

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT Sheridin Fast Food Inc.		DOING BUSINESS AS (DBA) Mi. Nidato.	
STREET ADDRESS 789 Ninth Avenue		CROSS STREETS 52nd & 53rd Street	
OWNER	NAME: Bina Hundalani	ATTORNEY Representative	NAME: Michael Szegda
	PHONE: 917-767-2296		PHONE: 212-474-9835
	FAX: -		FAX: 212-474-9836
MANAGER	NAME: Prakash Hundalani	LANDLORD	NAME: Beach Lane Mgmt Co.
	PHONE: 917-767-2297		PHONE: 917-817-9494
	FAX: -		FAX:

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): _____

Method of Operation: Restaurant Dance Club Sports Bar Adult Entertainment Wine Bar Pizzeria Cafe

Other (Explain): _____

License Type: On-Premise Wine Beer 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?	Sherry's Rest. of NY Inc.		
		What is/was the address of the establishment?	852 8th Ave NY NY 10019		
		What were the dates the applicant was involved with this former premise?	Oct. 93 to Dec. 2012		
	<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	<i>11am-11pm</i> / <i>11am-11pm</i> / <i>11am-11pm</i> / <i>11am-11:45pm</i> / <i>11am-11:45pm</i> / <i>11am-11:45pm</i> / <i>11am-11pm</i>								
	Music									
	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	
	1	20	5	10	0	1	3	-	-	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	3-4	5+			
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			
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)					YES	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?					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	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			
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?	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	<input checked="" type="radio"/> NO	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 checked="" type="radio"/> NO	N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	<input checked="" type="radio"/> NO	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="radio"/> YES	NO	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="radio"/> YES	NO	N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	<input checked="" type="radio"/> NO	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="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?	<input checked="" type="radio"/> YES	NO	N/A

500 foot rule only

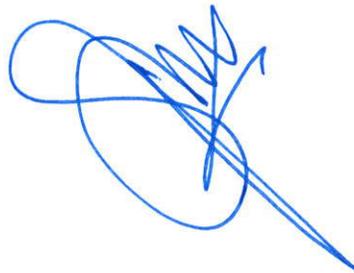
Building Type	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____
Adjacent Buildings	<input type="radio"/> Residential <input type="radio"/> Commercial <input checked="" type="radio"/> Mixed Use <input type="radio"/> Other, describe: _____

NOTIFICATION: What organizations / community groups have you notified regarding your application? <i>None</i>	# 1	
	# 2	
	# 3	

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

Will Add A Bicycle Rack
Signage will Be Flat against store front.
Will Submit A Floor plan prior to the
Full Board 5/1/13



ADDITIONAL STIPULATIONS: (Office Use Only)

Blank area for additional stipulations.

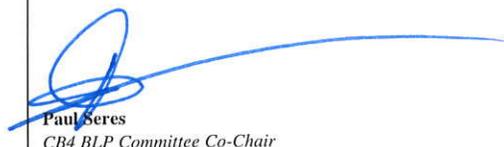
Manhattan Community Board 4 (MCB4) recommends:

Approval Denial unless all agreed to by applicant is part of the method of operation Denial

CB4 REPRESENTATIVES


Nelly Gonzalez
CB4 Community Associate

Lisa Daglian
CB4 BLP Committee Co-Chair


Paul Seres
CB4 BLP Committee Co-Chair

APPLICANT AGREEMENT WITH THE COMMUNITY

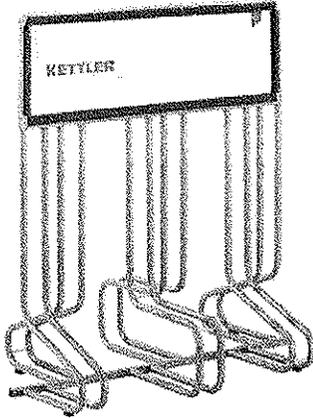
Pursuant to these stipulations, this applicant agrees to have these provisions incorporated in the method of operation of their liquor license. Additionally, the applicant agrees to the community agreements as the basis for the community supporting this application.

