

**Manhattan Community Board 4**

Liquor License Stipulations Application

(All Fields Must Be Completed)

<b>CORPORATION NAME</b>		<b>DOING BUSINESS AS (DBA)</b>	
400 West 23rd Street Rest. Corp.		The Rail Line Diner	
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>	<b>ZIP CODE</b>
400 West 23rd Street		9th Avenue [SW]	10001
<b>OWNER</b> <small>(Attach a list of all the people that will be associated listed with the license)</small>	<b>NAME:</b>	Irene Nictas	<b>ATTORNEY/ REPRESENTATIVE</b>
	<b>PHONE:</b>		
	<b>EMAIL:</b>		
	<b>NAME:</b>	Socrates Scott L. Nicholas, Esq.	
	<b>PHONE:</b>	(212) 751 - 1000	
	<b>EMAIL:</b>	NicholasEsq@att.net	
<b>MANAGER</b>	<b>NAME:</b>	Teddy Nictas	<b>LANDLORD</b>
	<b>PHONE:</b>		
	<b>EMAIL:</b>		
	<b>NAME:</b>	Ninth Realty LLC	
	<b>PHONE:</b>		
	<b>EMAIL:</b>		
<b>APPLICATION TYPE (Check One)</b>			
<input type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?		YES NO
	What is/was the name and address of establishment?		
	What were the dates applicant was involved with this former premise?		
<input type="radio"/> <b>Transfer</b>	What is the prior license # and expiration date?		
	Is applicant making any alterations or operational changes?		YES NO
	If alterations or operational changes are being made, please describe list all changes.		
<input checked="" type="radio"/> <b>Alteration</b>	What is the current license # and expiration date?		1024098; Expires 2/28/2017 <i>Renewal Pending</i>
	Please list/describe the nature of all the changes and attach the plans: Interior Renovations; same seating capacity		
<b>METHOD OF OPERATION</b>			
<b>TYPE OF ALCOHOL</b>	<input checked="" type="radio"/> Liquor/Wine/Beer <input type="radio"/> Beer <input type="radio"/> Wine & Beer		
<b>ESTABLISHMENT TYPE</b>	<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?		<input checked="" type="radio"/> YES	<input type="radio"/> NO
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="radio"/> YES	<input type="radio"/> NO
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="radio"/> YES	<input checked="" type="radio"/> NO
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?		<input checked="" type="radio"/> YES	<input type="radio"/> NO

**OPERATIONAL DETAILS** (\*Closing time will be when establishment is vacated of all patrons.)

HOURS* (Indoor Only)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	6:00 AM 1:00 AM	6:00 AM 1:00 AM	6:00 AM 1:00 AM	6:00 AM 2:00 AM	6:00 AM 2:00 AM	6:00 AM 2:00 AM	6:00 AM 1:00 AM
	Kitchen	SAME	SAME	SAME	SAME	SAME	SAME	SAME
	Music	SAME	SAME	SAME	SAME	SAME	SAME	SAME

If you plan to have music, what type(s)? (Circle all that apply)

BACKGROUND     LIVE MUSIC     DJ     JUKE BOX     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 Seals at Stand-Up Bar
INSIDE	180	180	43	164	5		
OUTSIDE (Other than sidewalk cafe)	NONE	N/A	N/A	N/A	N/A	N/A	N/A
SIDEWALK CAFE	NONE	N/A	N/A	N/A			

How many floors are there? What is the capacity for each floor?  
 ONE; 180  
 Ground Floor only; basement for storage and Kitchen preparation only

How frequently will the owner(s) be at the establishment?  
 Daily; Sixty (60) hours per week

Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?	YES	<input checked="" type="radio"/> NO	
Will applicant have bottle or table service for beverage alcohol?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will you be hosting private; promotional or corporate events?	YES	<input checked="" type="radio"/> NO	
Will outside promoters be used on a regular basis? If yes please describe.	YES	<input checked="" type="radio"/> NO	
Will you have a security plan? If, yes please attach.	YES	<input checked="" type="radio"/> NO	
Will security plan be implemented?	YES	<input checked="" type="radio"/> NO	
Will State certified security personnel be used?	YES	<input checked="" type="radio"/> NO	
Will New York Nightlife Association and NYPD Best Practices be followed?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant be using delivery bicycles? If yes, how many?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	Three (3)
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?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Where will delivery bicycles be stored during the day when not in use?	IN BASEMENT		

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO	
Is a Public Assembly permit required?	<input checked="" type="radio"/> YES	NO	
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	NO	

Community Notification/Relations			
<b>NOTIFICATION:</b> 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	Community board No. 4 only	
	# 2		
	# 3		
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.		Pending on 2/14/2017	
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	<input checked="" type="radio"/> NO
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		YES	<input checked="" type="radio"/> NO

