

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT Margaret Reilly – Barragh Corp.		DOING BUSINESS AS (DBA) The Clinic			
STREET ADDRESS 340 9 th Avenue		CROSS STREETS W 29 th & W 30 th Street			
OWNER	NAME: Margaret Reilly	REPRESENTATIVE	NAME: Terry Flynn		
	PHONE: 646-515-4921		PHONE: 718-913-4974		
	FAX: 718-429-4742		FAX: 718-318-6162		
MANAGER	NAME: Margaret Reilly	LANDLORD	NAME: Danny Mishay		
	PHONE: 646-515-4921		PHONE: 516-647-1511		
	FAX: 718-429-4742		FAX:		
DESCRIPTION OF BUSINESS					
Establishment Type:	<input checked="" type="radio"/> Bar/Tavern <input type="radio"/> Bed & Breakfast <input type="radio"/> Eating Place Beer <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization – Members Only) <input type="radio"/> Other (Explain):				
Method of Operation:	<input type="radio"/> Restaurant <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Pizzeria <input type="radio"/> Cafe <input type="radio"/> Other (Explain): Irish Pub				
License Type:	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer				
APPLICATION TYPE (check one)	<input type="radio"/> New	Has applicant owned or managed a similar business?		YES	NO
		What is/was the name of establishment?			
		What is/was the address of the establishment?			
		What were the dates the applicant was involved with this former premise?			
	<input type="radio"/> Transfer	What is the prior license #?			
		What is the expiration date on the prior license?			
		Are you making any alterations or operational changes?		YES	NO
		<i>If alterations or operational changes are being made, please attach the plans to this form.</i>			
	<input type="radio"/> Alteration	What is the current license #?			
		What is the expiration date on the current license?			
		<i>Please describe the nature of the alterations and attach the plans</i>			

OPERATIONAL ISSUES										
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation	8 a.m. – 4 a.m.	8 a.m. – 4 a.m.	8 a.m. – 4 a.m.	8 a.m. – 4 a.m.	8 a.m. – 4 a.m.	8 a.m. – 4 a.m.	12 p.m. – 4 a.m.		
	Music					10 p.m. – 2 a.m.	10 p.m. – 2 a.m.			
	Kitchen	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	8 a.m. – 3 a.m.	12 p.m. – 3 a.m.		
OCCUPANCY	INDOOR				BAR			OUTSIDE		
	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 Bars	Number of Seats	Number of Tables	
	60	60	15	41	0	1	16	0	0	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					<input checked="" type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> 5+	Basement – Storage; 1 st Floor- 60		
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					YES	<input type="checkbox"/> NO	N/A			
Will applicant have bottle service?					YES	<input type="checkbox"/> NO	N/A			
Will you be hosting private parties and promotional events?					YES	<input type="checkbox"/> NO	N/A			
Will outside promoters be used?					YES	<input type="checkbox"/> NO	N/A			
Will the security plan submitted be implemented?					<input checked="" type="checkbox"/> YES	NO	N/A			
Will State certified security personnel be used?					<input checked="" type="checkbox"/> YES	NO	N/A			
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					<input checked="" type="checkbox"/> YES	NO	N/A			
Will the applicant be using delivery bicycles? If yes, have you applied to DOT for bicycle rack? Delivery bicycles are to be clearly marked with the name of the restaurant and staff will wear attire clearly noting name. (please respond in space provided)					YES	<input type="checkbox"/> NO	N/A			
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					YES	<input type="checkbox"/> NO	N/A			
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					YES	NO	N/A			
Will applicant provide contact information to neighbors and respond to complaints that arise?					<input checked="" type="checkbox"/> YES	NO	N/A			
If you plan to have music, what type(s)?			<input checked="" type="checkbox"/> BACKGROUND	LIVE MUSIC	DJ	Karaoke				
BUILDING DESIGN										
Doors and windows will be closed when any amplified music is played and in the event of no amplified sound, will be closed by 11 PM Friday and Saturday and 10 PM on all other days.					<input checked="" type="checkbox"/> 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?					<input checked="" type="checkbox"/> YES	NO	N/A			
Do you agree to comply with DOB rules concerning a storm enclosure? Storm enclosures can be used between November 15 and April 15, but they may NOT project more than 18 inches from the store front.)					<input checked="" type="checkbox"/> YES	NO	N/A			
OUTDOOR ITEMS										

Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="checkbox"/> NO	N/A	
If yes to the above, the rear yard, rooftop, and any outdoor space will be closed and vacated by 11 PM on Friday & Saturday and 10 PM on all other days.	YES	NO	<input checked="" type="checkbox"/> N/A	
The service and consumption of alcohol in the rear yard, on the rooftop, or in any other outdoor space will be only via seated food service.	YES	NO	<input checked="" type="checkbox"/> N/A	
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	<input checked="" type="checkbox"/> N/A	
Applicant will do everything in their power to provide an effective sound baffling or sound controlled environment through landscaping or some type of enclosure, where possible; provided they do not violate any fire or building code regulations? This includes possibly working with landlords for soundproofing tenants apartments (such as installing soundproofing windows, acoustical tiles, etc.).	YES	NO	<input checked="" type="checkbox"/> N/A	
Applicant will enforce a quiet environment in the outdoor space, so as not to disturb nearby residents (e.g. there will be no amplified music, as per the law, and windows and doors to areas that play amplified music shall be closed). The applicant will make every effort possible to limit the noise emanating from diners by posting signs outside and also on menus asking for respect of the neighbor's privacy and peace. The staff will also encourage a peaceful environment amongst the outdoor diners.	YES	NO	<input checked="" type="checkbox"/> N/A	
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	<input checked="" type="checkbox"/> N/A	

LOCATION & ZONING				
Primary Zoning District:			Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	N/A	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/> YES	NO	N/A	
Is the 500 Foot Rule or 200 Foot Rule Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	NO	<input checked="" type="checkbox"/> N/A	500 Ft Rule
Is a Public Assembly permit required?	YES	NO	<input checked="" type="checkbox"/> N/A	
Are your plans filed with DOB?	YES	<input checked="" type="checkbox"/> NO	N/A	
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="checkbox"/> Mixed Use <input type="radio"/> Other, describe: _____			
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="checkbox"/> Mixed Use <input type="radio"/> Other, describe: _____			
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1			
	# 2			
	# 3			

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)


ADDITIONAL STIPULATIONS: (Office Use Only)

Manhattan Community Board 4 (MCB4) recommends:

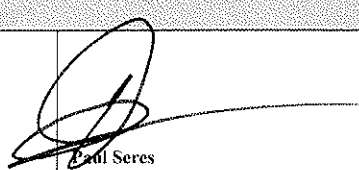
☒ Denial unless all agreed to by applicant is part of the method of operation

