

# Manhattan Community Board 4

(All Fields Must Be Completed)

<b>CORPORATION NAME</b>		<b>DOING BUSINESS AS (DBA)</b>	
zz 460 Inc.		Aura Zoob Zib	
<b>STREET ADDRESS</b>		<b>CROSS STREETS</b>	<b>ZIP CODE</b>
460 9th Avenue, New York, New York		35th & 36th Streets	10018 <i>212-986-7387</i>
<b>OWNER</b> <i>(Attach a list of all the people that will be associated/listed with the license)</i>	<b>NAME:</b> Pisit Charoonsriswad	<b>ATTORNEY/ REPRESENTAIVE</b>	<b>NAME:</b> Anthony L. Caraballo
	<b>PHONE:</b> 917-306-4632		<b>PHONE:</b> 718-875-2929
	<b>EMAIL:</b> uwestside@gmail.com		<b>EMAIL:</b> Anthony@cblservices.com
<b>MANAGER</b>	<b>NAME:</b> Same	<b>LANDLORD</b>	<b>NAME:</b> Westfront Associates LLC
	<b>PHONE:</b>		<b>PHONE:</b> 718-435-5360
	<b>EMAIL:</b>		<b>EMAIL:</b> N/A
<b>APPLICATION TYPE (Check One)</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 and address of establishment?		
	What were the dates applicant was involved with this former premise?		
<input checked="" type="radio"/> <b>Transfer</b>	What is the prior license # and expiration date?		
	Is applicant making any alterations or operational changes?		<b>YES</b> <b>NO</b> X
	If alterations or operational changes are being made, please describe/list all changes.		
<input type="radio"/> <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="radio"/> Liquor/Wine/Beer <input type="radio"/> Beer <input type="radio"/> Wine & Beer		
<b>ESTABLISHMENT TYPE</b>	<input checked="" type="radio"/> Restaurant <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input type="radio"/> Bar/Tavern <input type="radio"/> Catering Establishment <input type="radio"/> Adult Entertainment <input type="radio"/> Wine Bar <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Club (Fraternal Organization – Members Only)		
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the establishments within 500 ft. of your primary entrance and the Public Interest Statement.	<b>YES</b> X	<b>NO</b>	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	<b>YES</b>	<b>NO</b> X	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<b>YES</b> X	<b>NO</b>	

**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
	Operation	11A - 12A						
	Kitchen	Same						
	Music	Same						

If you plan to have music, what type(s)?  
(Check all that apply)

BACKGROUND

LIVE MUSIC

DJ

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>	73	73	23	46	1	1	8
<b>OUTSIDE</b> <i>(Other than sidewalk café)</i>	N/A						
<b>SIDEWALK CAFÉ</b>	N/A						

How many floors are there? What is the capacity for each floor?

1st Floor

How frequently will the owner(s) be at the establishment?

All operational hours

Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?

YES

NO

Will applicant have bottle or table service for beverage alcohol?

YES

NO

Will you be hosting private, promotional or corporate events?

YES

NO

Will outside promoters be used on a regular basis? If yes please describe.

YES

NO

Will you have a security plan? If, yes please attach.

YES

NO

Will security plan be implemented?

YES

NO

Will State certified security personnel be used?

YES

NO

N/A

Will New York Nightlife Association and NYPD Best Practices be followed?

YES

NO

Will applicant be using delivery bicycles? If yes, how many?

X

NO

3

YES

NO

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?

