

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT Spanish Benevolent Society Inc.		DOING BUSINESS AS (DBA) Centro Espanol		
STREET ADDRESS 239 W 14 th Street		CROSS STREETS 7 th & 8 th Avenues		
OWNER	NAME: Spanish Benevolent Society Inc.	ATTORNEY	NAME: Elke A. Hofmann Law. PLLC	
	PHONE: 212-929-7873		PHONE: 212-487-9100	
	FAX:		FAX: 212-487-9131	
MANAGER	NAME: Robert Sanfiz (Club Officer)	LANDLORD	NAME: Spanish Benevolent Society Inc.	
	PHONE: 917-216-5259		PHONE: 212-929-7873	
	EMAIL: robertsanfiz@gmail.com		EMAIL: robertsanfiz@gmail.com	
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 type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input checked="" type="radio"/> Club (Fraternal Organization – Members Only) <input type="radio"/> Other (Explain): Wine Bar			
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 checked="" type="radio"/> Club (Fraternal Organization – Members Only)			
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?	YES	NO
		What is/was the name of establishment?	See Additional Notes Section (applicant Use)	
		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	See	Additional	Notes	Section	(Applicant Use)			
	Music								
	Kitchen	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
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
	100	100	20	90	0	1	0	0	0
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	3-4	5+		
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 you be hosting private parties and promotional events?					YES	NO	N/A	Only Club activities & events	
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 Café 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		
If you plan to have music, what type(s)?			BACKGROUND	LIVE MUSIC	DJ	Events include musical performances			

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	

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 seated 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:		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?	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	N/A
Is a Public Assembly permit required?	YES	NO	N/A
Are your plans filed with DOB?	YES	NO	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 checked="" type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> 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)

- Hours of Operation: This is a Cultural Club, there is no predetermined schedule with set days and operational hours. All events that the club hosts will be private, members only events. Though times will vary, the applicant hopes to host events and have music until 2 a.m.
- The applicant is the Cultural Club. Robert Sanfiz, club secretary has been assigned Alcoholic Beverage Control Officer and will be responsible of All SLA related issues. All event planning will continue to be handled by the club's event coordinator.
- These premises were previously license in conjunction with the restaurant operations on the lower floor.

ADDITIONAL NOTES: (Office Use Only)

ADDITIONAL STIPULATIONS: (Office Use Only)

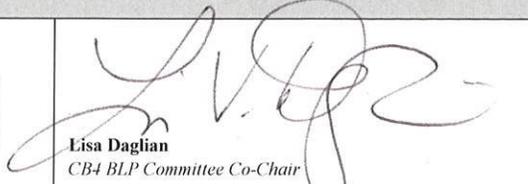
- **No other changes to the method of operation**
- **This application is to finalize the license split between establishments**

Manhattan Community Board 4 (MCB4) recommends:

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

CB4 REPRESENTATIVES


Nelly Gonzalez
CB4 Community Associate

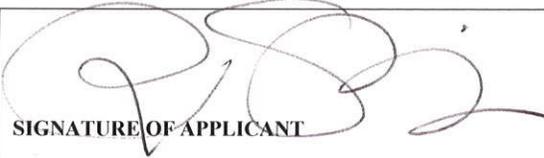

Lisa Daglian
CB4 BLP Committee Co-Chair


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

MARCH 13, 2012
DATE

B Form 54 (Rev. 6/11)

THE CITY OF NEW YORK



DEPARTMENT OF BUILDINGS ALT# 1332/86 CERTIFICATE OF OCCUPANCY

BOROUGH MANHATTAN

DATE: JAN 10 2008 NO. 1332/86

ZONING DISTRICT C6-2M

This certificate supersedes C.O. No. ~~XXXXXX~~
THIS CERTIFIES that the ~~XXXXXX~~-altered ~~XXXXXX~~-building - premises located at
239 West 14th Street NS 319' 11 1/4" East of 8th Avenue Block 764 Lot 18
CONFORMS SUBSTANTIALLY TO THE APPROVED PLANS AND SPECIFICATIONS AND TO THE REQUIREMENTS OF ALL APPLICABLE LAWS, RULES, AND REGULATIONS FOR THE USES AND OCCUPANCIES SPECIFIED HEREIN

PERMISSIBLE USE AND OCCUPANCY

STORY	LIVE LOAD LBS PER SQ FT	MAXIMUM NO OF PERSONS PERMITTED	ZONING Dwelling OR ROOMING UNITS	BUILDING CODE HABITABLE ROOMS	ZONING USE GROUP	BUILDING CODE OCCUPANCY GROUP	DESCRIPTION OF USE
Cellar	0.6.						Ordinary
Basement	100	70			6	F1b F4	Kitchen, dining and club room
1st Floor	100	100			6	F1b	Meeting hall
2nd Floor	50	20			6		Offices
3rd Floor	40				2		One (1) apartment
4th Floor	40				2		One (1) apartment
			COMMERCIAL / RESIDENTIAL OLD CODE				

THIS CERTIFICATE OF OCCUPANCY MUST BE POSTED WITHIN THE BUILDING IN ACCORDANCE WITH THE RULES OF THE DEPARTMENT PROMULGATED MARCH 21ST, 1957.

OPEN SPACE USES (SPECIFY - PARKING SPACES, LOADING BERTHS, OTHER USES, NONE)

N.B. NO CHANGES OF USE OR OCCUPANCY SHALL BE MADE UNLESS A NEW AMENDED CERTIFICATE OF OCCUPANCY IS OBTAINED
THIS CERTIFICATE OF OCCUPANCY IS ISSUED SUBJECT TO FURTHER LIMITATIONS, CONDITIONS AND SPECIFICATIONS NOTED ON THE REVERSE SIDE.

Berge
BOROUGH SUPERINTENDENT

Mark
COMMISSIONER

ORIGINAL OFFICE COPY - DEPARTMENT OF BUILDINGS COPY

Spanish Benevolent Society Inc., Centro Espanol
239 W 14th St., 1st Floor
New York, NY 10011

List of Licenses within 500 ft

Flannerys bar. (Con & Con caterers inc)
205 West 14th St # 1
New York, NY 10011

Coppelia Restaurant (De Armas Enterprises Corp.)
207 West 14th Street
New York, NY 10011

Jeanne & Gaston (Concept Restaurant Corp.)
212 West 14th Street
New York, NY 10011

Woody McHale's LLC
234 West 14th Street
New York, NY 10011

Honey (Green Tree Restaurant Group LLC)
243 West 14th Street
New York, NY 10011

Crispo (Faylow Corp.)
240 West 14th Street
New York, NY 10011

Snap (14th Street Hospitality Group LLC)
248 West 14th Street
New York, NY 10011

McKennas Bar (245 West 14th Street Tavern Corp.)
250 West 14th Street
New York, NY 10011-7220

Ipanema (TEJO REST INC)
244 W 14th St
New York, NY 10011