

# Manhattan Community Board 4

(All Fields Must Be Completed)

## Liquor License Stipulations Application

|   |   |  |                                   |           |
|---|---|--|-----------------------------------|-----------|
| <b>APPLICANT</b><br>Darduro LLC   |   | <b>DOING BUSINESS AS (DBA)</b><br>Beer Culture   |                                   |           |
| <b>STREET ADDRESS</b><br>328 W 45th Street                                |   | <b>CROSS STREETS</b><br>8th & 9th Avenues  |                                   |           |
| <b>OWNER</b>  | <b>NAME:</b> Matthew Gebhard  | <b>ATTORNEY</b>  | <b>NAME:</b> Elke A. Hofmann Esq. |           |
|   | <b>PHONE:</b> 917-494-5846  |  | <b>PHONE:</b> 212-487-9100        |           |
|   | <b>FAX:</b> 212-487-9131  |  | <b>FAX:</b> 212-487-9131          |           |
| <b>MANAGER</b>  | <b>NAME:</b>  | <b>LANDLORD</b>  | <b>NAME:</b> Parag Sawhney        |           |
|   | <b>PHONE:</b>   |  | <b>PHONE:</b> 646-287-5157        |           |
|   | <b>FAX:</b>   |  | <b>FAX:</b> 212-504-3139          |           |
| <b>DESCRIPTION OF BUSINESS</b>  |   |  |                                   |           |
| <b>Establishment Type:</b>  | <input checked="" 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<br><input type="radio"/> Catering Establishment <input type="radio"/> Club (Fraternal Organization – Members Only)<br><input checked="" type="radio"/> Other (Explain): <u>Beer Store &amp; Bar</u> |  |                                   |           |
| <b>Method of Operation:</b>   | <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 type="radio"/> Cafe<br><input checked="" type="radio"/> Other (Explain): <u>Beer Bar</u>  |  |                                   |           |
| <b>License Type:</b>  | <input checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer   |  |                                   |           |
| <b>APPLICATION TYPE</b><br>(check one)                                    | <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 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"/> <b>Transfer</b>   | What is the prior license #?   |                                   |           |
|   |   | What is the expiration date on the prior license?  |                                   |           |
|   |   | Are you making any alterations or operational changes?   | <b>YES</b>                        | <b>NO</b> |
|   |   | <i>If alterations or operational changes are being made, please attach the plans to this form.</i> |                                   |           |
|   | <input checked="" type="radio"/> <b>**Method of Operation Change - Extension of operating hours</b>   | What is the current license #?   | 1270551                           |           |
|   |   | What is the expiration date on the current license?  | 06/30/2015                        |           |
| <i>Please describe the nature of the alterations and attach the plans</i> |   |  |                                   |           |