BUILDING DESIGN			
State the name and type of business previously located in the space.		Same diner business operation	
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant have a vestibule within the establishment?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant use a storm enclosure?	<input type="radio"/> YES	<input checked="" type="radio"/> 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?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the establishment have any of the following: (circle all that apply)	FRENCH 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 type="radio"/> YES	<input type="radio"/> NO	N/A
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 type="radio"/> YES	<input type="radio"/> NO	N/A
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	<input type="radio"/> YES	<input type="radio"/> 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?	<input type="radio"/> YES	<input type="radio"/> NO	N/A
Will the kitchen exhaust system extend to the roof?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Will the establishment have an illuminated sign?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Where will the air conditioner be located? What type is it?	Basement; water cooled		
When was the air conditioner installed?	Existing system and equipment		

**OUTDOOR ITEMS - SIDEWALK CAFE**

Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	
Will applicant be applying for a sidewalk café now or in the future?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	<input type="radio"/> YES	<input type="radio"/> NO	N/A
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	<input type="radio"/> YES	<input type="radio"/> NO	N/A
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input type="radio"/> YES	<input type="radio"/> NO	N/A
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	<input type="radio"/> YES	<input type="radio"/> NO	N/A
Will applicant mark the perimeter of the café on the sidewalk?	<input type="radio"/> YES	<input type="radio"/> NO	N/A
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	<input type="radio"/> YES	<input type="radio"/> NO	N/A
Will the sidewalk café not provide standing space for drinking or smoking?	<input type="radio"/> YES	<input type="radio"/> NO	N/A
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	<input type="radio"/> YES	<input type="radio"/> NO	N/A
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input type="radio"/> YES	<input type="radio"/> NO	N/A
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	<input type="radio"/> YES	<input type="radio"/> NO	N/A
Will all furniture be stored inside between December 21 <sup>st</sup> and March 21 <sup>st</sup> , and any other day when it rains or snows?	<input type="radio"/> YES	<input type="radio"/> NO	N/A
Will applicant use umbrellas?	<input type="radio"/> YES	<input type="radio"/> NO	N/A
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?	<input type="radio"/> YES	<input type="radio"/> NO	N/A

**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 Polozubiec  
CB4 BLP Committee Co-Chair

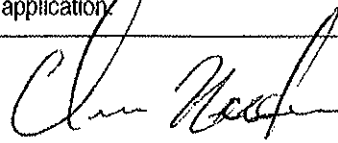
  
Burt Lazarin  
CB4 BLP Committee Co-Chair

**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 →

IRENE NICTAS

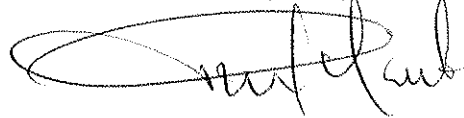


1/25/2017

PRINT NAME OF APPLICANT

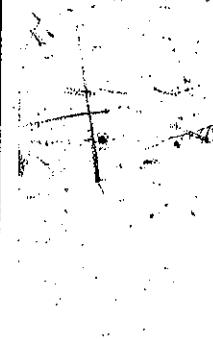
SIGNATURE OF APPLICANT

DATE

TEDDY NICTAS  
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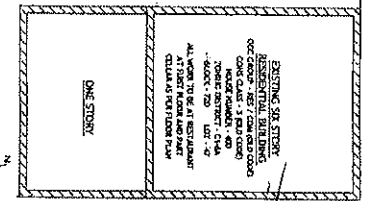