X

YES

NO

Where will delivery bicycles be stored during the day when not in use?

rack

LOCATION & ZONING			
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	NO <input checked="" type="checkbox"/>	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	YES <input checked="" type="checkbox"/>	NO	
Is a Public Assembly permit required?	YES	NO <input checked="" type="checkbox"/>	
Are your plans filed with DOB?	YES	NO <input checked="" type="checkbox"/>	

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.	# 1		
	# 2	NOT APPLICABLE-Transfer application to family member	
	# 3	No Operational changes	
	# 4		
	# 5		
Please provide dates when applicant met with the groups listed above.	N/A		
When did applicant post the notice that was provided?	Week of September 21st		
Where did applicant post the notice that was provided?	Outside the premises		
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	YES <input checked="" type="checkbox"/>	NO	
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicant's job openings webpage?	YES <input checked="" type="checkbox"/>	NO	

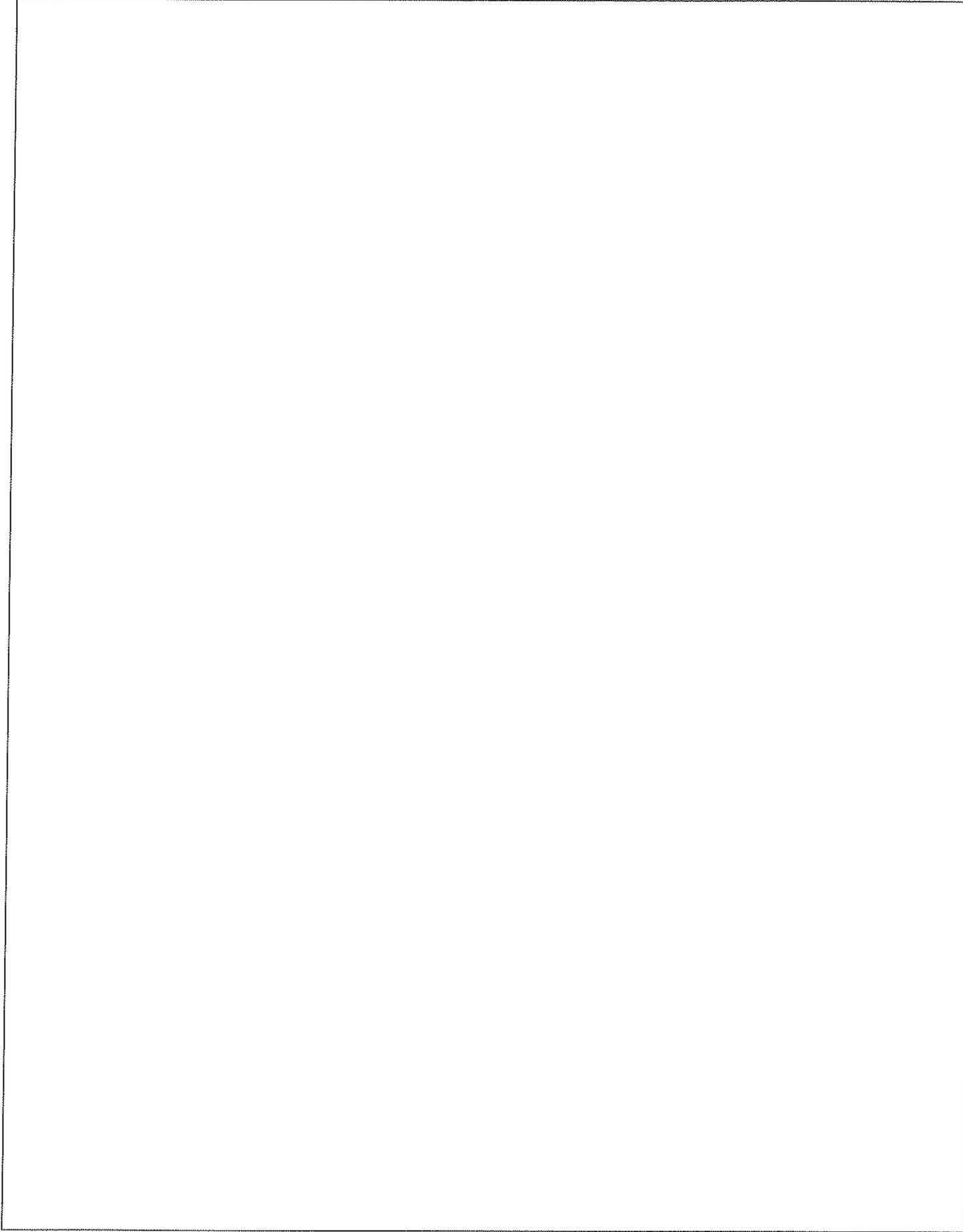
<b>BUILDING DESIGN</b>			
Will applicant have a vestibule within the establishment?		NO	
Will applicant use a storm enclosure?	YES	<del>NO</del>	
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants?	<del>X</del> YES	NO	
Will applicant comply with the NYC noise code?	<del>YES</del>	NO	
Will the establishment have any of the following: (check all that apply)	<b>FRENCH DOORS</b>	<b>GARAGE DOORS</b>	<b>WINDOWS THAT CAN BE OPENED</b>
Will applicant close all windows, French doors, and garage doors when any music or amplified sound (including televisions) is played?	YES X	NO	
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?	YES X	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	X 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?	<del>X</del> YES	NO	
Will the kitchen exhaust system extend to the roof?	YES	NO X	
Will the establishment have an illuminated sign?	YES	<del>NO</del>	
Will the establishment have a canopy extending over the sidewalk?	YES	<del>NO</del>	
Where will the air conditioner be located? What type is it?	Backyard-Standard Commercial Central Air Unit		
When was the air conditioner installed?	2 years ago		