| OPERATIONAL ISSUES   |   |   |   |                                  |                                      |                                     |                                      |                          |                     |  |
|--|---|---|---|----------------------------------|--------------------------------------|-------------------------------------|--------------------------------------|--------------------------|---------------------|--|
| HOURS  |   | MONDAY  | TUESDAY                                     | WEDNESDAY                        | THURSDAY                             | FRIDAY                              | SATURDAY                             | SUNDAY                   |                     |  |
|  | Operation                                 | 12am -2am   | 12am -2am                                   | 12am -2am                        | 12am - 2am                           | 12am - 2am                          | 12am - 2am                           | 12am - 2am               | 12am - 2am          |  |
|  | Music                                     | 12am -2am   | 12am -2am                                   | 12am -2am                        | 12am -2am                            | 12am -2am                           | 12am - 2am                           | 12am - 2am               | 12am - 2 am         |  |
|  | Kitchen                                   | All hours   | All hours                                   | All hours                        | All hours                            | All hours                           | All hours                            | All hours                | All hours           |  |
| OCCUPANCY  | INDOOR                                    |   |   |                                  | BAR                                  |                                     |                                      | OUTSIDE                  |                     |  |
|  | Capacity<br>(Certificate of<br>Occupancy) | Maximum # of Persons<br>You Anticipate<br>Occupying Premises<br>(Including Employees) | Number<br>of Tables                         | Number of<br>Seats               | Number of<br>Service<br>Only Bars    | Number of<br>Stand-Up<br>Bars       | Number<br>of Seats at<br>Bars        | Number<br>of Seats       | Number of<br>Tables |  |
|  | 50  | 40  | 5   | 15                               | 0                                    | 1                                   | 15                                   | 0                        | 0                   |  |
| How many floors are there? What is the capacity for each floor? (please respond in space provided)   |   |   |   |                                  | <input checked="" type="radio"/> 1-2 | <input type="radio"/> 3-4           | <input type="radio"/> 5+             | 1                        |                     |  |
| Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided)  |   |   |   |                                  | YES                                  | <input checked="" type="radio"/> NO | N/A                                  |                          |                     |  |
| Will applicant have bottle service?  |   |   |   |                                  | YES                                  | NO                                  | <input checked="" type="radio"/> N/A |                          |                     |  |
| Will you be hosting private parties and promotional events?  |   |   |   |                                  | YES                                  | NO                                  | <input checked="" type="radio"/> N/A |                          |                     |  |
| Will outside promoters be used?  |   |   |   |                                  | YES                                  | NO                                  | <input checked="" type="radio"/> N/A |                          |                     |  |
| Will the security plan submitted be implemented?   |   |   |   |                                  | YES                                  | NO                                  | <input checked="" type="radio"/> N/A |                          |                     |  |
| Will State certified security personnel be used?   |   |   |   |                                  | YES                                  | NO                                  | <input checked="" type="radio"/> N/A |                          |                     |  |
| Will New York Nightlife Association recommendations and NYPD Best Practices be followed?   |   |   |   |                                  | YES                                  | NO                                  | <input checked="" type="radio"/> 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                                  | <input checked="" type="radio"/> N/A |                          |                     |  |
| Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)  |   |   |   |                                  | YES                                  | <input checked="" type="radio"/> 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                                  | <input checked="" type="radio"/> N/A |                          |                     |  |
| Will applicant provide contact information to neighbors and respond to complaints that arise?  |   |   |   |                                  | <input checked="" type="radio"/> YES | NO                                  | N/A                                  |                          |                     |  |
| If you plan to have music, what type(s)?   |   |   | <input checked="" type="radio"/> BACKGROUND | <input type="radio"/> LIVE MUSIC | <input type="radio"/> 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.   |   |   |   |                                  | <input checked="" type="radio"/> 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                                  | <input checked="" type="radio"/> N/A | sound proofing installed |                     |  |
| 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                                  | <input checked="" type="radio"/> N/A |                          |                     |  |

| OUTDOOR ITEMS  |     |                          |                           |
|--|-----|--------------------------|---------------------------|
| Will applicant use the rooftop, rear yard or any outdoor space?  | YES | <input 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 | 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.   | YES | 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.   | YES | 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.).   | YES | 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. | YES | NO                       | <input type="radio"/> N/A |
| Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?  | YES | NO                       | <input type="radio"/> N/A |

| LOCATION & ZONING   |  |                          |                           |
|---|--|--------------------------|---------------------------|
| Primary Zoning District:  | C6-2   | Overlay (If Applicable): | N/A                       |
| Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?  | YES  | <input type="radio"/> NO | N/A                       |
| Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?   | <input 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. | YES  | NO                       | <input type="radio"/> N/A |
| Is a Public Assembly permit required?   | YES  | <input type="radio"/> NO | N/A                       |
| Are your plans filed with DOB?  | YES  | NO                       | <input 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:<br>What organizations / community groups have you notified regarding your application?                                  | # 1  |                          |                           |
|   | # 2  |                          |                           |
|   | # 3  |                          |                           |

**ADDITIONAL INFORMATION: (Applicant Use)**

**ADDITIONAL NOTES: (Office Use Only)**

**ADDITIONAL STIPULATIONS: (Office Use Only)**

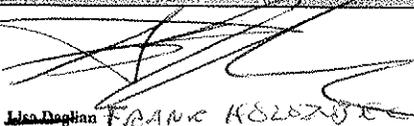
Blank area for additional stipulations.

