

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 5

2
3 April 3, 2013

4
5 Dennis Rosen
6 Chairman
7 New York State Liquor Authority
8 80 S. Swan Street, 9th Floor
9 Albany, New York 12210

10
11 **Re: Darduro LLC.**
12 328 W 45th Street (8/9)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of an alteration to add space in the rear of the premise
17 for The Fifth Pine Inc. – 401 W 24th Street (9/10) unless the following stipulation, agreed to by the applicant, is part
18 of the method of operation for this establishment with a capacity of 50, with 5 tables and 15 seat, one stand-up bar
19 seating 15.

20
21 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

22
23 Sincerely,

24
25
26 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

27

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)		
Darduro LLC		to be determined		
STREET ADDRESS		CROSS STREETS		
328 W 45th Street		8th & 9th Avenues		
OWNER	NAME:	Matthew Gebhard	ATTORNEY	
	PHONE:	917-494-5846	NAME:	
	FAX:	212-487-9131	PHONE:	
			Elke A. Hofmann Esq.	
			PHONE:	
			212-487-9100	
			FAX:	
			212-487-9131	
MANAGER	NAME:		LANDLORD	
	PHONE:		NAME:	
	FAX:		PHONE:	
			Parag Sawhney	
			PHONE:	
			646-287-5157	
			FAX:	
			212-504-3139	
DESCRIPTION OF BUSINESS				
Establishment Type:	<input checked="" 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 type="radio"/> Club (Fraternal Organization – Members Only) <input checked="" type="radio"/> Other (Explain): <u>Beer Store & Bar</u>			
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"/> Other (Explain): <u>Beer Bar</u>			
License Type:	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
APPLICATION TYPE (check one)	<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?	Bev. Director of BXL Cafe	
		What is/was the address of the establishment?	125 W 43rd St New York,	
		What were the dates the applicant was involved with this former premise?	Dec. 2004 - 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	12am -12am	12am -12am	12am -1am	12am - 1am	12am - 2am	12am - 2am	12am - 10pr	
	Music	12am -12am	12am -12am	12am -1am	12am - 1am	12am - 2am	12am - 2am	12am - 10pn	
	Kitchen	All hours	All hours	All hours	All hours	All hours	All hours	All hours	
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
	50	40	5	15	0	1	15	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+	1	
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	NO	<input checked="" type="radio"/> N/A		
Will you be hosting private parties and promotional events?					YES	NO	<input checked="" type="radio"/> N/A		
Will outside promoters be used?					YES	NO	<input checked="" type="radio"/> N/A		
Will the security plan submitted be implemented?					YES	NO	<input checked="" type="radio"/> 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?					YES	NO	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> N/A		
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					YES	<input checked="" type="radio"/> 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	<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		
If you plan to have music, what type(s)?			<input checked="" type="radio"/> BACKGROUND	<input type="radio"/> LIVE MUSIC	<input type="radio"/> 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.					<input checked="" type="radio"/> 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?					<input checked="" type="radio"/> YES	NO	N/A	sound proofing will be installed	
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	<input checked="" type="radio"/> 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:	C6-2	Overlay (If Applicable):	N/A
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?	<input checked="" type="radio"/> 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.	<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		
	# 2		
	# 3		

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

- report from certified sound accoustician & follow recommendations.
- meet w/ B/A before full board & discuss hours of operation
 - may return ~~to~~ after 6 months to review hours of operation.
 - will notify board of meetings w/ B/A & tenants

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 6

2
3 April 3, 2013

4
5 Dennis Rosen
6 Chairman
7 New York State Liquor Authority
8 80 S. Swan Street, 9th Floor
9 Albany, New York 12210

10
11 **Re: Peter Callahan Catering**
12 137 W 25th Street (6/7)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of an alteration to add space in the rear of the premise
17 for The Fifth Pine Inc. – 401 W 24th Street (9/10) unless the following stipulation, agreed to by the applicant, is part
18 of the method of operation for this establishment with a capacity of 74, with 6 tables and 24 seat, one service bar
19 and one stand-up bar seating none.

