

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME PENDING		DOING BUSINESS AS (DBA) EL CENTRO CANTINA	
STREET ADDRESS 824 NINTH AVE AKA 359 W 54th St		CROSS STREETS 54th STREET	ZIP CODE 10019
OWNER <i>(Attach a list of all the people that will be associated listed with the license)</i>	NAME: JOHN DEMPSEY	ATTORNEY/ REPRESENTATIVE	NAME: MITCHEL SUNDEL
	PHONE: 917.577.1827		PHONE: 212.566.7403
	EMAIL: john@chowdowninc.com		EMAIL: msundel@aol.com
MANAGER	NAME: TONY O'DELL	LANDLORD	NAME: MURRAY MIDTOWN ASSETS LLC
	PHONE: 310.722.5939		PHONE: 212.923.4840
	EMAIL:		EMAIL: JHOWNI@PARK AVE MGMT.COM
APPLICATION TYPE (Check One)			
<input checked="" type="checkbox"/> New	Has applicant owned or managed a similar business?		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
	What is/was the name and address of establishment?		SEE ATTACHED STATEMENT A
	What were the dates applicant was involved with this former premise?		SEE ATTACHED
<input type="checkbox"/> Transfer	What is the prior license # and expiration date?		
	Is applicant making any alterations or operational changes?		<input type="checkbox"/> YES <input type="checkbox"/> NO
	If alterations or operational changes are being made, please describe/list all changes.		
<input type="checkbox"/> 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 type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input checked="" 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?		YES	<input checked="" type="checkbox"/> 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="checkbox"/> YES	<input type="checkbox"/> 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	<input type="checkbox"/> NO

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

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS* (Indoor Only)	Operation	4-12	4-12	4-1	4-1	4-1	4-1	4-12
	Kitchen	USING	EL CENTRO	KITCHEN				
	Music	4-12	4-12	4-1	4-1	4-1	4-1	4-12
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 Seats at Stand-Up Bar
INSIDE	22	23	5	10		1	13
OUTSIDE (Other than sidewalk café)	N/A						
SIDEWALK CAFÉ	N/A						

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

GROUND FLOOR PLUS BASEMENT

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

EVERYDAY

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

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?	YES	<input checked="" type="checkbox"/> LETTER OF NO OBJECTION
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	WEST 44th STREET BETER BLOCK ASSOCIATION
	# 2	WEST 47/48 STREET
	# 3	50/51 BLOCK ASSOCIATION
	# 4	WEST 55th STREET BLOCK ASSOCIATION
	# 5	
Please provide dates when applicant met with the groups listed above.	SENT AN EMAIL	
Who was your contact person at each group you met with?		
When did applicant post the notice that was provided?	3.20.17	
Where did applicant post the notice that was provided?	FRONT WINDOW	
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 917.577.1827
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.	MOONCAKE		
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	YES CHASE LOUNGE
Do you plan any changes to the existing façade? If yes, please describe.	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant have a vestibule within the establishment?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will applicant use a storm enclosure?	<input checked="" type="checkbox"/> YES	<input 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 checked="" type="checkbox"/> YES	<input 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 checked="" type="checkbox"/> YES	<input 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	
Will the kitchen exhaust system extend to the roof?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	EXISTING
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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	EXISTING
Where will the air conditioner be located? What type is it?	MITSUBISHI - IN EXISTING SPACE		
When was the air conditioner installed?	NEXT TWO MONTHS		

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

OUTDOOR ITEMS – SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will applicant be applying for a sidewalk café now or in the future?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Is applicant in this application seeking to include a sidewalk café in its liquor license?	<input type="checkbox"/> YES	<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 type="checkbox"/> YES	<input 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 type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk café?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will applicant mark the perimeter of the café on the sidewalk?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will the sidewalk café not provide standing space for drinking or smoking?	<input type="checkbox"/> YES	<input type="checkbox"/> 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="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	N/A
Will applicant use umbrellas?	<input type="checkbox"/> YES	<input type="checkbox"/> 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="checkbox"/> YES	<input type="checkbox"/> NO	N/A

ADDITIONAL STIPULATIONS: (Office Use Only)

- Will submit floor plans of 359 W. 54th Street and 824 9th Avenue by 4/26/17

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.


