

**Manhattan Community Board 4**  
(All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME BL Manhattan West LLC		DOING BUSINESS AS (DBA) Bluestone Lane		
STREET ADDRESS 435 W 31st St		CROSS STREETS bt 9th and 10th Av		ZIP CODE 10001
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME: Bluestone Lane Holdings, LLC	ATTORNEY/ REPRESENTATIVE	NAME: Hari Nathan Kalyan, Esq.	
	PHONE:		PHONE: 917.474.5166	
	EMAIL: info@bluestoneclaneny.com		EMAIL: hari.kalyan@bluestoneclaneny.com	
MANAGER	NAME:	LANDLORD	NAME:	
	PHONE:		PHONE:	
	EMAIL:		EMAIL:	
<b>APPLICATION TYPE (Check One)</b>				
<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?		<input checked="" type="radio"/> YES	<input type="radio"/> NO
	What is/was the name and address of establishment?		We own and operate 20 cafes in NYC and around the country	
	What were the dates applicant was involved with this former premise?			
<input type="radio"/> Transfer	What is the prior license # and expiration date?			
	Is applicant making any alterations or operational changes?		<input type="radio"/> YES	<input type="radio"/> NO
	If alterations or operational changes are being made, please describe/ list all changes.			
<input type="radio"/> Alteration	What is the current license # and expiration date?			
	Please list/describe the nature of all the changes and attach the plans:			
<b>METHOD OF OPERATION</b>				
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 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?	YES	<input checked="" type="radio"/> NO	pending CB hearing	
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	<input checked="" type="radio"/> NO		
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	<input checked="" type="radio"/> NO		
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="radio"/> YES	<input type="radio"/> 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	7am-10m	7am-10m	7am-10m	7am-10m	7am-10m	7am-10m	7am-10m
	Kitchen	7am-10m	7am-10m	7am-10m	7am-10m	7am-10m	7am-10m	7am-10m
	Music	7am-10m	7am-10m	7am-10m	7am-10m	7am-10m	7am-10m	7am-10m

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	74	40	10	20	0	1	0
OUTSIDE (Other than sidewalk café)	10	12	4	8	0	0	0
SIDEWALK CAFÉ	N/A	N/A	N/A	N/A	N/A		

How many floors are there? What is the capacity for each floor? 1

How frequently will the owner(s) be at the establishment? all hours night/600

Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?	YES	<input checked="" type="radio"/> NO
Will applicant have bottle or table service for beverage alcohol?	YES	<input checked="" type="radio"/> NO
Will you be hosting private; promotional or corporate events?	YES	<input checked="" type="radio"/> NO
Will outside promoters be used on a regular basis? If yes please describe.	YES	<input checked="" type="radio"/> NO
Will you have a security plan? If, yes please attach.	YES	<input checked="" type="radio"/> NO
Will security plan be implemented?	YES	<input checked="" type="radio"/> NO
Will State certified security personnel be used?	YES	<input checked="" type="radio"/> NO
Will New York Nightlife Association and NYPD Best Practices be followed?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will applicant be using delivery bicycles? If yes, how many?	YES	<input checked="" type="radio"/> 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?	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO    N/A
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?	YES	<input checked="" type="radio"/> NO
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	NO

**Community Notification/Relations**

<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.	<input checked="" type="radio"/> YES	NO <input checked="" type="radio"/>
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	<input checked="" type="radio"/> YES	NO

**BUILDING DESIGN**

State the name and type of business previously located in the space.	N/A		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	<input checked="" type="radio"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	<input checked="" type="radio"/> YES	NO	façade to be similar to other Bluebird Lane store
Will applicant have a vestibule within the establishment?	YES	<input checked="" type="radio"/> NO	
Will applicant use a storm enclosure?	<input checked="" type="radio"/> YES	NO	during winter
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="radio"/> YES	NO	
Will applicant comply with the NYC noise code?	<input checked="" type="radio"/> YES	NO	
Will the establishment have any of the following: (circle all that apply)	<input checked="" type="radio"/> FRENCH DOORS	<input type="radio"/> GARAGE DOORS	<input type="radio"/> 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="radio"/> 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?	<input checked="" type="radio"/> YES	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="radio"/> 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?	<input checked="" type="radio"/> YES	NO	
Will the kitchen exhaust system extend to the roof?	<del>YES</del>	<del>NO</del>	N/A No exhaust, cold prep + bakery only
Will the establishment have an illuminated sign?	YES	<input checked="" type="radio"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="radio"/> YES	NO	awnings
Where will the air conditioner be located? What type is it?	HVAC on roof		
When was the air conditioner installed?	currently being installed		

