

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)	
DLP Group LLC			
STREET ADDRESS		CROSS STREETS	ZIP CODE
134 9th Ave		18th and 19th	10011
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME: David Oslonov / Peter Poulakakos / Paul Lamas	ATTORNEY/ REPRESENTATIVE	NAME:
	PHONE: 917-579-8801 / 917-685-8085 / 917-848-4445		PHONE:
	EMAIL: daveoz@btgnyc.com/peter@hphnyc.com/paul@hphnyc.com		EMAIL:
MANAGER	NAME: David Oslonov	LANDLORD	NAME: Mitchell Rothken - Beach Lane Management Inc.
	PHONE: 917-579-8801		PHONE:
	EMAIL: daveoz@btgnyc.com		EMAIL: mrothken@aptsny.com
APPLICATION TYPE (Check One)			
<input checked="" type="checkbox"/> 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?	Bathtub Gin / 132 9th Ave	
	What were the dates applicant was involved with this former premise?	July/2011 - Present	
<input type="checkbox"/> Transfer	What is the prior license # and expiration date?		
	Is applicant making any alterations or operational changes?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
	If alterations or operational changes are being made, please describe/list all changes.		
<input type="checkbox"/> Alteration	What is the current license # and expiration date?		
	Please list/describe the nature of all the changes and attach the plans:		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input checked="" type="checkbox"/> Liquor/Wine/Beer <input type="checkbox"/> Beer <input type="checkbox"/> Wine & Beer		
ESTABLISHMENT TYPE	<input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input 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 checked="" type="checkbox"/> NO	Plan to file by July 15th
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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Bathtub Gin, Salina's, Topsy Parsons, Bocca di Bacco See attached for Map
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 checked="" type="checkbox"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" 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	5pm-2am	5pm-2am	5pm-2am	5pm-2am	5pm-3am	5pm-3am	5pm-2am
	Kitchen	5pm-1am	5pm-1am	5pm-1am	5pm-1am	5pm-2am	5pm-2am	5pm-1am
	Music	Background	Background	Background	Background	Background	Background	Background
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	74	74	12	50		1	8	
OUTSIDE <i>(Other than sidewalk café)</i>								
SIDEWALK CAFE								
How many floors are there? What is the capacity for each floor?					1 - 74			
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"/>		
Will applicant have bottle or table service for beverage alcohol?					YES	<input checked="" type="checkbox"/>		
Will you be hosting private, promotional or corporate events?					<input checked="" type="checkbox"/>	NO		
Will outside promoters be used on a regular basis? If yes please describe.					YES	<input checked="" type="checkbox"/>		
Will you have a security plan? If, yes please attach.					<input checked="" type="checkbox"/>	NO		
Will security plan be implemented?					<input checked="" type="checkbox"/>	NO		
Will State certified security personnel be used?					<input checked="" type="checkbox"/>	NO		
Will New York Nightlife Association and NYPD Best Practices be followed?					<input checked="" type="checkbox"/>	NO		
Will applicant be using delivery bicycles? If yes, how many?					YES	<input checked="" type="checkbox"/>		
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?								

1 am 1am 1am 1am 2am 2am 2am 1am.

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	West Chelsea
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Is a Public Assembly permit required?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are your plans filed with DOB?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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	Fulton Houses Association - Miguel Acevedo - President	
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.		June 7th, 2017	
Who was your contact person at each group you met with?		Miguel Acevedo	
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="checkbox"/> YES	<input type="checkbox"/> NO
		917-579-8801	
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

BUILDING DESIGN			
State the name and type of business previously located in the space.			
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="checkbox"/>	
Do you plan any changes to the existing façade? If yes, please describe.	<input checked="" type="checkbox"/>	NO	New Signage and Storefront windows
Will applicant have a vestibule within the establishment?	<input checked="" type="checkbox"/>	NO	
Will applicant use a storm enclosure?	YES	<input checked="" type="checkbox"/>	
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"/>	NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/>	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?	<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"/>	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	<input checked="" type="checkbox"/>	
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"/>	NO	
Will the kitchen exhaust system extend to the roof?	YES	<input checked="" type="checkbox"/>	
Will the establishment have an illuminated sign?	YES	<input checked="" type="checkbox"/>	
Will the establishment have a canopy extending over the sidewalk?	YES	<input checked="" type="checkbox"/>	
Where will the air conditioner be located? What type is it?	Yes - HVAC		
When was the air conditioner installed?	By previous owner		