SIGN HERE →


SIGNATURE OF APPLICANT

4/9/13
DATE

Mi Nidito Bicycle rack



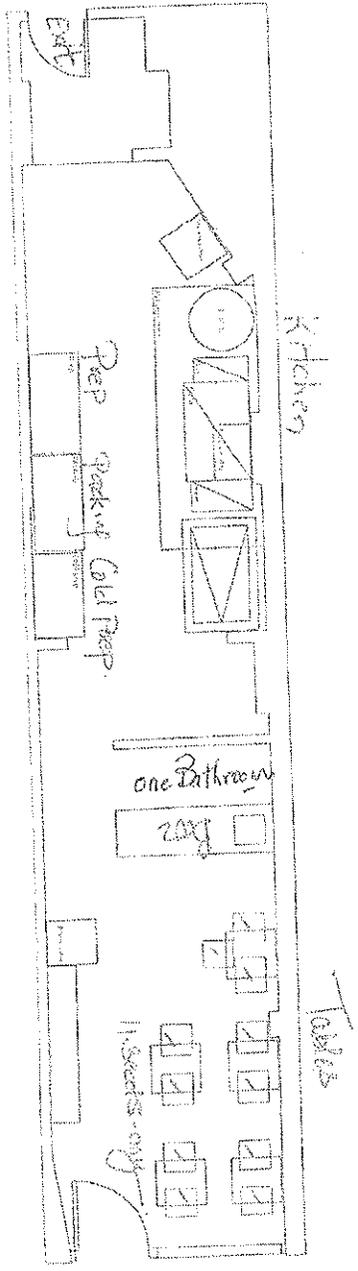
Mi Nidito Bicycle rack

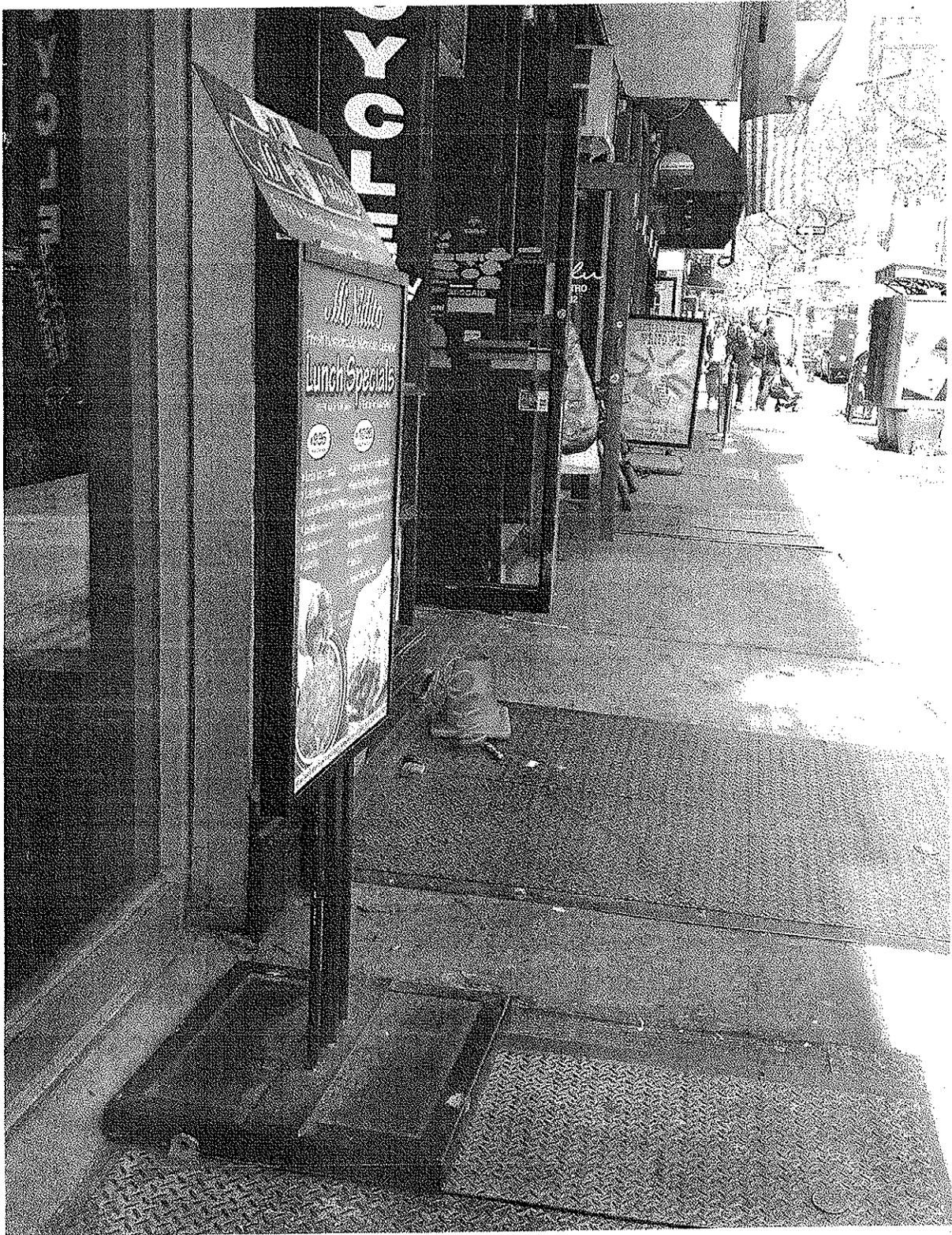
Sheridan Fast Food Inc. -

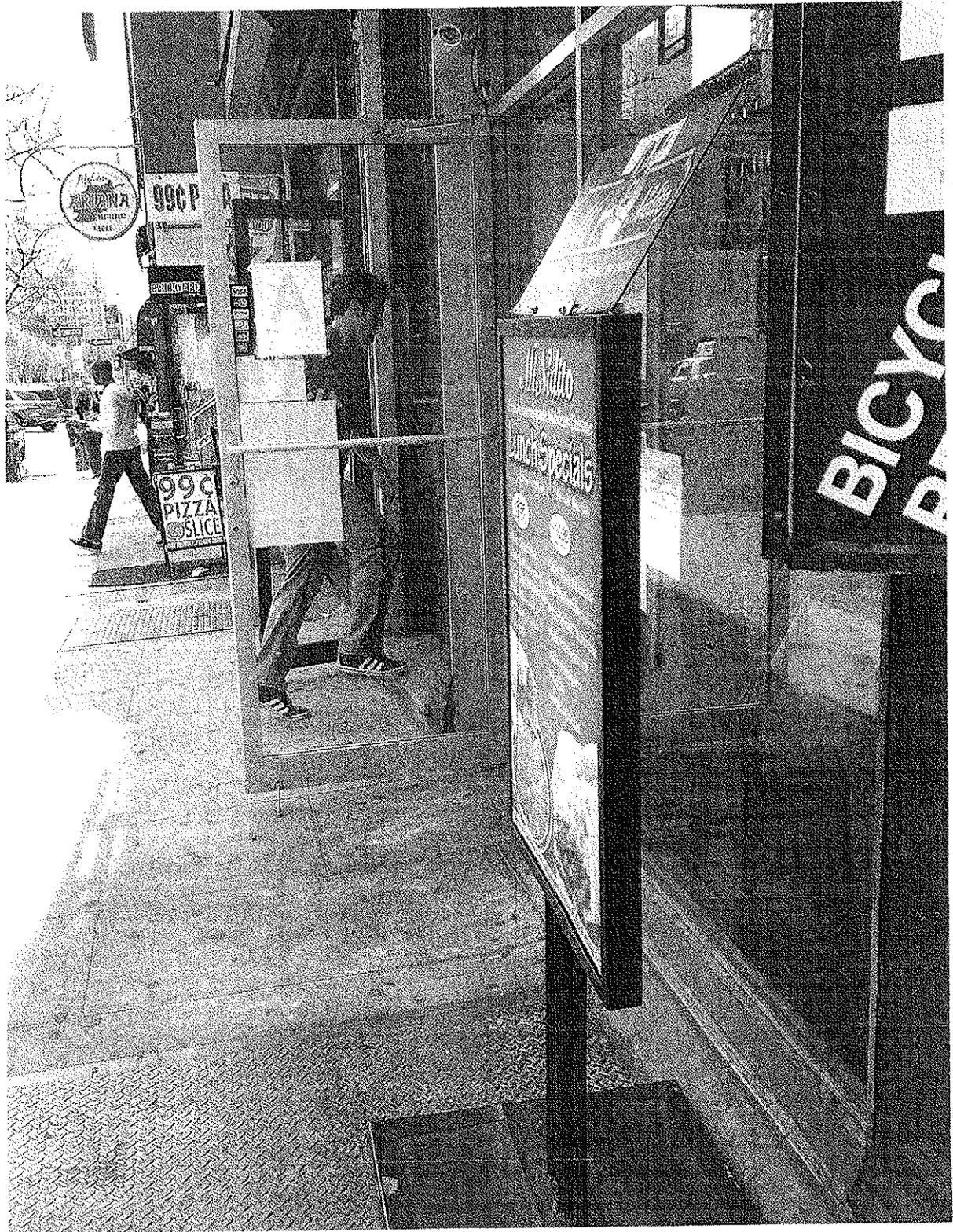
789 Ninth Avenue

New York NYC 10019

MI Nidito
799 Ninth Avenue
Restaurant layout
4.11.13
Scale 3/16" = 1'-0"

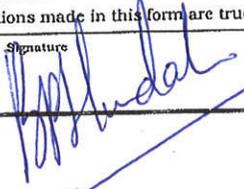






STATE OF NEW YORK
 EXECUTIVE DEPARTMENT
 DIVISION OF ALCOHOLIC BEVERAGE CONTROL
 STATE LIQUOR AUTHORITY

Standardized NOTICE FORM for Providing a 30-Day Advance Notice to a Local Municipality or Community Board in connection with the submission to the State Liquor Authority of a (check one)
 New Application Renewal Application Alteration Application
 Corporate Change for an On-Premises Alcoholic Beverage License