☐ Denial ☐ Approval

CB4 REPRESENTATIVES


Nelly Gonzalez
CB4 Community Associate

Lisa Daglian
CB4 BLP Committee Co-Chair


Paul Seres
CB4 BLP Committee Co-Chair

APPLICANT AGREEMENT WITH THE COMMUNITY

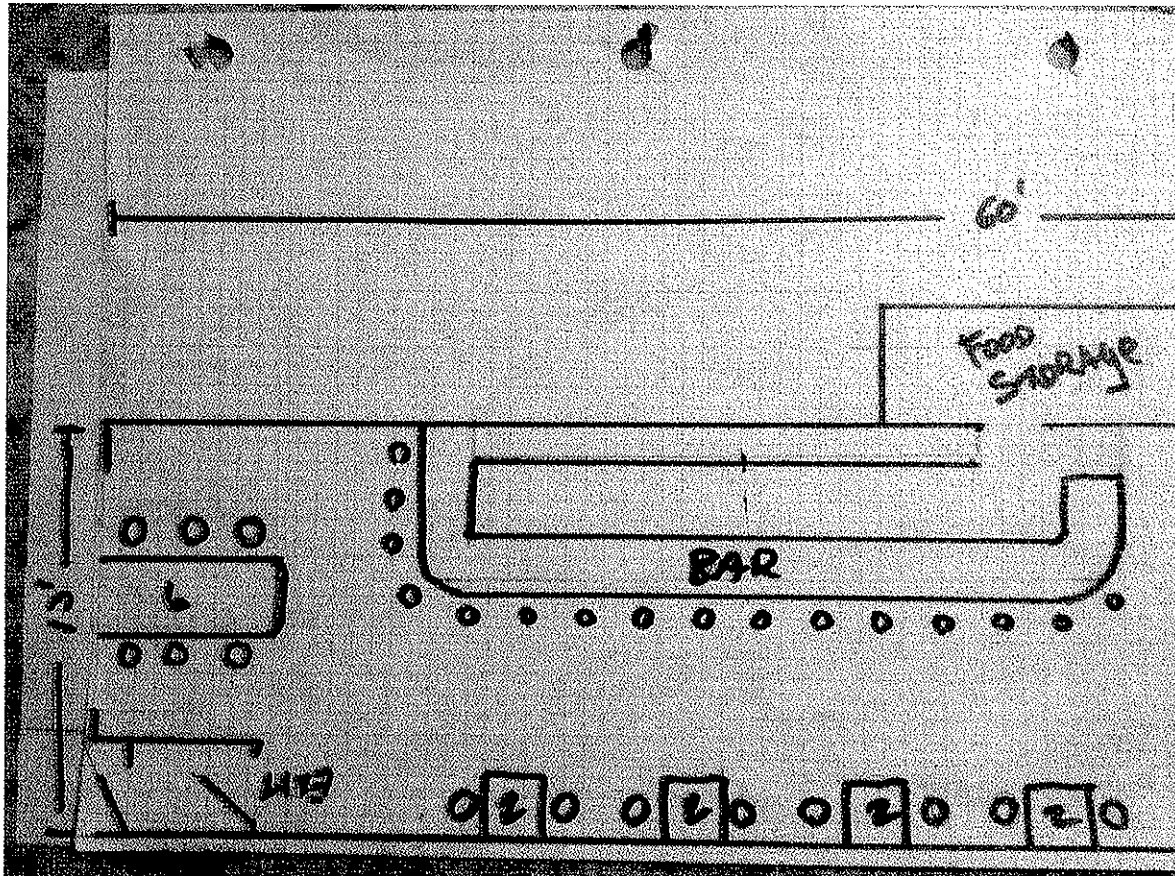
Pursuant to these stipulations, this applicant agrees to have these provisions incorporated in the method of operation of their liquor license. Additionally, the applicant agrees to the community agreements as the basis for the community supporting this application.

