

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

| | | | |
|---|--|--------------------------------------|--|
| CORPORATION NAME | | DOING BUSINESS AS (DBA) | |
| GBCB LLC | | The Washington Jefferson Hotel | |
| STREET ADDRESS | | CROSS STREETS | ZIP CODE |
| 318 W 51st Street | | 8th & 9th Avenue | 10019 |
| OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i> | NAME: Shimmie Horn | ATTORNEY/ REPRESENTATIVE | NAME: Elke A. Hofmann, Esq. |
| | PHONE: 212-246-7550 | | PHONE: 212-487-9100 |
| | EMAIL: shorn@triumphny.com | | EMAIL: elke@eahlaw.com |
| MANAGER | NAME: Debbie Silverstein | LANDLORD | NAME: Washington Jefferson Holdings LLC |
| | PHONE: 212-246-7550 | | PHONE: 212-453-4010 |
| | EMAIL: debbie@wjhotel.com | | EMAIL: |
| APPLICATION TYPE (Check One) | | | |
| <input checked="" type="checkbox"/> New | Has applicant owned or managed a similar business? | <input checked="" type="radio"/> YES | <input type="radio"/> NO |
| | What is/was the name and address of establishment? | See attached list | |
| | What were the dates applicant was involved with this former premise? | | |
| <input type="checkbox"/> Transfer | What is the prior license # and expiration date? | | |
| | Is applicant making any alterations or operational changes? | <input type="radio"/> YES | <input type="radio"/> NO |
| | <i>If alterations or operational changes are being made, please describe/list all changes.</i> | | |
| <input type="checkbox"/> Alteration | What is the current license # and expiration date? | | |
| | <i>Please list/describe the nature of all the changes and attach the plans.</i> | | |
| 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 checked="" 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? | YES | <input checked="" 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. | 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* <i>(Indoor Only)</i> | | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY | |
| | Operation | APPLICATION IS FOR HOTEL ROOM MINI BARS AND ROOM SERVICE ONLY | | | | | | | |
| | Kitchen | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| | Music | N/A | N/A | N/A | N/A | N/A | N/A | N/A | |
| 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 | 214 rooms | will vary | 0 | 0 | 0 | 0 | 0 | | |
| OUTSIDE <i>(Other than sidewalk café)</i> | N/A | N/A | N/A | N/A | N/A | N/A | N/A | | |
| SIDEWALK CAFÉ | N/A | N/A | N/A | N/A | | | | | |
| How many floors are there? What is the capacity for each floor? | | | | | 6 Floors | | | | |
| How frequently will the owner(s) be at the establishment? | | | | | Manager will be onsite at all times | | | | |
| 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"/> | | | |
| Will applicant have bottle or table service for beverage alcohol? | | | | | YES | <input checked="" type="radio"/> | | | |
| Will you be hosting private; promotional or corporate events? | | | | | YES | <input checked="" type="radio"/> | | | |
| Will outside promoters be used on a regular basis? If yes please describe. | | | | | YES | <input checked="" type="radio"/> | | | |
| Will you have a security plan? If, yes please attach. | | | | | YES | <input checked="" type="radio"/> | | | |
| Will security plan be implemented? | | | | | YES | <input checked="" type="radio"/> | | | |
| Will State certified security personnel be used? | | | | | <input checked="" type="radio"/> YES | NO | | | |
| Will New York Nightlife Association and NYPD Best Practices be followed? | | | | | YES | NO | N/A | | |
| Will applicant be using delivery bicycles? If yes, how many? | | | | | YES | <input checked="" type="radio"/> | | | |
| 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? | | | | | | | | | |

| LOCATION & ZONING | | | |
|---|----------------------------------|----|---------|
| Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards? | <input checked="" type="radio"/> | NO | Clinton |
| Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection? | <input checked="" type="radio"/> | NO | |
| Is a Public Assembly permit required? | <input checked="" type="radio"/> | NO | |
| Are your plans filed with DOB? | <input checked="" type="radio"/> | 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 | All listed block associations have been notified. | |
| | # 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? | | See attached list | |
| When did applicant post the notice that was provided? | | August 19, 2016 | |
| Where did applicant post the notice that was provided? | | Exterior window of Hotel & distributed to residential buildings | |
| Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided. | | <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? | | <input checked="" type="radio"/> | NO |

