

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT BLUE RUIN INC		DOING BUSINESS AS (DBA) BLUE RUIN		
STREET ADDRESS 538 9th Ave		CROSS STREETS 39th - 40th ST		
OWNER	NAME: KALKIN NARVILAS / AJITH ABEYKUN	ATTORNEY	NAME:	
	PHONE: 646-486-3657		PHONE:	
	FAX:		FAX:	
MANAGER	NAME:	LANDLORD	NAME: AMERSON REALTY	
	PHONE:		PHONE: 917-587-8888	
	FAX:		FAX:	
DESCRIPTION OF BUSINESS				
Establishment Type:	<input checked="" type="checkbox"/> Bar/Tavern <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Eating Place Beer <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Restaurant <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Club (Fraternal Organization - Members Only) <input type="checkbox"/> Other (Explain): Bar/Arcade			
Method of Operation:	<input type="checkbox"/> Restaurant <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Pizzeria <input type="checkbox"/> Cafe <input checked="" type="checkbox"/> Other (Explain): Bar/Arcade			
License Type:	<input checked="" type="checkbox"/> On-Premise <input type="checkbox"/> Wine <input type="checkbox"/> Beer <input type="checkbox"/> Wine & Beer			
APPLICATION TYPE (check one)	<input type="checkbox"/> 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?		
	<input checked="" type="checkbox"/> Transfer	What were the dates the applicant was involved with this former premise?		
		What is the prior ^{CURRENT} license #?	121 47 94	
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	YES	NO
If alterations or operational changes are being made, please attach the plans to this form.				
<input type="checkbox"/> Alteration	What is the current license #?			
	What is the expiration date on the current license?			
	Please describe the nature of the alterations and attach the plans			

OPERATIONAL ISSUES

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation		11-4AM	11-4AM	11-4AM	11-4AM	11-4AM	11-4AM
Music								
Kitchen								

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	40	3	30	0	1	20	0	0

How many floors are there? What is the capacity for each floor? (please respond in space provided) 1-2 3-4 5+ First floor + 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 NO N/A

Will applicant have bottle service? YES NO N/A

Will you be hosting private parties and promotional events? YES NO N/A

Will outside promoters be used? YES NO N/A

Will the security plan submitted be implemented? YES NO N/A

Will State certified security personnel be used? YES NO N/A

Will New York Nightlife Association recommendations and NYPD Best Practices be followed? 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 NO N/A

Will the applicant be applying for a Sidewalk Cafe now or in the future? (please respond in space provided) YES 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? YES NO N/A

Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage? YES NO N/A

If you plan to have music, what type(s)? BACKGROUND LIVE MUSIC DJ

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 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 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. YES NO N/A

OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	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	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 sealed food service.	YES	NO	N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	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	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	N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A

LOCATION & ZONING

Primary Zoning District:	C-7A	Overlay (if Applicable):	Ø
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?	YES	NO	N/A
Is the 500 Foot Rule or 200 Foot Rule Triggerred? If yes, which? Please attach a diagram of the establishments that triggers the rule.	YES	NO	N/A
Is a Public Assembly permit required?	YES	NO	N/A
Are your plans filed with DOB?	YES	NO	N/A

Building Type: Residential Commercial Mixed Use Other, describe: _____

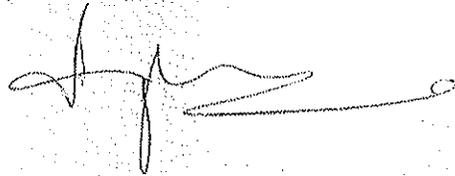
Adjacent Buildings: Residential Commercial Mixed Use Other, describe: _____

NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	Ø
	# 2	
	# 3	

ADDITIONAL INFORMATION: (Applicant Use)