SIGN HERE →


SIGNATURE OF APPLICANT

Tuesday, October 9, 2012

DATE



$$3\frac{1}{6}'' = 1\text{ft.}$$

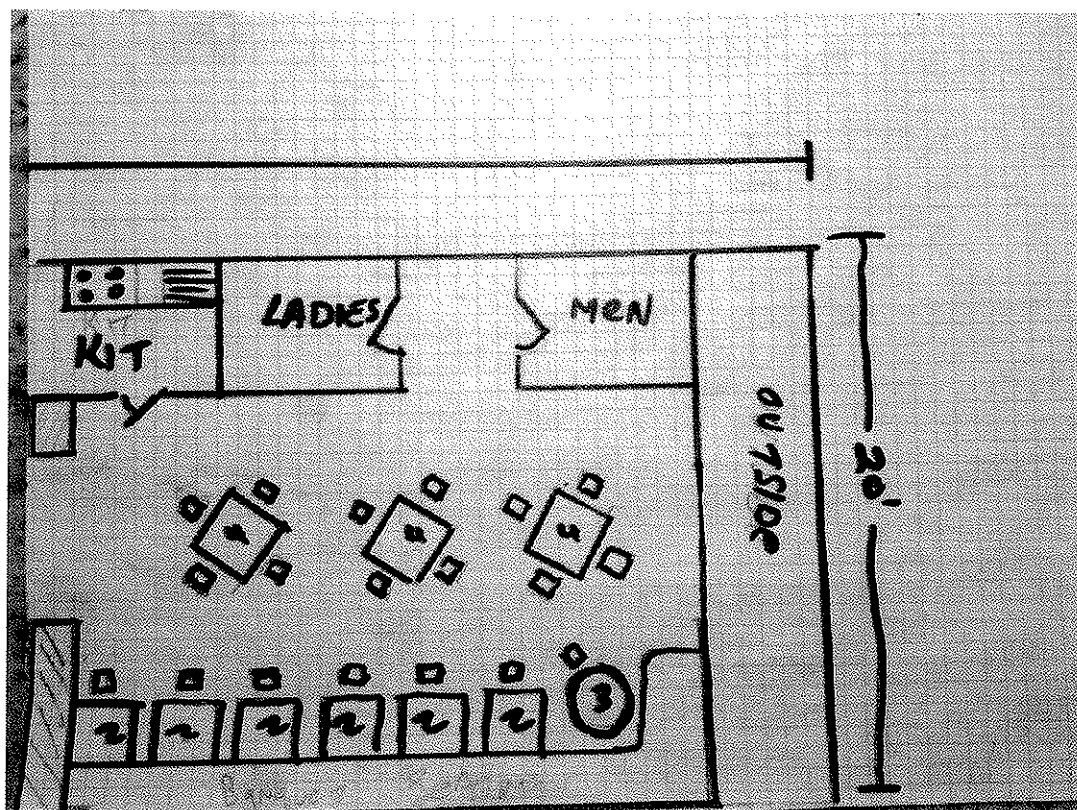
Bar - 22ft long.

Basement: Storage only

W @ front: 13'

W @ Back = 20'