**OUTDOOR ITEMS – SIDEWALK CAFÉ**

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

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

- Outdoor seating will be limited to 4 tables and 8 seats

***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.*



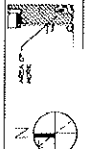
3 Manhattan West  
 Roof # 001

**CARLTON**  
 COMMERCIAL ARCHITECTURE

*Created in consultation*  
 100 HUNTERTON PARK, NEW YORK, NY 10017

**Lilker Associates**  
 1000 LEXINGTON AVENUE  
 NEW YORK, NY 10017  
 TEL: 212-450-1300  
 FAX: 212-450-1300  
 WWW.LILKER.COM

DATE FOR NO AMENDMENT  
 DATE FOR BUILDING REVIEW  
 DATE FOR CONSTRUCTION  
 DATE FOR BIP



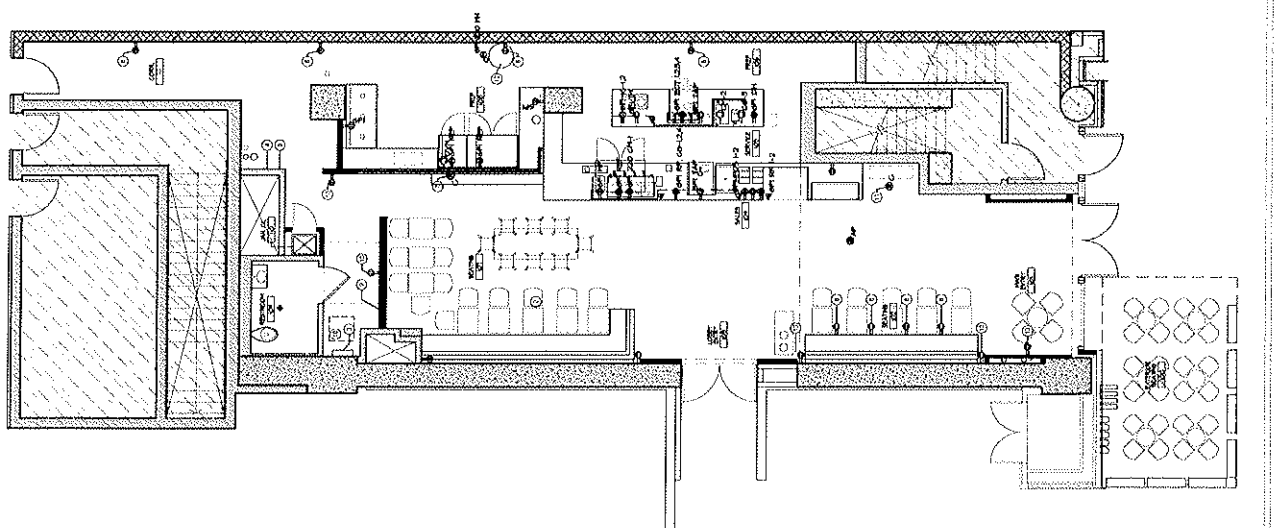
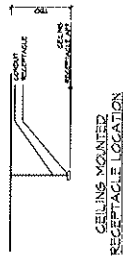
**BLUESTONE LANE**  
 3 MANHATTAN WEST, BUILDING # 001  
 NEW YORK, NY 10001

**POWER/TEL PLAN**

A-300.01

- POWER & TELECOMM KEY NOTES**
1. ALL WIRE ROUTES TO BE CONCEALED FROM VERTICAL TRAFFIC. ALL WIRE AND RACE RECEPTANCES TO BE CONCEALED FROM VIEW.
  2. ALL WIRE TO BE CONCEALED FROM VIEW.
  3. ALL WIRE TO BE CONCEALED FROM VIEW.
  4. ALL WIRE TO BE CONCEALED FROM VIEW.
  5. ALL WIRE TO BE CONCEALED FROM VIEW.
  6. ALL WIRE TO BE CONCEALED FROM VIEW.
  7. ALL WIRE TO BE CONCEALED FROM VIEW.
  8. ALL WIRE TO BE CONCEALED FROM VIEW.
  9. ALL WIRE TO BE CONCEALED FROM VIEW.
  10. ALL WIRE TO BE CONCEALED FROM VIEW.

