Street	ZIP CODE 10011
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME: Brendan Clinkscales	ATTORNEY/ REPRESENTAIVE	NAME: Martin P. Mehler
	PHONE: 646-761-2429		PHONE: 212-962-4688
	EMAIL: cline@gmail.com		EMAIL: mehlerbuscemi@aol.com
MANAGER	NAME: Same as Above	LANDLORD	NAME: AM Property
	PHONE:		PHONE: 212-279-2392
	EMAIL:		EMAIL: info@am-property.net
APPLICATION TYPE <i>(Check One)</i>			
<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?		The Copper Still 151 2nd Ave NY, NY
	What were the dates applicant was involved with this former premise?		2014-Present
<input type="radio"/> Corp Change/Class Change/Removal	What is the 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="checkbox"/> Liquor/Wine/Beer & Cider <input type="checkbox"/> Beer & Cider <input type="checkbox"/> Wine/Beer & Cider		
ESTABLISHMENT TYPE	<input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input checked="" type="checkbox"/> Bar/Tavern <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> 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	Upon Approval by CB4
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	
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	
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* <i>(Indoor Only)</i>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	11am-1am	11am-1am	11am-1am	11am-2am	11am-2am	11am-2am	11am-1am	
	Kitchen	11am-1am	11am-1am	11am-1am	11am-2am	11am-2am	11am-2am	11am-1am	
	Music								
If you plan to have music, what type(s)? (Circle all that apply)		<input checked="" type="checkbox"/> BACKGROUND		<input checked="" 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	Pending	74	16	40	1	1	30		
OUTSIDE <i>(Other than sidewalk café)</i>									
SIDEWALK CAFÉ	Pending								
How many floors are there? What is the capacity for each floor?					1				
How frequently will the owner(s) be at the establishment?					Everyday				
Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?					YES	<input checked="" type="checkbox"/> NO			
Will applicant have bottle or table service for beverage alcohol?					YES	<input checked="" type="checkbox"/> NO			
Will you be hosting private; promotional or corporate events?					<input checked="" type="checkbox"/> YES	NO	Office Parties, Birthdays etc		
Will outside promoters be used on a regular basis? If yes please describe.					YES	<input checked="" type="checkbox"/> NO			
Will you have a security plan? If, yes please attach.					<input checked="" type="checkbox"/> YES	NO			
Will security plan be implemented?					<input checked="" type="checkbox"/> YES	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 checked="" 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 checked="" type="checkbox"/> NO			
Where will delivery bicycles be stored during the day when not in use?									

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

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	Emailed All Groups on List Provided	
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.	October 20, 2017		
Who was your contact person at each group you met with?			
When did applicant post the notice that was provided?	October 23, 2017		
Where did applicant post the notice that was provided?	4 Signs On Front of Building		
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	YES	NO	
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	YES	NO	

BUILDING DESIGN			
State the name and type of business previously located in the space.	Salsa y Salsa/ Restaurant		
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	
Do you plan any changes to the existing façade? If yes, please describe.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Remove Shutters and Awning, Expose Natural Brick.
Will applicant have a vestibule within the establishment?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant use a storm enclosure?	<input checked="" type="checkbox"/> YES	<input 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 checked="" type="checkbox"/> YES	<input 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 checked="" type="checkbox"/> FRENCH DOORS	<input type="checkbox"/> GARAGE DOORS	<input checked="" 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 checked="" 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	
Will the kitchen exhaust system extend to the roof?	<input checked="" type="checkbox"/> YES	<input 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?	Ground Floor Behind Building		
When was the air conditioner installed?	New		

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N/A

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	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	
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 seated 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	

OUTDOOR ITEMS – SIDEWALK CAFÉ

Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	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
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 cafe?	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

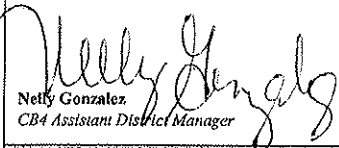
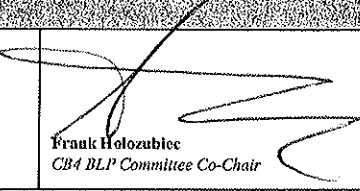
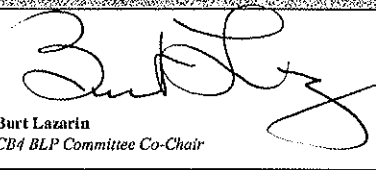

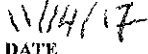
ADDITIONAL STIPULATIONS: (Office Use Only)

