

# Manhattan Community Board 4

# Liquor License Stipulations Application

(All Fields Must Be Completed)

<b>APPLICANT</b> Sweet Concessions Inc.		<b>DOING BUSINESS AS (DBA)</b>	
<b>STREET ADDRESS</b> 416 W 42 <sup>nd</sup> Street (Playwrights Horizon Theater)		<b>CROSS STREETS</b> 9 <sup>th</sup> & 10 <sup>th</sup> Avenue	
<b>OWNER</b>	<b>NAME:</b> Julie Rose	<b>REPRESENTATIVE</b>	<b>NAME:</b>
	<b>PHONE:</b> 212-582-5472		<b>PHONE:</b>
	<b>FAX:</b> 212-582-8470		<b>FAX:</b>
<b>MANAGER</b>	<b>NAME:</b>	<b>LANDLORD</b>	<b>NAME:</b> Playwrights Horizons Theatre
	<b>PHONE:</b>		<b>PHONE:</b> 212-564-1235
	<b>FAX:</b>		<b>FAX:</b>

## DESCRIPTION OF BUSINESS

**Establishment Type:**

Bar/Tavern  
  Bed & Breakfast  
  Eating Place Beer  
  Cabaret  
  Night Club  
  Hotel  
  Restaurant  
 Catering Establishment  
 Club (Fraternal Organization – Members Only)  
 **Other (Explain): Broadway Theatre**

**Method of Operation:**

Restaurant  
  Dance Club  
  Sports Bar  
  Adult Entertainment  
  Wine Bar  
  Pizzeria  
  Cafe  
 **Other (Explain): Broadway Theatre**

**License Type:**

**On-Premise**  
  Wine  
  Beer  
  Wine & Beer

<b>APPLICATION TYPE</b> <i>(check one)</i> <b>Class Change – Tavern to On-Premise</b>	<input type="radio"/> <b>New</b>	Has applicant owned or managed a similar business?	<b>YES</b>	<b>NO</b>
		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"/> <b>Transfer</b>	What is the prior license #?		
		What is the expiration date on the prior license?		
		Are you making any alterations or operational changes?	<b>YES</b>	<b>NO</b>
		<i>If alterations or operational changes are being made, please attach the plans to this form.</i>		
	<input type="radio"/> <b>Alteration</b>	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>		

<b>OPERATIONAL ISSUES</b>									
<b>HOURS</b>		<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>	<b>SUNDAY</b>	
	<b>Operation</b>	<b>All</b>	<b>Hours</b>	<b>When</b>	<b>Theatre</b>	<b>Is Open</b>	<b>To</b>	<b>Patrons</b>	
	<b>Music</b>								
	<b>Kitchen</b>								
<b>OCCUPANCY</b>	<b>INDOOR</b>				<b>BAR</b>			<b>OUTSIDE</b>	
	<b>Capacity (Certificate of Occupancy)</b>	<b>Maximum # of Persons You Anticipate Occupying Premises (Including Employees)</b>	<b>Number of Tables</b>	<b>Number of Seats</b>	<b>Number of Service Only Bars</b>	<b>Number of Stand-Up Bars</b>	<b>Number of Seats at Bars</b>	<b>Number of Seats</b>	<b>Number of Tables</b>
			<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>
How many floors are there? What is the capacity for each floor? (please respond in space provided)					<input checked="" type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> 5+	<b>Bar is located in the first floor Lobby</b>	
Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Will applicant have bottle service?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Will you be hosting private parties and promotional events?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Will outside promoters be used?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Will the security plan submitted be implemented?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Will State certified security personnel be used?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> 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	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
If yes to the above, are plans attached and submitted to DCA? How many tables/seats? (please respond in space provided)					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
Will applicant provide contact information to neighbors and respond to complaints that arise?					<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> N/A		
If you plan to have music, what type(s)?			<b>BACKGROUND</b>	<b>LIVE MUSIC</b>	<b>DJ</b>	<b>Theater responsibility</b>			
<b>BUILDING DESIGN</b>									
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	<input type="checkbox"/> NO	<input type="checkbox"/> 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	<input type="checkbox"/> NO	<input type="checkbox"/> 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	<input type="checkbox"/> NO	<input type="checkbox"/> 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.	YES	NO	<input checked="" type="checkbox"/> 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="checkbox"/> 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="checkbox"/> 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="checkbox"/> 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="checkbox"/> 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	<input checked="" type="checkbox"/> 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.	YES	<input checked="" type="checkbox"/> NO	N/A	
Is a Public Assembly permit required?	<input checked="" type="checkbox"/> YES	NO	N/A	<b>Theater responsibility</b>
Are your plans filed with DOB?	YES	NO	<input checked="" type="checkbox"/> N/A	
Building Type	<input type="checkbox"/> Residential <input checked="" type="checkbox"/> <b>Commercial</b> <input type="checkbox"/> Mixed Use <input type="checkbox"/> Other, describe: _____			
Adjacent Buildings	<input type="checkbox"/> Residential <input type="checkbox"/> Commercial <input checked="" type="checkbox"/> <b>Mixed Use</b> <input type="checkbox"/> Other, describe: _____			
<b>NOTIFICATION:</b> What organizations / community groups have you notified regarding your application?	# 1			
	# 2			
	# 3			

**ADDITIONAL INFORMATION: (Applicant Use)**

This application is for a class change to our current tavern license to an on-premise license. There should be no significant changes in operation which would require action from the community board.