- POWER & TELECOMM LEGEND**
- 1. WALL MOUNTED POWER RECEPTANCE
  - 2. WALL MOUNTED TELECOMM RECEPTANCE
  - 3. WALL MOUNTED POWER RECEPTANCE
  - 4. WALL MOUNTED TELECOMM RECEPTANCE
  - 5. WALL MOUNTED POWER RECEPTANCE
  - 6. WALL MOUNTED TELECOMM RECEPTANCE
  - 7. WALL MOUNTED POWER RECEPTANCE
  - 8. WALL MOUNTED TELECOMM RECEPTANCE
  - 9. WALL MOUNTED POWER RECEPTANCE
  - 10. WALL MOUNTED TELECOMM RECEPTANCE







3 Manhattan West  
 Ref: # 001

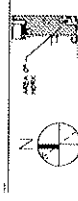
**CARLTON**  
 ARCHITECTS  
 100 WEST ST. 10TH FL.  
 NEW YORK, NY 10038

*Charles Chinnici*  
 ARCHITECT  
 100 WEST ST. 10TH FL.  
 NEW YORK, NY 10038

**Lilker Associates**  
 MECHANICAL ENGINEERS  
 100 WEST ST. 10TH FL.  
 NEW YORK, NY 10038  
 TEL: 212-485-1000  
 FAX: 212-485-1001  
 WWW.LILKER.COM

**Lilker**

DATE FOR THE AMENDMENT: 02/20/11  
 DATE FOR BUILDING REVIEW: 02/24/11  
 DATE FOR PERMITS: 02/24/11  
 DATE FOR CONSTRUCTION: 02/24/11  
 DATE FOR BID: 02/24/11

