

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME		DOING BUSINESS AS (DBA)	
Panatha Chicken LLC		Chirping Chicken	
STREET ADDRESS		CROSS STREETS	ZIP CODE
587 Ninth Avenue		W 42nd St & W. 43rd St.	10036
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME:	Demetris Papas	NAME: Kathleen E. Negri Stathopoulos, Esq.
	PHONE:	212-868-0600	PHONE: 718-567-2990
	EMAIL:	chirpingchicken77@gmail.com	EMAIL: negriesq@aol.com
MANAGER	NAME:		NAME: M. Plaza L.P.
	PHONE:		PHONE: 212-401-7650
	EMAIL:		EMAIL:
ATTORNEY/ REPRESENTATIVE			
LANDLORD			
APPLICATION TYPE (Check One)			
<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
	What is/was the name and address of establishment?	Chirping Chicken 351 Amsterdam Avenue NY	
	What were the dates applicant was involved with this former premise?	15 Years	
<input type="radio"/> Transfer	What is the prior license # and expiration date?	N/A	
	Is applicant making any alterations or operational changes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input type="radio"/> Alteration	What is the current license # and expiration date?	N/A	
	<i>Please list/describe the nature of all the changes and attach the plans:</i>		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input type="radio"/> Liquor/Wine/Beer <input type="radio"/> Beer <input checked="" 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 type="checkbox"/>	NO <input checked="" type="checkbox"/>	February 15, 2017
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 type="checkbox"/>	NO <input checked="" type="checkbox"/>	
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 type="checkbox"/>	NO <input checked="" type="checkbox"/>	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>	

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)									
HOURS* (Indoor Only)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	11AM-12AM	11AM-12AM	11AM-12AM	11AM-12AM	11AM-12AM	11AM-12AM	11AM-12AM	11AM-12AM
	Kitchen	11AM-12AM	11AM-12AM	11AM-12AM	11AM-12AM	11AM-12AM	11AM-12AM	11AM-12AM	11AM-12AM
	Music	11AM-12AM	11AM-12AM	11AM-12AM	11AM-12AM	11AM-12AM	11AM-12AM	11AM-12AM	11AM-12AM
If you plan to have music, what type(s)? (Circle all that apply)		BACKGROUND		LIVE MUSIC	DJ	JUKE BOX	KARAOKE <i>MS</i>		
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	103	50	15	39	0	1	0		
OUTSIDE (Other than sidewalk café)	N/A	N/A	N/A	N/A	N/A	N/A	N/A		
SIDEWALK CAFÉ	N/A	N/A	N/A	N/A	N/A				
How many floors are there? What is the capacity for each floor? 2 Floors - Basement and Ground Floor 103 Combined									
How frequently will the owner(s) be at the establishment? Everyday					Everyday				
Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?					YES	NO			
Will applicant have bottle or table service for beverage alcohol?					YES <input checked="" type="checkbox"/>	NO			
Will you be hosting private, promotional or corporate events?					YES	NO <input checked="" type="checkbox"/>			
Will outside promoters be used on a regular basis? If yes please describe.					YES	NO <input checked="" type="checkbox"/>			
Will you have a security plan? If, yes please attach.					YES	NO <input checked="" type="checkbox"/>			
Will security plan be implemented?					YES	NO <input checked="" type="checkbox"/>			
Will State certified security personnel be used?					YES	NO <input checked="" type="checkbox"/>			
Will New York Nightlife Association and NYPD Best Practices be followed?					YES <input checked="" type="checkbox"/>	NO			
Will applicant be using delivery bicycles? If yes, how many?					YES <input checked="" type="checkbox"/>	NO	Approximately 10.		
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 <input checked="" type="checkbox"/>	NO			
Where will delivery bicycles be stored during the day when not in use?					Off Street				

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO <input checked="" type="checkbox"/>	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES <input checked="" type="checkbox"/>	NO	
Is a Public Assembly permit required?	YES	NO <input checked="" type="checkbox"/>	
Are your plans filed with DOB?	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		
	# 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?		Monday, January 30, 2017	
Where did applicant post the notice that was provided?		On the Window of the Restaurant facing out to the street.	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/> 917-442-1861
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>

BUILDING DESIGN			
State the name and type of business previously located in the space.	Business already in operation for over 2 years.		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES X	NO	587 Rest Corp. d/b/a Peter's Since 1969
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	
Will applicant have a vestibule within the establishment?	YES	NO	
Will applicant use a storm enclosure?	YES	NO	KS
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	KS
Will applicant comply with the NYC noise code?	YES X	NO	
Will the establishment have any of the following: (circle all that apply)	FRENCH DOORS None	GARAGE DOORS None	WINDOWS THAT CAN BE OPENED None
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	YES X	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 X	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 X	NO	
Will the kitchen exhaust system extend to the roof?	YES	NO	
Will the establishment have an illuminated sign?	YES	NO	
Will the establishment have a canopy extending over the sidewalk?	YES	NO	
Where will the air conditioner be located? What type is it?	Store Unit		
When was the air conditioner installed?	Over 2 years ago.		

