

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT NPD WEST 51, INC		DOING BUSINESS AS (DBA) B-SIDE	
STREET ADDRESS 756 NINTH AVE AKA 370 WEST 51ST STREET		CROSS STREETS 51ST STREET & NINTH AVENUE	
OWNER	NAME: JOHN DEMPSEY	ATTORNEY	NAME: MITCHEL SUNDEL
	PHONE: 917.577.1827		PHONE: 212.566.7403
	FAX: 646.657.0984		FAX: 212.619.3208
MANAGER	NAME:	LANDLORD	NAME: DAVID GROSSMAN, MA
	PHONE:		PHONE: 212.564.7250
	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 type="radio"/> Restaurant <input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization - Members Only) <input type="radio"/> Other (Explain): Bar/Arcade COFFEE BAR / PIZZA BAR	
Method of Operation:		<input 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 checked="" 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 checked="" type="radio"/> New	Has applicant owned or managed a similar business?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
		What is/was the name of establishment?	SEE ATTACHED
		What is/was the address of the establishment?	DOCUMENT 1
		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?	<input type="checkbox"/> YES <input type="checkbox"/> 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	8:00 - MIDNIGHT SEVEN DAYS PER WEEK								
	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 of Bars	Number of Seats	Number of Tables	
	UNDER 75	41	4	21	N/A	1	15	N/A	N/A	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					1-2	3-4	5+	GROUND FLOOR + BASEMENT		
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	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	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	N/A
The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke.	YES	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.).	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.	YES	NO	N/A
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	YES	NO	N/A

LOCATION & ZONING			
Primary Zoning District:	RESIDENTIAL/COMMERCIAL		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 checked="" type="radio"/> Residential <input type="radio"/> Commercial <input type="radio"/> Mixed Use <input type="radio"/> Other, describe:		
NOTIFICATION: What organizations / community groups have you notified regarding your application?	# 1	5051 STREET BLOCK ASSOCIATION	
	# 2		
	# 3		

ADDITIONAL STIPULATIONS: (Office Use Only)

- will attend block assoc meetings
- will vent to roof
- keep entrance clear of smokers.

J. H. [Signature]

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

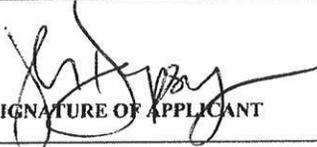

Lisa Daglian
CB4 BLP Committee Co-Chair


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


DATE

11.25.13

Proposed Premise B-Side 370 W. 51 st St. (applying B & W license)	Briciola 370 W. 51 st St. (B & W license)	Building Entrance 370 W. 51 st St.	VYNL, opening 2/14/13 756 9 th Avenue (full on premise liquor license)
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51st Street

9th Avenue

	Xia Xia 369 W. 51 st St. (B & W license)	Ariba Ariba 762 9 th Avenue (full on premise liquor license)
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500 FOOT LAW STATEMENT

**Applicants for on premises liquor licenses must complete this section
(Not required for on premises beer or wine application)**

If the location is subject to the 500 Foot Law, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-b 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within a 500 foot radius of three or more on-premises liquor establishments. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

The Proposed Premises: Check the appropriate box below:

IS NOT WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.

IS WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500' RADIUS, *UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.*)

NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993

NOT APPLICABLE - POPULATION OF CITY, TOWN OR VILLAGE IS UNDER 20,000

IMPORTANT:

YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS LOCATED WITHIN A 500 FOOT RADIUS OF THE PROPOSED PREMISES

For assistance use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If premises is within a 500 foot radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must, **ATTACH A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.

STATEMENT OF AREA PLAN

200 Foot Law

THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE

1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH, or PLACE OF WORSHIP WITHIN 300 FEET
2. Is the premises within 200 feet of **ANY SCHOOL, CHURCH or PLACE OF WORSHIP?** YES
 (Exclusive use as a church or place of worship will be determined by this agency)
 (Please respond "YES" if ANY school, church or place of worship is within 200 feet) NO
3. Submit a BLOCK PLOT DIAGRAM (aerial view of the building, with nearby businesses/residences labeled) showing the location of any school, church or place of worship (8½" x 11")

Indicate the distance in feet from the entrance of the proposed premises to the closest entrance of any school, church or place of worship.

Attach additional sheets if necessary.

ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN

1. Name of church/school:	N / A
Address:	
Distance:	
2. Name of church/school:	
Address:	
Distance:	
3. Name of church/school:	
Address:	
Distance:	

For assistance use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

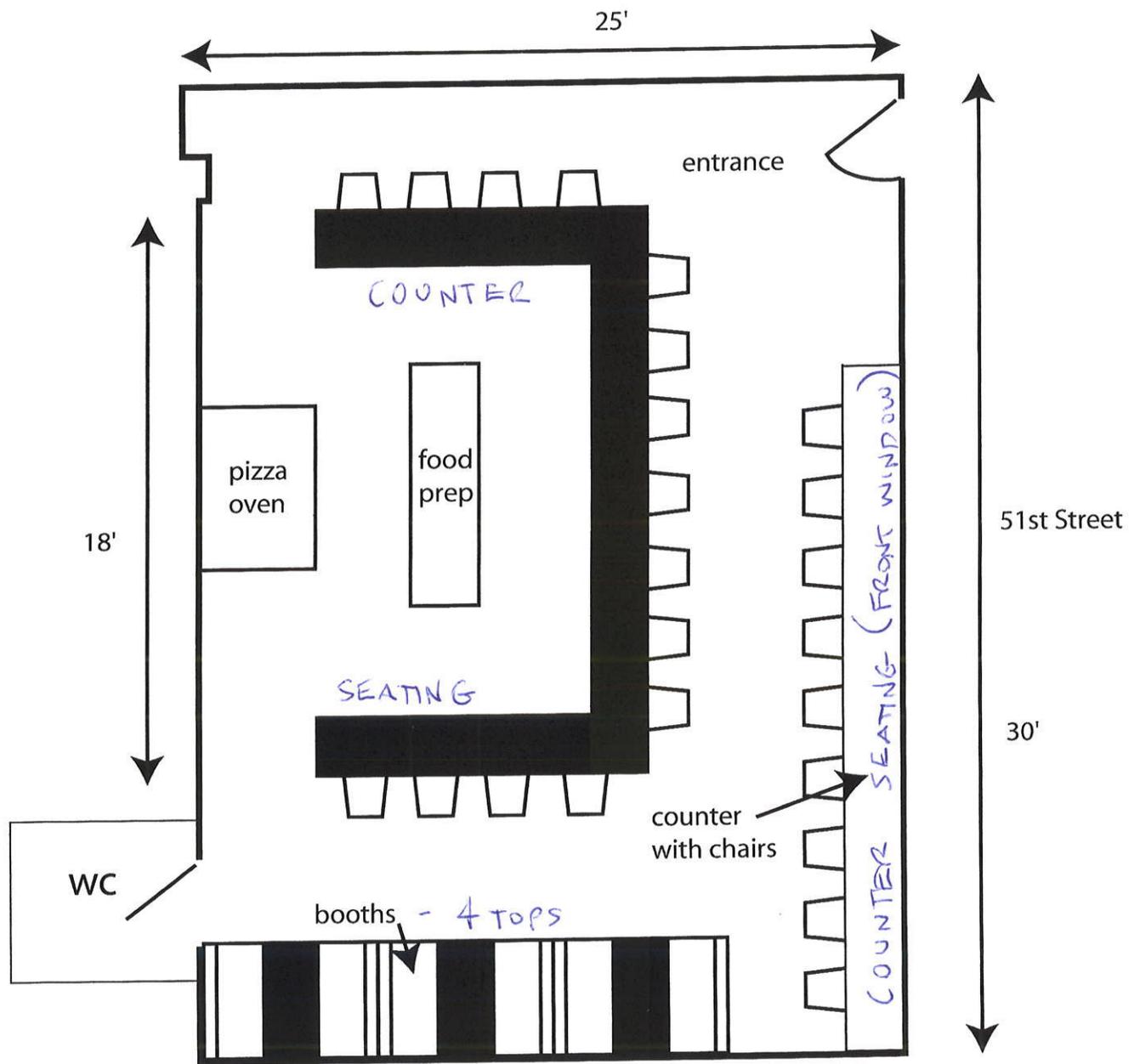
If applying for a full liquor license (beer, wine and liquor) and the premises is within 200 feet of a school, church or place of worship, the application may be denied.

If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.

November 25, 2013

Re: B-Side

I have not only operated businesses' for over 20 years in the Hell's Kitchen area, I have lived in the neighborhood for 15 years and currently serve on the Board of the 44th Street Better Block Association. I currently employ over 200 people, with one-third of the employees living in the area. The new proposed premise, at 370 West 51st Street, will employ another 17 people, and contribute additional tax revenue to New York State and City. This is a concept that tried and true, and will provide an affordable eating option to the community.