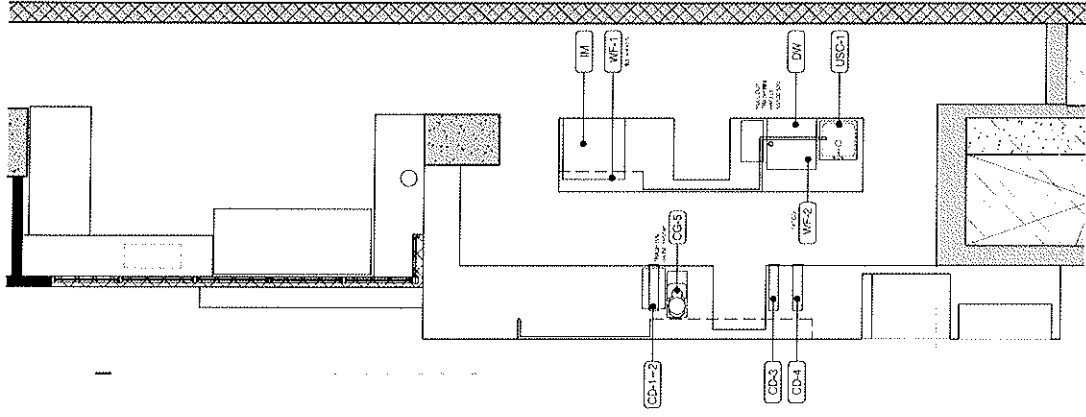


**BLUESTONE LANE**  
 3 MANHATTAN WEST, SEALS & BID  
 NEW YORK, NY 10001

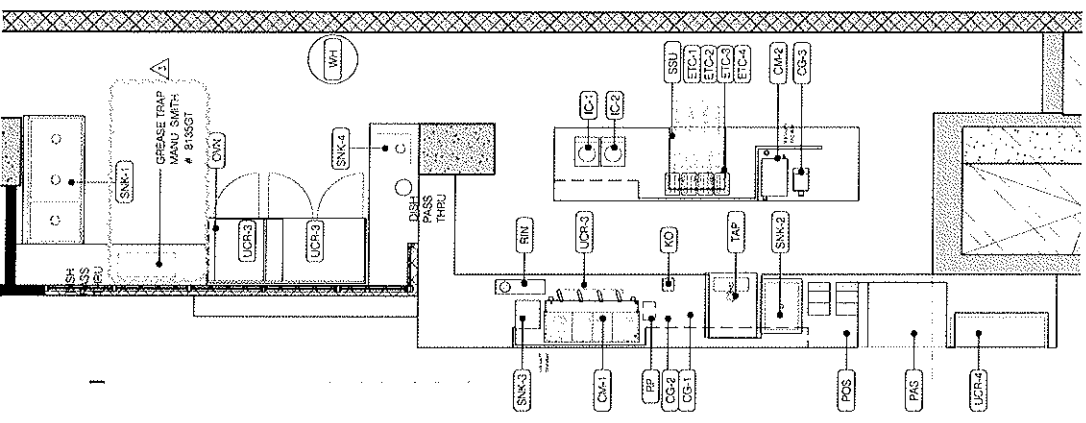
ENLARGED PLAN

DATE:	02/20/11
BY:	CH
CHECKED BY:	CH
SCALE:	AS SHOWN
PROJECT:	BLUESTONE LANE
NO.:	A-600.01
REV.:	1

EQUIPMENT SYMBOL	SYMBOL	DESCRIPTION	QUANTITY	LOCATION
1	1	1.000	1	1.000
2	2	2.000	2	2.000
3	3	3.000	3	3.000
4	4	4.000	4	4.000
5	5	5.000	5	5.000
6	6	6.000	6	6.000
7	7	7.000	7	7.000
8	8	8.000	8	8.000
9	9	9.000	9	9.000
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50	50	50.000	50	50.000



② EQUIPMENT BELOW



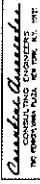
① EQUIPMENT ABOVE



3 Manhattan West  
 Room # 901

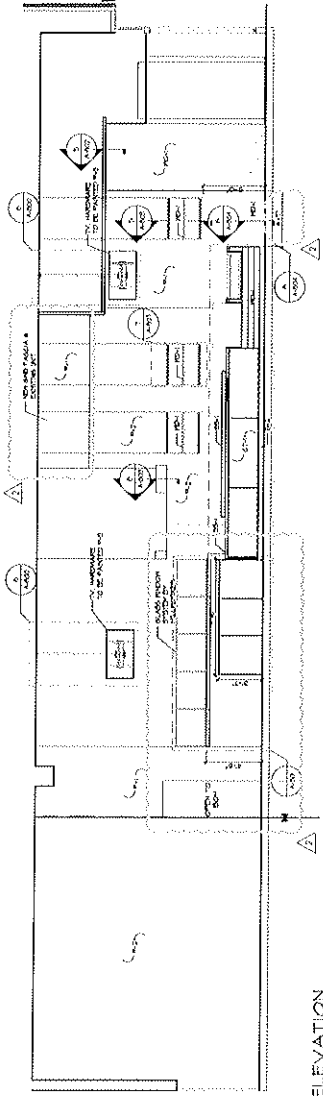
**CARLTON**  
 ARCHITECTS

300 Park Avenue, 12th Floor, New York, N.Y. 10022  
 Tel: 212-512-2000 Fax: 212-512-2001  
 www.carltonarchitects.com

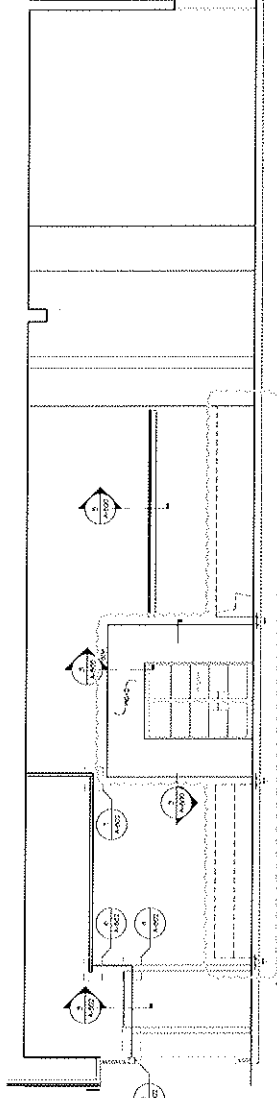


Lilker Associates  
 100 West 42nd Street, 11th Floor  
 New York, NY 10018  
 Tel: 212-512-1100 Fax: 212-512-1101  
 www.lilker.com