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO X	No Outdoor Area.
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	NO X	
Are the floorplans for the outdoor space(s) included?	YES	NO	No Outdoor Area.
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	YES	NO	No Outdoor Area.
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	No Outdoor Area.
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	NO	No Outdoor Area.
Will there be no amplified music, as per the law?	YES	NO	No Outdoor Area.
If amplified sound is played inside the establishment, will windows and doors be closed?	YES X	NO	
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES X	NO	
Will applicant agree to train staff to encourage a peaceful environment?	YES X	NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO	No Outdoor Area.
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	No Outdoor Area.

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

ADDITIONAL STIPULATIONS: (Office Use Only)

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*

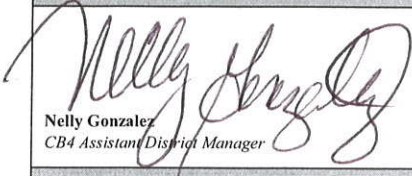
To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

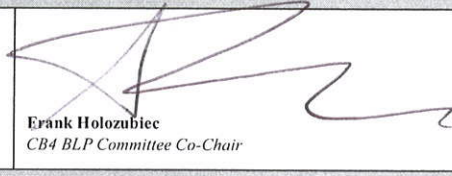
Manhattan Community Board 4 (MCB4) recommends:

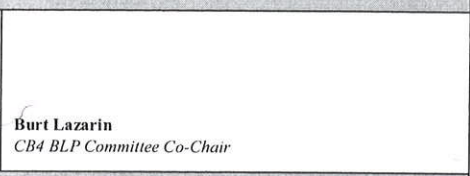
Denial unless all stipulations agreed to by applicant/owner are part of the method of operation

Denial Approval

CB4 REPRESENTATIVES


Nelly Gonzalez
CB4 Assistant District Manager


Frank Holozubiec
CB4 BLP Committee Co-Chair


Burt Lazarin
CB4 BLP Committee Co-Chair

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 →

DEMETRIS PARRIS

PRINT NAME OF APPLICANT



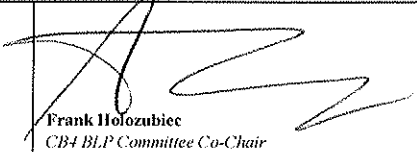

SIGNATURE OF APPLICANT

2/14/17

DATE


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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SIGN HERE →	Kathleen Stathopoulos <small>PRINT NAME OF APPLICANT</small>	 <small>SIGNATURE OF APPLICANT</small>	2/14/17 <small>DATE</small>
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Tea Store
Residential
Nail Salon
Residential
Deli
Residential
Dave's Tavern (574 9th Ave.)
Residential
Shorty's (576 9th Ave.)
Taqueria Tehuitzingo (Food only)
Barber Shop
Vacant

Bank
Hardware Store
@Nine 592 9th Ave.
Residential
Pet store
Residential
Ice Cream
Residential
Stickyl's (Food only)
Residential
Red Poke (Food only)