| BUILDING DESIGN | | | |
|---|----------------------------------|----------------------------------|-----------------------------------|
| State the name and type of business previously located in the space. | N/A | | |
| Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business. | YES | <input checked="" type="radio"/> | |
| Do you plan any changes to the existing façade? If yes, please describe. | YES | <input type="radio"/> | |
| Will applicant have a vestibule within the establishment? | YES | <input checked="" type="radio"/> | |
| Will applicant use a storm enclosure? | YES | <input type="radio"/> | |
| 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="radio"/> | NO | |
| Will applicant comply with the NYC noise code? | <input checked="" type="radio"/> | 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="radio"/> | 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="radio"/> | 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 | 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? | YES | NO | N/A |
| Will the kitchen exhaust system extend to the roof? | YES | NO | N/A |
| Will the establishment have an illuminated sign? | YES | <input checked="" type="radio"/> | |
| Will the establishment have a canopy extending over the sidewalk? | YES | <input checked="" type="radio"/> | |
| Where will the air conditioner be located? What type is it? | N/A, existing | | |
| When was the air conditioner installed? | | | |

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

| OUTDOOR ITEMS – SIDEWALK CAFÉ | | |
|--|-----|----------------------------------|
| Has the applicant/owner(s) read MCB4 Sidewalk Café Policy? | YES | <input checked="" type="radio"/> |
| Will applicant be applying for a sidewalk café now or in the future? | YES | <input checked="" type="radio"/> |
| 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 café? | 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 21 st and March 21 st , and any other day when it rains or snows? | YES | NO |
| Will applicant use umbrellas? | YES | NO |
| 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)


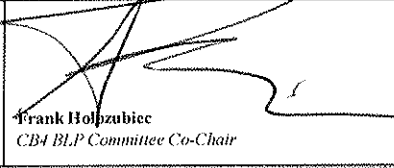
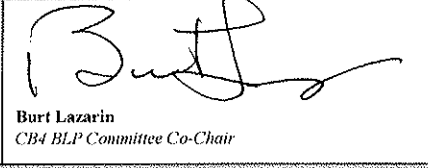
To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

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.

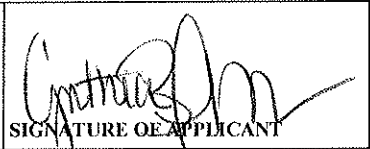
| | |
|--|--|
| Manhattan Community Board 4 (MCB4) recommends: | <input checked="" type="radio"/> Denial unless all stipulations agreed to by applicant/owner are part of the method of operation <input type="radio"/> Denial <input checked="" type="radio"/> Approval |
|--|--|

CB4 REPRESENTATIVES

| | | |
|--|---|--|
|  Nelly Gonzalez <i>CB4 Assistant District Manager</i> |  Frank Holzubiec <i>CB4 BLP Committee Co-Chair</i> |  Burt Lazarin <i>CB4 BLP Committee Co-Chair</i> |
|--|---|--|

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 → | Cynthia B. Hughes PRINT NAME OF APPLICANT |  SIGNATURE OF APPLICANT | 11/29/2016 DATE |
|--------------------|--|--|--------------------|

GEORGE E. BERGER & ASSOCIATES, INC.
 CONSULTING ENGINEERS
 100 WEST 51ST STREET, NEW YORK, N.Y. 10019
 TEL. 212-751-1000

SIM Engineering Co., PLLC
 240 WEST 30TH STREET, SUITE 702, NEW YORK, NY 10001
 TEL. 212-242-8866 FAX 212-242-4832
 WWW.SIMENGINEERING.COM

