CORPORATIONN	AME		DOING BUSINESS AS (DBA)					
Catered b	y Pergol	a LLC	Gardenia Terrace					
STREET ADDRESS	i		CROSS STREETS	ZIP CODE				
826 10th A	venue		W. 54th and	W. 55th	10019			
OWNER	NAME:	Magdy Aziz		NAME: Kathleer	n E. Negri Stathopoulos, Esq.			
(Attach a list of all the people that will be associated listed	PHONE:	646-506-5957	ATTORNEY/ REPRESENTAIVE	PHONE: 718-567	-2990			
with the license)	EMAIL:	magdy.aziz@live.com		EMAIL: negriesq	ı@aol.com			
	NAME:	Hesham Edris		NAME: 826 Ten	th Avenue Company LLC			
MANAGER	PHONE:	917-754-5406	LANDLORD	PHONE: 917-952	-1825			
	EMAIL:	hesham@propelnyc.com		EMAIL: wsm822	@aol.com			
APPLICATION	ON TYP	E (Check One)						
	Has applicar	nt owned or managed a similar business?		✓ YES	NO			
● New	What is/was	the name and address of establishment?		Pergola				
	What were th	ne dates applicant was involved with this former premis	se?	2013 - Present				
	What is the p	prior license # and expiration date?						
O Transfer	is applicant r	making any allerations or operational changes?		YES	NO			
	If alterations	or operational changes are being made, please descri	ibe/list all changes.	<u>.</u>				
↑ Alteration	What is the c	urrent license# and expiration date?						
Alteration	Please list/de	escribe the nature of all the changes and attach the pla	ans:					
METHOD O	FOPER	ATION	3.00 (1.00 (
TYPE OF ALCOH	IOL	C Liquor/Wine/Beer	O Beer		○ Wine & Beer			
ESTABLISHMEN'	т түре	Restaurant Cabaret C	Night Club O Hote	Bar/Tavem	Catering Establishment			
Adult Entertainment Wine Ba			Dance Club	O Sports Bar O Club (Fratemal Organization – Members Only)				
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?			YES NO	N/A				
	cense estat	? If yes, please attach a diagram of the olishments within a 500 ft. radius of your terest Statement.	YES NO	N/A				
Is the 200 Foot Rule schools and houses		? If yes, please attach a diagram of the that trigger the rule.	YES NO	N/A				
Has applicant/owner Location of Alcoholic		CB4 Policy Regarding Concentration and stablishments?	YES NO	N/A				

OPERAT	IONAL DE	TAILS	(*Closin	g time w	ill be 1	when	establishn	nent is	vacated	of	all patrons)				
		MOND.	AY	TUESDAY		WEDNESDAY		THURSDAY			FRIDAY S		SATURDAY		UNDAY	
HOURS*	Operation	Operation 11AM - 2 AM		11AM - 2 AM		11AM - 2 AM		11AM - 2 AM		1	11AM - 2 AM 11A		AM - 2 AM 11/		M - 2 AM	
(Indoor Only)	Kitchen	11AM - 2 AM	1 1	11AM - 2 AM		11	11AM - 2 AM		11AM - 2 AM		11AM - 2 AM 1		11AM - 2 AM 1		IAM - 2 AM	
	Music	11AM - 2 AM	11			11AM - 2 AM		11AM - 2 AM			11AM - 2 AM	11AM	11AM - 2 AM 1		AM - 2 AM	
If you plan to h (Circle all that	nave music, what apply)	type(s)?	J	BACKGRO	UND	Li	IVEMUSIC		DJ		JUKE BOX		KA	RAOK	E	
							OCCUP	ANCY								
	Capaci (Certific of Occupa	ate	Maximu Person Antici Occup Premises () Emplo	s You pate pying Including	Num of Ta		Number of Seats		er of Servi nly Bars	ce	Number of Stand-Up B		Number of at Stand-U			
INSIDE	Less than 7	5	50	50			32	(0		1		6			
OUTSIDE (Other than sidewalk café)	DE N/A N/		N/A		N/A		N/A	N/.	N/A		N/A		N/A			
SIDEWALK CAFÉ					12		27				1				<u> </u>	
How many floor	s are there? Wh	at is the ca	apacity for e	each floor	?											
How frequently	will the owner(s)	be at the	establishme	ent?												
	<u>L OPERATING H</u> lying or intending g?	***************************************	or a cabare	et license v	with DC	A? If	yes, will	YES	NO /							
Will applicant ha	ave bottle or tabl	e service f	or beverage	e alcohol?				YES	N9							
Vill you be host	ting private; pron	notional or	corporate e	events?				YES	N9							
Vill outside pro	moters be used o	on a regula	ar basis? If	yes please	e descri	be.		YES	<u>N9</u>				******************************			
Vill you have a	security plan? If,	yes pleas	e attach.					YES	NS							
Will security plan be implemented?							YES	N9				***************************************				
Will State certified security personnel be used?							YES	N9								
Will New York Nightlife Association and NYPD Best Practices be followed?								YES	NO							
Vill applicant be	using delivery b	icycles? If	yes, how n	nany?				YES	√ ₀							
	cles be clearly r ly noting name a				taurant	and v	will staff	YES	NO							
Vhere will delive	ery bicycles be s	tored durin	in the day i	when not is	n 11847	·		<u></u>			•••••			***************************************		