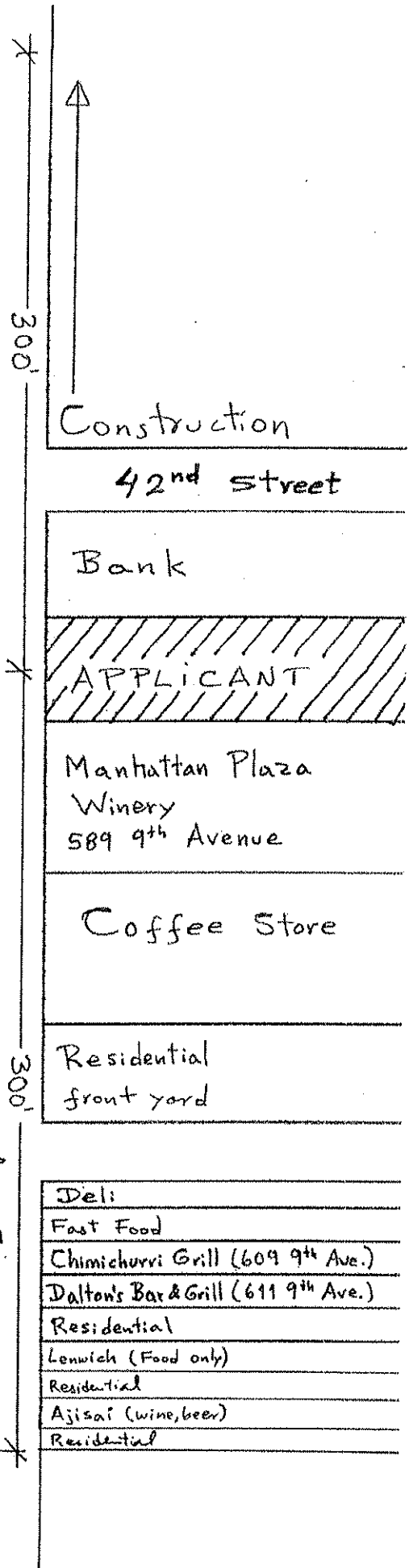
43rd Street

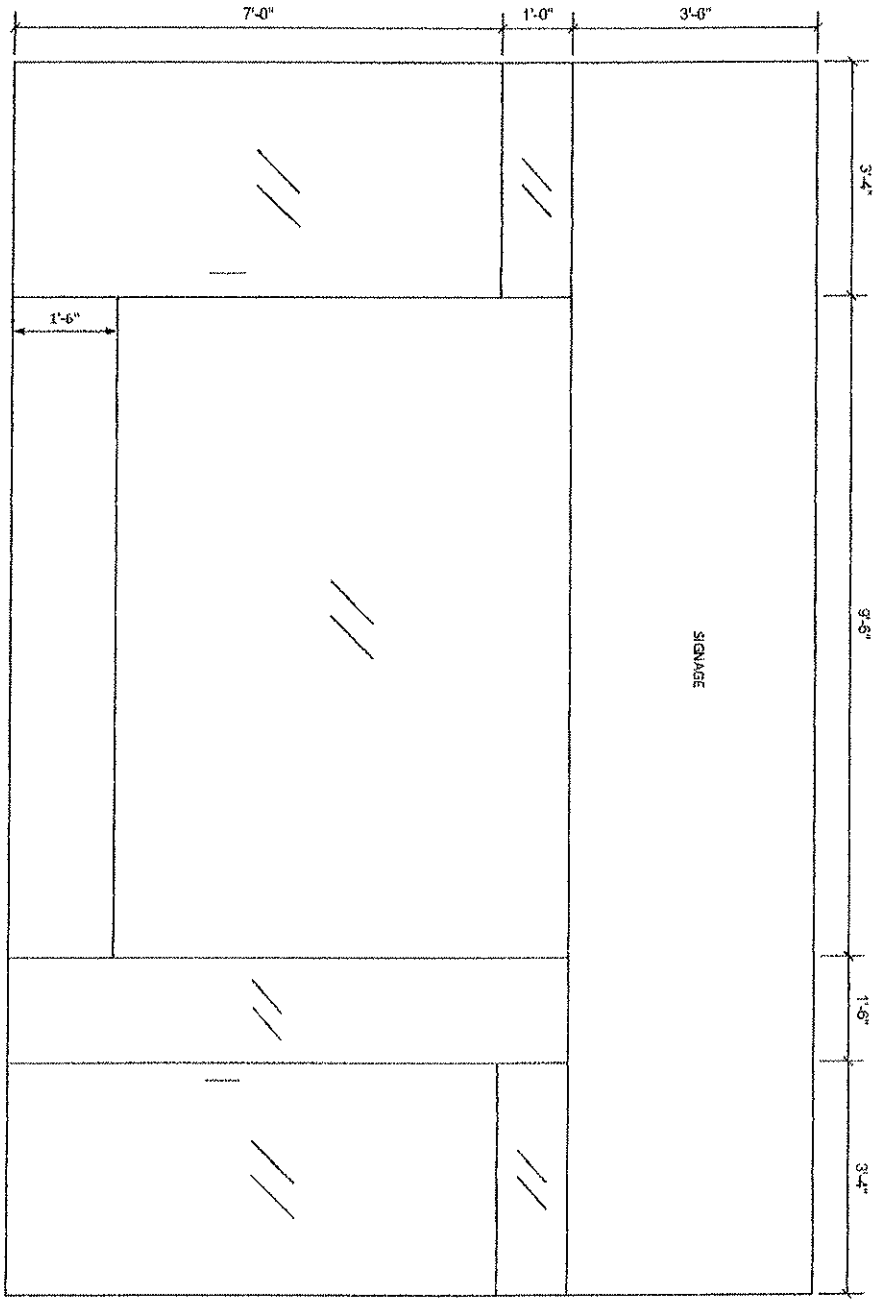
Jewelry
Turco (604 9th Ave.)
Phone Store
Residential
Residential
Patron (608 9th Ave.)
Clothing
Phone Store

