

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT SAS Restaurants LLC		DOING BUSINESS AS (DBA) TBD		
STREET ADDRESS 807 8th Ave., New York, NY		CROSS STREETS 48th and 49th Sts.		
OWNER	NAME: Steven Katsaros	Rep. ATTORNEY	NAME: Michael Szejda	
	PHONE: 917-450-0781		PHONE: 212-474-9835	
	FAX: NA		FAX: 212-474-9836	
MANAGER	NAME: None	LANDLORD	NAME: 300 West 44th St. LLC	
	PHONE:		PHONE: (516) 833-7000	
	FAX:		FAX: NA	
DESCRIPTION OF BUSINESS				
Establishment Type:	<input 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 checked="" 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 checked="" 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): _____			
License Type:	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
APPLICATION TYPE <i>(check one)</i>	<input checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
		What is/was the name of establishment?	Gracie's Corner Rest.	
		What is/was the address of the establishment?	352 E. 86th St., NY, NY	
		What were the dates the applicant was involved with this former premise?	1966 - present	
	<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?	<input type="radio"/> YES	<input type="radio"/> 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	24/day	24/day	24/day	24/day	24/day	24/day	24/day
	Music	—	—	—	—	—	—	—
	Kitchen	24/day	24/day	24/day	24/day	24/day	24/day	24/day

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
	74	74	20	68	0	1	12	0	0

How many floors are there? What is the capacity for each floor? (please respond in space provided)	<input checked="" type="radio"/> 1-2	<input type="radio"/> 3-4	<input type="radio"/> 5+	ground + basement
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 checked="" type="radio"/> NO	N/A	
Will applicant have bottle service?	YES	<input checked="" type="radio"/> NO	N/A	
Will you be hosting private parties and promotional events?	YES	<input checked="" type="radio"/> NO	N/A	
Will outside promoters be used?	YES	<input checked="" type="radio"/> NO	N/A	
Will the security plan submitted be implemented?	YES	<input checked="" type="radio"/> NO	N/A	
Will State certified security personnel be used?	YES	NO	<input checked="" type="radio"/> N/A	
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	<input checked="" type="radio"/> 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 checked="" type="radio"/> NO	N/A	
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	YES	NO	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> N/A	
Will applicant provide contact information to neighbors and respond to complaints that arise?	<input checked="" type="radio"/> YES	NO	N/A	
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?	<input checked="" type="radio"/> YES	NO	N/A	

If you plan to have music, what type(s)?	NA.	BACKGROUND	LIVE MUSIC	DJ
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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.	YES	NO	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> 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="radio"/> YES	NO	N/A

OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> 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="radio"/> 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="radio"/> 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="radio"/> 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="radio"/> 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="radio"/> 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="radio"/> N/A

