

DOC last year.

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)		
915 Management LLC		Proof		
STREET ADDRESS		CROSS STREETS		
263 W. 19th St a/k/a 184 8th Ave		B/n 19th ; 20th Street		
OWNER	NAME: Don Greenbaum	ATTORNEY	NAME: Frank Palillo	
	PHONE: (917) 843-9881		PHONE: (212) 227-1640	
	FAX:		FAX: (212) 349-1724	
MANAGER	NAME: Don Greenbaum	LANDLORD	NAME: Eighth-19th LLC	
	PHONE: (917) 843-9881		PHONE: (212) 279-9100	
	FAX:		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		
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): Bar/Arcade		
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="radio"/> YES <input type="radio"/> NO	
		What is/was the name of establishment?	Anemcore LLC	
		What is/was the address of the establishment?	263 W. 19th St a/k/a 184 8th Ave	
		What were the dates the applicant was involved with this former premise?	2014 - present	
	<input checked="" type="radio"/> Transfer	What is the prior license #?	1233480	
		What is the expiration date on the prior license?	8-31-16	
		Are you making any alterations or operational changes?	<input type="radio"/> YES <input checked="" type="radio"/> NO	
		If alterations or operational changes are being made, please attach the plans to this form.		
		<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				

OPERATIONAL ISSUES										
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY		
	Operation	11 AM - 3 AM								→
	Music	11 AM - 3 AM								→
	Kitchen	12 pm - 2 am								→
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	
	As indicated in accompanying application for 184 8th Ave									
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	3-4	4+			
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	occasional private parties		
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)					NO	NO	N/A	D.L.H.		
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	DT			
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?	<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.	<input type="radio"/> NO	<input 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.	<input type="radio"/> NO	<input type="radio"/> N/A	
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	<input type="radio"/> NO	<input 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.).	<input type="radio"/> NO	<input 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.	<input type="radio"/> NO	<input type="radio"/> N/A	
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input type="radio"/> NO	<input type="radio"/> N/A	

LOCATION & ZONING			
Primary Zoning District:	C1-1		Overlay (If Applicable): R-8
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input type="radio"/> 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 Triggered? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A
Is a Public Assembly permit required?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A
Are your plans filed with DOB?	<input type="radio"/> YES	<input type="radio"/> 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	Community Board # 4	
	# 2		
	# 3		

ADDITIONAL INFORMATION: (Applicant Use)