DATE: 08/11/10
 DRAWING NO.: 103-101-04

PROJECT: 318 West 51st Street
 CONSTRUCTION PLAN
 TYPICAL 3RD AND 4TH FL

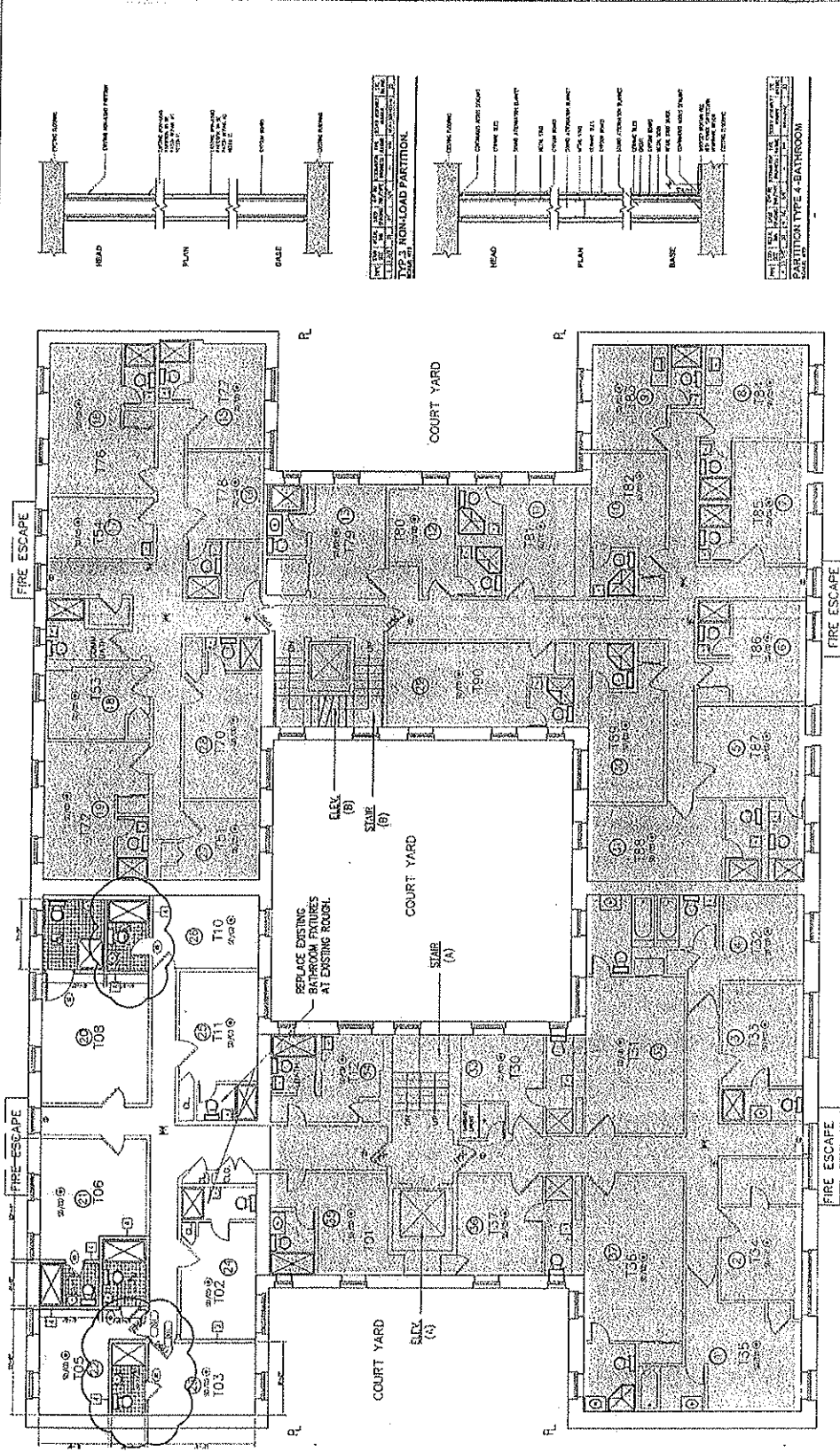
SCALE: AS SHOWN
 SHEET: 103-101-04
 TOTAL SHEETS: 103-101-01 TO 103-101-04

APPROVED: [Signature]
 PROJECT MANAGER: [Signature]

DATE: 08/11/10

PROJECT: 318 West 51st Street
 CONSTRUCTION PLAN
 TYPICAL 3RD AND 4TH FL

SCALE: AS SHOWN
 SHEET: 103-101-04
 TOTAL SHEETS: 103-101-01 TO 103-101-04



MERGE AND COMBINE UNITS

| FLOOR | EXISTS UNITS | PROPOSED UNITS | MERGE UNITS | NEW ROOMS |
|--------|--------------|----------------|-------------|-------------|
| FIRST | 15 | 15 | 10-178 | 179 |
| SECOND | 45 | 37 | 108-109-102 | 108-109-103 |
| THIRD | 41 | 37 | 106-108-101 | 111-109-103 |
| FOURTH | 39 | 37 | 105-108-103 | 111-109-103 |
| FIFTH | 33 | 35 | 123-124 | 124-103 |
| SIXTH | 43 | 38 | 123-124 | 124 |

FOURTH FLOOR WORK
 TRANSFER FROM DRAWING:
 A-101 TO A-103.