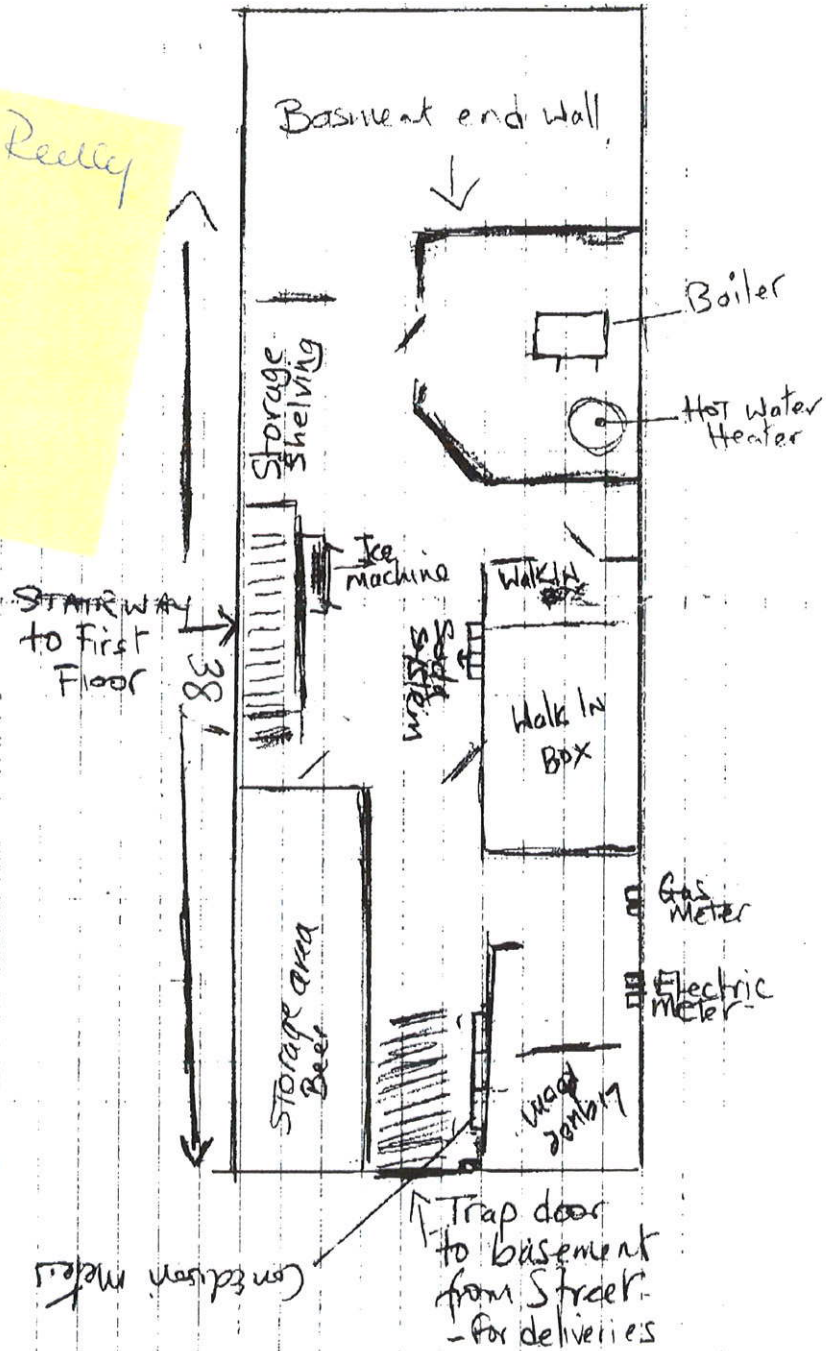
Length of bar to dining area - 38ft
length of dining area to back door - 22ft.

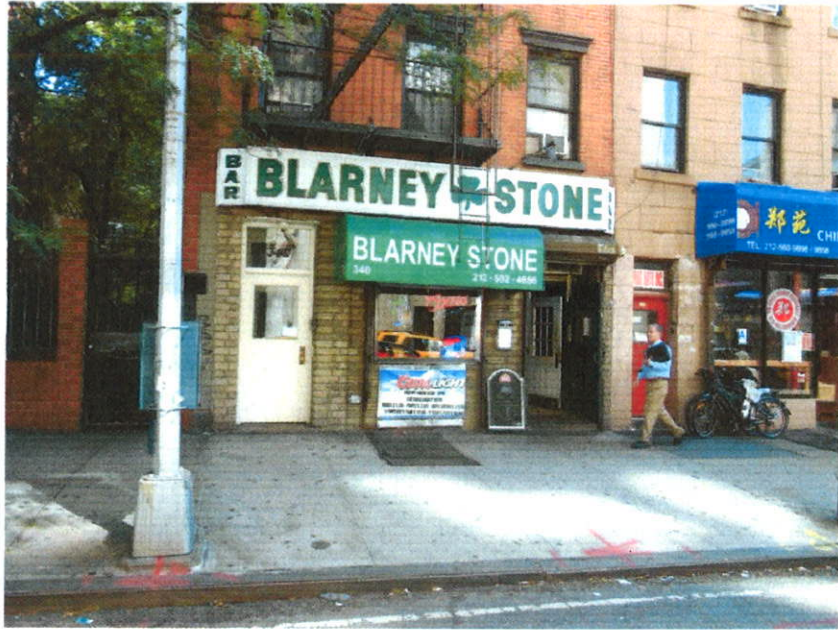


340 9th Ave
Basement

← 18' →

Margaret Reilly







The Clinic

340 9th Ave
New York, New York, 10001
212-502 4656

Pub Fare

Soup du Jour w/Crusty Bread 6

Classic Hamburger w/Fries 9

(With fries, lettuce, tomato and onion)

(Add cheese or bacon \$1 each)

Grilled Chicken Sandwich on crusty roll w/Fries 9

(Lettuce, tomato, onion)

Cajun Chicken Salad Wrap w/Fries 9

(Chopped onion, tomato and lettuce salsa)

Turkey Burger w/Fries 9

Bangers and Mash 12

(Bangers with mash and gravy)

Shepherds Pie 13

(Chopped beef and vegetable topped with mashed potato)

Fish and Chips 15

(Beer battered cod fried and served with coleslaw and fries)

Don't forget the Malt Vinegar!