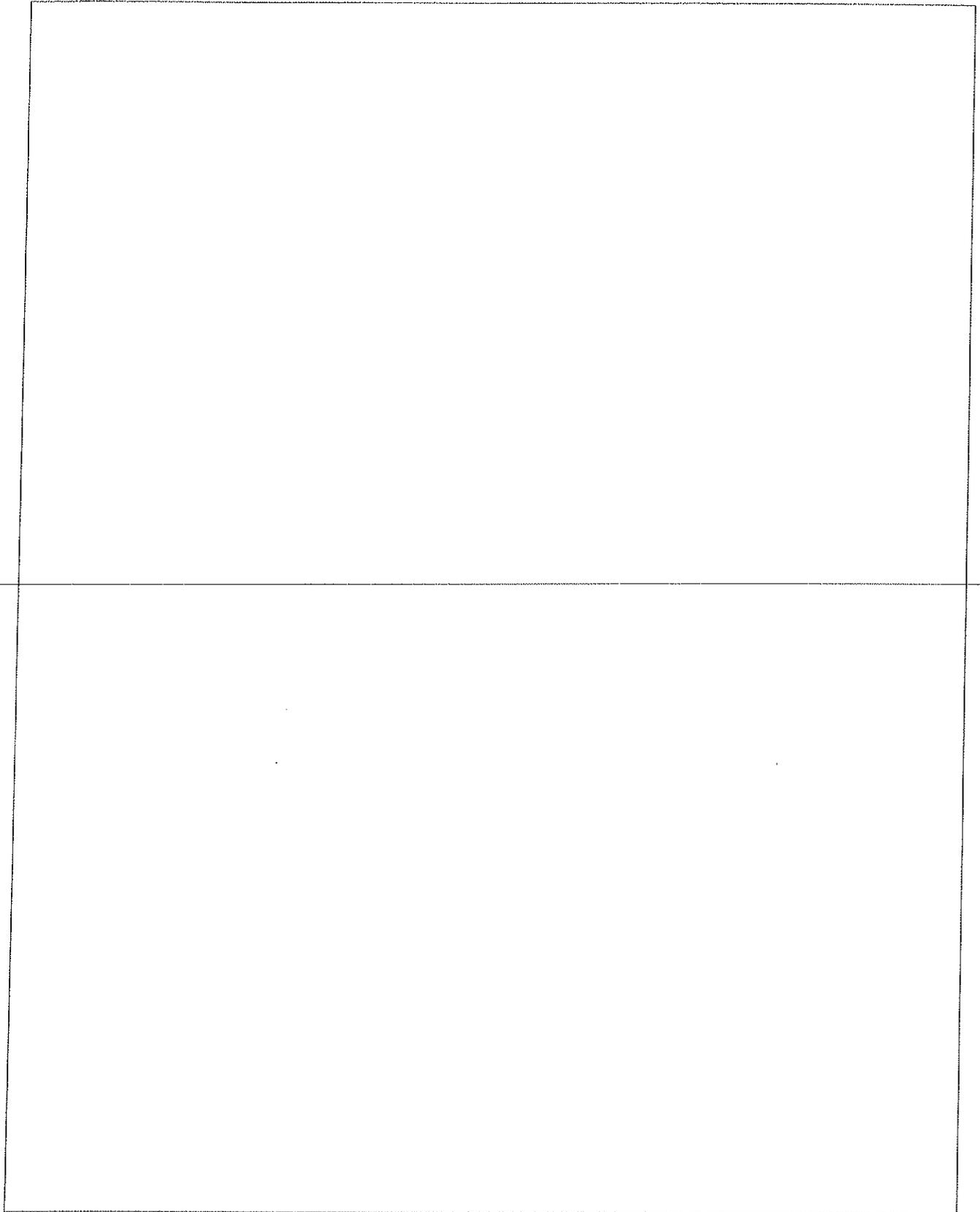
ADDITIONAL NOTES: (Office Use Only)

ADDITIONAL STIPULATIONS: (Office Use Only)

THIS APPLICATION DOES NOT
EXTEND TO OR ENCOMPASS
ANY SUBSEQUENT CASE,

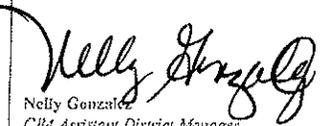
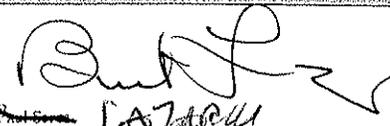
15th STREET DOOR WILL BE
USED ONLY FOR ENTRANCE,

AND NOT EXITING,
AFTER 11:30 P.M. NIGHTLY.



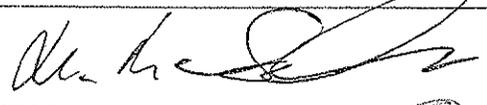
Manhattan Community Board 4 (MCB4) recommends:	<input checked="" type="radio"/> Denial unless all agreed to by applicant is part of the method of operation <input type="radio"/> Denial <input type="radio"/> Approval
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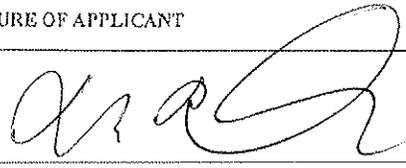
CB4 REPRESENTATIVES