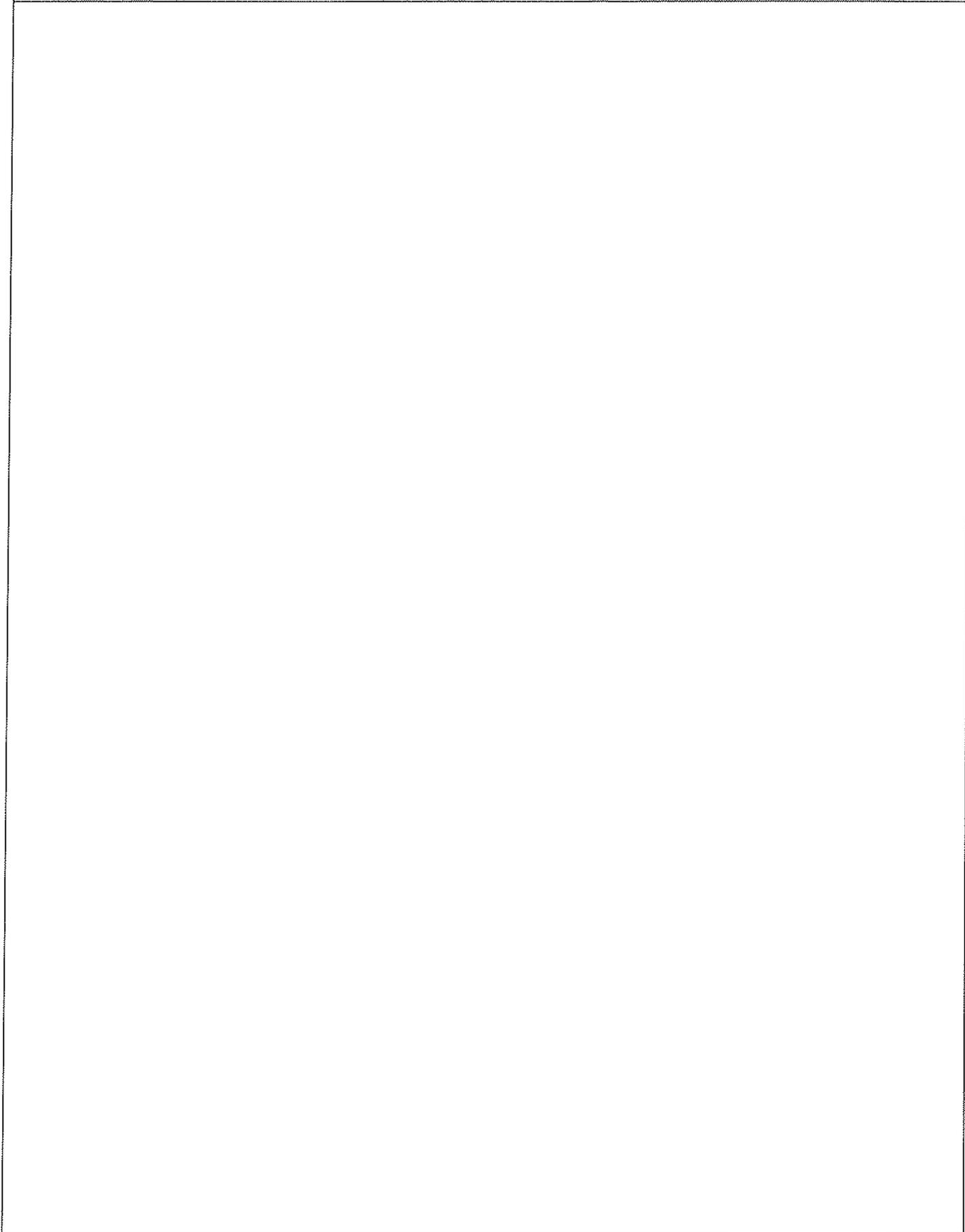
<b>OUTDOOR SPACE- OTHER THAN SIDEWALK CAFÉ</b>			
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	YES	NO	N
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	YES	NO	O
Are the floorplans for the outdoor space(s) included?	YES	NO	T
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	A
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	YES	NO	P
Will there be no amplified music, as per the law?	YES	NO	P
If amplified sound is played inside the establishment, will windows and doors be closed?	YES	NO	L
Will applicant agree to post signs outside asking customers to respect the neighbors'?	YES	NO	I
Will applicant agree to train staff to encourage a peaceful environment?	YES	NO	C
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	YES	NO	A
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	YES	NO	B