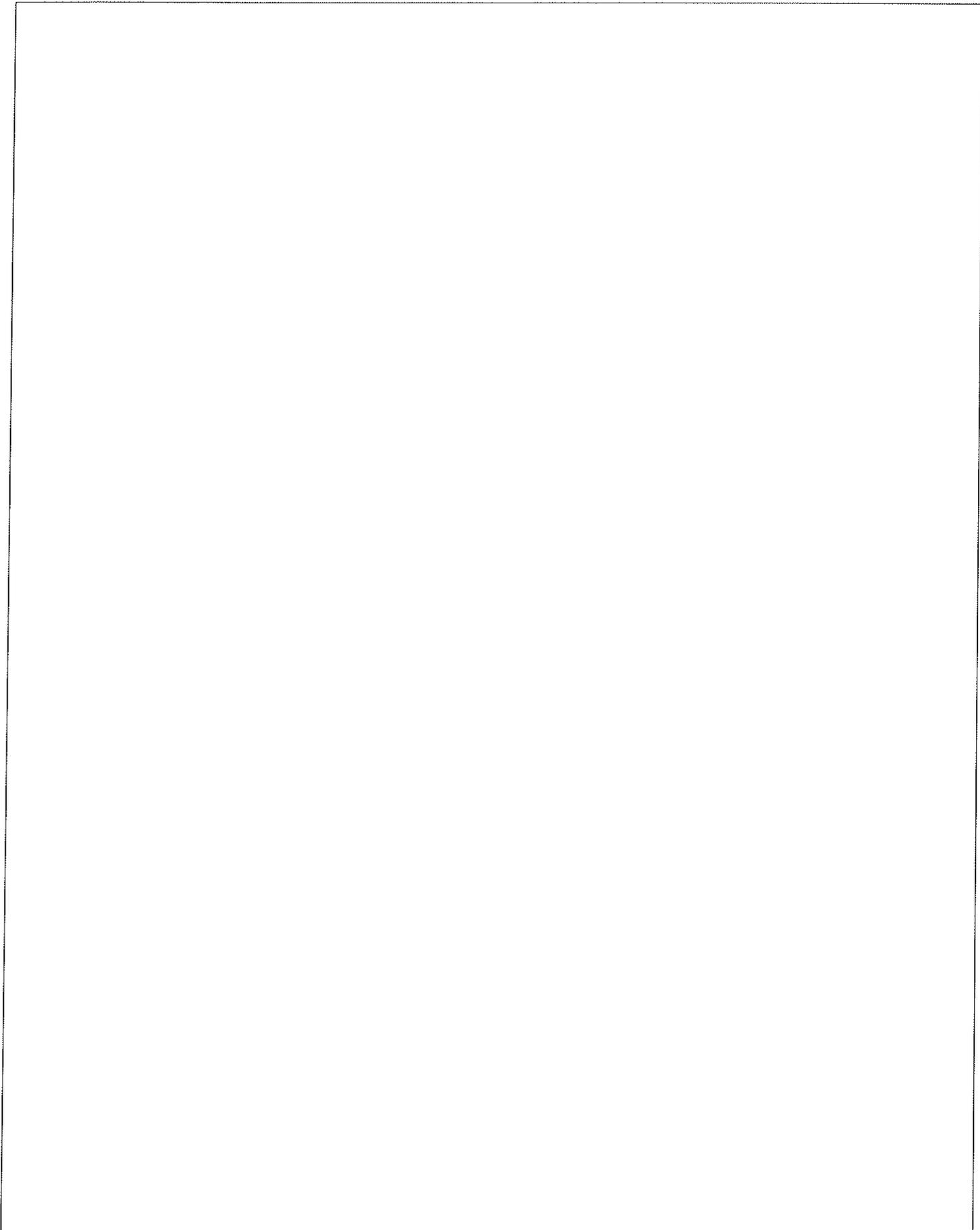
LOCATION & ZONING			
Primary Zoning District:		Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	<input checked="" type="radio"/> 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.	<input checked="" type="radio"/> YES	NO	N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	N/A
Are your plans filed with DOB?	YES	NO	<input checked="" type="radio"/> N/A
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	None	
	# 2		
	# 3		

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

ADDITIONAL STIPULATIONS: (Office Use Only)

Blank area for additional stipulations.

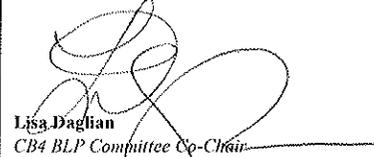


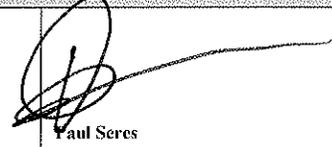
Manhattan Community Board 4 (MCB4) recommends:

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

CB4 REPRESENTATIVES


Nelly Gonzalez
CB4 Assistant District Manager


Lisa Daglian
CB4 BLP Committee Co-Chair

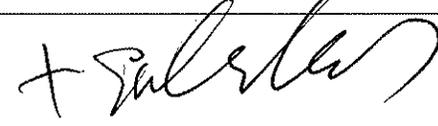

Paul Seres
CB4 BLP Committee Co-Chair

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 8, 2013

DATE

Re: 807 8th Avenue

1. Sosa Borella - 832 8th Avenue - (420')
2. Toloache - 251 W. 50th Street - (413')
3. Thalia - 828 8th Avenue - (292')
4. Thalia Kitchen - 250 West 50th Street - (353')
5. Palm Restaurant - 250 West 50th Street - (404')
6. Natsumi - 226 West 50th Street - (498')
7. Lillie's - 249 West 49th Street - (239')
8. EE Grill House - 233 West 49th Street - (351')
9. The Pearl - 233 West 49th Street - (378')
10. Ambassador Theatre - 215 West 49th Street - (419')
11. Cielo at the My Fair - 240-42 West 49th Street - (289')
12. Eugene O'Neill Theatre - 230 West 49th Street - (382')
13. Serafina at Time Hotel - 224 West 49th Street - (417')
14. Inc. Lounge Time Hotel - 224 West 49th Street 2nd Floor - (439')
15. Da Marino - 220 West 49th Street - (497')
16. Hilton Garden Inn - 790 8th Avenue - (110')
17. Pigalle - 790 8th Avenue - (162')
18. XVI Lounge - 251 West 48th Street - (232')
19. La Massera - 235 West 48th Street - (283')
20. Walter Kerr Theatre - 219 West 48th Street - (484')
21. Pongri - 244 West 48th Street - (315')
22. Saigon 48 - 234 West 48th Street - (334')
23. President Hotel - 234 West 48th Street - (402')
24. Aoki - 234 West 48th Street Front 3 - (427')
25. Hurley's Saloon - 232 West 48th Street - (451')
26. Longacre Theatre - 220 West 48th Street - (490')
27. Blarney Stone Pub - 307 West 47th Street - (437')
28. Latitude - 783 8th Avenue - (306')
29. Brazil - 787 8th Avenue - (221')
30. Belvedere - 319 West 48th Street - (344')

31. Maria's Mont Blanc - 315 West 48th Street - (255')
32. Patzoria Family & Friend - 311 West 48th Street - (226')
33. Sombrero - 303 West 48th Street - (167')
34. Social - 795 8th Avenue - (123')
35. West End Grill - 813 8th Avenue - (41')
36. Churrascaria Plataforma - 316 West 49th Street - (284')
37. Mother Burger - 329 West 49th Street - (122')
38. Blockheads - 322 West 50th Street - (167')
39. Don Antonio - 309 West 50th Street - (402')

Schools & Churches

1. Professional Performing Arts School - 328 West 48th Street - (455')
2. St. Malachy's The Actor's Chapel - 239 West 49th Street - (303')



WARSHAW BURSTEIN, LLP

ATTORNEYS AT LAW

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NEW YORK, NY 10017
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FACSIMILE: 212-972-9150
WWW.WBCSK.COM

Russell W. Rosen
Partner
Direct Dial: 212 984-7777
Email: RROSEN@WBCSK.COM

August 26, 2013

CERTIFIED MAIL:
7012 2920 0002 1618 7567

Manhattan Community Board Four
330 West 42nd Street
New York, NY 10036

Re: New Application
State of New York – Executive Department
Division of Alcoholic Beverage Control
State Liquor Authority
SAS RESTAURANTS LLC

Dear Ladies & Gentlemen:

Enclosed please find the Notice Form for providing a 30-Day Advance Notice in connection with the submission to the State Liquor Authority of a new application for SAS Restaurants LLC.

Thank you for your assistance in this matter.

Very truly yours,

Russell W. Rosen

RWR:vs

Enc.

STATE OF NEW YORK
 EXECUTIVE DEPARTMENT
 DIVISION OF ALCOHOLIC BEVERAGE CONTROL
 STATE LIQUOR AUTHORITY

Standardized **NOTICE FORM** for Providing a 30-Day Advance Notice to a Local Municipality or Community Board in connection with the submission to the State Liquor Authority of a (check one)
 New Application **Renewal Application** **Alteration Application**
 Corporate Change for an On-Premises Alcoholic Beverage License

