Manhattan Community Board 4 (All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATIONNAME			DOING BUSINESS AS (DBA)						
Be Bamba Group LCC			La mano						
STREET ADDRESS			CROSS STREETS						
265	تنا	201457	7T#48TH	7TH 08TH AVE'S 10011			-		
OWNER	NAME:	Jorge Guzman		NAME: Wichael Kelly					
(Attach a list of all the people that will be associated listed	PHONE:	(646)509-5435	ATTORNEY/ REPRESENTAIVE	PHONE: (91	4) 632-	6036			
with the license)	EMAIL:	Santon. Ent @ Guail		EMAIL: KE	LYMLKI3	6@Grail.com			
	NAME:	Same		NAME: Fa	lcon 461	ding LUC			
MANAGER	PHONE:		LANDLORD	PHONE: (ZIZ	1838-1	255			
·	EMAIL:			EMAIL:					
APPLICATION	ON TYI	PE (Check One)							
	Has applica	nt owned or managed a similar business?		VES	NO				
O New	What is/was	the name and address of establishment?							
	What were t	he dates applicant was involved with this former pramis	se?						
	What is the p	orior license # and expiration date?							
O Transfer	is applicant i	making any alterations or operational changes?		YES	NO				
	If alturations or operational changes are being made, please describe/list all changes.								
Alteration -	What is the c	urrent license # and expiration date?		1290530 11/30/17					
	Please list/de	escribe the nature of all the changes and attach the pla	ns: addition	of a su	Jewa 14	Cafe with 4 Tal	des 4		
METHOD OF	OPER	ATION					56		
TYPE OF ALCOHOL Liquor/Wine/Beer			O Beer		@ Wine	& Beer			
ESTABLISHMENT TYPE O Restaurant O Cabaret O N O Adult Entertainment O Wine Bar		_	○ Bar/Taver		atering Establishment nal Organization – Members Only,				
fas applicant/owner filed with the SLA? If yes, when? If no, when do ou plan to file?			YES (NO		***************************************				
s the 500 Foot Rule applicable? If yes, please altach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your stablishment and the Public Interest Statement.			YES NO						
s the 200 Foot Rufe applicable? If yes, please attach a diagram of the chools and houses of worship that trigger the rule.			ves (NO	}					
las applicant/owner(ocation of Alcoholic-		B4 Policy Regarding Concentration and stablishments?	(YES NO						

	MONDAY		TUESDAY WEDNE		EDNESDAY	AY THURSDAY		Ţ.,	RIDAY	S	ATURDAY	T	SUNDA	
HOURS*	Operation Sam fun		Jan 11 Par Jan 190			am Par	750	w Par	50	in An	70	m, Pm	1: :: :	
(Indoor Only)			1			80m 10Pm		minim	80	-10Am	80=10pm		yam, pa	
	Music Jan an					8am 11Pm		= 11 Rm	70	in Por	-X	um (1 Par	×0.	- (∪ = 1 (^Q
If you plan to have music, what type(s)?				IVE MUSIC		DJ		KE BOX			RAOK			
			·		1/_	OCCUP	ANC.	Y	30 30				WW	ь.
	Capaçid (Certific of Occupar	ate (ncy) Prem	aximum# of ersons You Anticipate Decupying ises (Including mployees)	Num of Tal		Number of Seats		ober of Servic Only Bars	4.0	Number o Stand-Up B		Number of 9 at Stand-Up		
INSIDE	74		35	5 9		26			10					
OUTSIDE														*****
Other than idewalk cajé)	NIA		NIA NIA		4	NIM-	NIA		NIA			N/A		
IDEWALK AFÉ	8	7	5 1/4		#	***************************************								
How many floors are there? What is the capacity for each floor?					(1)	1		,	35			*	·	
ow frequently wi	li the owner(s) b	e at the establis	hment?		4		,	Dail					·	
fill you be applying ere be dancing?	ng or intending t	o apply for a ca	baret (icense w	vith DCA	\? If y	es, will	YES	6	~~	3		····	***************************************	·
ill applicant have	bottle or table	service for beve	rage alcohol?			3.4	YES	(NO					,	
ill you be hosting	private; promo	tional or corpora	ite events?				YES	60						
ll outside promo	ters be used on	a regular basis	? If yes please	describ	e.		VES	NO		***************************************		., ., ., ., ., ., ., ., ., ., ., ., ., .		
Nill you have a security plan? If, yes please attach.						ÆS	(NO)				· · · · · · · · · · · · · · · · · · ·	V		
Vill security plan be implemented?						ES.	(NO)	***************************************						
/ill State certified security personnel be used?						- 5	ES	(NO)	TV -00.744		*******	T		***************************************
fill New York Nightlife Association and NYPD Best Practices be followed?					Ϋ́	es:	(NO)	******				* . *		
ill applicant be using delivery bicycles? If yes, how many?						ES	60		- Marine more representation of the second		ATTENDED ATTENDED TO A STATE OF THE STATE OF			
l delivery bicycle ar attire clearly n	s be clearly mai oling name as c	rked with the na lescribed by NY	me of the resta C Law?	aurant a	nd wi	ll staff	ES	10 A 10 TO 10 A	۱) ر	H				,
ere will delivery i			*·····································				لنسسا	<u> </u>		·····				**************

