

**Manhattan Community Board 4**  
(All Fields Must Be Completed)

Liquor License Stipulations Application

<b>CORPORATION NAME</b> Bottino Corp.		<b>DOING BUSINESS AS (DBA)</b> Bottino	
<b>STREET ADDRESS</b> 246-248 10th Avenue		<b>CROSS STREETS</b>	<b>ZIP CODE</b> 10001
<b>OWNER</b> <small>(Attach a list of all the people that will be associated listed with the license)</small>	<b>NAME:</b> Danny Emerman	<b>ATTORNEY/ REPRESENTATIVE</b>	<b>NAME:</b> David I. Korngut, Esq.
	<b>PHONE:</b> (917) 885-9346		<b>PHONE:</b> (212) 566-5021
	<b>EMAIL:</b> danny@bottinonyc.com		<b>EMAIL:</b> david@korngutlawoffices.com
<b>MANAGER</b>	<b>NAME:</b> Danny Emerman	<b>LANDLORD</b>	<b>NAME:</b> New 41st Street Realty
	<b>PHONE:</b> (917) 885-9346		<b>PHONE:</b> (516) 287-3770
	<b>EMAIL:</b> danny@bottinonyc.com		<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"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	4/30/17	
	Please list/describe the nature of all the changes and attach the plans: <b>To alter store front</b>		
<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 type="checkbox"/> YES	<input 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 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.	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input type="checkbox"/> YES	<input type="checkbox"/> 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	10am- 11pm	10am- 11pm	10am- 11pm	10am- 11:30pm	10am- 11:30pm	10am- 11:30pm	10am- 10pm
	Kitchen	10am- 10pm	10am- 10pm	10am- 10:30pm	10am- 11pm	10am- 11pm	10am- 11pm	10am- 9:30pm
	Music							

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
<b>INSIDE</b>	165	165	36	106		1	10
<b>OUTSIDE</b> (Other than sidewalk cafe)			17	44			
<b>SIDEWALK CAFE</b>							

How many floors are there? What is the capacity for each floor?      1

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"/> NO
Will applicant have bottle or table service for beverage alcohol?	YES	<input checked="" type="checkbox"/> NO
Will you be hosting private, promotional or corporate events?	YES	<input checked="" type="checkbox"/> NO
Will outside promoters be used on a regular basis? If yes please describe.	YES	<input checked="" type="checkbox"/> NO
Will you have a security plan? If, yes please attach.	YES	<input checked="" type="checkbox"/> NO
Will security plan be implemented?	<input checked="" type="checkbox"/> YES	NO
Will State certified security personnel be used?	<input checked="" type="checkbox"/> YES	NO
Will New York Nighliffe Association and NYPD Best Practices be followed?	YES	<input checked="" type="checkbox"/> NO
Will applicant be using delivery bicycles? If yes, how many?	YES	NO
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="checkbox"/> YES	NO

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?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	West Chelsea
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Is a Public Assembly permit required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
Are your plans filed with DOB?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Not yet

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		
	# 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?		7-26-16	
Where did applicant post the notice that was provided?		In window	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		<input type="checkbox"/> YES	<input type="checkbox"/> NO

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

<b>OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ</b>			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	<input 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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	Patio
Are the floorplans for the outdoor space(s) included?	<input type="checkbox"/> YES	<input checked="" 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
Will there be no amplified music, as per the law?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If amplified sound is played inside the establishment, will windows and doors be closed?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	
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 checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	

### 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 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
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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
Will applicant mark the perimeter of the café on the sidewalk?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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
Will the sidewalk café not provide standing space for drinking or smoking?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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
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
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
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="checkbox"/> YES	<input type="checkbox"/> NO
Will applicant use umbrellas?	<input type="checkbox"/> YES	<input type="checkbox"/> 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?	<input type="checkbox"/> YES	<input type="checkbox"/> 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***

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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 Holozabiec  
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 →

Danny Emerman

PRINT NAME OF APPLICANT

SIGNATURE OF APPLICANT

DATE

7/1/16

8.9.16



**LEGEND**

CONCRETE	CONCRETE
BRICK	BRICK
WOOD	WOOD
GLASS	GLASS
IRON	IRON
STEEL	STEEL
ASBESTOS	ASBESTOS
PLASTER	PLASTER
PAINT	PAINT
ROOF	ROOF
FOUNDATION	FOUNDATION
MECHANICAL	MECHANICAL
ELECTRICAL	ELECTRICAL
PLUMBING	PLUMBING
HEATING	HEATING
Cooling	Cooling
Water	Water
Gas	Gas
Oil	Oil
Electric	Electric
Telephone	Telephone
Fire	Fire
Security	Security
Other	Other

<b>BOTTINO</b>	
10000 Avenue	
New York, NY 10000	
DATE	01/15/2000
PROJECT	RENOVATION
JOB	10000
SCALE	1/4" = 1'-0"
DESIGNED BY	ARCHITECT
DRAWN BY	ARCHITECT
CHECKED BY	ARCHITECT
APPROVED BY	ARCHITECT
DATE	01/15/2000
Exhibits: Plan A, B, C, D, E, F, G, H, I, J, K, L, M, N, O, P, Q, R, S, T, U, V, W, X, Y, Z	



