

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME Mexicue 160 8th Avenue LLC		DOING BUSINESS AS (DBA) Mexicue		
STREET ADDRESS 160 8th Avenue		CROSS STREETS 17th & 18th Streets		ZIP CODE 10011
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME: Thomas Kelly	ATTORNEY/ REPRESENTATIVE	NAME: Robert S Bookman, Esq.	
	PHONE: 917-568-8922		PHONE: 212-513-1988	
	EMAIL: tk@mexicue.com		EMAIL: rbookman@pandblegal.com	
MANAGER	NAME: Dustin Eckstrom	LANDLORD	NAME: Marci Gilbert	
	PHONE: 612-817-7309		PHONE: 917-523-4438	
	EMAIL: dustin@mexicue.com		EMAIL:	
APPLICATION TYPE (Check One) Sidewalk Cafe Application				
<input type="radio"/> New	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"/> Transfer	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 type="radio"/> Alteration	What is the current license # and expiration date?			
	Please list/describe the nature of all the changes and attach the plans:			
METHOD OF OPERATION				
TYPE OF ALCOHOL	<input checked="" type="checkbox"/> Liquor/Wine/Beer <input type="checkbox"/> Beer <input type="checkbox"/> Wine & Beer			
ESTABLISHMENT TYPE	<input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Bar/Tavern <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> 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="checkbox"/> YES	NO	12/03/2016
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="checkbox"/> YES	NO	
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 checked="" type="checkbox"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?		<input checked="" type="checkbox"/> YES	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	11am-11pm	11am-11pm	11am-11pm	11am-1am	11am-1am	11am-1am	11am-11pm
	Kitchen	SAA	SAA	SAA	SAA	SAA	SAA	SAA
	Music	SAA	SAA	SAA	SAA	SAA	SAA	SAA
If you plan to have music, what type(s)? (Circle all that apply)		<input checked="" type="checkbox"/> 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 Seats at Stand-Up Bar
INSIDE	175	147	39	122	2	1	12
OUTSIDE (Other than sidewalk café)	NA	NA	NA	NA	NA	NA	NA
SIDEWALK CAFÉ			16	32			

How many floors are there? What is the capacity for each floor?

2 floors, 1580 sq. ft

How frequently will the owner(s) be at the establishment?

Daily

Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?

YES

Will applicant have bottle or table service for beverage alcohol?

YES

Will you be hosting private, promotional or corporate events?

YES

Will outside promoters be used on a regular basis? If yes please describe.

YES

Will you have a security plan? If, yes please attach.

YES

Will security plan be implemented?

YES

Will State certified security personnel be used?

YES

Will New York Nightlife Association and NYPD Best Practices be followed?

~~YES~~ NO

Will applicant be using delivery bicycles? If yes, how many?

YES NO 2 bikes

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 NO

Where will delivery bicycles be stored during the day when not in use?

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

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?		
Where did applicant post the notice that was provided?		In front of premises
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	<input checked="" type="checkbox"/>	NO Thomas Kelly 917-568-8922
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	<input checked="" type="checkbox"/>	NO

BUILDING DESIGN			
State the name and type of business previously located in the space.	Restaurant / Studio Kraut		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant have a vestibule within the establishment?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	Very minor - just updating signs
Will applicant use a storm enclosure?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant comply with the NYC noise code?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have any of the following: (circle all that apply)	FRENCH DOORS	GARAGE 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="checkbox"/> YES	<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> 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?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Not yet but happy to if helpful
Will the kitchen exhaust system extend to the roof?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have an illuminated sign?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Where will the air conditioner be located? What type is it?	Inside the restaurant, back area, TBD		
When was the air conditioner installed?			

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ			NOT APPLICABLE
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	
Are the floorplans for the outdoor space(s) included?	YES	NO	
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	YES	NO	
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	YES	NO	
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	NO	
Will there be no amplified music, as per the law?	YES	NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	
Will applicant agree to post signs outside asking customers to respect the neighbors?	YES	NO	
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO	
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO	
Will there be a fighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	

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

ADDITIONAL STIPULATIONS: (Office Use Only)

- Sidewalk cafe tables will be limited to width of 19"
- There will be no barriers/dividers parallel to 8th Ave on 8th Ave side
- Applicant will remove one table as indicated on 8th Ave side
- Applicant will remove any tables on 18th Street side that do not leave 8' clearance from all edges of 2 tree pits (taking into account 3' service aisle also)
- Will submit revised plans to CB4 by 4/26/17
- All prior stips dated 10/18/16 remain in effect
- The current comment period ends before the next MCB4 Full Board meeting and this letter is subject to ratification by the Full Board members on Wednesday, May 3, 2017