20
21 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

22
23 Sincerely,

24
25
26
Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

27

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT: Gourmet Express Ltd.		DOING BUSINESS AS (DBA): d/b/a/ Peter Callahan Catering		
STREET ADDRESS: 137 West 25th St. 4th Floor		CROSS STREETS: Between 6th and 7th Avenue		
OWNER:	NAME: Gourmet Express Ltd.	ATTORNEY:	NAME: David I Korngut	
	PHONE: (212) 327-1144		PHONE: (212) 566-5021	
	FAX: (212) 327-1096		FAX: (212) 766-2628	
MANAGER:	NAME: Peter Callahan	LANDLORD:	NAME: Carton 88 LLC	
	PHONE: (212) 327-1144		PHONE: (610) 583-7500	
	FAX:		FAX: (610) 583-7575	
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 checked="" type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only) <input type="radio"/> Other (Explain): _____			
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"/> Other (Explain): Catering Establishment			
License Type:	<input checked="" type="radio"/> On-Premise <input checked="" type="radio"/> Wine <input checked="" type="radio"/> Beer <input checked="" 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?	Peter Callahan Catering	
		What is/was the address of the establishment?	1 Fairfax Blvd, Folcroft, PA 19032	
		What were the dates the applicant was involved with this former premise?	1986 - 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

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS	Operation	Varies depending on event.						
	Music	Event will close not later than 1:00 AM						
	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	74	6	24	One	One	0	N.A.	N.A.

How many floors are there? What is the capacity for each floor? (please respond in space provided)				1 floor 74 people		
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	No		
Will applicant have bottle service?	YES	NO	N/A	No		
Will you be hosting private parties and promotional events?	YES	NO	N/A	Yes		
Will outside promoters be used?	YES	NO	N/A	No		
Will the security plan submitted be implemented?	YES	NO	N/A	Yes		
Will State certified security personnel be used?	YES	NO	N/A	Yes		
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	YES	NO	N/A	Yes		
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	No		
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)	YES	NO	N/A	No		
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	N.A.		
Will applicant provide contact information to neighbors and respond to complaints that arise?	YES	NO	N/A	Yes		
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?	YES	NO	N/A	Yes		

If you plan to have music, what type(s)?	Background	BACKGROUND	LIVE MUSIC	DJ	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	N/A	No	Yes (pw)
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	Yes	
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	N.A.	

OUTDOOR ITEMS				
Will applicant use the rooftop, rear yard or any outdoor space?	YES	NO	N/A	No
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	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	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	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	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	N.A.
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A	N.A.

LOCATION & ZONING				
Primary Zoning District:	Commercial		Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO	N/A	No
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES	NO	N/A	No, 3 Months Renewal of TCO
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	Yes
Is a Public Assembly permit required?	YES	NO	N/A	No
Are your plans filed with DOB?	YES	NO	N/A	Yes
Building Type	<input type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____			
Adjacent Buildings	<input type="radio"/> Residential <input checked="" 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	Community Board No. 4		
	# 2			
	# 3			

ADDITIONAL INFORMATION (Applicant Use)

Applicant has operated a renowned catering business in New York and Philadelphia for over 20 years. Mr. Callahan caters private parties in New York, at private homes, business locations, museums and other venues. The food is prepared in the kitchen and delivered to the venue. Mr. Callahan provides the service and the staff also.

ADDITIONAL NOTES (Other Use Only)

Mr. Callahan has a significant client base in New York of Social Organizations, Fortune 500 Corporations, and high net-worth individuals. he has an excellent reputation, frequently appears on the Today Show, and is on the Editorial Board of the Martha Stewart Wedding. He is the author of "Bite by Bite" published in 2011, which was for over a year the best-selling hors d'oeuvre cookbook in the world.

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 7

2
3 April 3, 2013

4
5 Dennis Rosen
6 Chairman
7 New York State Liquor Authority
8 80 S. Swan Street, 9th Floor
9 Albany, New York 12210

10
11 **Re: Bareburger**
12 366 W 46th Street (8/9)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of an alteration to add space in the rear of the premise
17 for The Fifth Pine Inc. – 401 W 24th Street (9/10) unless the following stipulation, agreed to by the applicant, is part
18 of the method of operation for this establishment with a capacity of 144, with 110 seat, two service bar.