9th Avenue

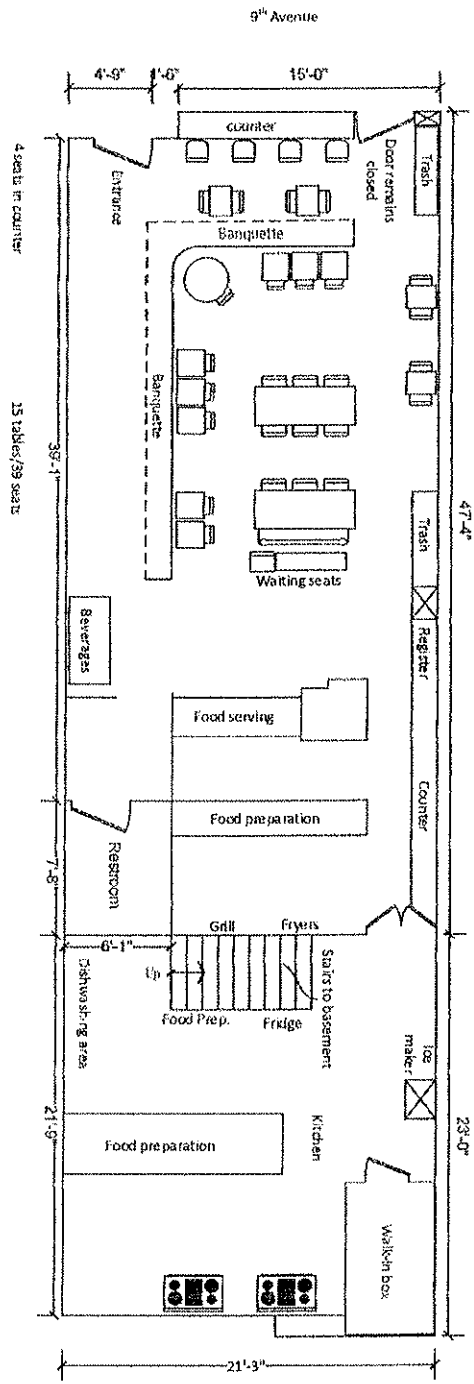
NOT TO SCALE

AREA SURVEY
587 9th Avenue
New York, NY
December 21, 2016

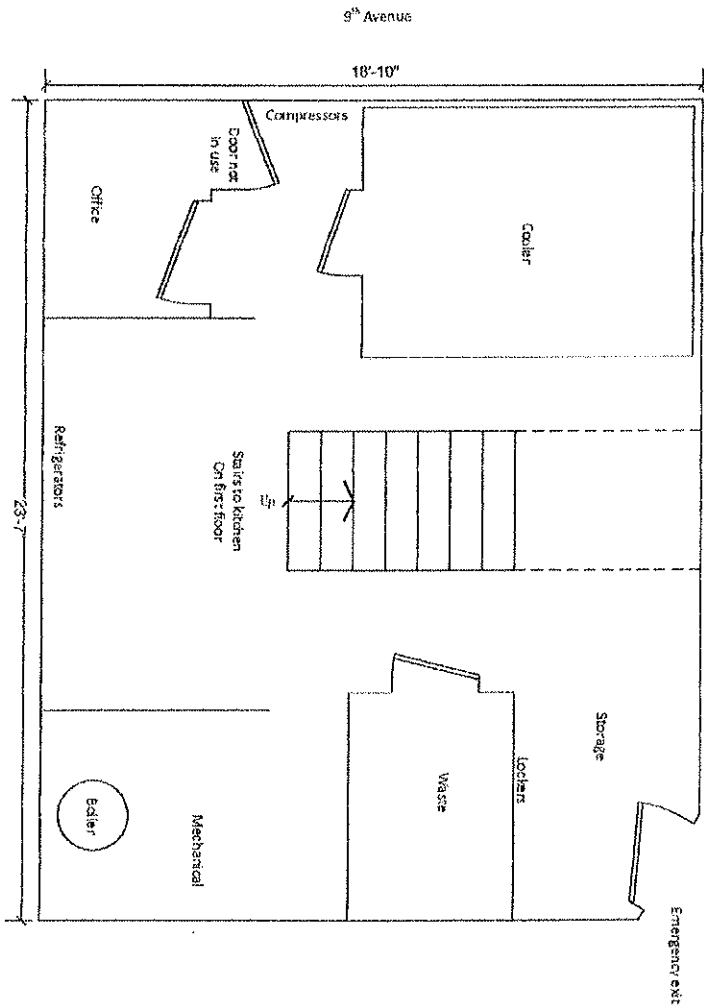




FRONT ELEVATION
 587 9th Avenue
 New York, NY
 December 21, 2016
 NOT TO SCALE



INTERIOR DIAGRAM - 1st Floor
 587 9th Avenue
 New York, NY
 December 21, 2016
 NOT TO SCALE

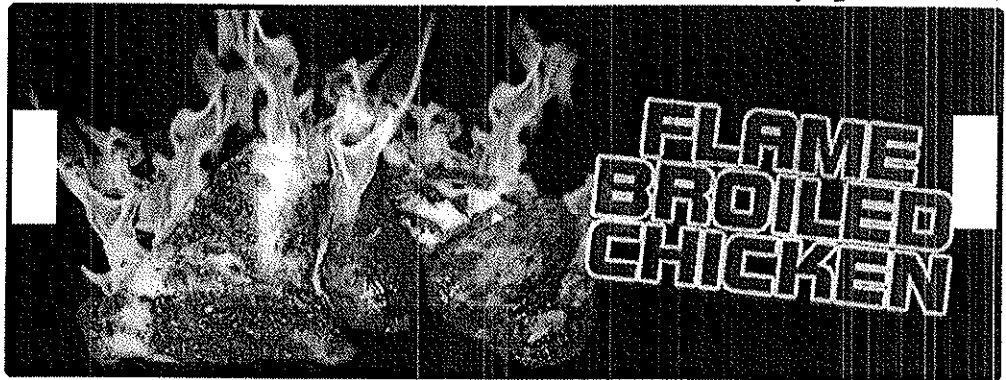


INTERIOR DIAGRAM - Basement
 587 9th Avenue
 New York, NY
 December 21, 2016
 NOT TO SCALE

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www.chirpingchicken.com



587 9th Ave
New York, NY 10036

Phone:
212 244 7334

Email Address:
chirpingchicken42@gmail.com

Monday - Sunday | 11:00am to 12:00am

Already a Registered User? [Please Login](#) Or [Register at Checkout](#) (Optional)

Click on any item below to start your order!

[Main Menu](#) [Super Bowl Menu](#) [Catering Menu](#)

ESTIMATED TIME OF ARRIVAL

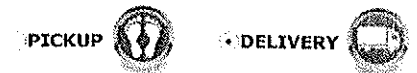
