

# Manhattan Community Board 4

# Liquor License Stipulations Application

(All Fields Must Be Completed)

<b>CORPORATION NAME</b> Guckenheimer Services, LLC		<b>DOING BUSINESS AS (DBA)</b> Guckenheimer at Twitter	
<b>STREET ADDRESS</b> 245-249 W. 17th Street		<b>CROSS STREETS</b> 7th and 8th Avenue	<b>ZIP CODE</b> 10011
<b>OWNER</b> <i>(Attach a list of all the people that will be associated/listed with the license)</i>	<b>NAME:</b> Guckenheimer Services, LLC	<b>ATTORNEY/ REPRESENTATIVE</b>	<b>NAME:</b> Alissa M. Yohey, Esq.
	<b>PHONE:</b> (646) 902-3238		<b>PHONE:</b> (518) 449-8893
	<b>EMAIL:</b> khero@guckenheimer.com		<b>EMAIL:</b> alissa.yohey@wilsonelser.com
<b>MANAGER</b>	<b>NAME:</b> Amelia Ekus	<b>LANDLORD</b>	<b>NAME:</b> ARC N/Y 24549W17, LLC
	<b>PHONE:</b> (413) 575-8865		<b>PHONE:</b> (212) 415-6500
	<b>EMAIL:</b> ameliaekus@guckenheimercafes.com		<b>EMAIL:</b> Do Not Know
<b>APPLICATION TYPE (Check One)</b>			
<input checked="" type="checkbox"/> <b>New</b>	Has applicant owned or managed a similar business?	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
	What is/was the name and address of establishment?	N/A	
	What were the dates applicant was involved with this former premise?	N/A	
<input type="checkbox"/> <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 type="checkbox"/> <b>Alteration</b>	What is the current license # and expiration date?		
	Please list/describe the nature of all the changes and attach the plans:		
<b>METHOD OF OPERATION</b>			
<b>TYPE OF ALCOHOL</b>	<input checked="" type="checkbox"/> Liquor/Wine/Beer <input type="checkbox"/> Beer <input type="checkbox"/> Wine & Beer		
<b>ESTABLISHMENT TYPE</b>	<input type="checkbox"/> Restaurant <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Bar/Tavern <input checked="" type="checkbox"/> Catering Establishment <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> NO
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO

**OPERATIONAL DETAILS (\*Closing time will be when establishment is vacated of all patrons)**

HOURS* <i>(Indoor Only)</i>		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	<b>Operation</b>	8:30a.m. - 11p.m.						
	<b>Kitchen</b>	6:30a.m. - 9p.m.						
	<b>Music</b>	varies by event						
If you plan to have music, what type(s)? (Circle all that apply)			BACKGROUND	LIVE MUSIC	D	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>	1,835	600	50	200	0	1	0
<b>OUTSIDE</b> <i>(Other than sidewalk café)</i>	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>SIDEWALK CAFÉ</b>	N/A	N/A	N/A	N/A			

How many floors are there? What is the capacity for each floor? 13 floors; Cellar Floor; 110 persons; Floors 1 - 3; 6 - 12: 120 persons  
Floors 4 - 5: 180 persons

How frequently will the owner(s) be at the establishment? The principals will not be at the premises; however, the employees and manager will be on site on a day to day basis on behalf of Owner

Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?	YES	<input checked="" type="radio"/>	
Will applicant have bottle or table service for beverage alcohol?	<input checked="" type="radio"/>	NO	
Will you be hosting private; promotional or corporate events?	<input checked="" type="radio"/>	NO	
Will outside promoters be used on a regular basis? If yes please describe.	YES	<input checked="" type="radio"/>	
Will you have a security plan? If, yes please attach.	<input checked="" type="radio"/>	NO	
Will security plan be implemented?	YES	<input checked="" type="radio"/>	
Will State certified security personnel be used?	YES	<input checked="" type="radio"/>	NO
Will New York Nightlife Association and NYPD Best Practices be followed?	<input checked="" type="radio"/>	NO	
Will applicant be using delivery bicycles? If yes, how many?	YES	<input checked="" type="radio"/>	
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	<input checked="" type="radio"/> NO
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO
Is a Public Assembly permit required?	<input checked="" type="radio"/> YES	NO
Are your plans filed with DOB?	<input checked="" type="radio"/> YES	NO

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  <b>*Please see attached for additional groups notified</b>	# 1	Community Board 4
	# 2	100/200 W. 15th Street Block Association
	# 3	100 W. 16th St. Block Association
	# 4	200 W. 16th Street Block Association
	# 5	300 W. 18/19 Street Block Association
Please provide dates when applicant met with the groups listed above.	Notice was sent on June 16, 2016; Applicant did not meet with any groups	
Who was your contact person at each group you met with?	Please see attached list	
When did applicant post the notice that was provided?	June 17, 2016	
Where did applicant post the notice that was provided?	On the premises; hand delivered to all residential buildings on the block and behind the building	
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	<input checked="" type="radio"/> YES	NO (413) 575-8865 (Manager's Cell)
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	<input checked="" type="radio"/> YES	NO

BUILDING DESIGN			
State the name and type of business previously located in the space.	Twitter (Still located in the space)		
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	<input checked="" type="radio"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="radio"/> NO	
Will applicant have a vestibule within the establishment?	<input checked="" type="radio"/> YES	NO	
Will applicant use a storm enclosure?	YES	<input checked="" type="radio"/> 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?	<input checked="" type="radio"/> YES	NO	
Will applicant comply with the NYC noise code?	<input checked="" type="radio"/> YES	NO	
Will the establishment have any of the following: (circle all that apply) N/A	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="radio"/> YES	NO	<del>NO</del>
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="radio"/> YES	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	<input checked="" type="radio"/> 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?	<input checked="" type="radio"/> YES	NO	
Will the kitchen exhaust system extend to the roof?	<input checked="" type="radio"/> YES	NO	
Will the establishment have an illuminated sign?	YES	<input checked="" type="radio"/> NO	
Will the establishment have a canopy extending over the sidewalk?	YES	<input checked="" type="radio"/> NO	
Where will the air conditioner be located? What type is it?	On every floor in mechanical rooms		
When was the air conditioner installed?	Installed by landlord in 2014		

JUB

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

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

**ADDITIONAL STIPULATIONS: (Office Use Only)**

- This license does not extend to the rooftop or any outdoor space
- There will be no consumption of alcohol on the rooftop
- There will be no live music after 9:00p.m. nightly
- Applicant and representatives of Twitter will meet with interested neighbors prior to 7/27/16

***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.*

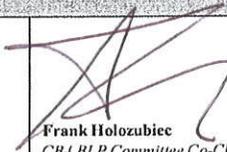
Manhattan Community Board 4 (MCB4) recommends:

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 Holozubiec  
CB4 BLP Committee Co-Chair

  
Burt Lazarin  
CB4 BLP Committee Co-Chair

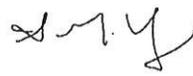
**APPLICANT AGREEMENT WITH THE COMMUNITY**

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** →

Alissa M. Yohey

PRINT NAME OF APPLICANT



SIGNATURE OF APPLICANT

Verified by PDFfiller  
06/24/2016

06/24/2016

DATE

  
Sumanta Bera  
7/12/18