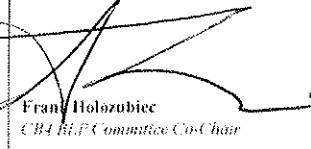
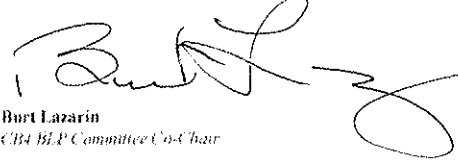
ADDITIONAL STIPULATIONS: (Office Use Only), *Continued*

To the extent any additional stipulation on pages 7 and 8 of this 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 Holazubiec CB4 BLP Committee Co-Chair	 Burt Lazarin CB4 BLP Committee Co-Chair
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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 →

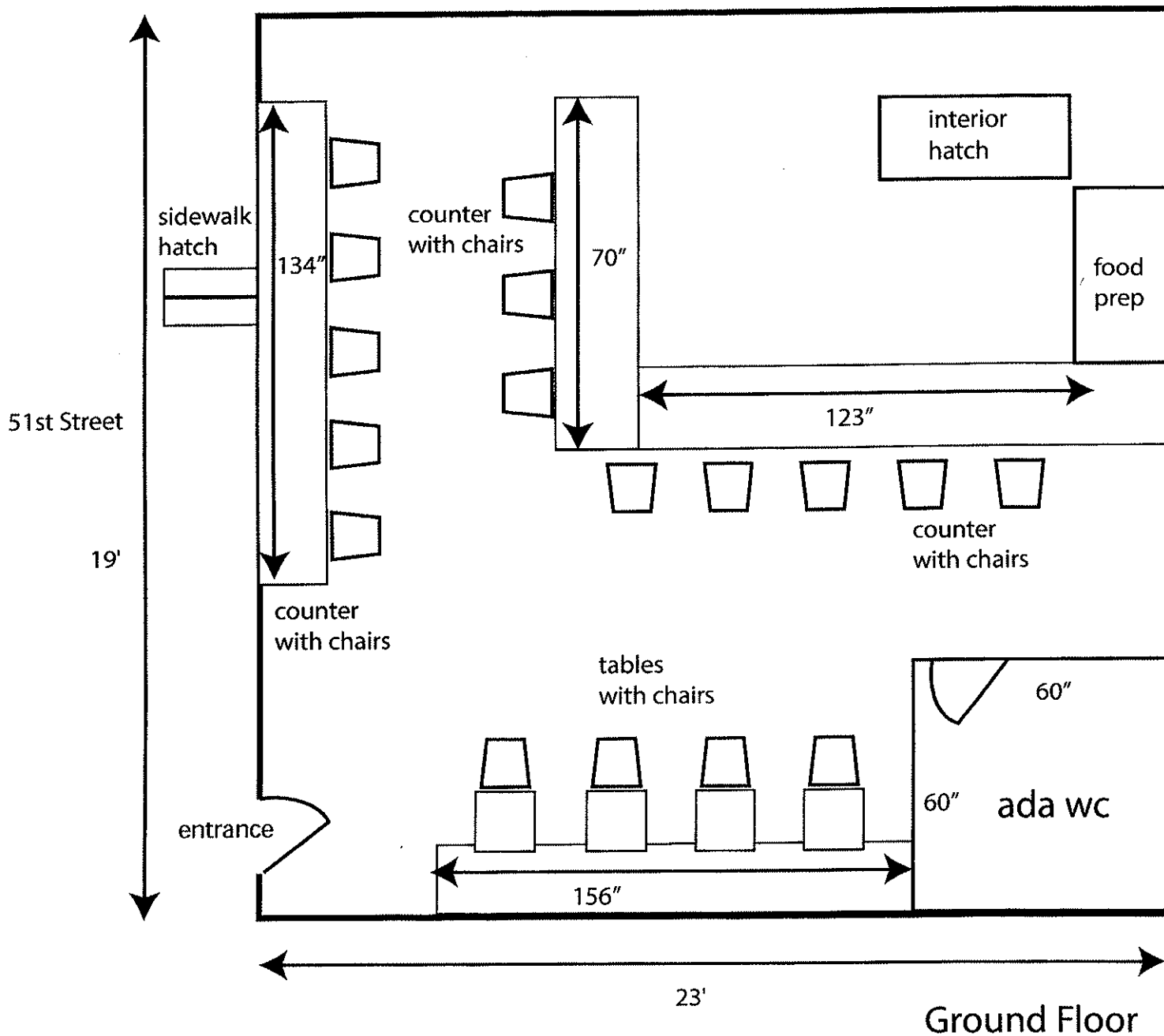
JOHN DEMPSEY
PRINT NAME OF APPLICANT


SIGNATURE OF APPLICANT