NOTE: FULLY SPRINKLERED BUILDING
 FIRE ALARM INSTALL THROUGHOUT BUILDING.

1 CONSTRUCTION FLOOR PLAN (3RD & 4TH FLOOR)

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

3RD and 4TH FLOOR CONSTRUCTION PLAN

GEORGE E. BERGER & ASSOCIATES, LLC
 A CORPORATION IN THE STATE OF NEW YORK
 14 WEST 51ST STREET, 10TH FLOOR, NEW YORK, NY 10019
 TEL: 212-692-1000 FAX: 212-692-1001

SW Engineering Co., PLLC
 240 WEST 30TH STREET, SUITE 702, NEW YORK, NY 10001
 TEL: 212-692-1000 FAX: 212-692-1001

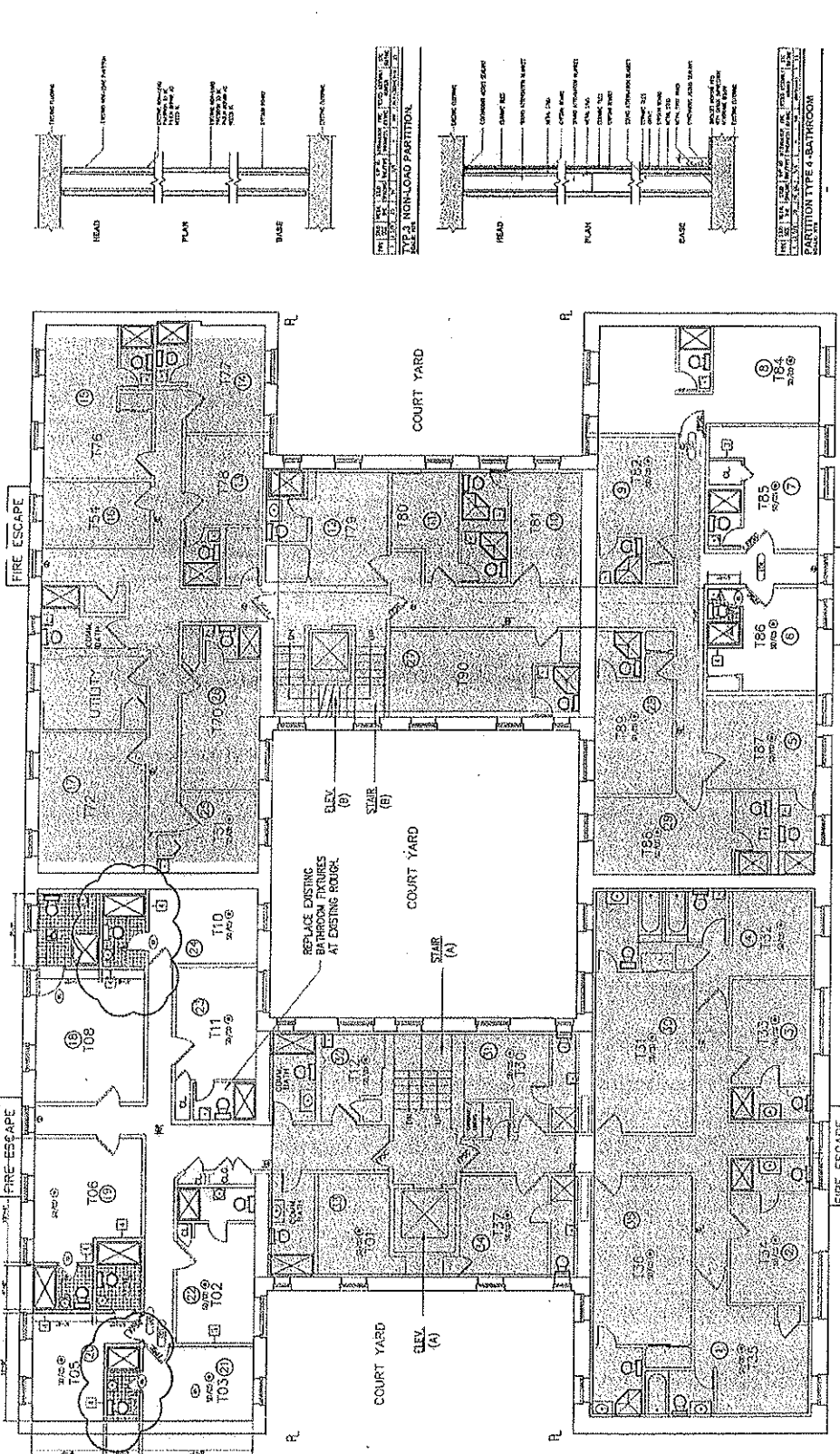
UNIVERSITY OF THE STATE OF NEW YORK
 STATE ENGINEERING EXAMINER
 OCT 14, 2003
 ADDRESS EXAMINER: [Redacted]