1.	Date the original copy of this Notice was mailed to the Local Municipality or Community Board:	08	26	2	0	13	
THIS 30-DAY ADVANCE NOTICE IS BEING PROVIDED TO THE CLERK OF THE FOLLOWING LOCAL MUNICIPALITY OR COMMUNITY BOARD							
2.	Name of the Local Municipality or Community Board:	Manhattan Community Board Four					
ATTORNEY REPRESENTING THE APPLICANT IN CONNECTION WITH THE APPLICANT'S LICENSE APPLICATION NOTED AS ABOVE FOR THE ESTABLISHMENT IDENTIFIED IN THIS NOTICE							
3.	Attorney's Full Name is:	Russell W. Rosen					
4.	Attorney's Street Address:	555 Fifth Avenue, 11th Floor					
5.	City, Town or Village:	New York	State:	NY	Zip Code:	10022	
6.	Business Telephone Number of Attorney:	(212) 984-7777					
FOR NEW APPLICANTS, PROVIDE DESCRIPTION BELOW USING ALL INFORMATION KNOWN TO DATE FOR ALTERATION APPLICANTS, ATTACH COMPLETE DESCRIPTION AND DIAGRAM OF PROPOSED ALTERATION(S) FOR CURRENT LICENSEES, SET FORTH APPROVED METHOD OF OPERATION ONLY DO NOT USE THIS FORM TO CHANGE YOUR METHOD OF OPERATION							
7.	Type(s) of alcohol sold or to be sold under the license: (*X* One)	<input type="checkbox"/> Beer Only	<input type="checkbox"/> Wine and Beer Only	<input checked="" type="checkbox"/> Liquor, Wine and Beer			
8.	Extent of Food Service: (*X* One)	<input checked="" type="checkbox"/> Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef)	<input type="checkbox"/> Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily-meets legal minimum food availability requirements)				
9.	Type of establishment: (*X* all that apply)	<input type="checkbox"/> Recorded Music	<input type="checkbox"/> Live Music	<input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Juke Box	<input type="checkbox"/> Patron Dancing (Small scale)	<input type="checkbox"/> Karaoke Bar
		<input type="checkbox"/> Cabaret, Night Club, (Large Scale Dance Club)	<input type="checkbox"/> Capacity of 600 or more patrons		<input type="checkbox"/> Hotel	<input type="checkbox"/> Bed & Breakfast	
		<input type="checkbox"/> Restaurant	<input checked="" type="checkbox"/> Club (e.g. Golf/Fraternal Org.)	<input type="checkbox"/> Catering Facility	<input type="checkbox"/> Stage Shows	<input type="checkbox"/> Topless Entertainment	
		<input type="checkbox"/> Recreational Facility (Sports Facility/Vessel)					
10.	Licensed outdoor area: (*X* all that apply)	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Patio or Deck	<input type="checkbox"/> Freestanding Covered Structure	<input type="checkbox"/> Garden/Grounds	
		<input type="checkbox"/> Sidewalk Café	<input type="checkbox"/> Other (Specify): None				
11.	Is the premises located within 500' of three or more on-premises liquor establishments?	<input checked="" type="checkbox"/> Yes				<input type="checkbox"/> No	
12.	Will the license holder or a manager be physically present within the establishment during all hours of operation? (*X* one)	<input checked="" type="checkbox"/> Yes				<input type="checkbox"/> No	
13.	License serial number:	N.A.		Expiration Date:	N.A.		
14.	The applicant's or license holder's full name, as it appears or will appear on the license:	SAS Restaurants LLC					
15.	The Trade name, if any, under which the establishment conducts or will conduct business:	to be determined					
16.	The establishment is located within the building which has the following street address:	807 Eighth Avenue					
17.	City, Town, or Village:	New York	NY	Zip Code:	10019		
18.	The establishment is located on the following floor(s) of the building at the above address:	First					
19.	Within the building at the above address, the establishment is located within the room(s) numbered as follows:	N.A.					
20.	Business telephone number of applicant/licensee:	(212) 984-7777	Business fax number of applicant/licensee:	(212) 982-9150			
21.	Business e-mail address of applicant/licensee:	c/o R.W. Rosen, 555 Fifth Ave., New York, NY 10022					
22.	Does the applicant or license holder own the building in which the establishment is located? (*X* one)	<input type="checkbox"/> Yes (If "Yes", SKIP Items 22-25)				<input checked="" type="checkbox"/> No	
OWNER OF THE BUILDING IN WHICH THE LICENSED ESTABLISHMENT IS LOCATED							
23.	Building owner's full name is:	300 West 99th St. LLC					
24.	Building owner's street address:	P.O. Box 574					
25.	City, Town, or Village:	Cedarhurst	NY	Zip Code:	11516		
26.	Business telephone number of building owner:	516	837	7000			
27.	I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license.						
	By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true.						
	Printed Name	Anastasio Katsaros	Title	Member	X	Signature	