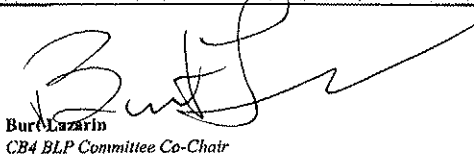
To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

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:	<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 Holczubiec <i>CB4 BLP Committee Co-Chair</i>	 Burt Lazzarin <i>CB4 BLP Committee Co-Chair</i>
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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 →	Thomas Kelly <small>PRINT NAME OF APPLICANT</small>	 <small>SIGNATURE OF APPLICANT</small>	3/28/2017 <small>DATE</small>
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**Department of
Consumer Affairs**

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 for the entire length of the property? Yes No
2. Will your café be at an address zoned for the type of sidewalk café you plan to operate? Yes No

If you answered "No" to question 1 or 2, you cannot apply for a Sidewalk Café license and must stop the application process.

3. Sidewalk Café Business Name: Mexicue 160 8th Avenue LLC
4. Sidewalk Café Type:
Check all that apply. Enclosed Small Unenclosed Unenclosed
5. Application Type:
 New
 Renewal
 Assignment (*Consent assigned by previous owner more than 90 days before expiration date*)
 Modification (*Changes to an existing consent*)
6. Maximum number of tables in your café: 16
7. Maximum number of chairs in your café: 32
8. Block Number: 767
9. Lot Number: 71
10. Community Board Number: 4
11. Will your café be on the same level as the adjoining sidewalk? (*Unenclosed and Small unenclosed only*) 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? Yes No
- i. If Yes, have you received approval from LPC to operate your café? Yes No

Sidewalk Café Business Information

13. Sidewalk Café Business Address: 160 8th Avenue
New York, NY 10011

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:

Sidewalk Café Architect or Engineer Information

15. Full Name of Architect or Engineer: James Tauby
16. Business Name of Architect or Engineer: Michael Kelly
17. Address: 136 Waverly Rd.
Starrscliff, NY 10588
18. Telephone Number: 914-632-6036
19. Fax Number (optional): _____
20. E-mail Address: _____



Sidewalk Café Applicant's Signature

Thomas Kelly

Print Name

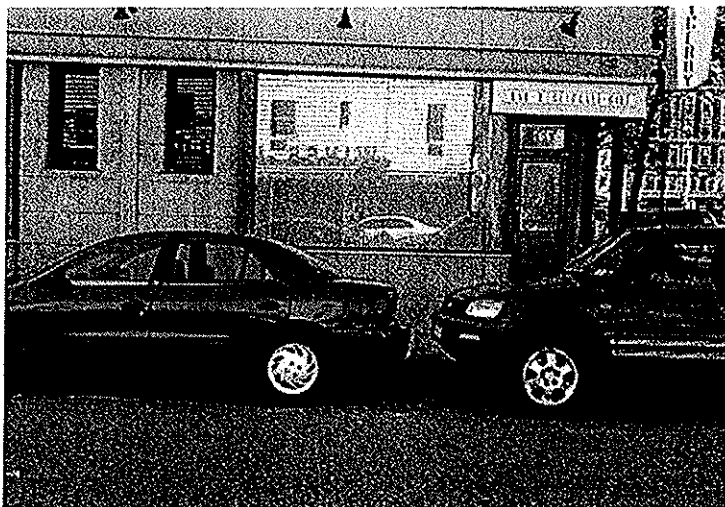
LLC Manager

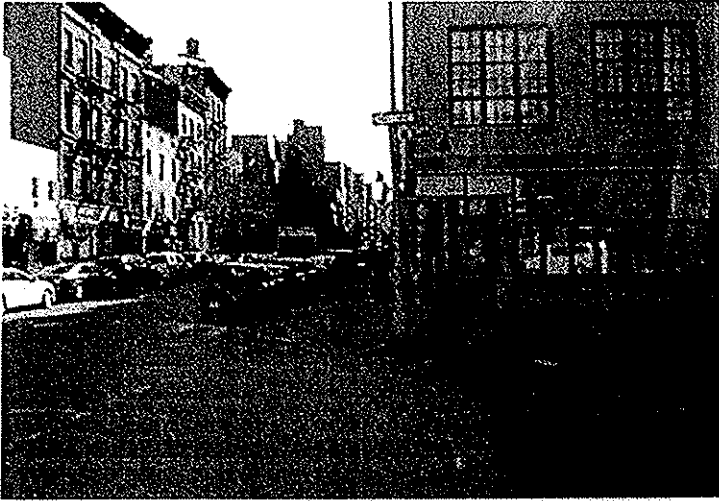
Title (if any)