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/Relat	ions					
NOTIFICATION:	# 1					
List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and	# 2					
community groups that applicant has notified regarding its application. For each please list both the organization	#3					
and individual you contacted	# 4					
	# 5					
Please provide dates when applicant met w	ith the gro	ups 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.)	YES	NO	
Will applicant inform the Community Board office of its 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.				***************************************		
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 façade? If yes, please describe.	YES	N9				
Will applicant have a vestibule within the establishment?	YES	N9				
Will applicant use a storm enclosure?	YES	N9				
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)	FREN	CH DOORS	GARAGEDO	ors	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				
Will the establishment have an illuminated sign?	YES	NQ/				
Will the establishment have a canopy extending over the sidewalk?	YES	NO				
Where will the air conditioner be located? What type is it?	On ti	he roof. Fuji	tsu.			
When was the air conditioner installed?	October 2016					

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	N/A
Are the floorplans for the outdoor space(s) included?	YES	NO	N/A
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	N/A
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	NO	N/A
Will there be no amplified music, as per the law?	YES	NO	N/A
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	N/A
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES	NO	N/A
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO	N/A
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO	N/A
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A

OUTDOOR ITEMS – SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	NO NO	
Will applicant be applying for a sidewalk café now or in the future?	YE\$/	/ 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 21st and March 21st, and any other day when it rains or snows?	yes 🗸	NO	
Will applicant use umbrellas?	YES	√ o	
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)

- No sidewalk cafe until phone booth is removed
- If phone booth is replaced by another obstruction, DCA clearances for that obstruction must be satisfied
- Seven eastern-most tables on 55th St. will be eliminated
- All remaining tables on 55th St. must clear 8' from tree pit (and service aisle)
- Applicant will explore additional tables on western end of 55th St., observing all clear path and obstruction resolutions
- Applicant will submit revised plans by 5/31/17
- No dividers and barriers on 55th St. side of sidewalk cafe
- Any raised areas/platforms, if necessary, will be confined to width of tables and will not extend to service aisle. Any raised areas/platforms will be removed nightly and when cafe is not in use.

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 co	nflicts with any response on
pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.	mmota with any response on

Manhattan Community Board 4 (MCB4) recommends:	Denial unless all stipulations agreed to by applicant/owner are part of the method of operation Denial O Approval					
CB4 REPRESENTATIVES						
Nelly Gonzalez (CB4 Assistant Destrict Manager Frank Holozubiec CB4 BLP Committee Co-Chair	Burt Lazarin CB4 BLP Committee Co-Chair					
APPLICANT AGREEMENT WITH THE COMMUNIT						
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 APPLICANT	S/9 17 SIGNATURE OF APPLICANT DATE					