19
20 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

21
22 Sincerely,

23
24
25 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

26

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)		
Bare City Three LLC		Bareburger		
STREET ADDRESS		CROSS STREETS		
366 W 46 th Street		8 th & 9 th Avenue		
OWNER	NAME:	Nick Marolachakis	ATTORNEY	
	PHONE:	516-578-4258		
	FAX:			
MANAGER	NAME:		LANDLORD	
	PHONE:			
	FAX:			
		NAME:	Kerry J. Katsorhis	
		PHONE:	718-591-6900	
		FAX:	718-380-8039	
		NAME:	Jabet Maggini LLC	
		PHONE:		
		FAX:		
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 (check one)	<input type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
		What is/was the name of establishment?	Bareburger	
		What is/was the address of the establishment?	85 2 nd Ave	
		What were the dates the applicant was involved with this former premise?	Presently Operating	
	<input checked="" type="radio"/> Transfer	What is the prior license #?	1245366	
		What is the expiration date on the prior license?	July 31, 2014	
		Are you making any alterations or operational changes?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> 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?		
Please describe the nature of the alterations and attach the plans		Cosmetic		

OPERATIONAL ISSUES										
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation	11a.m. – 12a.m.	11a.m. – 12a.m.	11a.m. – 12a.m.	11a.m. – 12a.m.	11a.m. – 12a.m.	11a.m. – 12a.m.	11a.m. – 12a.m.	11a.m. – 12a.m.	
	Music	11a.m. – 12a.m.	11a.m. – 12a.m.	11a.m. – 12a.m.	11a.m. – 12a.m.	11a.m. – 12a.m.	11a.m. – 12a.m.	11a.m. – 12a.m.	11a.m. – 12a.m.	
	Kitchen	11a.m. – 12a.m.	11a.m. – 12a.m.	11a.m. – 12a.m.	11a.m. – 12a.m.	11a.m. – 12a.m.	11a.m. – 12a.m.	11a.m. – 12a.m.	11a.m. – 12a.m.	
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	
		144		110	2	0	0	0	0	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					<input checked="" type="checkbox"/> 1-2	3-4	5+	First Floor + Mezzanine		
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="checkbox"/> NO	N/A			
Will applicant have bottle service?					YES	<input checked="" type="checkbox"/> NO	N/A			
Will you be hosting private parties and promotional events?					YES	<input checked="" type="checkbox"/> NO	N/A			
Will outside promoters be used?					YES	<input checked="" type="checkbox"/> NO	N/A			
Will the security plan submitted be implemented?					YES	<input checked="" type="checkbox"/> NO	N/A			
Will State certified security personnel be used?					YES	NO	<input checked="" type="checkbox"/> N/A			
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					<input checked="" type="checkbox"/> 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)					<input checked="" type="checkbox"/> YES	NO	N/A	No app filed with DOT		
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					YES	<input checked="" type="checkbox"/> 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?					<input checked="" type="checkbox"/> 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="checkbox"/> YES	NO	N/A			
If you plan to have music, what type(s)?			<input checked="" type="checkbox"/> BACKGROUND	<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> 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.					<input checked="" type="checkbox"/> 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?					<input checked="" type="checkbox"/> 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.)					<input checked="" type="checkbox"/> YES	NO	N/A			

OUTDOOR ITEMS				
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="checkbox"/> 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="checkbox"/> 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.	<input checked="" type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	<input checked="" type="checkbox"/> N/A	N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	<input checked="" type="checkbox"/> YES	NO	<input checked="" type="checkbox"/> N/A	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.).	<input checked="" type="checkbox"/> YES	NO	<input checked="" type="checkbox"/> N/A	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.	<input checked="" type="checkbox"/> YES	NO	<input checked="" type="checkbox"/> N/A	N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="checkbox"/> YES	NO	<input checked="" type="checkbox"/> N/A	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="checkbox"/> NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="checkbox"/> 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.	<input checked="" type="checkbox"/> YES	NO	N/A
Is a Public Assembly permit required?	<input checked="" type="checkbox"/> YES	NO	N/A
Are your plans filed with DOB?	<input checked="" type="checkbox"/> 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 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	
	# 2	
	# 3	

ADDITIONAL INFORMATION: (Applicant Use)

Business features organic foods and beverages under the "Bareburger Logo"

ADDITIONAL NOTES: (Office Use Only)

- Delivery bikes will be stored on property,
off sidewalk



1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 8

2
3 April 3, 2013

4
5 Dennis Rosen
6 Chairman
7 New York State Liquor Authority
8 80 S. Swan Street, 9th Floor
9 Albany, New York 12210

10
11 **Re: Mona NYC Inc.**
12 525 W 29th Street (10/11)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of an alteration to add space in the rear of the premise
17 for The Fifth Pine Inc. – 401 W 24th Street (9/10) unless the following stipulation, agreed to by the applicant, is part
18 of the method of operation for this establishment with a capacity of 141, with 15 tables and 109 seat, and one
19 stand-up bar seating 14.