We Cook Your Food Fresh To Order. How Long Your Order Takes Depends On...

- a) What you order...cooking and preparation time
- b) How much you order (orders for many items take longer to prepare and pack)
- c) How busy we are on deliveries
- d) How far away you are
- e) Weather conditions

Estimated Delivery Time :0min



Order Summary

Click on any item to the left to add to your cart




CHANGOAT BROILED CHICKEN

Served with Pita , (Sauce Upon Request)

WHOLE CHICKEN 	\$16.00	1/2 CHICKEN 	\$9.00
1/2 WHITE MEAT CHICKEN	\$10.00	1/4 CHICKEN	\$6.75
CHICKEN CUTLET	\$4.00	Comes with Potato Salad or Coleslaw.	

BABY BACK RIBS

Served with Pita Bread, Sauce and Coleslaw.

WHOLE BABYBACK RIBS 	\$24.50	1/2 BABY RIBS	\$15.00
1/2 CHICKEN & 1/2 BABY RIBS	\$23.00	1/4 BABY RIBS	\$8.00
		1/4 CHICKEN & 1/4 BABY RIBS	\$13.25

Cart! Stop Following Me

BEST SELLERS

WHOLE CHICKEN	\$16.00
1/2 CHICKEN	\$9.00
1/2 CHICKEN MEAL	\$13.75
1/4 CHICKEN MEAL	\$9.50
GRILLED CHICKEN STRIPS MEAL	\$14.00