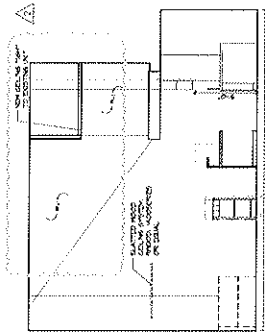
**Lilker**



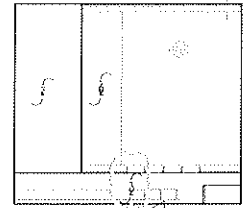
**2 EAST ELEVATION**



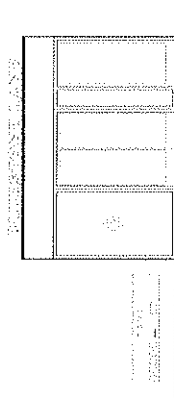
**4 WEST ELEVATION**



**1 NORTH ELEVATION**

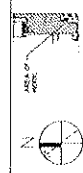


**3 SOUTH ELEVATION**



**5 STOREFRONT ELEVATION**

REVISIONS BY: DATE: BY: DATE: BY: DATE: BY: DATE:  
 02/22/11  
 03/01/11  
 03/01/11  
 03/01/11  
 03/01/11  
 03/01/11  
 03/01/11



**BLUESTONE LANE**  
 3 MANHATTAN WEST, RETAIL # 901  
 NEW YORK, NY 10021

ELEVATIONS

Scale:	1/8" = 1'-0"
Date:	02/22/11
Drawn by:	JL
Checked by:	JK
Project No.:	02-000
Sheet No.:	A-700.00
Total Sheets:	12

INDUSTRIAL STEEL SYSTEM  
SEE 14 / A-700

LT. WT.  
PITCH 1/2"

(1.13) STAIR D LANDING  
T.O.S. EL +31'-10 1/2"