318 West 51 Street
 NY, NY, 10019

5TH FLOOR CONSTRUCTION IN AN EXISTING BUILDING

DEPARTMENT OF BUILDINGS
 CONSTRUCTION PERMIT

PROJECT NO. 11187
 DATE OF PERMIT: 11/17/03
 A-104-01



MERGE AND COMBINE UNITS

| FLOOR | EXISTING UNITS | PROPOSED UNITS | MERGE UNITS | NET SQUARE FEET |
|--------|----------------|----------------|---|-----------------|
| FIRST | 15 | 15 | 701-778 | 773 |
| SECOND | 42 | 27 | 779-784-785-786-787-788-789-790-791-792-793-794-795-796-797-798-799-800 | 103 |
| THIRD | 41 | 37 | 799-800-801-802-803-804-805-806-807-808-809-810-811-812-813-814-815-816-817-818-819-820 | 73 |
| FOURTH | 38 | 37 | 821-822-823-824-825-826-827-828-829-830-831-832-833-834-835-836-837-838-839-840 | 73 |
| FIFTH | 37 | 35 | 841-842-843-844-845-846-847-848-849-850-851-852-853-854-855-856-857-858-859-860 | 73 |
| SIXTH | 40 | 38 | 861-862-863-864-865-866-867-868-869-870-871-872-873-874-875-876-877-878-879-880 | 74 |

FOURTH FLOOR DEMO WORK
 TRANSFER FROM DRAWING:
 D001.00 TO D003.00

WEST 51ST STREET

CONSTRUCTION FLOOR PLAN (5TH FLOOR)

NOTE: FULLY SPRINKLERED BUILDING
 FIRE ALARM INSTALL THROUGHOUT BUILDING.

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

5TH FLOOR CONSTRUCTION PLAN

List of Licenses within 500ft

| Name | Address | Approx. Distance |
|--|--------------------------------|------------------|
| IPPUDO WESTSIDE LLC | 321 323 W 51ST ST | 60 ft |
| BRAAI LLC | 329 W 51ST STREET | 75 ft |
| SHIMIZU & TODO LLC | 318 324 W 51ST STREET | 90 ft |
| CERTA GENTE LLC | 325 W 51ST STREET | 105 ft |
| 319 WEST 51ST STREET REST INC | 319 WEST 51ST STREET | 150 ft |
| TOUT VA BIEN RESTAURANT INC | 311 W 51ST ST | 215 ft |
| NEW WORLD STAGES HOLDING CO LLC & | 340 W 50TH ST | 245 ft |
| KIOSK 50 CORP | 322 W 50TH STREET | 265 ft |
| WOO LAE OAK 50 INC | 350 WEST 50TH STREET | 280 ft |
| BB TAVERN CORPORATION | 302 W 51ST STREET | 280 ft |
| XAI XAI WINE BAR LLC | 369 W 51ST ST | 290 ft |
| WESTWARD GALLERY & CAFE INC | 344 346 W 52ND STREET | 290 ft |
| PRIVY LLC | 346 W 52ND STREET | 290 ft |
| TWO GUYS AND TOM INC | 348 W 52ND ST | 300 ft |
| DON ANTONIO RESTAURANT LLC | 309 W 50TH ST | 300 ft |
| 23 INNOVATIONS INC | 308 W 50TH ST | 315 ft |
| ELYMAR RESTAURANT CORPORATION | 365 W 50TH STREET | 330 ft |
| CHIPOTLE MEXICAN GRILL OF COLORADO LLC | 854 8TH AVENUE | 355 ft |
| 355 HELL S KITCHEN GROUP LLC | 355 W 52ND ST BTW 8TH & 9TH AV | 355 ft |
| MIL LLC | 329 W 49TH STREET | 475 ft |
| VYNL LLC | 754 9TH AVE | 480 ft |
| WESTSIDE TM CORPORATION | 813 8TH AVE | 495 ft |
| MORNINGSIDE TERRACE CORP | 772 9TH AVE | 510 ft |