FIRST FLOOR PLAN
 B Side
 370 W 51st Street
 New York, NY 10019

From: clark@vynl-nyc.com
Subject: Bside
Date: November 25, 2013, 12:03 PM
To: John Dempsey john@chowdowninc.com



Sent from my iPhone

B-Side Menu

(in progress)

Selection of ten 12" Pizza(s)

4 standard, 6 seasonal

2 Deep Dish Pizza(s)

6 Seasonal Salads

4 Types of Meatballs, in casserole or sandwich

4 Types of Baked Pastas

4 White wine on tap

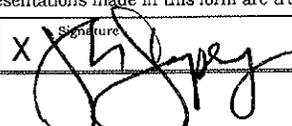
4 Red wine on tap

7 Craft beer on tap

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	Day	Year	
	1	0	2	0
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:	COMMUNITY BOARD NO. 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:	MITCHEL SUNDEL			
4. Attorney's Street Address:	225 BROADWAY, STE 307			
5. City, Town or Village:	NEW YORK	State:	NY	Zip Code: 10007
6. Business Telephone Number of Attorney:	212.566.7403			
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 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 checked="" type="checkbox"/> Recorded Music	<input type="checkbox"/> Live Music	<input type="checkbox"/> Disc Jockey	<input type="checkbox"/> Juke Box
	<input type="checkbox"/> Cabaret, Night Club, (Large Scale Dance Club)	<input type="checkbox"/> Capacity of 600 or more patrons	<input type="checkbox"/> Hotel	<input type="checkbox"/> Bed & Breakfast
	<input 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"/> Recreational Facility (Sports Facility/Vessel)	<input type="checkbox"/> Topless Entertainment		
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"/> 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:	NPD WEST 52, INC			
14. The Trade name, if any, under which the establishment conducts or will conduct business:	B-SIDE			
15. The establishment is located within the building which has the following street address:	370 WEST 51ST STREET			
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:	GROUND FLOOR + BASEMENT			
18. Within the building at the above address, the establishment is located within the room(s) numbered as follows:	GROUND FLOOR + BASEMENT			
19. Business telephone number of applicant/licensee:	917.577.1827	Business fax number of applicant/licensee:		
20. Business e-mail address of applicant/licensee:	john@chardowninc.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:	JOHN VASAPOLLO c/o FIRST PIONEER			
23. Building owner's street address:	34-09 QUEENS BLVD			
24. City, Town, or Village:	LIC	State:	NY	Zip Code: 11101
25. Business telephone number of building owner:	718	- 482	- 0700	00
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	JOHN DEMPSET	Title	PRESIDENT	Signature
				

OFFICE USE ONLY

Original Amended Date _____

State of New York
 Executive Department
 Division of Alcoholic Beverage Control
 State Liquor Authority

Standardized NOTICE FORM for Providing 30-Day Advanced Notice to a Local Municipality or Community Board

(Page 1 of 2 of Form)

1. Date Notice was Sent: (mm/dd/yyyy) 10/28/2013

2. Select the type of Application that will be filed with the Authority for an On-Premises Alcoholic Beverage License

- New Application Renewal Alteration Corporate Change

This 30-Day Advance Notice is Being Provided to the Clerk of the following Local Municipality or Community Board

3. Name of Municipality or Community Board COMMUNITY BOARD NO. 4

Applicant/Licensee Information

4. License Serial Number, if not New Application: Expiration Date, if not New Application:

5. Applicant or Licensee Name: NPD WEST 51, INC

6. Trade Name (if any): B-SIDE

7. Street Address of Establishment: 370 WEST 51ST STREET

8. City, Town or Village: NEW YORK, NY Zip Code: 10019

9. Business Telephone Number of Applicant/Licensee: 917.577.1827

10. Business Fax Number of Applicant/Licensee:

11. Business E-mail of Applicant/Licensee: john@chowdowninc.com

**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.**

12. Type(s) of Alcohol sold or to be sold: ("X" One) Beer Only Wine & Beer Only Liquor, Wine & Beer

13. Extent of Food Service: ("X" One) Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef) Tavern/Cocktail Lounge/Adult Venue/Bar (Alcohol sales primarily; Meets legal minimum food availability requirements)

14. Type of Establishment: ("X" all that apply)

Recorded Music Live Music Disc Jockey Juke Box Karaoke Bar Stage Shows

Patron Dancing (small scale) Cabaret, Night Club (Large Scale Dance Club) Catering Facility

Capacity of 600 or more patrons Topless Entertainment Restaurant Hotel

Recreational Facility (Sports Facility/Vessel) Club (e.g. Golf Club/Fraternal Org.) Bed & Breakfast

Seasonal Establishment

15. Licensed Outdoor Area: ("X" all that apply)

None Patio or Deck Rooftop Garden/Grounds Freestanding Covered Structure

Sidewalk Cafe Other (specify):