Crisp Spicy Buffalo Wings 9

(Julienne of Carrots and Celery)

Chicken Tenders 9

(Crispy white chicken tenders with Honey Mustard)

Ham, Cheddar Cheese, Tomato and Onion Panini 9

(Sourdough bread with homemade salsa)

Spaghetti w/ Grilled Chicken and Fresh Vegetables 13

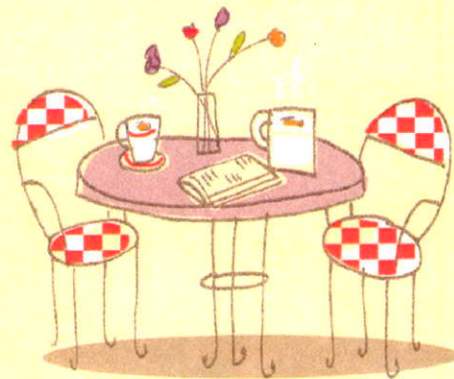
(Cooked in Olive Oil and Garlic)

The Clinic Cobb Salad 10

(Diced chicken, lettuce, tomato, onion, boiled egg, crumbled blue cheese and crumbled bacon bits stuffed into a tortilla shell). Choose your dressing

Nachos 8 w/ Chili 12

(Corn chips, melted cheese and jalapenos, tomato and onion salsa, sour cream and guacamole)



The Clinic

340 9th Ave
New York, NY 10001
212- 502 4656

Brunch Sat 11AM-4PM

Sun 12PM-4PM

Includes one complimentary drink

Mimosa, The Clinic Ale or Bloody Mary or soda

3 Egg Omelette 13

(Choice of 2-Ham, cheese, tomato, onion, peppers, mushroom, sausage or bacon)
Served with fries or tossed salad-choice of dressing

2 Eggs with Bacon and sausage 13

Served with fries

The Clinic Panini 12

(Bacon, egg and cheese)
Served with fries or tossed salad -choice of dressing

French Toast 12

(w/Bacon sausage or fresh fruit)

The Clinic Hamburger w/Fries 12

(Add cheese or bacon \$1 each)

The Clinic Cobb Salad 12

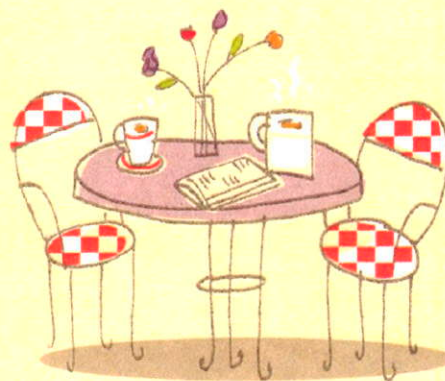
(Diced chicken, lettuce, tomato and onion, boiled egg, crumbled blue cheese and crumbled bacon bits stuffed into a tortilla shell). Choose your dressing

Fish and Chips 16

(Beer battered cod fried and served with coleslaw and fries)

Sausage and Chips 12

(Breakfast sausage served with fries)



The Clinic

340 9th Ave
New York, NY 10001
212-502 4656

Kids Menu

*\$8 for kids 12 and under
includes kids soda*

Chicken Fingers w/Fries

Grilled Cheese Sandwich

Mac "n" Cheese

Spaghetti w/butter or Marinara sauce

Sausage and Chips

