

# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License Stipulations Application

<b>CORPORATION NAME</b>		<b>DOING BUSINESS AS (DBA)</b>	
BE TEMERARIO GROUP LLC		EL TEMERARIO	
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>	<b>ZIP CODE</b>
198 8TH AVENUE		W20TH & W21ST (N/E CORNER OF W20TH)	10011
<b>OWNER</b> <i>(Attach a list of all the people that will be associated/listed with the license)</i>	<b>NAME:</b> Maria Pezzella	<b>ATTORNEY/ REPRESENTATIVE</b>	<b>NAME:</b> Michael Kelly
	<b>PHONE:</b> 646-270-2505		<b>PHONE:</b> 914-740-3580
	<b>EMAIL:</b> satori.ent@gmail.com		<b>EMAIL:</b> kellymlk@aol.com
<b>MANAGER</b>	<b>NAME:</b> Jorge Guzman	<b>LANDLORD</b>	<b>NAME:</b> Falcon Holdings LLC
	<b>PHONE:</b> 646-509-5435		<b>PHONE:</b> 212-838-1255
	<b>EMAIL:</b>		<b>EMAIL:</b>
<b>APPLICATION TYPE (Check One)</b>			
<input type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?	<input type="checkbox"/>	<b>NO</b>
	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?	<b>YES</b>	<b>NO</b>
	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?	1285964 12/31/2017	
	Please list/describe the nature of all the changes and attach the plans: Unenclosed Sidewalk Cafe		
<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?		<b>YES</b>	<input checked="" type="checkbox"/>
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.		<b>YES</b>	<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.		<b>YES</b>	<input checked="" type="checkbox"/>
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?		<input checked="" type="checkbox"/>	<b>NO</b>

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)									
HOURS* (Indoor Only)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	8am-12am	8am-12am	8am-12am	8am-2am	8am-2am	8am-2am	8am-12am	← INDOOR HOURS
	Kitchen		Closes one hour before closing hours						
	Music		Same as Daily Hours of Operation						
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	74		14	56	0	1	9		
OUTSIDE (Other than sidewalk café)									
SIDEWALK CAFÉ			13	27					
How many floors are there? What is the capacity for each floor?					2				
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	<input checked="" type="checkbox"/>			
Will applicant have bottle or table service for beverage alcohol?						<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	<input checked="" type="checkbox"/>			
Will State certified security personnel be used?					YES	<input checked="" type="checkbox"/>			
Will New York Nightlife Association and NYPD Best Practices be followed?					YES	<input checked="" type="checkbox"/>			
Will applicant be using delivery bicycles? If yes, how many?					YES	<input checked="" type="checkbox"/>			
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?	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?	<input checked="" type="checkbox"/>	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	SEE ATTACHED	
	# 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?			
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
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		
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 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)	<input checked="" type="checkbox"/> FRENCH DOORS	<input type="checkbox"/> GARAGE DOORS	<input type="checkbox"/> 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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will the establishment have an illuminated sign?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Will the establishment have a canopy extending over the sidewalk?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Where will the air conditioner be located? What type is it?	EXISTING		
When was the air conditioner installed?			

<b>OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFE</b>		
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
Are the floorplans for the outdoor space(s) included?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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
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
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
Will there be no amplified music, as per the law?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If amplified sound is played inside the establishment, will windows and doors be closed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will applicant agree to train staff to encourage a peaceful environment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<input 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

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

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

- Sidewalk cafe tables on 8th Ave will be placed against building facade
- Eastern-most table on 18th Street side under fire escape will be eliminated
- Any storm enclosure will extend no more than 18" from building facade
- New floor plan of cafe will be submitted by 4/30/16

***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 →

Michael Kelly

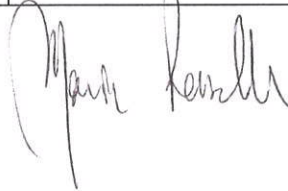
PRINT NAME OF APPLICANT

  
SIGNATURE OF APPLICANT

DATE

Verified by PDFfiller  
03/23/2016  
3-23-2016

MARIA BERZENA



4/12/16