

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT Manta LLC.		DOING BUSINESS AS (DBA) Manta		
STREET ADDRESS 809 9 th Avenue		CROSS STREETS 53 rd & 54 th Street		
OWNER	NAME: Amnon Kehati	ATTORNEY	NAME: Frank Palillo	
	PHONE: 917-682-0441		PHONE: 212-227-1640	
	FAX:		FAX: 212-349-1724	
MANAGER	NAME: Amnon Kehati	LANDLORD	NAME: Dye Realty LLC	
	PHONE: 917-682-0441		PHONE: 917-682-0441	
	FAX:		FAX:	
DESCRIPTION OF BUSINESS				
Establishment Type:	<input type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input checked="" type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization – Members Only) <input type="radio"/> Other (Explain):			
Method of Operation:	<input checked="" type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain):			
License Type:	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
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 of establishment?	See Additional Information Section	
		What is/was the address of the establishment?		
		What were the dates the applicant was involved with this former premise?		
	<input type="radio"/> Transfer	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO
		<i>If alterations or operational changes are being made, please attach the plans to this form.</i>		
	<input type="radio"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
<i>Please describe the nature of the alterations and attach the plans</i>				

OPERATIONAL ISSUES									
HOURS (Hours will vary by event)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	10 a.m. – 2 a.m.	10 a.m. – 2 a.m.	10 a.m. – 2 a.m.	10 a.m. – 2 a.m.	10 a.m. – 330 a.m.	10 a.m. – 330 a.m.	10 a.m. – 130 a.m.	
	Music	10 a.m. – 2 a.m.	10 a.m. – 2 a.m.	10 a.m. – 2 a.m.	10 a.m. – 2 a.m.	10 a.m. – 330 a.m.	10 a.m. – 330 a.m.	10 a.m. – 130 a.m.	
	Kitchen	10 a.m. – 2 a.m.	10 a.m. – 2 a.m.	10 a.m. – 2 a.m.	10 a.m. – 2 a.m.	10 a.m. – 330 a.m.	10 a.m. – 330 a.m.	10 a.m. – 130 a.m.	
OCCUPANCY	INDOOR				BAR			OUTSIDE	
	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 Bars	Number of Seats	Number of Tables
	95	95	41	82	0	1	13	0	0
How many floors are there? What is the capacity for each floor? (please respond in space provided)					<input checked="" type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> 5+		
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					YES	<input checked="" type="checkbox"/> NO	N/A		
Will applicant have bottle service?					YES	<input checked="" type="checkbox"/> NO	N/A		
Will you be hosting private parties and promotional events?					YES	<input checked="" type="checkbox"/> NO	N/A		
Will outside promoters be used?					YES	<input checked="" type="checkbox"/> NO	N/A		
Will the security plan submitted be implemented?					YES	NO	<input checked="" type="checkbox"/> N/A		
Will State certified security personnel be used?					YES	<input checked="" type="checkbox"/> NO	N/A		
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					<input checked="" type="checkbox"/> YES	NO	N/A		
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)					<input checked="" type="checkbox"/> YES	NO	N/A		
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					<input checked="" type="checkbox"/> YES	NO	N/A		
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					YES	NO	<input checked="" type="checkbox"/> N/A	In the future	
Will applicant provide contact information to neighbors and respond to complaints that arise?					<input checked="" type="checkbox"/> YES	NO	N/A		
If you plan to have music, what type(s)?			<input checked="" type="checkbox"/> BACKGROUND	<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> DJ				
BUILDING DESIGN									
Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.					<input checked="" type="checkbox"/> YES	NO	N/A		
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	<input checked="" type="checkbox"/> N/A		
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.					<input checked="" type="checkbox"/> YES	NO	N/A		

OUTDOOR ITEMS

Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="checkbox"/> NO	N/A	
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	<input checked="" type="checkbox"/> N/A	
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	<input checked="" type="checkbox"/> N/A	
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	<input checked="" type="checkbox"/> N/A	
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	NO	<input checked="" type="checkbox"/> N/A	
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	<input checked="" type="checkbox"/> N/A	
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	<input checked="" type="checkbox"/> N/A	

LOCATION & ZONING

Primary Zoning District:		Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="checkbox"/> YES	NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	<input checked="" type="checkbox"/> N/A
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="checkbox"/> YES	NO	N/A
Is a Public Assembly permit required?	<input checked="" type="checkbox"/> YES	NO	N/A
Are your plans filed with DOB?	<input checked="" type="checkbox"/> YES	NO	N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1		
	# 2		
	# 3		

ADDITIONAL STIPULATIONS: (Office Use Only)

ADDITIONAL INFORMATION: (Applicant Use)


ADDITIONAL NOTES: (Office Use Only)

- Refrigerated garbage room in basement
- Delivery bike stored in basement when not in use. Will use bike rack during business hours

Manhattan Community Board 4 (MCB4) recommends:

Approval Denial unless all agreed to by applicant is part of the
method of operation Denial

