

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DBA)			
BK 19 Inc.		Adella			
STREET ADDRESS		CROSS STREETS			
410 West 43rd Street, New York, NY 10036		9th and 10th Avenues			
OWNER	NAME:	Babak Khorrami	ATTORNEY		
	PHONE:	212-273-0737			
	FAX:	-			
MANAGER	NAME:	Same as Owner	LANDLORD		
	PHONE:				
	FAX:				
		NAME:	Carreras & McCallen PLLC		
		PHONE:	212-732-3640		
		FAX:	212-732-3670		
		NAME:	M Plaza LP c/o The Related Companies LP		
		PHONE:	212-801-3515		
		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): Bar/Arcade			
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 type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input checked="" 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 #?	
				Restaurant Wine	
		What is the expiration date on the current license?		05/31/2016	
		Please describe the nature of the alterations and attach the plans		To include outdoor seating	

OPERATIONAL ISSUES									
HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	
	Operation	5:00 PM	5:00 PM	5:00 PM	5:00 PM	5:00 PM	5:00 PM	5:00 PM	5:00 PM
	Music	till	till	till	till	till	till	till	till
	Kitchen	12:00 MN	12:00 MN	12:00 MN	12:00 MN	12:00 MN	12:00 MN	12:00 MN	12:00 MN
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	44	8	22	None	None	9	20	5
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	3-4	5+	1 - 2	
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 - Under 30-40 patrons	
Will outside promoters be used?					YES	NO	N/A	No	
Will the security plan submitted be implemented?					YES	NO	N/A	No	
Will State certified security personnel be used?					YES	NO	N/A	No	
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					YES	NO	N/A	No	
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	LIVE MUSIC	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	N/A	Yes	
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	Yes	

OUTDOOR ITEMS				
Will applicant use the rooftop, rear yard or any outdoor space?	YES	NO	N/A	Yes
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	Yes
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	Yes
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	NO	N/A	Yes
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	Yes
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	Yes
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A	Yes

LOCATION & ZONING

Primary Zoning District:	M1-6	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 type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: <u>Manhattan Plaza</u>

NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	Manhattan Community Board 4
	# 2	Manhattan Plaza Tenant Association
	# 3	Manhattan Plaza President/Vice President

ADDITIONAL INFORMATION: (Applicant Use)

Diagrams and plans along with proof of Notice postings will be submitted at scheduled Community Board meeting.

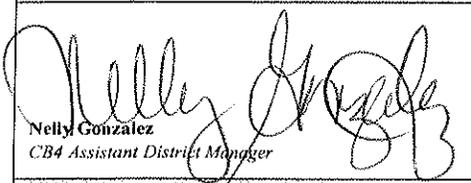
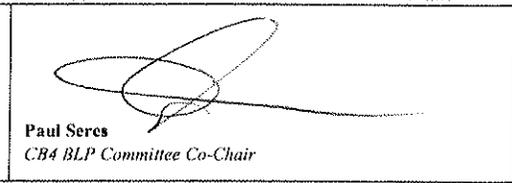
ADDITIONAL NOTES: (Office Use Only)

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

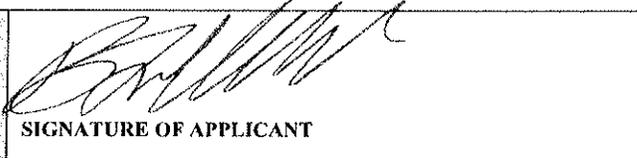
CB4 REPRESENTATIVES

 Nelly Gonzalez CB4 Assistant District Manager	 Lisa Bogdan CB4 BLP Committee Co-Chair	 Paul Seres CB4 BLP Committee Co-Chair
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APPLICANT AGREEMENT WITH THE COMMUNITY

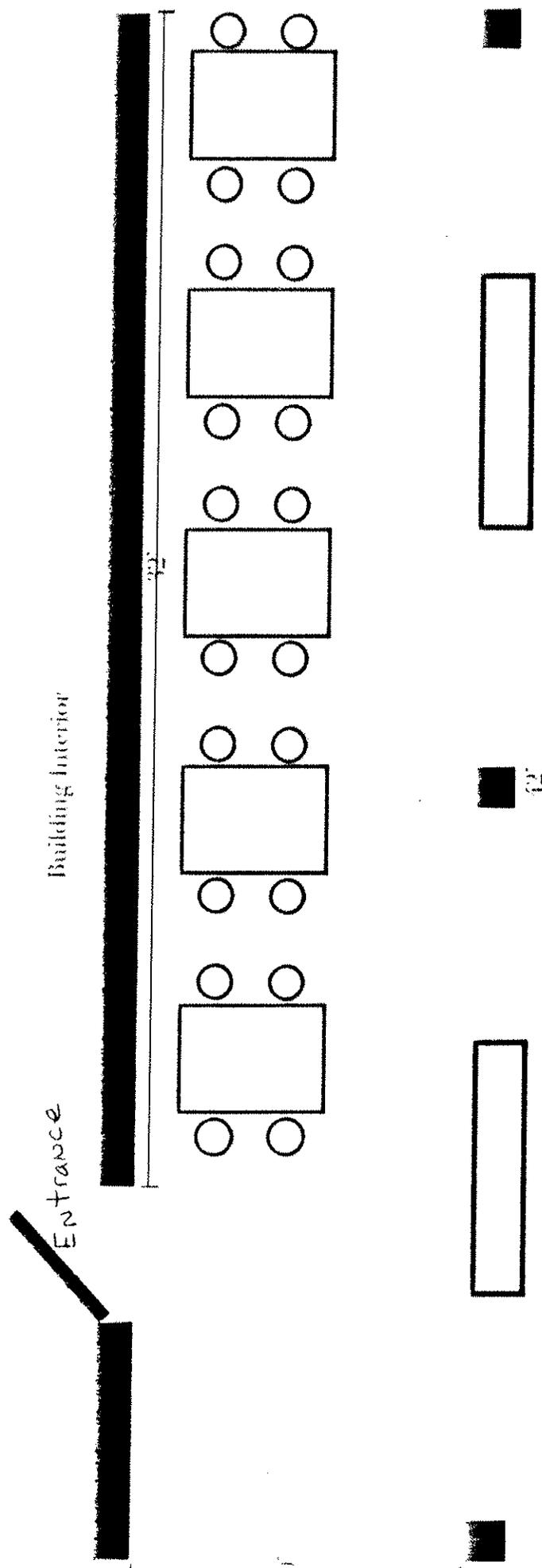
Pursuant to these stipulations, this applicant agrees to have these provisions incorporated in the method of operation of their liquor license. Additionally, the applicant agrees to the community agreements as the basis for the community supporting this application.

SIGN HERE


SIGNATURE OF APPLICANT

8/6/14
DATE

"ADELLA"



Adella
110 W. Third Street
New York, NY 10036

Proposed Outdoor Seating
Table Lay Out
20 Seats Total

Version 2
8.6.14