20
21 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

22
23 Sincerely,

24
25
26 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

27

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT		DOING BUSINESS AS (DBA)		
Mona NYC Inc.		None yet		
STREET ADDRESS		CROSS STREETS		
525 West 29th Street		10th and 11th Avenues		
OWNER	NAME: Mona NYC Inc.	ATTORNEY	NAME: Robert Ferrari	
	PHONE: None yet		PHONE: (212) 972-7040	
	FAX:		FAX: (212) 922-1939	
MANAGER	NAME: Michael Bregman and Noel Ashman	LANDLORD	NAME: P.F.J., Ltd.	
	PHONE: (718) 706-4700 and (212) 517-4516		PHONE: (718) 564-8141	
	FAX:		FAX:	
DESCRIPTION OF BUSINESS				
Establishment Type:	<input checked="" 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 type="radio"/> Club (Fraternal Organization – Members Only) <input type="radio"/> Other (Explain): _____			
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"/> Other (Explain): <u>Upscale lounge with classic "Late Night" food menu.</u>			
License Type:	<input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer			
APPLICATION TYPE (check one)	<input type="radio"/> 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?		
		What were the dates the applicant was involved with this former premise?		
	<input checked="" type="radio"/> Transfer	What is the prior license #?	1161013	
		What is the expiration date on the prior license?	03/31/2013	
		Are you making any alterations or operational changes?	<input checked="" 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			6:00PM-4:00AM Daily					
	Music			6:00PM-4:00AM Daily					
	Kitchen			6:00PM-4:00AM Daily					
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
	141	141	15	109	0	1	14	N/A	N/A
How many floors are there? What is the capacity for each floor? (please respond in space provided)					<input checked="" type="radio"/> 1-2	3-4	5+	First floor only	
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?					<input checked="" type="radio"/> YES	NO	N/A		
Will you be hosting private parties and promotional events?					<input checked="" type="radio"/> YES	NO	N/A	private parties	
Will outside promoters be used?					YES	<input checked="" type="radio"/> NO	N/A		
Will the security plan submitted be implemented?					<input checked="" type="radio"/> YES	NO	N/A		
Will State certified security personnel be used?					<input checked="" type="radio"/> YES	NO	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	<input checked="" type="radio"/> 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	<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)?			<input checked="" type="radio"/> BACKGROUND	LIVE MUSIC	<input checked="" type="radio"/> 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	<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?					<input checked="" type="radio"/> YES	NO	N/A	Current licensee has complied with recommendations of sound engineer. No noise complaints have been produced as a result of current sound system in operation.	
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:	C6-3	Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input checked="" type="radio"/> YES	NO	N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> NO	N/A
Is a Public Assembly permit required?	<input checked="" type="radio"/> YES	NO	N/A
Are your plans filed with DOB?	YES	<input checked="" type="radio"/> NO	N/A
All changes are cosmetic therefore no building permits are required.			
Building Type	<input type="radio"/> Residential <input checked="" type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____		
Adjacent Buildings	<input type="radio"/> Residential <input checked="" 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	The annexed notice was distributed to the following neighboring residential buildings: THE OHM-312 11th Avenue, 501 West 29th Street and 508-10 West 29th Street	
	# 2	Midtown West Business Association	
	# 3		

ADDITIONAL STIPULATIONS: (Office Use Only)

- separate outside space for smoking
- in house promotion only (no outside promoters)
- continue current security operation and provide detailed plan in advance of full board 4/3/13
- sidewalks will be kept clean at all times and garbage stored & maintained.