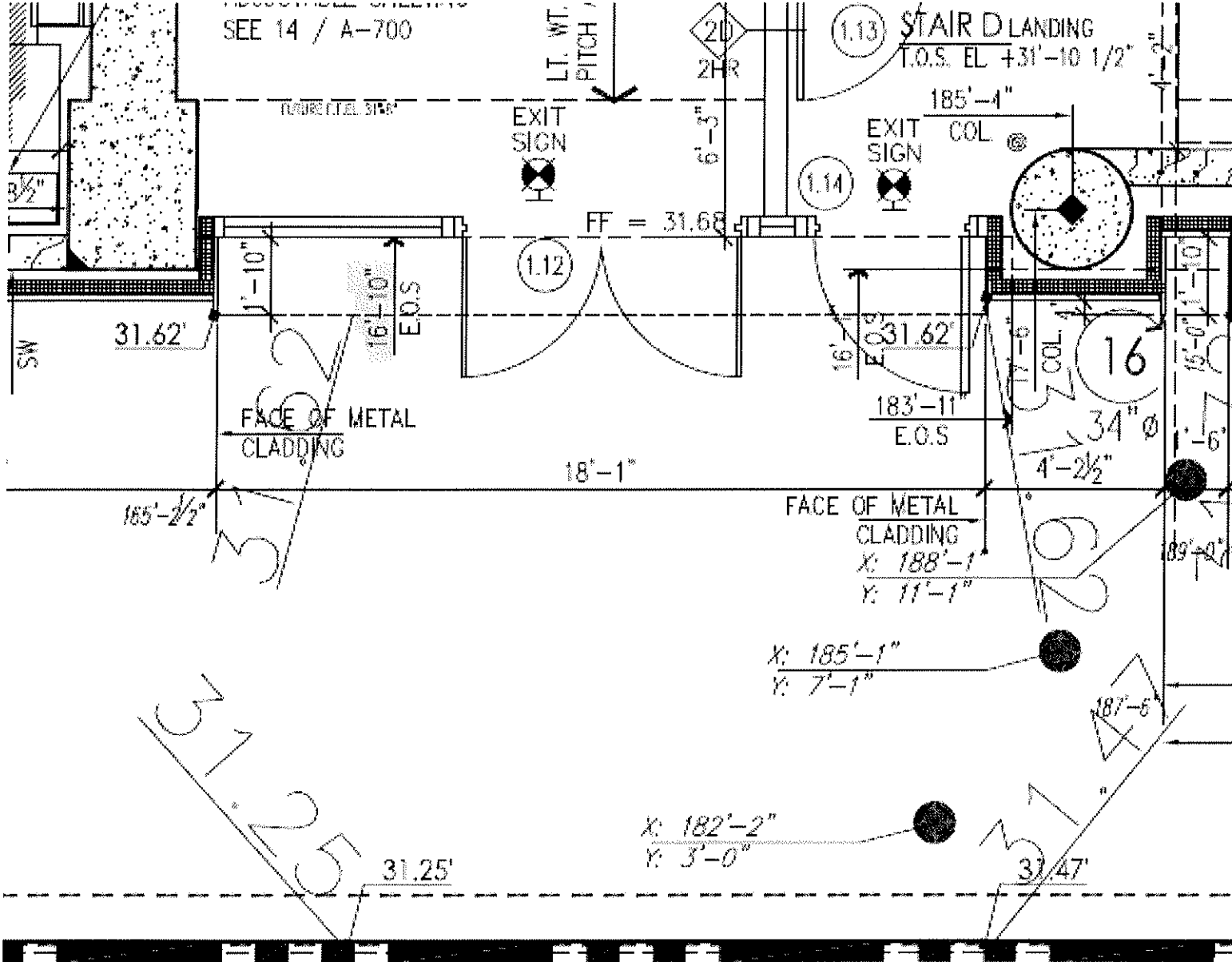
EXIT SIGN

EXIT SIGN

(1.12)

(1.14)

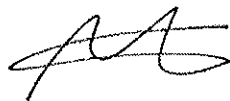
16



*Certificate of Occupancy*

CO Number: 121185760T002

Permissible Use and Occupancy						
All Building Code occupancy group designations below are 2008 designations.						
Floor From To	Maximum persons permitted	Live load lbs per sq. ft.	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
CEL		40	R-2		2	SUPER OFFICE EMPLOYEE LOCKER ROOM & EMPLOYEE LOUNGE (FLOOR ELEVATED ABOVE BFE)
CEL		40	R-2		2	BIKE PARKING ROOM (FLOOR ELEVATED ABOVE BFE) 2,260 SQ. FT. FOR (308) BIKES
CEL		40	F-2		2	COMPACTOR, BOILER, ELECTRICAL, PUMP, GAS METER ROOMS (FLOOR ELEVATED ABOVE BFE)
001		40	R-2		2	MANAGEMENT OFFICE (FLOOR ELEVATED ABOVE BFE)
001		40	R-2		2	BIKE STORAGE ROOM (FLOOR ELEVATED ABOVE BFE) 831 SQ. FT. FOR (114) BIKES
001		40	R-2		2	SALLYPORT ACCESS DRIVE (FLOOR ELEVATED ABOVE BFE)
001		40	R-2		2	RESIDENTIAL LOBBY (FLOOR ELEVATED ABOVE BFE)
002	70	40	R-2		2	ACCESSORY RESIDENTIAL FITNESS CENTER
002	4	40	R-2		2	FITNESS CENTER OFFICE
002		40	R-2		2	TENANT STORAGE ROOMS
002		40	R-2		2	BUILDING STORAGE ROOMS
003		40	R-2		2	MECHANICAL ROOM
003	18	40	R-2		2	LIBRARY (ACCESSORY TO RESIDENTIAL)