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

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

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 Community Associate

Lisa Daglian  
CB4 BLP Committee Co-Chair

  
Paul Scors  
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.

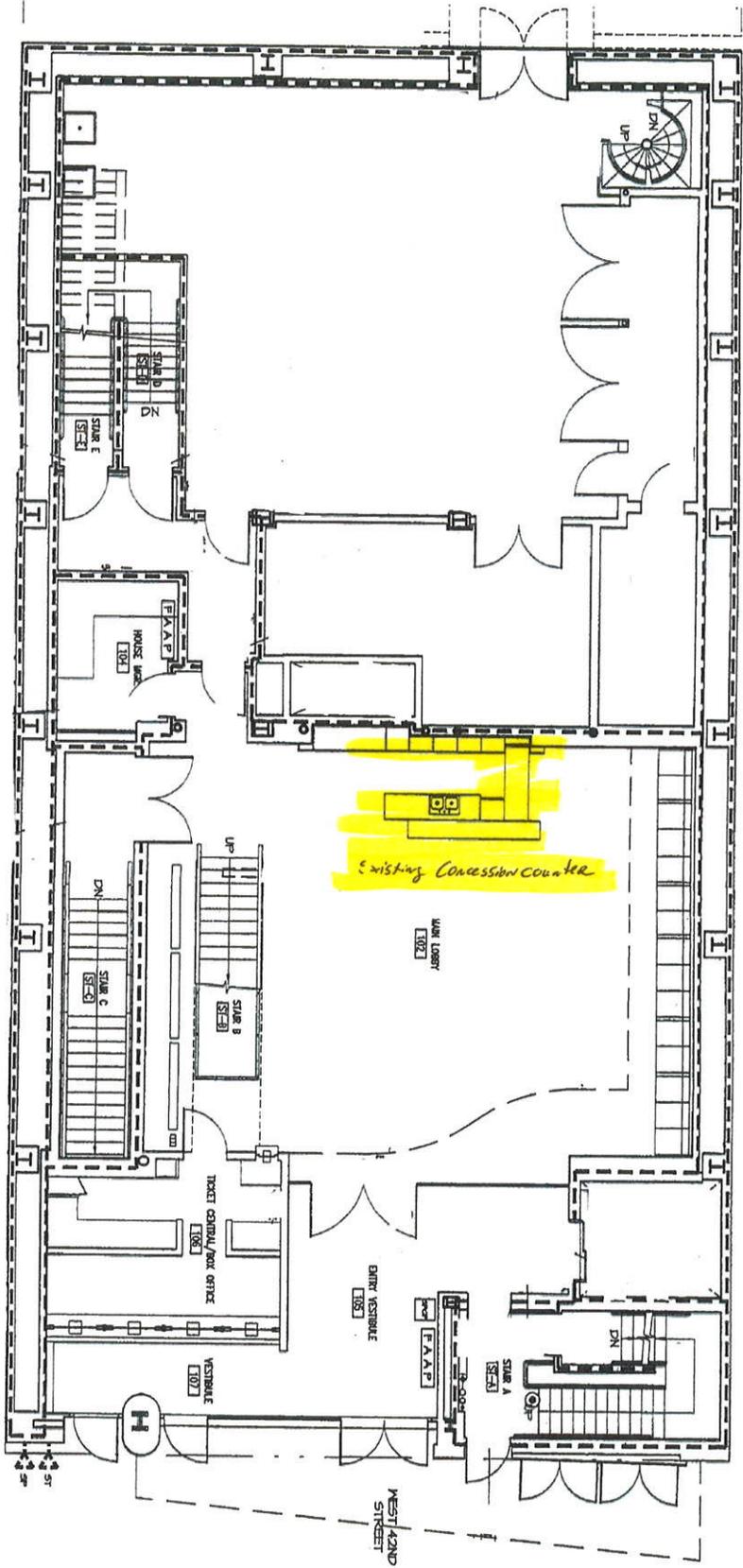
**SIGN HERE** →

  
SIGNATURE OF APPLICANT

**Tuesday, October 9, 2012**

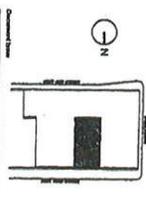
DATE

48'-4"



① 1ST FLOOR FIRE PROTECTION PLAN  
 SCALE: 1/8" = 1'-0"

**plywright's horizons**  
 416 West 42nd St  
 New York, NY 10036  
 Tel: 212 255 1234



**CONSTRUCTION ASSOCIATES PC**  
 110 West 42nd Street  
 11th Floor  
 New York, NY 10036  
 Tel: 212 255 1234

**GOLDMAN COPPELAND ASSOCIATES**  
 110 West 42nd Street  
 11th Floor  
 New York, NY 10036  
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**MANHATTAN MARK ACoustICS**  
 110 West 42nd Street  
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**MITCHELL NARTZ | ARCHITECT PC**  
 511 Broadway  
 11th Floor  
 New York, NY 10012  
 Tel: 212 255 1234  
 Email: info@mnartz.com



**FIRE PROTECTION PLAN**  
 1ST FLOOR PLAN

DATE: DECEMBER 14, 2001 2:06 P  
 DRAWN BY: LTK  
 CHECKED BY: LTK

**FP-3**

CONCEPT: MITCHELL NARTZ | ARCHITECT PC