L  
E

<b>OUTDOOR SPACE – SIDEWALK CAFE</b>			
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	YES	NO	N
Will applicant be applying for a sidewalk café now or in the future?	YES	NO	O
Is applicant in this application seeking to include a sidewalk café in its liquor license?	YES	NO	T
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	A
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	YES	NO	P
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk cafe?	YES	NO	P
Will applicant mark the perimeter of the café on the sidewalk?	YES	NO	L
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	YES	NO	I
Will the sidewalk café not provide standing space for drinking or smoking?	YES	NO	C
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	YES	NO	A
Will applicant have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	B
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	YES	NO	L
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	E
Will applicant not 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	

**PICTURE OF the CURRENT LOCATION (façade including businesses on each side and two floors above)**





**FLOOR PLAN – OTHER FLOOR (if applicable)**

**FLOOR PLAN – OTHER OUTDOOR SPACE (if applicable)**

A large, empty rectangular box with a thin black border, intended for a floor plan or drawing of outdoor space. The box occupies most of the page area below the header.

**FLOOR PLAN – SIDEWALK CAFÉ (if applicable)**

A large, empty rectangular box with a thin black border, intended for drawing a floor plan of a sidewalk café. The box occupies most of the page below the header.



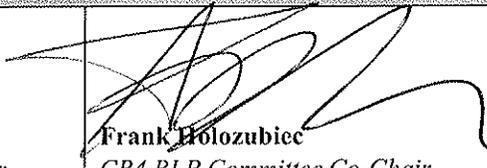
**Manhattan Community Board 4 (MCB4)  
recommends:**

Denial unless all stipulations above are agreed to by  
applicant and is 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 written stipulations above constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 and applicant. These written stipulations supersede any oral statements or representations in connection with this application.

**SIGN HERE** →

  
**SIGNATURE OF APPLICANT**

SEPT. 22, 2015

**DATE**

*Pisit Charoonsri'swad*