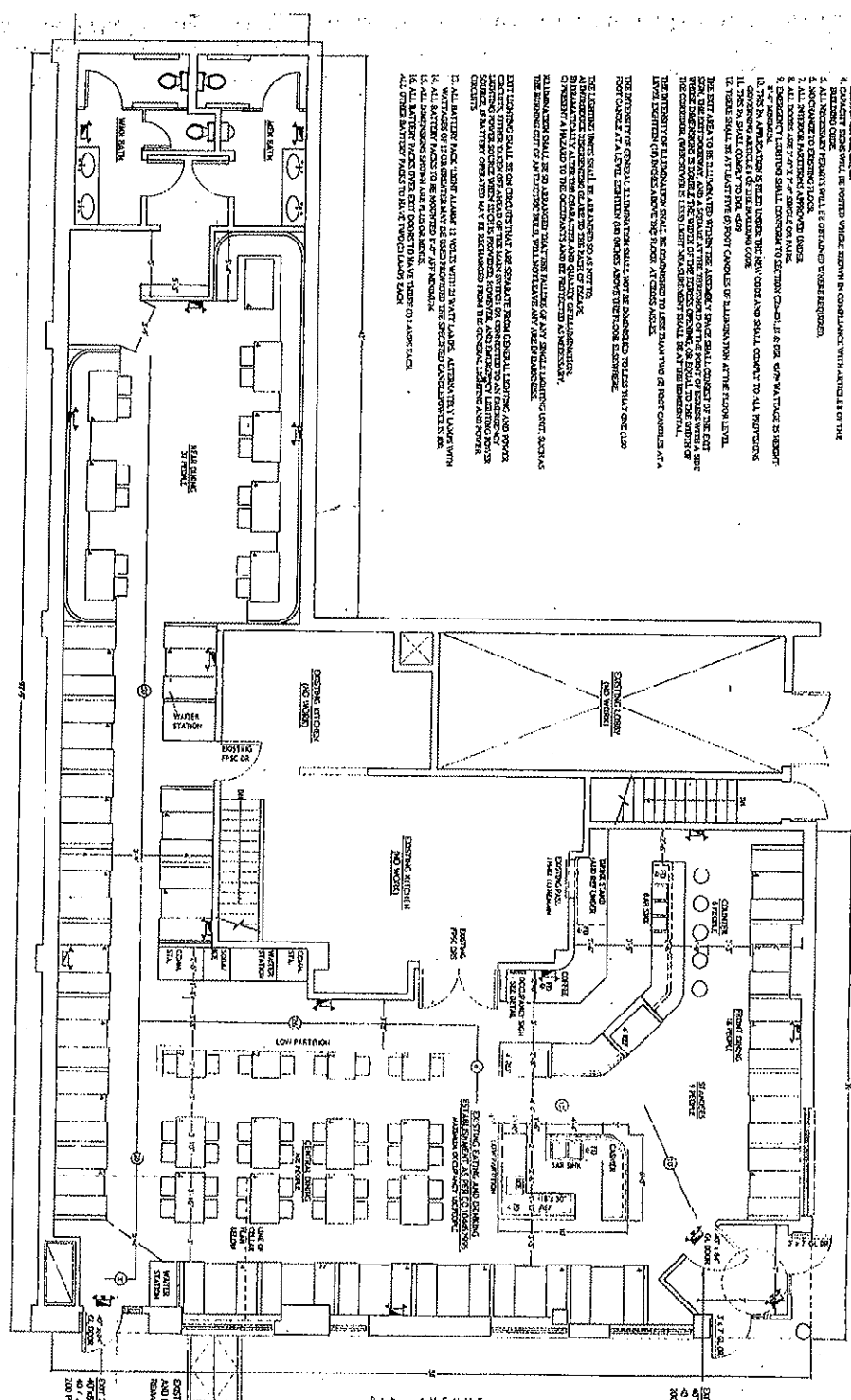
23rd STREET

WEST 23rd STREET



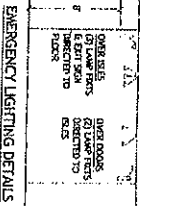
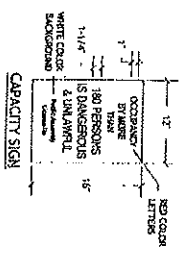
SITE PLAN  
SCALE: 1/8" = 1'-0"

- THESE ASSUMPTIONS ARE:
1. THE OCCUPANCY CLASS IS CLASSIFIED AS 1.0.
  2. THE OCCUPANCY CLASS IS CLASSIFIED AS 1.0.
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PARTIAL FIRST FLOOR PLAN  
SCALE: 1/8" = 1'-0"

SYMBOL	DESCRIPTION	AMOUNT/UNIT	MODEL #	NOTES
[Symbol]	RECEPTION AREA	50 SQ. FT.		
[Symbol]	OFFICE	200 SQ. FT.		
[Symbol]	CONFERENCE ROOM	100 SQ. FT.		
[Symbol]	RESTROOM	50 SQ. FT.		
[Symbol]	STAIRS	100 SQ. FT.		
[Symbol]	ELEVATOR	50 SQ. FT.		



DETAILED CAPACITY ANALYSIS AS PER TABLE 2.2 & TABLE 2.3

FLOOR	AREA	USE	SEATING CAPACITY	STANDING CAPACITY	TOTAL CAPACITY
1st	1000	OFFICE	100	1000	1100
2nd	2000	CONFERENCE	200	2000	2200
3rd	3000	OFFICE	300	3000	3300
4th	4000	OFFICE	400	4000	4400
5th	5000	OFFICE	500	5000	5500
6th	6000	OFFICE	600	6000	6600
7th	7000	OFFICE	700	7000	7700
8th	8000	OFFICE	800	8000	8800
9th	9000	OFFICE	900	9000	9900
10th	10000	OFFICE	1000	10000	11000

EMERGENCY LIGHTING DETAILS  
EXIT SIGNS  
EMERGENCY LIGHTING FIXTURES

RECEIVED FOR OPEN ALPH  
MANHATTAN  
DATE: 11/10/00



PROJECT: PROPOSED RENOVATION  
400 W 23rd STREET  
NEW YORK, NY

DATE: 11/10/00

SCALE: 1/8" = 1'-0"

NO.	REVISION	DATE
1	ISSUED FOR PERMITS	11/10/00

SITE PLAN NOTE  
FLOOR PLAN, LEGEND

P. GEORGOPOULOS  
ARCHITECT  
235 FIFTH AVENUE  
NEW YORK, NY 10001  
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FAX: 212-693-5678  
WWW.PGEORGOPOULOS.COM