1.	Date the original copy of this Notice was mailed to the Local Municipality or Community Board:		Month	Month	Day	Day	Year	Year
THIS 30-DAY ADVANCE NOTICE IS BEING PROVIDED TO THE CLERK OF THE FOLLOWING LOCAL MUNICIPALITY OR COMMUNITY BOARD								
2.	Name of the Local Municipality or Community Board:		#4 FOUR					
ATTORNEY REPRESENTING THE APPLICANT IN CONNECTION WITH THE APPLICANT'S LICENSE APPLICATION NOTED AS ABOVE FOR THE ESTABLISHMENT IDENTIFIED IN THIS NOTICE								
3.	Attorney's Full Name is:		Michael Saegda					
4.	Attorney's Street Address:		1291 6th Avenue					
5.	City, Town or Village:		New York		State:		NY	
6.	Business Telephone Number of Attorney:		Zip Code: 10019					
FOR NEW APPLICANTS, PROVIDE DESCRIPTION BELOW USING ALL INFORMATION KNOWN TO DATE FOR ALTERATION APPLICANTS, ATTACH COMPLETE DESCRIPTION AND DIAGRAM OF PROPOSED ALTERATION(S) FOR CURRENT LICENSEES, SET FORTH APPROVED METHOD OF OPERATION ONLY DO NOT USE THIS FORM TO CHANGE YOUR METHOD OF OPERATION								
7.	Type(s) of alcohol sold or to be sold under the license: ("X" One)		<input type="checkbox"/> Beer Only	<input type="checkbox"/> Wine and Beer Only	<input checked="" type="checkbox"/> Liquor, Wine and Beer			
8.	Extent of Food Service: ("X" One)		<input checked="" type="checkbox"/> Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef)	<input type="checkbox"/> Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily-meets legal minimum food availability requirements)				
9.	Type of establishment: ("X" all that apply)		<input type="checkbox"/> Hotel	<input type="checkbox"/> Live Music	<input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Juke Box	<input type="checkbox"/> Patron Dancing (Small scale)	<input type="checkbox"/> Karaoke Bar
			<input type="checkbox"/> Cabaret, Night Club, (Large Scale Dance Club)	<input type="checkbox"/> Capacity for 600 or more patrons		<input type="checkbox"/> Bed & Breakfast	<input checked="" type="checkbox"/> Restaurant	
			<input type="checkbox"/> Club (e.g. Golf/Fraternal Org.)	<input type="checkbox"/> Catering Facility	<input type="checkbox"/> Stage Shows	<input type="checkbox"/> Topless Entertainment	<input type="checkbox"/> Recreational Facility (Sports Facility/Vessel)	
10.	Licensed outdoor area: ("X" all that apply)		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Patio or Deck	<input type="checkbox"/> Freestanding Covered Structure	<input type="checkbox"/> Garden/Grounds	
			<input type="checkbox"/> Sidewalk Café	<input type="checkbox"/> Other (Specify): None				
11.	Will the license holder or a manager be physically present within the establishment during all hours of operation? ("X" one)						<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
12.	License serial number:				Expiration Date:			
13.	The applicant's or license holder's full name, as it appears or will appear on the license:				Bina Hundalani			
14.	The Trade name, if any, under which the establishment conducts or will conduct business:				Bheridin Fast Food Inc			
15.	The establishment is located within the building which has the following street address:				789 9th Avenue			
16.	City, Town, or Village:		New York		NY		Zip Code: 10019	
17.	The establishment is located on the following floor(s) of the building at the above address:				Main			
18.	Within the building at the above address, the establishment is located within the room(s) numbered as follows:				-			
19.	Business telephone number of applicant/licensee:		212-265-0022		Business fax number of applicant/licensee:			
20.	Business e-mail address of applicant/licensee:		pmkash8421@yahoo.com					
21.	Does the applicant or license holder own the building in which the establishment is located? ("X" one)						<input type="checkbox"/> Yes (If "Yes", SKIP items 22-25)	<input checked="" type="checkbox"/> No
OWNER OF THE BUILDING IN WHICH THE LICENSED ESTABLISHMENT IS LOCATED								
22.	Building owner's full name is:							
23.	Building owner's street address:							
24.	City, Town, or Village:				State:		Zip Code:	
25.	Business telephone number of building owner:							
26.	I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license. By my signature, I affirm under Penalty of Perjury - that the representations made in this form are true.							
	Printed Name		Bina Hundalani		Title		Resident	
					Signature		X 	

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New Application **Renewal Application** **Alteration Application**
 Corporate Change for an On-Premises Alcoholic Beverage License