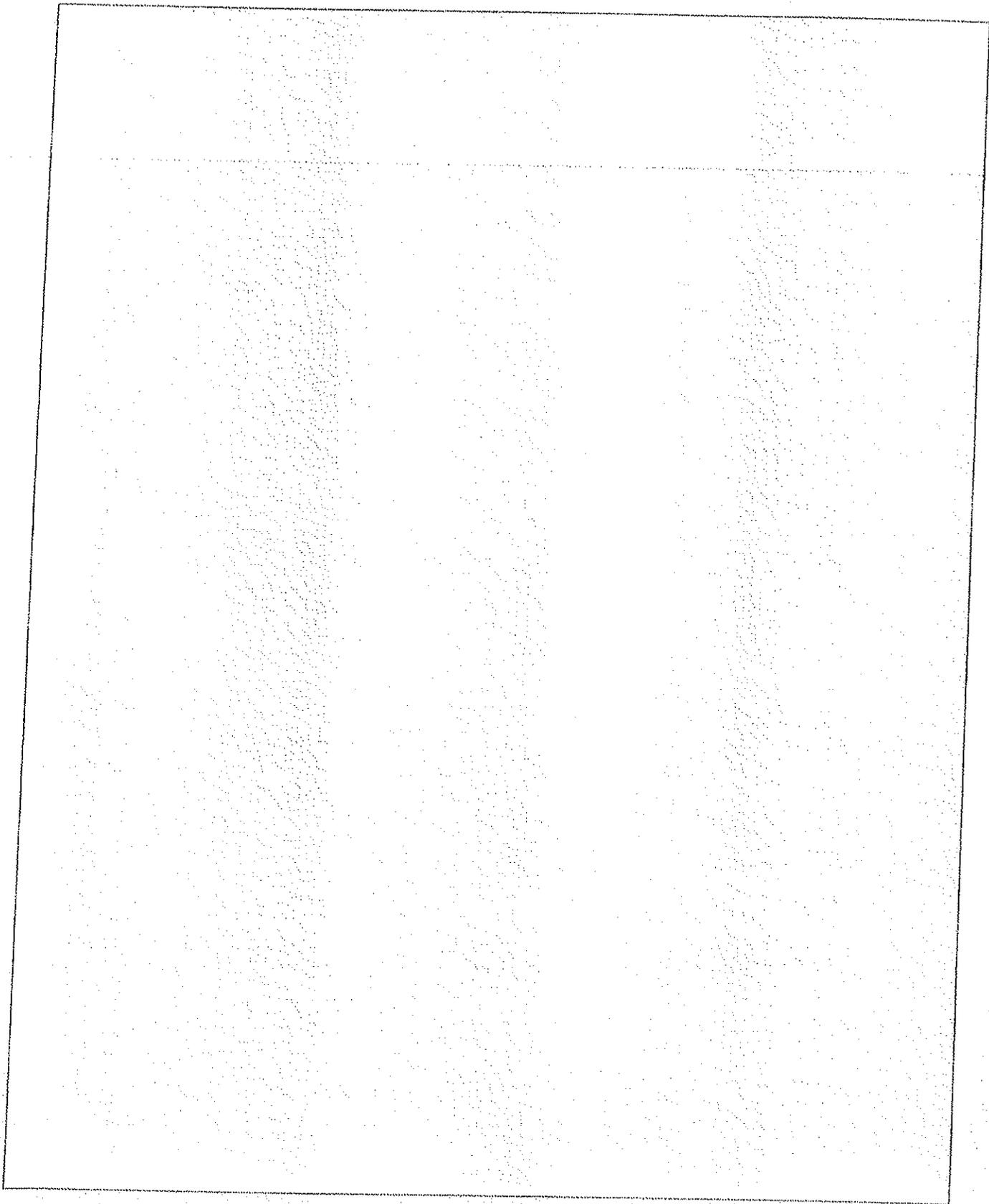
ADDITIONAL NOTES: (Office Use Only)

- will close windows and doors when amplified sound is played.
- AND at 10PM Sun-Thurs and 11PM Fri and Sat.



ADDITIONAL STIPULATIONS: (Office Use Only)

A large, empty rectangular box with a thin black border, intended for handwritten or typed notes regarding stipulations. The box is currently blank.



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

Eusebio Dagnan
CB4 BLP Committee Co-Chair

Paul Reyes
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

DATE

11-20-13

11-20-13