3/12/12

1 **BUSINESS LICENSE & PERMITS COMMITTEE**

Item # 9

2
3 April 3, 2013

4
5 Dennis Rosen
6 Chairman
7 New York State Liquor Authority
8 80 S. Swan Street, 9th Floor
9 Albany, New York 12210

10
11 **Re: The Fifth Pine Inc.**
12 401 W 24th Street (9/10)

13
14 Dear Chairman Rosen:

15
16 Manhattan Community Board 4 (MCB4) recommends denial of an alteration to add space in the rear of the premise
17 for The Fifth Pine Inc. – 401 W 24th Street (9/10) unless the following stipulation, agreed to by the applicant, is part
18 of the method of operation for this establishment with a capacity of 70, with 15 tables and 45 seat, one stand-up bar
19 seating 13.

20
21 A signed copy of the questionnaire, stipulations and community agreements are enclosed.

22
23 Sincerely,

24
25
26 Corey Johnson
Chair

Paul Seres
Co-Chair
Business License & Permits
Committee

Lisa Daglian
Co-Chair
Business License & Permits
Committee

27

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)		
The Fifth Pine Inc		El Quinto Pino		
STREET ADDRESS		CROSS STREETS		
401 W 24th St.		corner of 9th Avenue		
OWNER	NAME:	Alex Raj	ATTORNEY	
	PHONE:	212-598-5858	NAME:	
	FAX:	212-487-9131	Elke A Hofmann Law, PLLC	
MANAGER	PHONE:		PHONE:	
	FAX:		212-487-9100	
			FAX:	
			212-487-9131	
		LANDLORD	NAME:	
			Golden Equities Corp.	
			PHONE:	
			212-525-29120	
			FAX:	
DESCRIPTION OF BUSINESS				
Establishment Type:	<input type="radio"/> Bar/Lavern <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 (check one)	<input type="radio"/> 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?		
		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
		If alterations or operational changes are being made, please attach the plans to this form.		
	<input checked="" type="radio"/> Alteration	What is the current license #?	1189579	
		What is the expiration date on the current license?	08/31/2013	
Please describe the nature of the alterations and attach the plans		Additional dining space being added to the rear of the premises.		

OPERATIONAL ISSUES									
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	5pm-12am	5pm-12am	5pm-12am	5pm-12am	5pm-1am	5pm-1am	5pm-12am	
	Music	5pm-12am	5pm-12am	5pm-12am	5pm-12am	5pm-1am	5pm-1am	5pm-12am	
	Kitchen	5pm-12am	5pm-12am	5pm-12am	5pm-12am	6pm-1am	5pm-1am	5pm-12am	
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
	td	70	15	45	0	1	13	N/A	N/A
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+	1 fl, occupancy to be determined	
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A		
Will applicant have bottle service?					<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A		
Will you be hosting private parties and promotional events?					<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A		
Will outside promoters be used?					<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A		
Will the security plan submitted be implemented?					<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A		
Will State certified security personnel be used?					<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> N/A		
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					<input type="radio"/> YES	<input type="radio"/> NO	<input checked="" type="radio"/> 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)					<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A		
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input 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)					<input type="radio"/> YES	<input type="radio"/> 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	<input type="radio"/> NO	<input type="radio"/> N/A		
If you plan to have music, what type(s)?			<input checked="" type="radio"/> BACKGROUND	<input type="radio"/> LIVE MUSIC	<input type="radio"/> 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.					<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input 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?					<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	if necessary.	
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	<input type="radio"/> NO	<input type="radio"/> N/A		

OUTDOOR ITEMS			
Will applicant use the rooftop, rear yard or any outdoor space?	YES	<input checked="" type="radio"/> NO	<input type="radio"/> 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	<input type="radio"/> 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	<input type="radio"/> 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	<input type="radio"/> 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	<input type="radio"/> 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	<input type="radio"/> 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	<input type="radio"/> NO	<input checked="" type="radio"/> N/A

LOCATION & ZONING			
Primary Zoning District:	RBA	Overlay (If Applicable):	C1-5
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> 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	<input type="radio"/> NO	<input checked="" type="radio"/> N/A
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Are your plans filed with DOB?	YES	<input type="radio"/> NO	<input type="radio"/> N/A
Building Type	<input checked="" type="radio"/> Residential <input checked="" 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:	# 1		
What organizations / community groups have you notified regarding your application?	# 2		
	# 3		

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

- converting residential space to commercial.
- adding 30 seats, 15 tables
- will reach out to London Terrace and nearby tenants.
- no other change to method of operation
- provide CB w/ soundproofing reqs and implementation

J.A.