1.	Date the original copy of this Notice was mailed to the Local Municipality or Community Board:		Month: 02 Day: 22 Year: 2013		
THIS 30-DAY ADVANCE NOTICE IS BEING PROVIDED TO THE CLERK OF THE FOLLOWING LOCAL MUNICIPALITY OR COMMUNITY BOARD					
2.	Name of the Local Municipality or Community Board: #4				
ATTORNEY REPRESENTING THE APPLICANT IN CONNECTION WITH THE APPLICANT'S LICENSE APPLICATION NOTED AS ABOVE FOR THE ESTABLISHMENT IDENTIFIED IN THIS NOTICE					
3.	Attorney's Full Name is: Michael Szegda				
4.	Attorney's Street Address: 1251 6th Ave				
5.	City, Town or Village: New York NY 10020		State: NY	Zip Code:	
6.	Business Telephone Number of Attorney: 212-474-9835				
FOR NEW APPLICANTS, PROVIDE DESCRIPTION BELOW USING ALL INFORMATION KNOWN TO DATE FOR ALTERATION APPLICANTS, ATTACH COMPLETE DESCRIPTION AND DIAGRAM OF PROPOSED ALTERATION(S) FOR CURRENT LICENSEES, SET FORTH APPROVED METHOD OF OPERATION ONLY DO NOT USE THIS FORM TO CHANGE YOUR METHOD OF OPERATION					
7.	Type(s) of alcohol sold or to be sold under the license: (*X* One)		<input type="checkbox"/> Beer Only	<input checked="" type="checkbox"/> Wine and Beer Only	<input type="checkbox"/> Liquor, Wine and Beer
8.	Extent of Food Service: (*X* One)		<input type="checkbox"/> Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef)	<input type="checkbox"/> Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily-meets legal minimum food availability requirements)	
9.	Type of establishment: (*X* all that apply)		<input type="checkbox"/> Hotel	<input type="checkbox"/> Live Music	<input type="checkbox"/> Disc Jockey
			<input type="checkbox"/> Juke Box	<input type="checkbox"/> Patron Dancing (Small scale)	<input type="checkbox"/> Karaoke Bar
			<input type="checkbox"/> Cabaret, Night Club, (Large Scale Dance Club)	<input type="checkbox"/> Capacity for 600 or more patrons	<input type="checkbox"/> Bed & Breakfast
10.	Licensed outdoor area: (*X* all that apply)		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Rooftop	<input type="checkbox"/> Patio or Deck
			<input type="checkbox"/> Sidewalk Cafe	<input type="checkbox"/> Other (Specify): None	<input type="checkbox"/> Freestanding Covered Structure
11.	Will the license holder or a manager be physically present within the establishment during all hours of operation? (*X* one)			<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
12.	License serial number:		Expiration Date:		
13.	The applicant's or license holder's full name, as it appears or will appear on the license:		Prakash T. Hundalani		
14.	The Trade name, if any, under which the establishment conducts or will conduct business:		Mi Nidrao		
15.	The establishment is located within the building which has the following street address:		789. 9th Ave.		
16.	City, Town, or Village:		Newtown	NY	Zip Code: 10819
17.	The establishment is located on the following floor(s) of the building at the above address:		Main -		
18.	Within the building at the above address, the establishment is located within the room(s) numbered as follows:				
19.	Business telephone number of applicant/licensee:		212-265-0022	Business fax number of applicant/licensee: 212-977-7628	
20.	Business e-mail address of applicant/licensee: Prakash842@yahoo.com				
21.	Does the applicant or license holder own the building in which the establishment is located? (*X* one)			<input type="checkbox"/> Yes (If "Yes", SKIP items 22-25)	<input checked="" type="checkbox"/> No
OWNER OF THE BUILDING IN WHICH THE LICENSED ESTABLISHMENT IS LOCATED					
22.	Building owner's full name is:		Beach Lane Management, Mitch M. Potken.		
23.	Building owner's street address:		P.O. Box 5956 414 E 74th St Associates		
24.	City, Town, or Village:		Hicksville	State: NY	Zip Code: 11802-5956
25.	Business telephone number of building owner:				
26.	I am the applicant or hold the license or am a principal of the legal entity that holds or is applying for the license. Representations in this form are in conformity with representations made in submitted documents relied upon by the Authority when granting the license. I understand that representations made in this form will also be relied upon, and that false representations may result in disapproval of the application or revocation of the license. By my signature, I affirm - under Penalty of Perjury - that the representations made in this form are true.				
	Printed Name: Prakash Hundalani		Title: President	Signature: [Signature]	