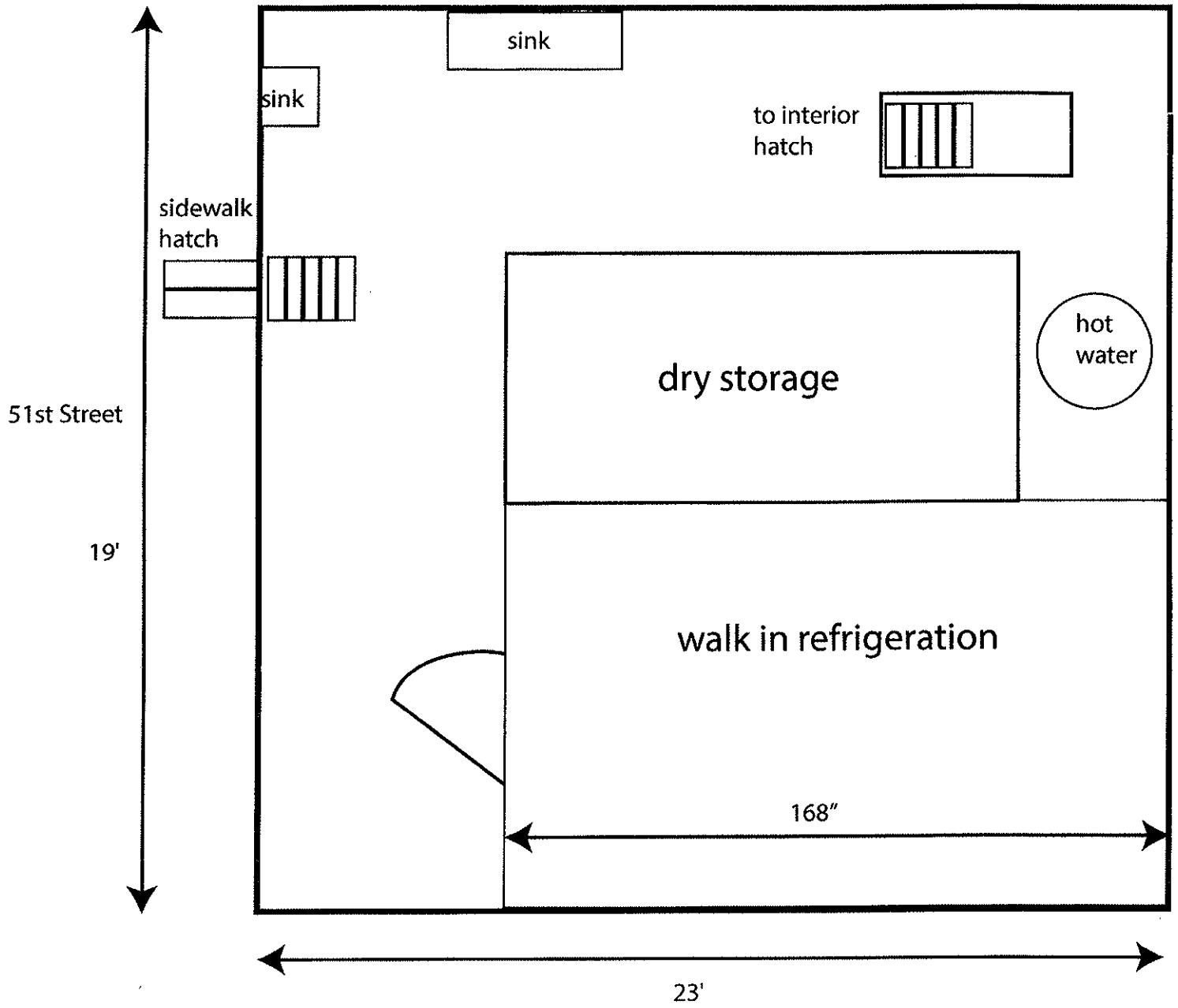
3.27.17
DATE



4.18.17



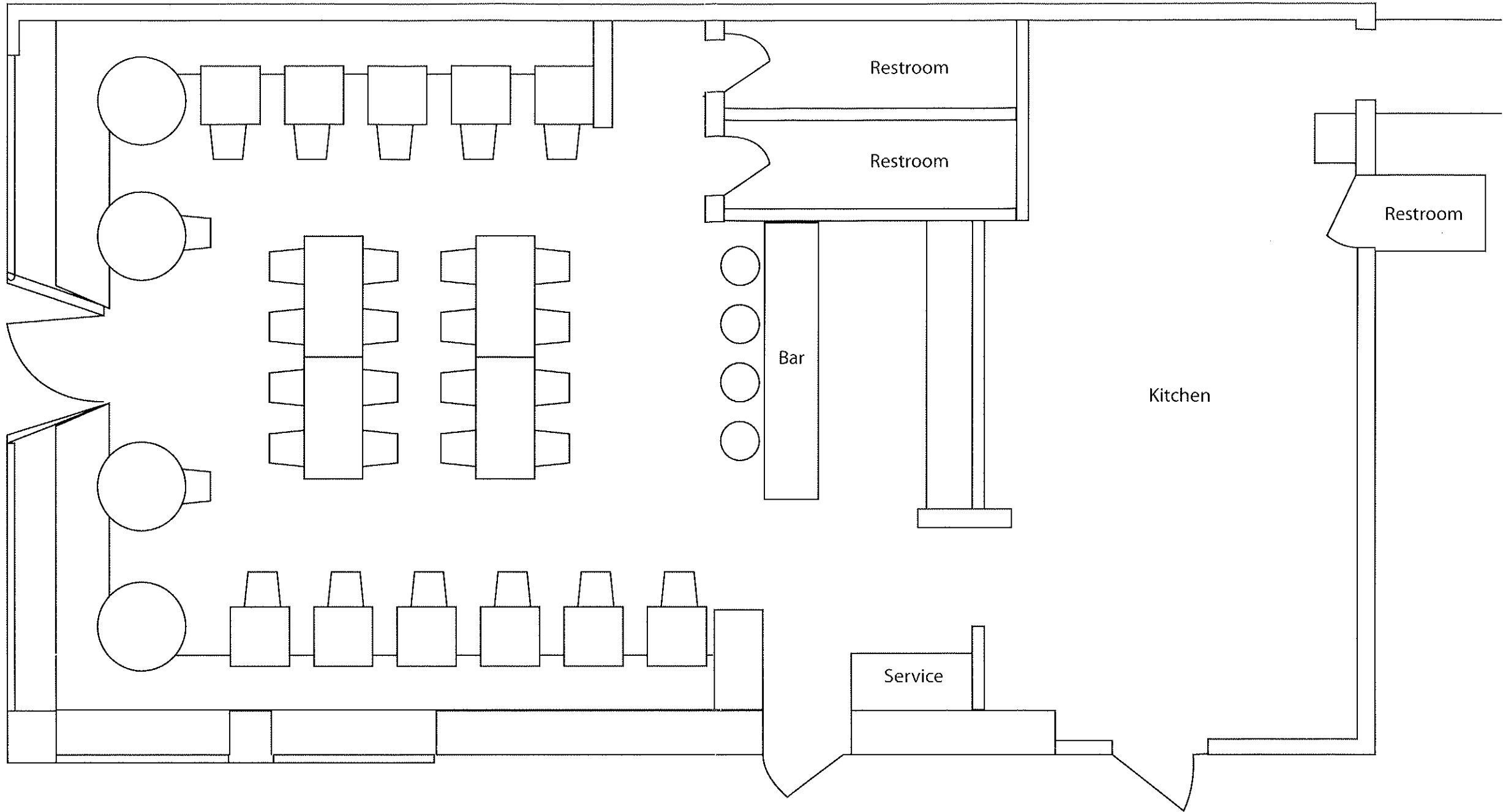
Name: Scoobs 359, Inc
 DBA: El Centro Cantina
 Address: 359 W 54th Street
 AKA 824 Ninth Ave
 New York, NY 10019



Cellar

Name: Scoobs 359, Inc
DBA: El Centro Cantina
Address: 359 W 54th Street
AKA 824 Ninth Ave
New York, NY 10019

9th Avenue



El Centro
824 Ninth Avenue
New York, NY 10019

Ground Floor Plan
1/4" = 1'

54th Street

STATEMENT A

Paradiso 679, Inc Hell's Kitchen (Currently BSquared) 679 Ninth Avenue	License # 1027886	Date Approved 12/1999
Chow Down Inc d/b/a El Centro 824 Ninth Avenue	License # 1110931	Date Approved 01/2001
683 Ninth Avenue Inc d/b/a Barrage 401 West 47 th Street	License # 1111088	Date Approved 04/2001
Two Guys & Tom Inc d/b/a Therapy 348 West 52 nd Street	License # 1125663	Date Approved 04/2002
VYNL, LLC d/b/a Vynl (Currently Hell's Kitchen) 754 Ninth Avenue	License # 1166291	Date Approved 10/2005
Highlanders 756, Inc d/b/a Vynl 756 Ninth Avenue	License # 1272868	Date Approved 08/2013
NPD West 51 Inc	License # 1275830	Date Approved 01/2014

B Side Pizza Bar

370 West 51st Street