CB4 REPRESENTATIVES


Nelly Gonzalez
CB4 Community Associate


Lisa Daglian
CB4 BLP Committee Co-Chair


Paul Seres
CB4 BLP Committee Co-Chair

APPLICANT AGREEMENT WITH THE COMMUNITY

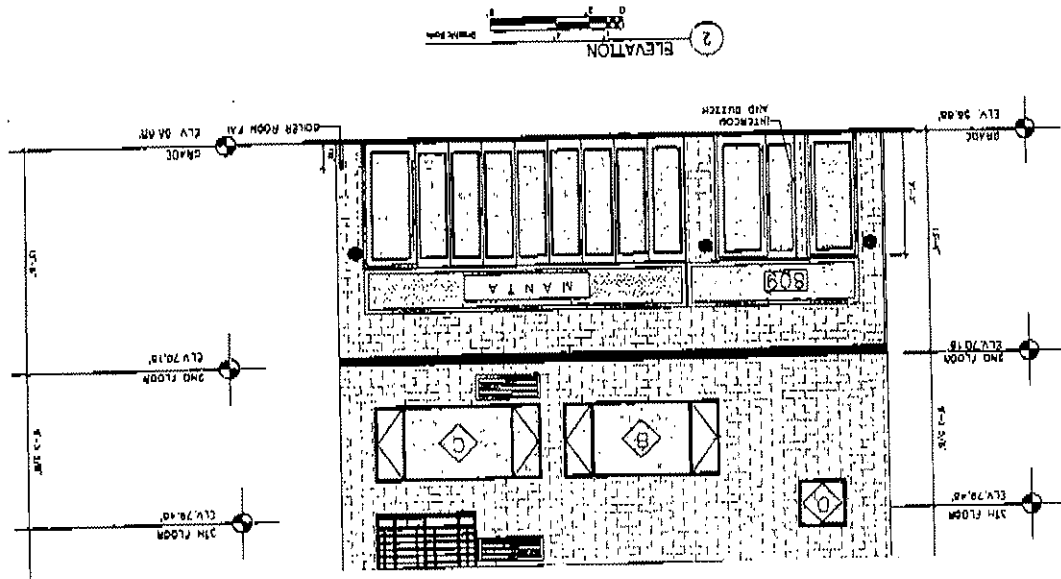
Pursuant to these stipulations, this applicant agrees to have these provisions incorporated in the method of operation of their liquor license. Additionally, the applicant agrees to the community agreements as the basis for the community supporting this application.

SIGN HERE →


SIGNATURE OF APPLICANT

Tuesday, July 10, 2012

DATE



809 9TH AV. NYC AVENUE

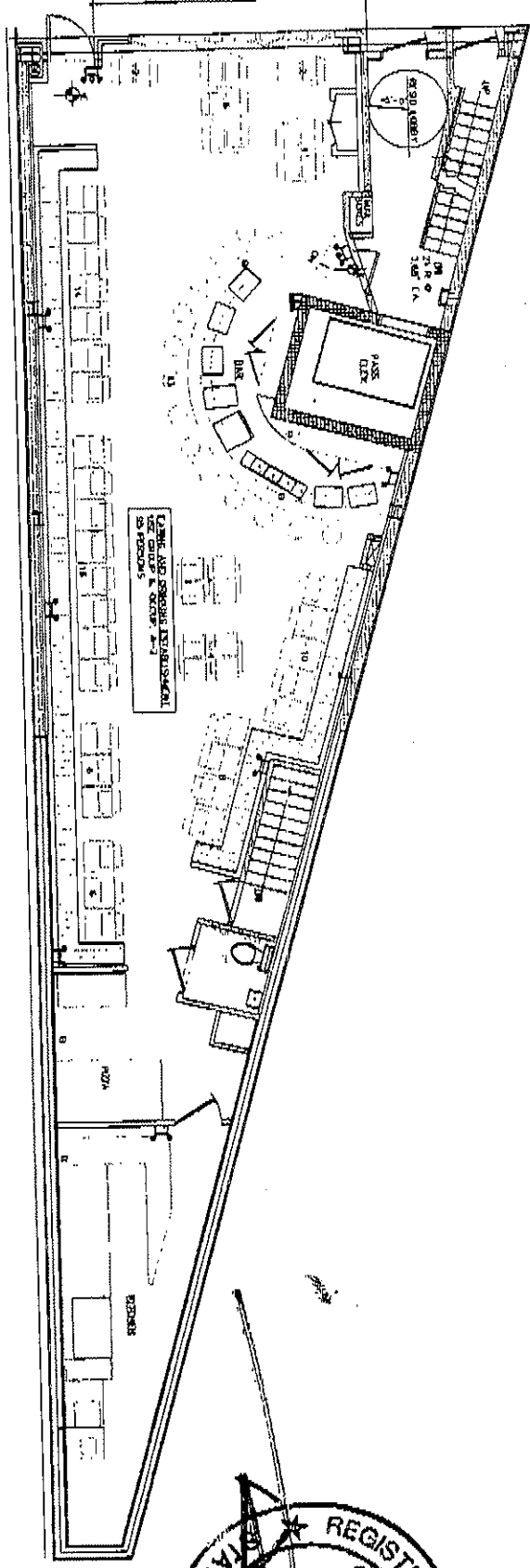


TABLE AND SEATING REARRANGED TO ACCOMMODATE 82 SEATS

1 FIRST FLOOR PLAN



41 Tables
82 seats

