

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT Be Temerario Group LLC		DOING BUSINESS AS (DBA) EI Temerario			
STREET ADDRESS 198 8TH Ave		CROSS STREETS W 20TH & W 21ST ST (NE corner of W 20TH)			
OWNER	NAME: Maria Pezzella	AFFORNEY	NAME: Michael Kelly		
	PHONE: (646) 270 2505		PHONE: (914) 740-3980		
	FAX:		FAX: (914) 632-6034		
MANAGER	NAME: Jorge Guzman	LANDLORD	NAME: Falcon Holdings LLC		
	PHONE: (646) 509-5435		PHONE: (212) 838-1255		
	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 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 checked="" type="radio"/> On-Premise <input type="radio"/> Wine <input type="radio"/> Beer <input type="radio"/> Wine & Beer				
APPLICATION TYPE (check one)	<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?	O'Frenda Blackout, Cellar 58		
		What is/was the address of the establishment?	115 7TH Ave South 60 2ND Ave 58 2ND Ave		
		What were the dates the applicant was involved with this former premise?			
	<input type="radio"/> Transfer	What is the prior license #?	Formerly "Tello"	1232784	
		What is the expiration date on the prior license?		10/09 - 2014	
		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	8am-12am	8am-12am	8am-12am	8am-2am	8am-2am	8am-2am	8am-12am	
	Music	ll	ll	ll	ll	ll	ll	ll	
	Kitchen	Closes 1 hour before			closing hours				
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
	Less than 75 (LNO)	57	14	48	0	1	9	11	11
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	<input checked="" type="radio"/> NO	N/A		
Will applicant have bottle service?					YES	<input checked="" type="radio"/> NO	N/A		
Will you be hosting private parties and promotional events?					YES	<input checked="" type="radio"/> NO	N/A		
Will outside promoters be used?					YES	<input checked="" type="radio"/> NO	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	N/A	Maybe in the future	
Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided)					<input checked="" type="radio"/> 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	Not submitted yet 13 tables 27 seats	
Will applicant provide contact information to neighbors and respond to complaints that arise?					<input checked="" type="radio"/> YES	NO	N/A		
Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage?					<input checked="" type="radio"/> YES	NO	N/A		
If you plan to have music, what type(s)?					<input checked="" type="radio"/> BACKGROUND	<input checked="" type="radio"/> LIVE MUSIC	<input checked="" 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?					<input checked="" type="radio"/> 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.)					<input checked="" type="radio"/> YES	NO	N/A		

OUTDOOR ITEMS				
Will applicant use the rooftop, rear yard or any outdoor space?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	Sidewalk cafe 1st Floor
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.	<input checked="" type="radio"/> YES	<input type="radio"/> 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.	<input checked="" type="radio"/> YES	<input type="radio"/> 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.	<input checked="" type="radio"/> YES	<input type="radio"/> 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.).	<input checked="" type="radio"/> YES	<input type="radio"/> 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.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	

LOCATION & ZONING				
Primary Zoning District:	C16A		Overlay (If Applicable):	
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	
Is the 500 Foot Rule or 200 Foot Rule Triggerred? If yes, which? Please attach a diagram of the establishments that triggers the rule.	<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> N/A	500' Rule
Is a Public Assembly permit required?	<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input type="radio"/> N/A	
Are your plans filed with DOB?	<input type="radio"/> YES	<input checked="" type="radio"/> 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: What organizations / community groups have you notified regarding your application?	# 1			
	# 2			
	# 3			

ADDITIONAL INFORMATION: (Applicant Use)

ADDITIONAL NOTES: (Office Use Only)

THIS APPLICATION DOES
NOT EXTEND TO
THE SIDEWALK CASE

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

Frank Holozubiec
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



Maria Jewelle
SIGNATURE OF APPLICANT

DATE

4/14/15