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)

- Hours of operation: 5p.m. – 1a.m.Sunday-Thursday, 5p.m.-2a.m. Friday and Saturday
- Applicant will hire one NYS certified security person on site at all operating hours
- Kitchen will be entirely electric
- Applicant will soundproof premise by constructing an acoustically-isolating box within a box
- Admission will be by reservation or text messaging only. There will be no queuing of patrons on the sidewalk at any time




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:	<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
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CB4 REPRESENTATIVES

 Nelly Gonzalez <i>CB4 Assistant District Manager</i>	 Frank Holozubiec <i>CB4 BLP Committee Co-Chair</i>	 Burt Lazarin <i>CB4 BLP Committee Co-Chair</i>
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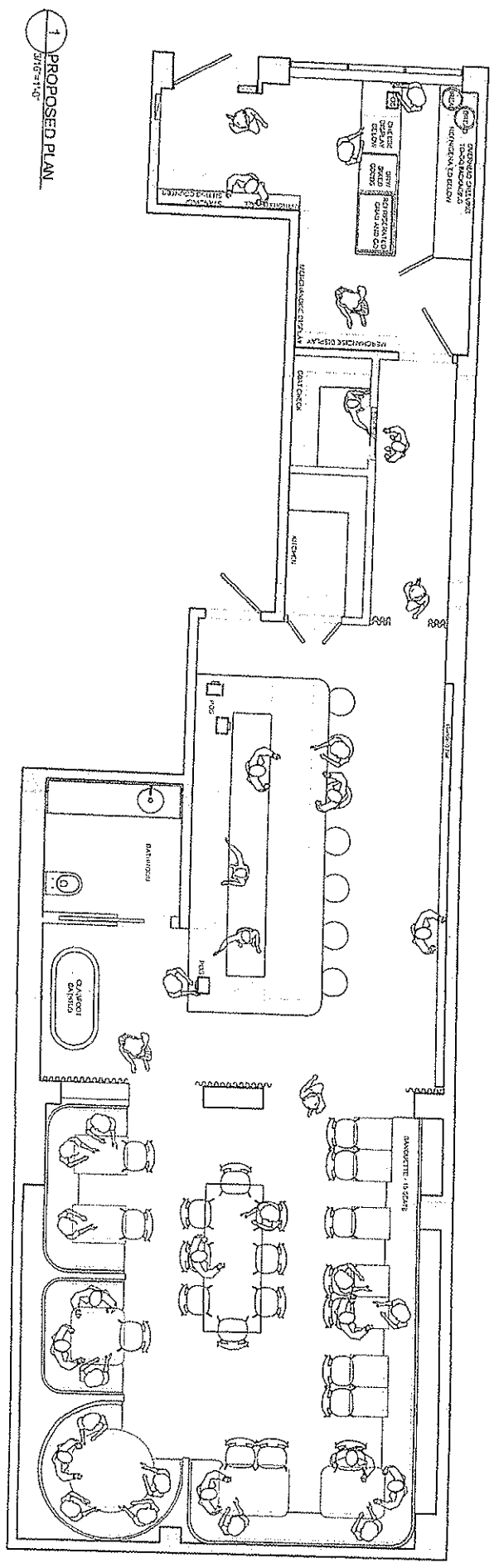
APPLICANT AGREEMENT WITH THE COMMUNITY

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 →	David Oslonov <small>PRINT NAME OF APPLICANT</small>	 <small>SIGNATURE OF APPLICANT</small>	06/11/2017 <small>DATE</small>
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David Oslonov • 7/11/2017

ATHUB GIN
 4 9th Avenue, New York, NY 10011
 N - 100
 DATE: June 28, 2017
 DRAWING TITLE: Proposed Plan



1 PROPOSED PLAN
 3/16" = 1'-0"

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