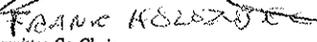
Manhattan Community Board 4 (MCB4) recommends:

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

**CB4 REPRESENTATIVES**

  
Nelly Gonzalez  
CB4 Community Associate

  
Lisa Duglian  
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

2/4/14  
DATE

# Beer | CULTURE

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## Small Plates:

Pickles 4

Olives 5

Pretzel/Beer mustard 5

Pickled eggs (2) 3

Chips 4

## Plates:

Cheese plate — 3 or 5 cheeses 9 / 15

Meat and cheese — 3 meats and  
3 cheeses 19

## Pressed sandwiches:

Italian Panini — prosciutto, Mortadella, genoa salami, mozzarella, cherry peppers, fresh basil, olive oil & Vinegar 9

Ham & SWISS — Serrano ham, Ementall Swiss, fresh basil, mayonnaise and mustard 8

Grilled three cheese — Manchego, cheddar, smoked gouda, arugula and olive oil 7

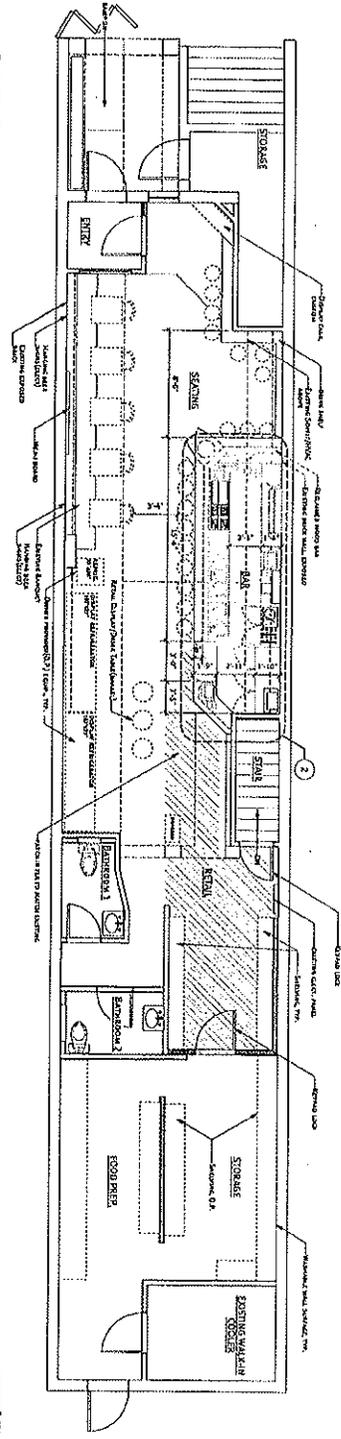
## Sweets:

Chocolate and fruit 7

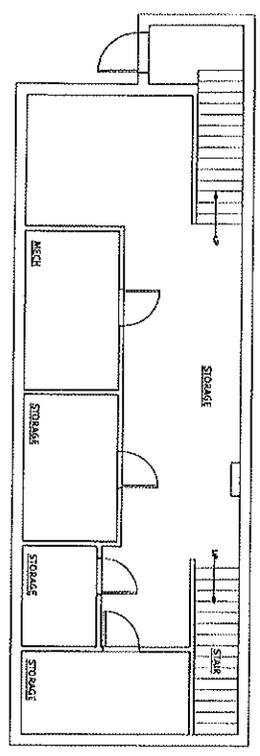
**List of Licenses within 500ft**

| Name                                | Address               | Approx. Distance |
|-------------------------------------|-----------------------|------------------|
| GARRITY WALSH CORP                  | 35 W 8TH STREET       | 25 ft            |
| 37 WEST 24TH STREET LLC             | 40 42 W 8TH ST        | 35 ft            |
| BULOG ENTERPRISES INC               | 45 W 8TH STREET       | 90 ft            |
| 47 W 8TH STREET OPERATING GROUP INC | 47 W 8TH ST           | 115 ft           |
| SUSHI YAWA INC                      | 25 W 8TH STREET       | 135 ft           |
| 8TH ST WINE CELLAR NYC CORP         | 28 W 8TH STREET       | 150 ft           |
| COOKERY LAFAYETTE INC               | 21 23 W 8TH ST        | 200 ft           |
| LITTLEWATER LLC                     | 61 W 8TH STREET       | 205 ft           |
| "CELLAR OF AMELIE LLC, THE"         | 22 W 8TH STREET       | 235 ft           |
| LION RESTAURANT GROUP LLC THE       | 62 W 9TH STREET       | 250 ft           |
| KIMUTA CORP                         | 15 W 8TH STREET       | 295 ft           |
| "WASHINGTON SQUARE HOTEL,LLC"       | 101 105 WAVERLY PLACE | 300 ft           |
| CAFE C III LLC                      | 103 WAVERLY PLACE     | 300 ft           |
| 315 THIRD FLOOR CORP                | 16 22 W 8 STREET      | 325 ft           |
| WALKAM GROUP INC                    | 16 W 8TH ST STORE 1   | 325 ft           |
| AUGUST VENTURES LLC                 | 61 W 8TH ST           | 335 ft           |
| BABBO LLC                           | 110 WAVERLY PLACE     | 370 ft           |

