

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

CORPORATION NAME		DOING BUSINESS AS (DBA)			
Roy Arias Theater Center		777 Theatre			
STREET ADDRESS		CROSS STREETS	ZIP CODE		
777 8th Avenue, 2nd Floor		47th and 48th	10036		
OWNER <i>(Attach a list of all the people that will be associated/listed with the license)</i>	NAME:	Roy Arias	NAME:	N/A	
	PHONE:	(917) 767-9092	ATTORNEY/ REPRESENTAIVE	PHONE:	
	EMAIL:	roy@royariasstages.com		EMAIL:	
MANAGER	NAME:	Same		LANDLORD	NAME:
	PHONE:		PHONE:		(917) 882-0502
	EMAIL:		EMAIL:		janet.townhouse@gmail.com
APPLICATION TYPE (Check One)					
<input type="radio"/> New	Has applicant owned or managed a similar business?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Yes
	What is/was the name and address of establishment?		Roy Arias Studios & Theatres		
	What were the dates applicant was involved with this former premise?		8/2005 till Now		
<input type="radio"/> 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="radio"/> 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="radio"/> Liquor/Wine/Beer <input type="radio"/> Beer <input type="radio"/> Wine & Beer				
ESTABLISHMENT TYPE	<input 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 Theater <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	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	Yes	
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	Yes NO JD	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Yes	

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)									
HOURS* (Indoor Only)		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	6p - 11p	6p - 11p	6p - 11p	6p - 11p	5p - 12a	2p - 12a	2p - 12a	
	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	200	150	0	150	20	0	0		
OUTSIDE (Other than sidewalk-café)	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?					1 Floor , 200 people				
How frequently will the owner(s) be at the establishment?					At least 6 days at week				
Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?					YES	NO	No		
Will applicant have bottle or table service for beverage alcohol?					YES	NO	Yes		
Will you be hosting private, promotional or corporate events?					YES	NO	No		
Will outside promoters be used on a regular basis? If yes please describe.					YES	NO	No		
Will you have a security plan? If, yes please attach.					YES	NO	No		
Will security plan be implemented?					YES	NO	No		
Will State certified security personnel be used?					YES	NO	No		
Will New York Nightlife Association and NYPD Best Practices be followed?					YES	NO	Yes		
Will applicant be using delivery bicycles? If yes, how many?					YES	NO	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?					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	NO	No
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	Yes
Is a Public Assembly permit required?	YES	NO	No
Are your plans filed with DOB?	YES	NO	Yes

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	Manhattan Plaz Tenants Association, Douglas Leland	
	# 2	West 45th Street Block Association, Tim Tanner	
	# 3	West 44 St. Better Block Association, Linda Ashley	
	# 4	West 47th/48th St. Block Association, Kim Bogues	
	# 5	West 50th/51st St Block Association, Steve Belida	
Please provide dates when applicant met with the groups listed above.		Sent an email on 4/21	
Who was your contact person at each group you met with?		N/A	
When did applicant post the notice that was provided?		4/07/2016	
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.		YES	NO
		(917) 767-9092	
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?		YES	NO
		Yes	

BUILDING DESIGN			
State the name and type of business previously located in the space.	Greyline Tours, Bus Tours of the City		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	NO	No
Do you plan any changes to the existing façade? If yes, please describe.	YES	NO	No
Will applicant have a vestibule within the establishment?	YES	NO	Yes
Will applicant use a storm enclosure?	YES	NO	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?	YES	NO	No
Will applicant comply with the NYC noise code?	YES	NO	Yes
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?	YES	NO	Yes
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?	YES	NO	Yes
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	NO	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?	YES	NO	Yes
Will the kitchen exhaust system extend to the roof?	YES	NO	
Will the establishment have an illuminated sign?	YES	NO	No
Will the establishment have a canopy extending over the sidewalk?	YES	NO	No
Where will the air conditioner be located? What type is it?	There is an existing central unit AC		
When was the air conditioner installed?	2012		

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

OUTDOOR ITEMS – SIDEWALK CAFÉ			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	NO	Yes
Will applicant be applying for a sidewalk café now or in the future?	YES	NO	No
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	NO	No
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	YES	NO	No (N/A)
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	YES	NO	No (N/A)
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	NO	No
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	YES	NO	No
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	No
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	No
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	No
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	No
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	No
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	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	Yes
Will applicant use umbrellas?	YES	NO	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	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:

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 Holoubiec
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