PRINT NAME OF APPLICANT



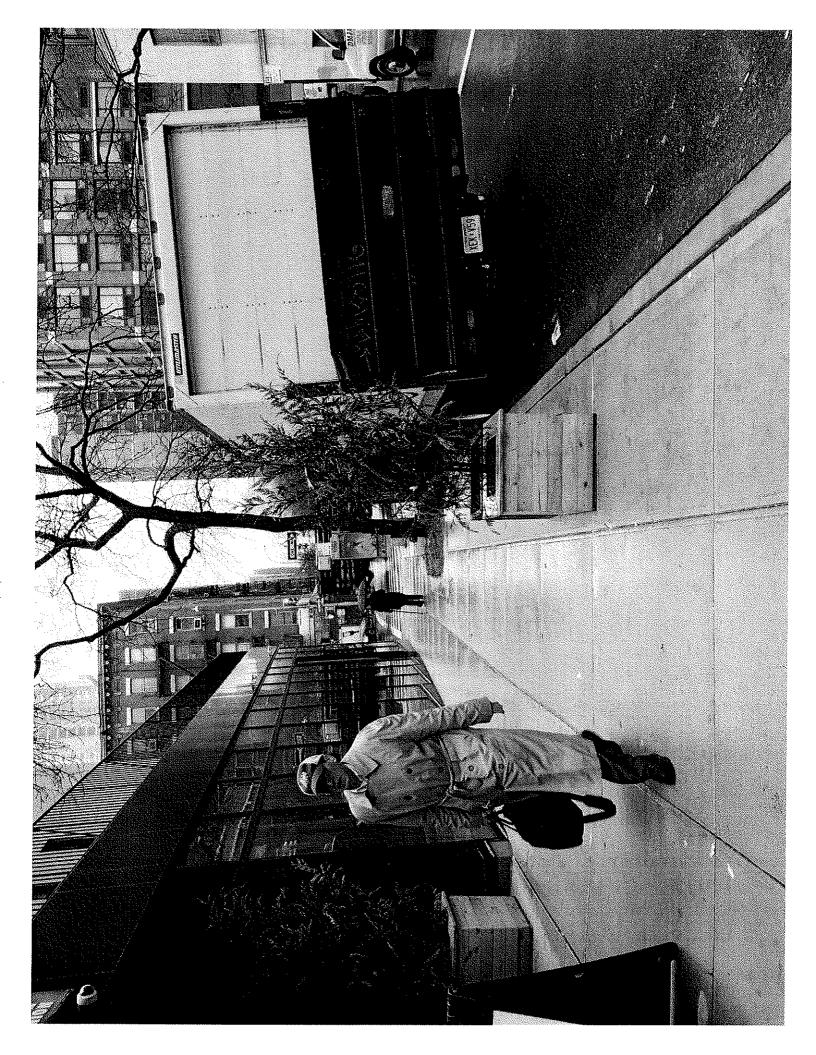
LICENSING CENTER
42 Broadway, 5th floor
New York, NY 10004
Monday-Friday: 9:00 a.m.-5:00 p.m.
Wednesday: 8:30 a.m.-5:00 p.m.
www.nyc.gov/consumers