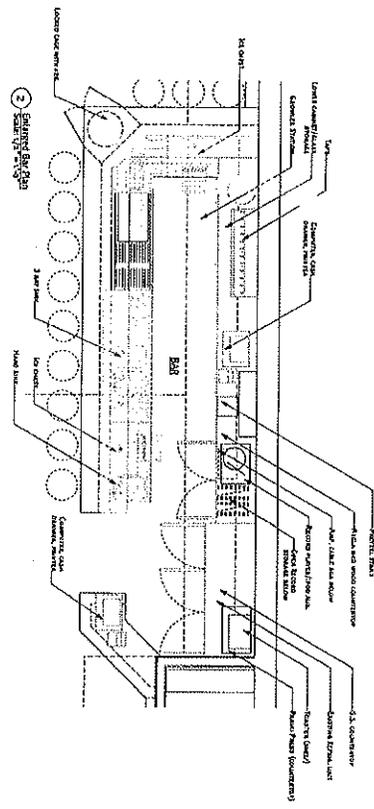
DATE: 03/15/12  
 DRAWN BY: JTB  
 CHECKED BY: JTB



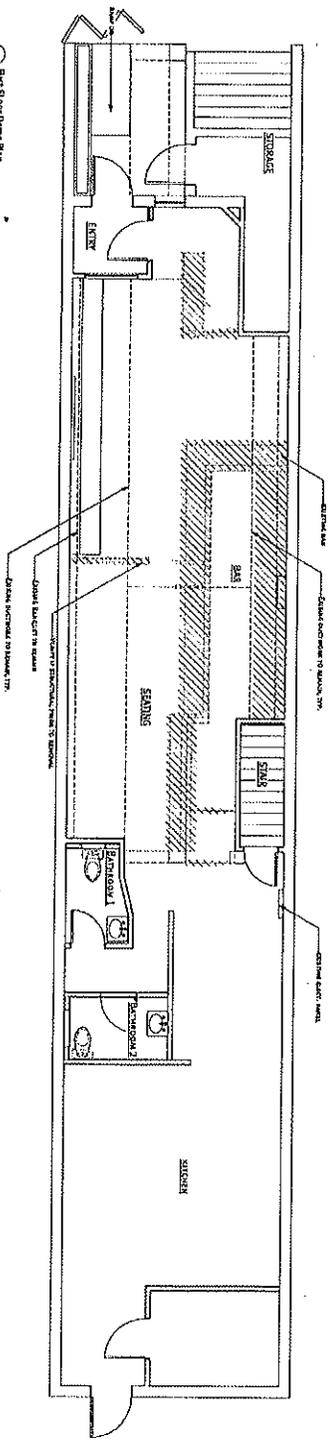
1 First Floor Plan  
 SECTION 1-10



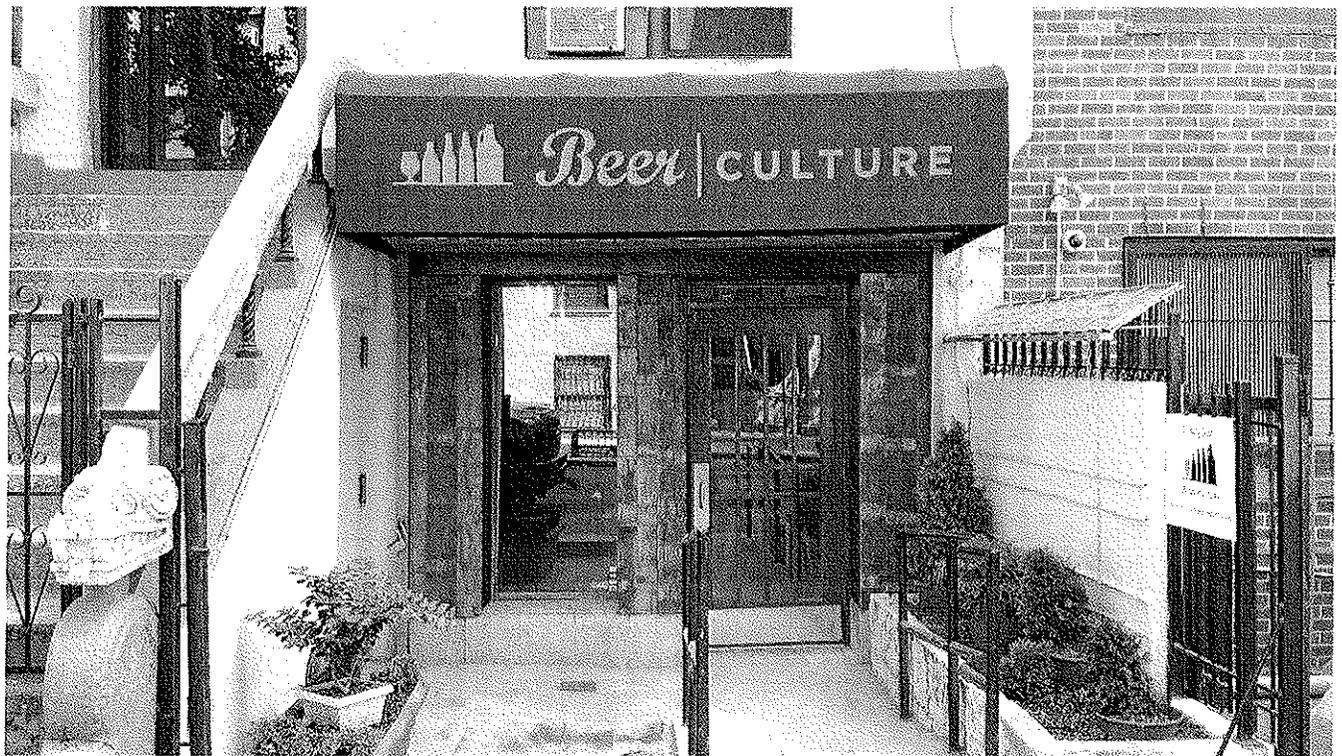
1 First Floor Plan  
 SECTION 1-9



2 Section 1-8



1 First Floor Plan  
 SECTION 1-7



OFFICE USE ONLY  
 Original     Amended    Date \_\_\_\_\_

**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)

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    **\*\*Change of Method of Operation\*\***

**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

**Applicant/Licensee Information**

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

5. Applicant or Licensee Name:

6. Trade Name (if any):

7. Street Address of Establishment:

8. City, Town or Village:  ,NY    Zip Code:

9. Business Telephone Number of Applicant/Licensee:

10. Business Fax Number of Applicant/Licensee:

11. Business E-mail of Applicant/Licensee:

**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 the 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     Cafe     Bar

15. Licensed Outdoor Area: ("X" all the apply)  
 None     Patio or Deck     Rooftop     Garden/Grounds     Freestanding Covered Structure  
 Sidewalk Cafe     Other (specify):

|                                |                               |            |
|--------------------------------|-------------------------------|------------|
| OFFICE USE ONLY                |                               |            |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

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

(Page 2 of 2 of Form)

16. List the floor(s) of the building that the establishment is located on:
17. List the room number(s) the establishment is located in within the building, if appropriate:
18. Is the premises located with 500 feet of three or more on-premises liquor establishments?  Yes  No
19. Will the license holder or a manager be physically present within the establishment during all hours of operation?  Yes  No
20. Does the applicant or licensee own the building in which the establishment is located? ("X" One)  Yes (if Yes SKIP 21-24)  No

**Owner of the Building in Which the Licensed Establishment is Located**

21. Building Owner's Full Name:
22. Building Owner's Street Address:
23. City, Town or Village:  State:  Zip Code:
24. Business Telephone Number of Building Owner:

**Attorney Representing the Applicant in Connection with the Applicant's License Application Noted as Above for the Establishment Identified in this Notice**

25. Attorney's Full Name:
26. Attorney's Street Address:
27. City, Town or Village:  State:  Zip Code:
28. Business Telephone Number of Attorney:

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.

29. Printed Name:   Title

Signature: X \_\_\_\_\_