Roy Arias

PRINT NAME OF APPLICANT

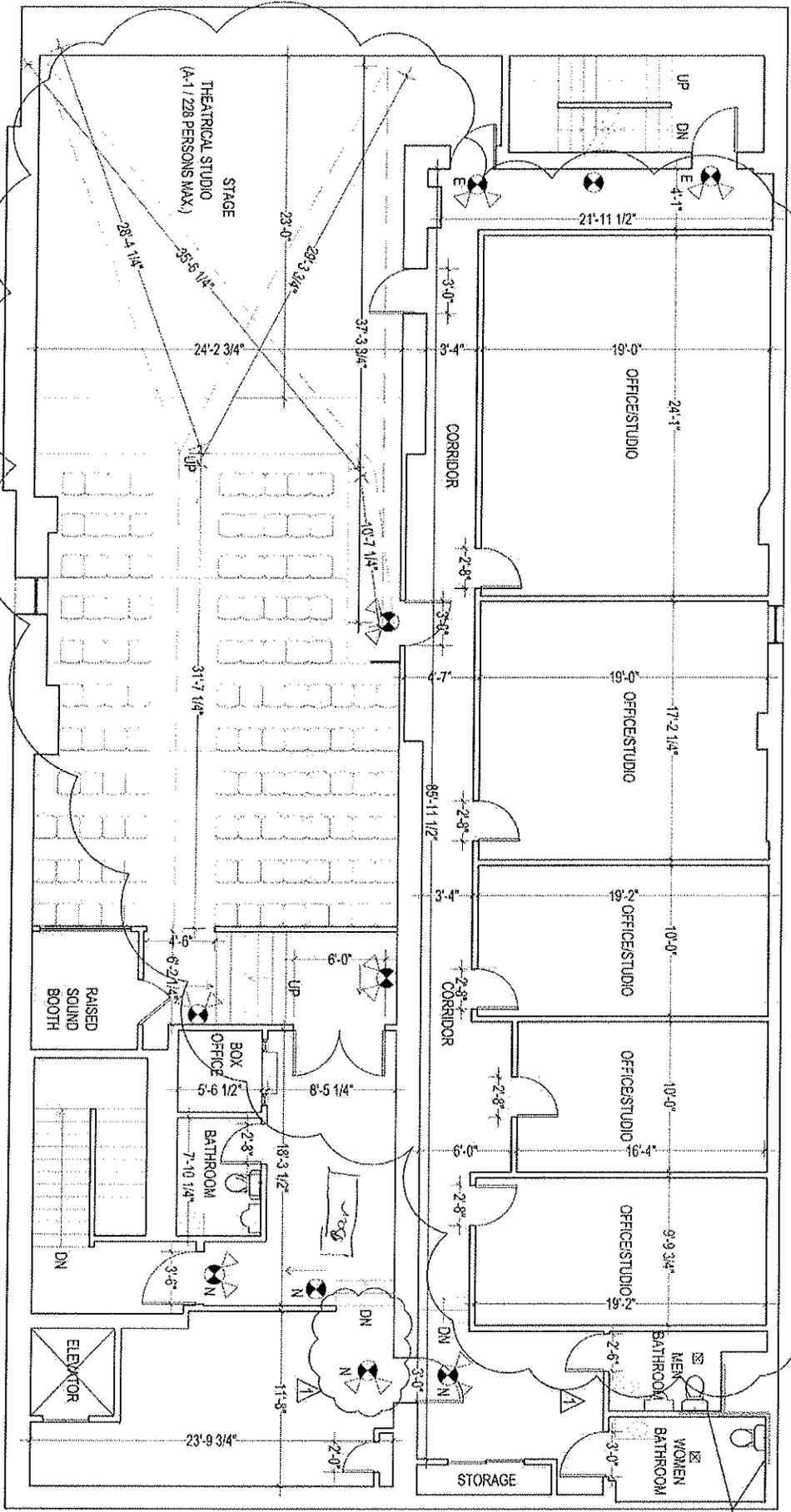
SIGNATURE OF APPLICANT

DATE

05/10/16

J. Douglas
Manager

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



4 SECOND FLOOR PLAN

8TH AVENUE

PROVIDE BUI IN WALL FOR BARS INSTAL GRAB BARS. ADA REQ.



OFFICE OF THE CITY CLERK

OFFICE OF THE CITY CLERK
100 N. GARDEN STREET, 10TH FLOOR
LOS ANGELES, CALIFORNIA 90012
(213) 475-2000

PUBLIC NOTICE

Business Licenses and Permits Commission
will conduct an auction also authorized by

Roy Arias Theatre Center
777 8th Avenue, 2nd Floor

An application for an On-Premise Liquor License

DATE: Tuesday May 11, 2010
TIME: 10:00 AM
PLACE: 4th Floor, 800 W. 4th Street

For more information, please call the City Clerk's Office at (213) 475-2000.
All interested parties should appear in person at the auction on the date and time specified above.
For more information, please call (213) 475-2000.



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