

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME 35th RESTAURANT GROUP		DOING BUSINESS AS (DBA) STATIER II	
STREET ADDRESS 345 WEST 35th STREET NY, NY		CROSS STREETS BTW 8th & 9th	ZIP CODE 10001
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: JAMES CORISH	ATTORNEY/ REPRESENTATIVE	NAME: TERENCE FLYNN
	PHONE: 646-706-2700		PHONE: 718 945-1000
	EMAIL: MAXCORISH@gmail.com		EMAIL: TRFLYNNJR@gmail.com
MANAGER	NAME: JAMES CORISH	LANDLORD	NAME: EROS MANAGEMENT REALTY, LLC AND
	PHONE: 646-706-2700		PHONE: 914 263 1089
	EMAIL: MAXCORISH@gmail.com		EMAIL: chip@flintlockllc.com
APPLICATION TYPE (Check One)			
<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/> YES
	What is/was the name and address of establishment?	STATE GRIT 136 WEST 33RD STREET NY NY 10001	
	What were the dates applicant was involved with this former premise?	2011 - 0 PRESENT	
<input type="radio"/> Transfer	What is the prior license # and expiration date?	B086494 - 07/31/2018	
	Is applicant making any alterations or operational changes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	If alterations or operational changes are being made, please describe all changes.		
<input type="radio"/> Alteration	What is the current license # and expiration date?		
	Please describe the nature of all the changes and attach the plans:		
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"/> Adult Entertainment		<input type="radio"/> Wine Bar
	<input type="radio"/> Night Club		<input type="radio"/> Hotel
	<input type="radio"/> Dance Club		<input type="radio"/> Bar/Tavern
	<input type="radio"/> Sports Bar		<input type="radio"/> Catering Establishment
	<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?	YES	NO <input checked="" type="checkbox"/>	UPON MCB4 APPROVAL
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.	YES	NO <input checked="" type="checkbox"/>	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	NO <input checked="" type="checkbox"/>	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)

HOURS* (Indoor Only)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	6 AM 12 AM	6 AM 12 AM	6 AM 12 AM	6 AM 12 AM	6 AM 12 AM	6 AM 12 AM	6 AM 12 AM
	Kitchen	6 AM 12 AM	6 AM 12 AM	6 AM 12 AM	6 AM 12 AM	6 AM 12 AM	6 AM 12 AM	6 AM 12 AM
	Music	YES	YES	YES	YES	YES	YES	YES
If you plan to have music, what type(s)? (Circle all that apply)		BACKGROUND		LIVE MUSIC	DJ	JUKE BOX	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	150 169	200 169	25	100	0	1	14
OUTSIDE (Other than sidewalk café)	NA	NA	NA	NA	NA	NA	NA
SIDEWALK CAFÉ	NA	NA	NA	NA			

How many floors are there? What is the capacity for each floor? **ONE**

How frequently will the owner(s) be at the establishment? **EVERY DAY**

Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing? YES NO

Will applicant have bottle or table service for beverage alcohol? YES NO

Will you be hosting private, promotional or corporate events? YES NO

Will outside promoters be used on a regular basis? If yes please describe. YES NO

Will you have a security plan? If, yes please attach. YES NO

Will security plan be implemented? YES NO

Will State certified security personnel be used? YES NO

Will New York Nightlife Association and NYPD Best Practices be followed? YES NO

Will applicant be using delivery bicycles? If yes, how many? YES 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

Where will delivery bicycles be stored during the day when not in use? **NO**

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
Is a Public Assembly permit required?	YES	NO
Are your plans filed with DOB?	YES	NO

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	Hotel Americana (NAYLA @ BOB)
	# 2	High Line 537 (SAM & PAXS)
	# 3	West 36 th Street Block Ass (FRANK STOCK)
	# 4	HKNA ASS (KATHIN TREET)
	# 5	
Please provide dates when applicant met with the groups listed above.		NOV 25 th 26 th
Who was your contact person at each group you met with?		SEE ABOVE
When did applicant post the notice that was provided?		NOV 23 RD 24 th 25 th
Where did applicant post the notice that was provided?		ON STREET AND LOCAL BUSINESS
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 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.	GASLRO RESTAURANT		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO	
Do you plan any changes to the existing facade? If yes, please describe.	YES	NO	
Will applicant have a vestibule within the establishment?	YES	NO	
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 law?	YES	NO	
Will applicant comply with the NYC noise code?	YES	NO	
Will the establishment have any of the following: (circle all that apply)	FRENCH DOORS	GARAGE DOORS	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?	YES	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?	YES	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	
Will the kitchen exhaust system extend to the roof?	YES	NO	ALREADY IN PLACE
Will the establishment have an illuminated sign?	YES	NO	
Will the establishment have a canopy extending over the sidewalk?	YES	NO	
Where will the air conditioner be located? What type is it?	ALREADY PROVIDED BY HOTEL		
When was the air conditioner installed?	HOTEL		

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

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

ADDITIONAL STIPULATIONS (Office Use Only)

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*

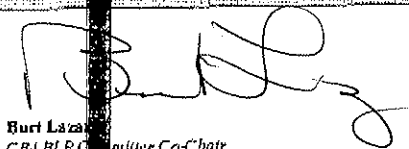
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Manhattan Community Board 4 (MCB4) recommends:

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

Denial Approval

CB4 REPRESENTATIVES

<p>Nelly Gonzalez CB4 Assistant District Manager</p>	<p>Mark Holozubiec BLP Committee Co-Chair</p>	<p>Burt Lazare CB4 BLP Committee Co-Chair</p> 
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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.

<p>SIGN HERE →</p>	<p><i>James Cousin</i></p> <p>PRINT NAME OF APPLICANT</p>	<p><i>James Cousin</i></p> <p>SIGNATURE OF APPLICANT</p>	<p>12-5-16</p> <p>DATE</p>
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