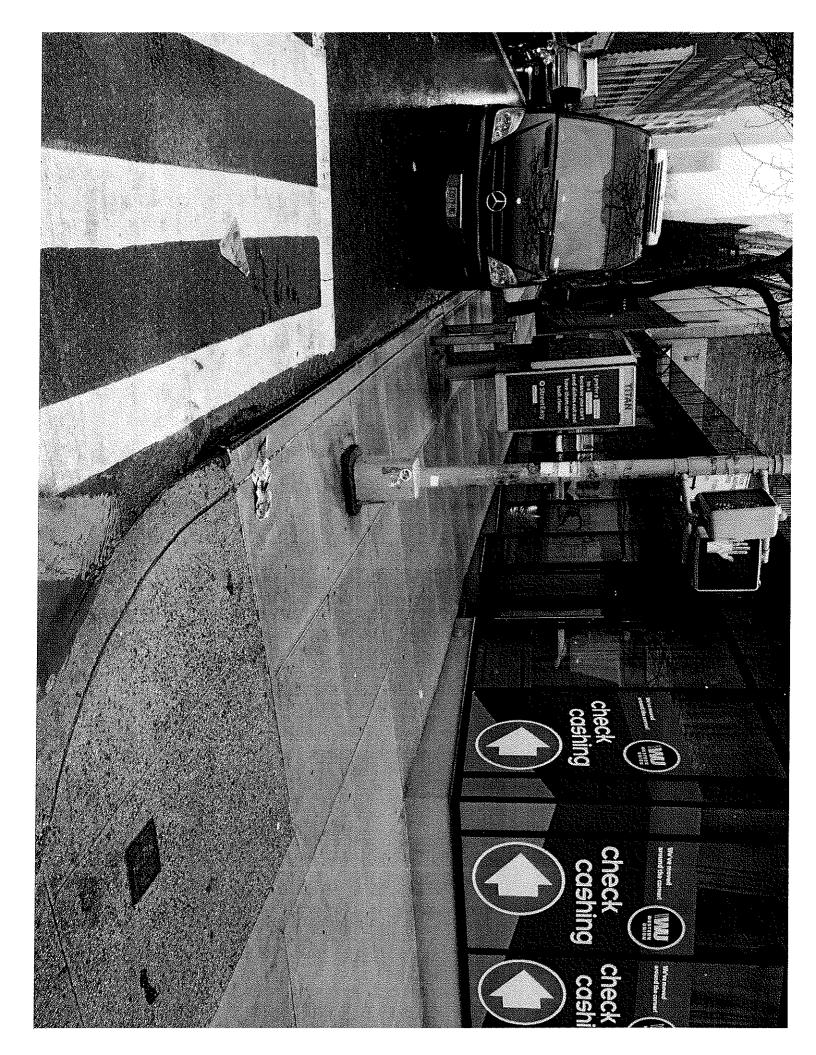
SIDEWALK CAFÉ COMPLIANCE CHECKLIST

Applicants must answer a series of questions to demonstrate that the café meets City requirements. Please answer all questions and sign the Checklist.

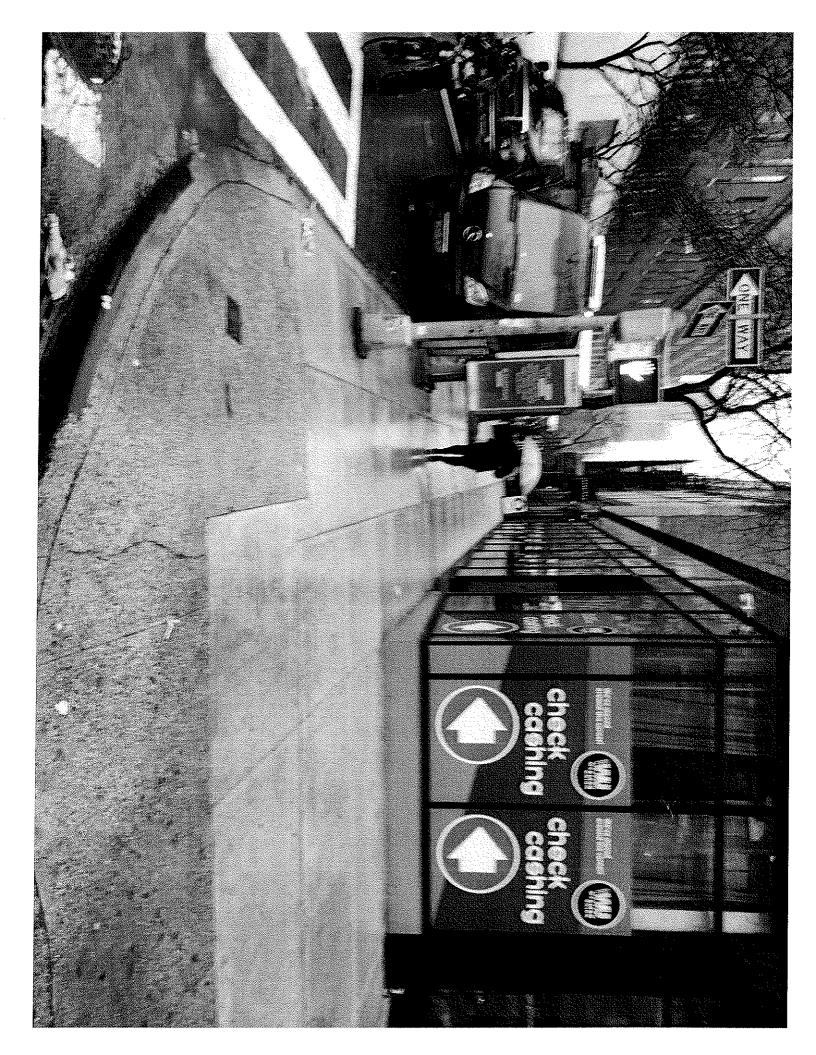
1.	Is there a minimum of 12 feet of sidewalk space entire length of the property?	for the	√Yes	□No
2.	Will your café be at an address zoned for the typ sidewalk café you plan to operate?	⊳⁄ Yes	□ No	
	ou answered "No" to question 1 or 2, you canno lication process.	t apply for a Sidew	valk Café license and n	nust stop the
3.	Sidewalk Café Business Name:	Pergola		
4.	Sidewalk Café Type: Check all that apply.	□ Enclosed	□ Small Unenclosed	☑ Unenclosed
5.	Application Type:	▽ New		
		□ Renewal		
		□ Assignmen days before expi		evious owner more than 90
		☐ Modification	on (Changes to an existing	consent)
6.	Maximum number of tables in your café:	12		
7.	Maximum number of chairs in your café:	27	···	
3.	Block Number:	61		
9.	Lot Number:	1064	_	
10.	Community Board Number:			
11.	Will your café be on the same level as the adjoining sidewalk? (Unenclosed and Small unenclosed only)	Y Yes □ No)	