LOCATION & ZONING	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	yes 60
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 Na

tions				
#1	See o	eTtache		
# 2				
#3			**************************************	The second secon
#4				
#5				
ith the grou	ps listed above.			
Who was your contact person at each group you met with?				
When did applicant post the notice that was provided?			117	A - 1
Where did applicant post the notice that was provided?			Twindow	J.
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.				Jorge (646) 509 - 5435
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?				
	# 2 # 3 # 4 # 5 ith the grou D you met w provided? B provided? ber to neigher in space office of its ic	#1 See of #2 #3 #4 #4 #5 iith the groups listed above. D you met with? provided? ber to neighbors and respond to er in space provided.	#1 See attacher #2 #3 #4 #5 ith the groups listed above. Dyou met with? provided? Grovided? Figure ber to neighbors and respond to ear in space provided. Office of its job openings and/or	#1 See attacked #2 #3 #4 #5 ith the groups listed above. Dyou met with? provided? Grovided? Foot window ber to neighbors and respond to er in space provided. Office of its job openings and/or

BUILDING DESIGN	
State the name and type of business previously located in the space.	Cafe
Has a liquor-licensed establishment previously occupied this space at any time If yes, please provide the name of the business.	(P) (VES) NO applicant 12/15 to Present
Do you plan any changes to the existing façade? If yes, please describe.	(ES) NO
Will applicant have a vestibule within the establishment?	YES (NO
Will applicant use a storm enclosure?	(ES) 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 VINDOWS 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 root?	YES NO HILVH
Will the establishment have an illuminated sign?	YES 60
Will the establishment have a canopy extending over the sidewalk?	YES (NO)
Where will the air conditioner be located? What type is it?	EXISTING
When was the air conditioner installed?	2015

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ	
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	VES NO
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	
Are the floorplans for the outdoor space(s) included?	YES NO WW
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	YES NO N/A
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES NO WILL
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 NIA
If amplified sound is played inside the establishment, will windows and doors be closed?	YES NO NIA
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES NO NIA
Will applicant agree to train staff to encourage a peaceful environment?	YES NO NIA
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES NO NIA
Nill there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES NO NIA

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?	NO 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?	(VES) NO DAM don wilty
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?	(VES) NO
Will all furniture, plants and barricades be stored inside between the evening closing hours?	(VES) NO
Will all furniture be stored inside between December 21st and March 21st, and any other day when it rains or snows?	YES NO
Will applicant use umbrellas?	YES (NO)
f 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 cafe and the closes obstruction including construction barricades?	YES NO.

ADDITIONAL STIPULATIONS: (Office Use Only) - There will be no barriers/dividers around sidewalk cafe - Sidewalk cafe will be closed and vacated of all patrons no later than 10p.m. Sundays - Thursdays and 11p.m. Fridays and Saturdays - One table of the two table pairing will be eliminated. Cafe will consist of only three tables with two seats each against building facade - Will submit revised plans by 5/31/17 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 applica pages 1 – 6 of this application, the stipulations on pages 7 and 8 contro	tion conflicts with any response on I.

Manhattan Community Board 4 (MCB4) recommends:	Denial unless all slipulations agreed to by applicant/owner are part of the method of operation
	O Denial O Approval
CB4 REPRESENTATIVES	
Helly Gonzales CB4 Assistant Pydrics Manager Frank Holozubiec CB4 BLP Committee Co	-Chair CB4 BLP Committee Co-Chair
APPLICANT AGREEMENT WITH THE COMMI	JNITY
stipulations are essential prerequisites to the MCB4 recomme stipulations incorporated in the method of operation of its liqu	mmunity support of this application and acknowledges that all of these endation regarding this application. Applicant agrees to have these for license. The stipulations in this application constitute the entire lered in writing signed by MCB4 and applicant. These stipulations on with this application.
SIGN HERE ->	JOSE STATUS S/9/17 SIGNATURE OF APPLICANT DATE