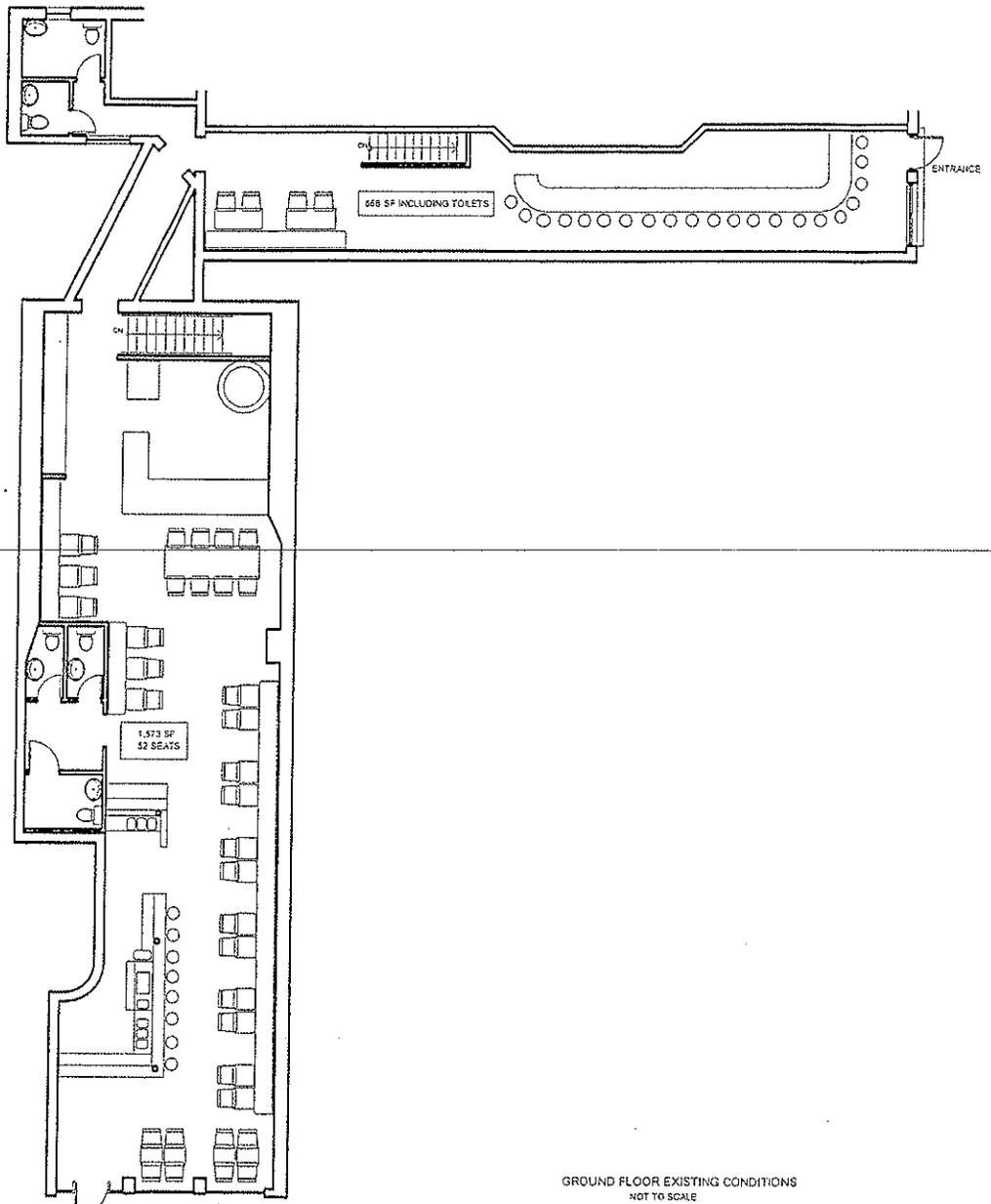
 Nelly Gonzalez <i>CB4 Assistant District Manager</i>	 Frank Polozubiec <i>CB4 BLP Committee Co-Chair</i>	 Paul S. LAZARUS <i>CB4 BLP Committee Co-Chair</i>
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APPLICANT AGREEMENT WITH THE COMMUNITY

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	11-13-14 DATE
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 6/9/15



263 WEST 19TH STREET

ENTRANCE
 4 Tables
 8 seats

GROUND FLOOR EXISTING CONDITIONS
 NOT TO SCALE
 187 8TH AVENUE - 263 W 19th STREET
 NEW YORK, NY 10011

164 6TH AVENUE