12.	Is your café in a historic district or in or adjacent to a landmarked building or district?	□ Yes &No
	 a. If Yes, have you applied to the Landmarks Preservation Commission (LPC) for approval to operate your café? i. If Yes, have you received approval from 	□ Yes □ No
	LPC to operate your café?	□ Yes □ No
Side	ewalk Café Business Information	
13.	Sidewalk Café Business Address:	826 10th Avenue
		New York, N.Y. 10019
14.	Is there an alternate entrance to your sidewalk café with a different address than your business address?	□ Yes ☑No
	If Yes, please enter address:	
Side	walk Café Architect or Engineer Information	
15.	Full Name of Architect or Engineer:	Thomas Gizis
16.	Business Name of Architect or Engineer:	Theta Designs
17.	Address:	39-35 Bell Blvd., 2nd Fl.
		Bayside, N.Y. 11361
18.	Telephone Number:	718-224-6240
19.	Fax Number (optional):	618-224-6245
20.	E-mail Address:	thetadesignsny@gmail.com
Siden	valk Café Applicant's Signature	Hesham A. Edris Print Name
	ember	04/05/2017
Title ((if any)	Date

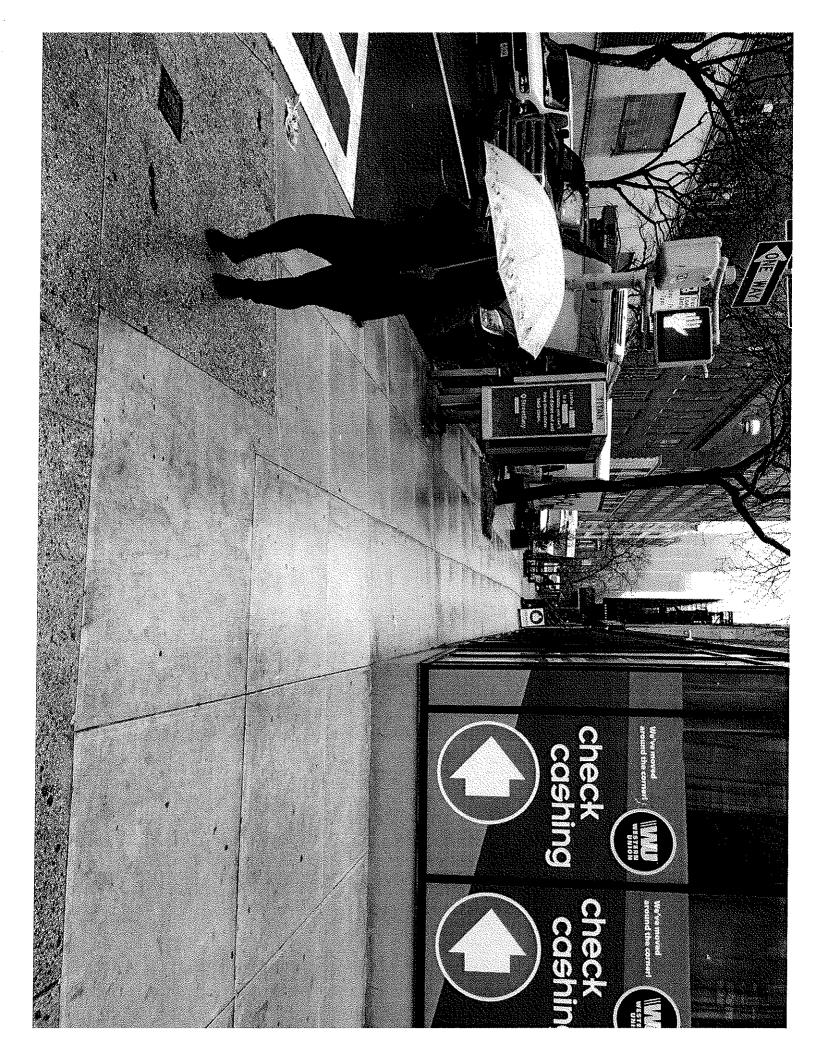












* newplans