3-1-17

Date

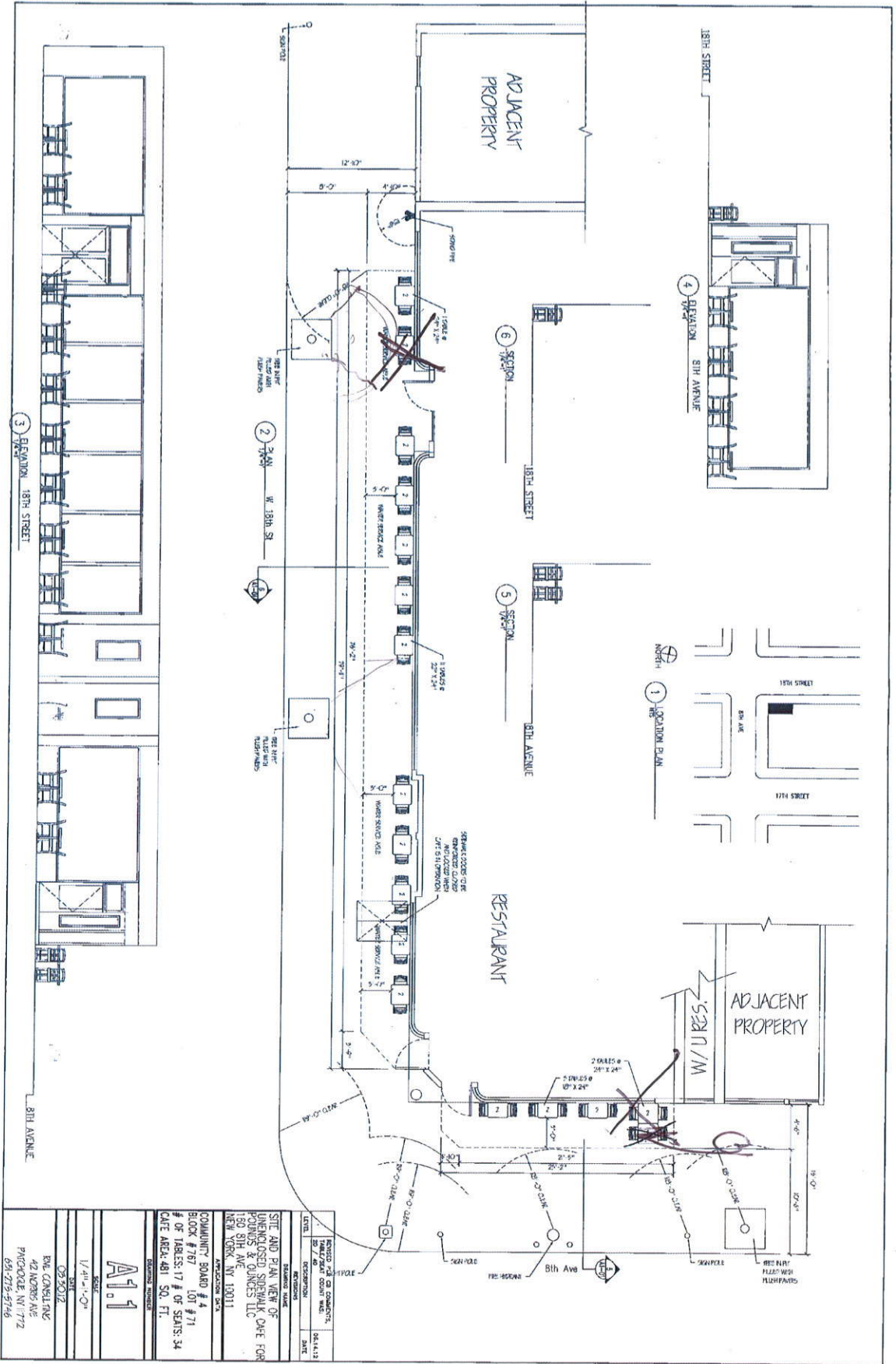
Medicare 160 8th Avenue LLC 160 8th Ave NY NY 10011





Mexicop 160 4th Avenue LLC
160 4th Ave
NY NY 10011





<p> AL1 1/4"=1'-0" 02/20/12 RAL CONSULTING 422 MONROE AVE PHOENIX, AZ 85012 602-278-9746 </p>	<p> COMMUNITY BOARD # 4 BLOCK # 767 LOT # 71 # OF TABLES: 17 # OF SEATS: 34 CAFE AREA: 481 SQ. FT. </p>	<p> 150 8TH AVE NEW YORK, NY 10011 </p>	<p> SITE AND PLAN VIEW OF UNENCLOSED SODAWALK CAFE FOR POUND & OUNCES LLC NEW YORK, NY 10011 </p>	<p> DRAWING NUMBER 041412 </p>
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