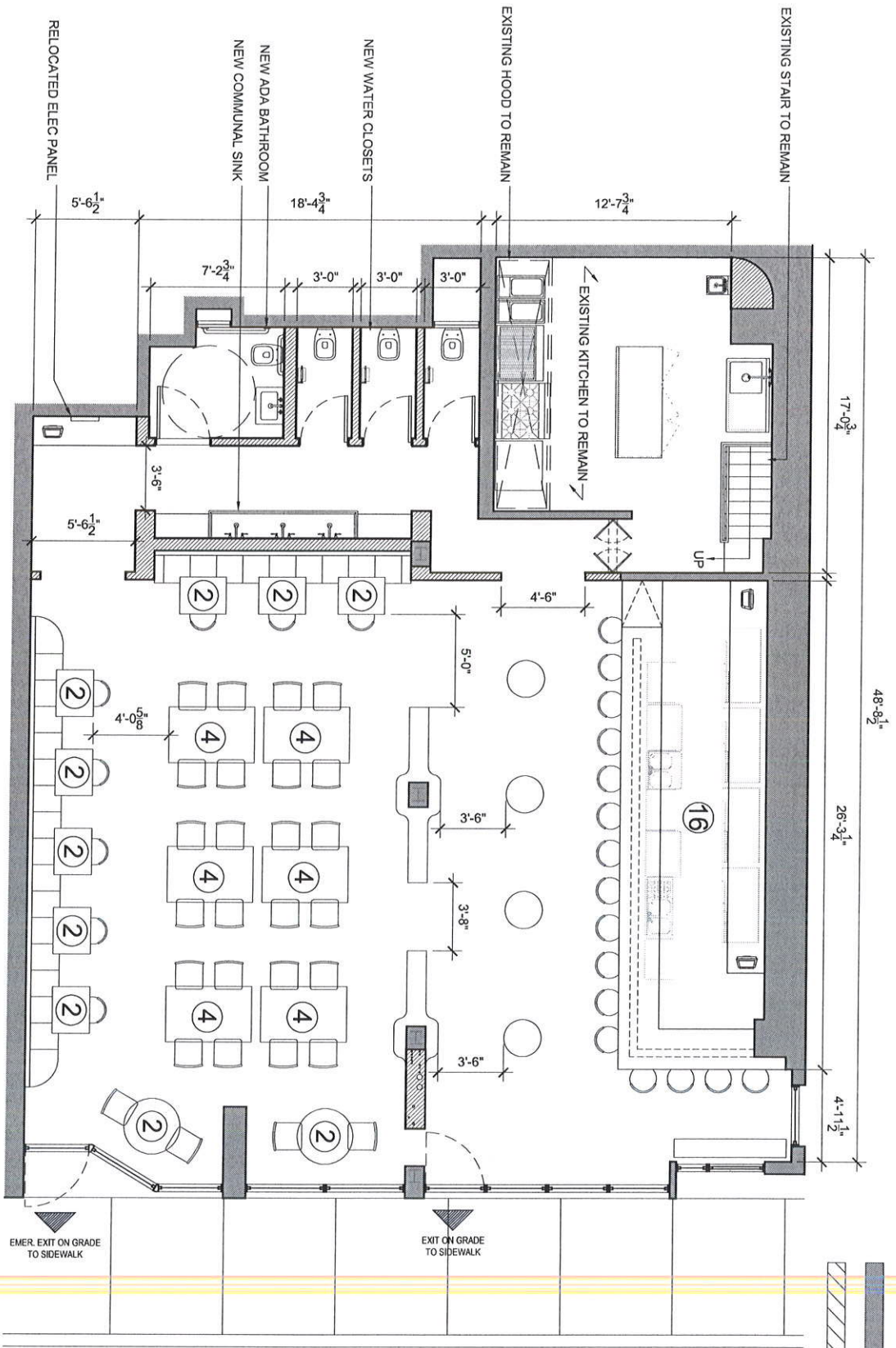
- Will submit floor plans to CB4 Office no later than 11/28/17 - Attached and submitted on 11/23/17

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.

<p>Manhattan Community Board 4 (MCB4) recommends: (MCB4's recommendation is based on a vote taken at its <u>12/6/17</u> full board meeting, with <u>44</u> members voting in favor of the recommendation, <u>0</u> members opposed, <u>0</u> members abstaining and <u>1</u> present but not eligible)</p>	<p><input checked="" type="radio"/> Denial unless all stipulations agreed to by applicant/owner are part of the method of operation <input type="radio"/> Denial <input type="radio"/> Approval</p>		
CB4 REPRESENTATIVES			
<p> Nelly Gonzalez CB4 Assistant District Manager</p>	<p> Frank Holozubiec CB4 BLP Committee Co-Chair</p>	<p> Burt Lazzaria CB4 BLP Committee Co-Chair</p>	
APPLICANT AGREEMENT WITH THE COMMUNITY			
<p>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.</p>			
<p>SIGN HERE →</p>	<p>Brendan Clinkscapes PRINT NAME OF APPLICANT</p>	<p> SIGNATURE OF APPLICANT</p>	<p>11/3/2017  DATE</p>



EXISTING CONSTRUCTION TO REMAIN
 NEW CONSTRUCTION

7TH AVENUE



THE COPPER STILL

PROPOSED GROUND FLOOR PLAN 11.22.2017
 206 7TH AVENUE, NEW YORK, 10011
 SCALE: 3/8" = 1'-0"

DCP

ADDITIONAL STIPULATIONS: (Office Use Only)

Will submit RLOSA PLAN
TO CD4 office
NO LATER THAN
11/28/17.

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