Borough Commissioner



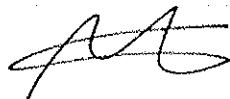
Commissioner

DOCUMENT CONTINUES ON NEXT PAGE

*Certificate of Occupancy*

CO Number: **121185760T002**

Permissible Use and Occupancy						
All Building Code occupancy group designations below are 2008 designations.						
Floor From To	Maximum persons permitted	Live load lbs per sq. ft.	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
003	17	40	R-2		2	GOLF SIMULATOR (ACCESSORY TO RESIDENTIAL)
003	53	40	R-2		2	LOUNGE (ACCESSORY TO RESIDENTIAL)
003	49	40	R-2		2	GAME/ARCADE ROOM (ACCESSORY TO RESIDENTIAL)
003	15	40	R-2		2	CRASH PAD (ACCESSORY TO RESIDENTIAL)
003	16	40	R-2		2	RESIDENTIAL LEASING OFFICE
003	19	40	R-2		2	GAME ROOM (ACCESSORY TO RESIDENTIAL)
003		40	S-2		2	BUILDING STORAGE
004		40	R-2		2	MECHANICAL ROOM
004		40	R-2	9	2	NINE (9) CLASS 'A' RESIDENTIAL APARTMENTS
005 007		40	R-2	14	2	FOURTEEN (14 ) CLASS 'A' RESIDENTIAL APARTMENTS PER FLOOR
008 019		40	R-2	15	2	FIFTEEN (15) CLASS 'A' APARTMENTS PER FLOOR
036		40	R-2		2	ELEVATOR MACHINE ROOM
063		40	R-2		2	MECHANICAL ROOMS



Borough Commissioner



Commissioner

DOCUMENT CONTINUES ON NEXT PAGE



# Certificate of Occupancy

CO Number: **121185760T002**

ZONING EXHIBITS RECORDED UNDER CRFN #'S 2014000378745, 2014000378744, 2014000379361, 2014000379362, 2014000379363  
BUILDING ELEVATED AND FULLY LOCATED ABOVE BASE FLOOD ELEVATION.

**END OF SECTION**

A handwritten signature in black ink, appearing to be "AA".

Borough Commissioner

A handwritten signature in black ink, appearing to be "Fid Chandler".

Commissioner

**END OF DOCUMENT**

## Proximity Report for Location:

March 1, 2017

435 W 31st St, New York, NY, 10001

\* This report is for informational purposes only in aid of identifying establishments potentially subject to 500 and 200 foot rules. Distances are approximated using industry standard GIS techniques and do not reflect actual distances between points of entry. The NYS Liquor Authority makes no representation as to the accuracy of the information and disclaims any liability for errors.

### Closest Liquor Stores

Name	Address	Approx. Distance
MEENA SAMANI CORPORATION	460 W 34TH ST	780 ft
ADB&SAB LLC	554 W 30TH ST	1035 ft
NRS WINE AND LIQUOR INC	403 8TH AVE	1350 ft
474 9TH AVE INC	474 9TH AVENUE	1505 ft
MWC RETAIL LLC	606 W 28TH ST SUITE A	1570 ft
SHILORI INC	486 9TH AVENUE	1690 ft
ODYSSEY WINE & SPIRITS INC	490 10TH AVE	1715 ft

### Churches within 500 Feet

Name	Approx. Distance
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### Schools within 500 Feet

Name	Address	Approx. Distance
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### On-Premise Licenses within 750 Feet

Name	Address	Approx. Distance
WHITMANS WESTSIDE LLC	500 W 30TH ST	505 ft
RIVERPARK OPERATING LLC	440 E 29TH ST	580 ft
BARRAGH CORP	340 9TH AVE	620 ft
SAVORY & SWEET LLC	404 10TH AVE AKA 450 W 33RD ST	645 ft

### Pending Licenses within 750 Feet

Name	Address	Approx. Distance
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### Unmapped licenses within zipcode of report location

Name	Address
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OFFICE OF THE  
MANHATTAN COMMUNITY DEVELOPMENT  
CORPORATION  
100 W. 30th Street, 10th Floor  
New York, NY 10018  
www.mdcny.org

**PUBLIC NOTICE**

Business Licensing and Permitting  
will discuss an application submitted by:

**BL Manhattan West  
LLC  
d/b/a Bluestone Lane  
435 W. 31<sup>st</sup> Street**

An application for an On-Premise Liquor License

**DATE:** Tuesday, April 11, 2017  
**TIME:** 1:30 PM  
**PLACE:** 100 West 30th Street  
6th Floor, Room 601  
The Green Room

All who wish to attend this hearing will give their comments on this application  
voluntarily and in person. The hearing will be held in the public hearing room  
at the address above. Please call 212-312-2500

