

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

CORPORATION NAME Be Bamba Group LLC		DOING BUSINESS AS (DBA) Cafe Bamba	
STREET ADDRESS 265 W 20TH ST		CROSS STREETS 7TH & 8TH AVENUES	ZIP CODE 10011
OWNER <small>(Attach a list of all the people that will be associated/listed with the license)</small>	NAME: Jorge Guzman	ATTORNEY/ REPRESENTATIVE	NAME: Michael Kelly
	PHONE: (646) 509-5435		PHONE: (914) 740-3580
	EMAIL: Santon.ENT@Comcast.com		EMAIL: Kellymck@aol.com
MANAGER	NAME:	LANDLORD	NAME: Falcon Holding LLC
	PHONE:		PHONE:
	EMAIL:		EMAIL:
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 and address of establishment?	O Frenda, Black Mt	
	What were the dates applicant was involved with this former premise?	1137TH AVE SOUTH, 60 2ND AVE	
<input type="radio"/> Transfer	What is the prior license # and expiration date?		
	Is applicant making any alterations or operational changes?	<input type="radio"/> YES	<input type="radio"/> NO
	<i>If alterations or operational changes are being made, please describe/list all changes.</i>		
<input type="radio"/> Alteration	What is the current license # and expiration date?		
	<i>Please list/describe the nature of all the changes and attach the plans:</i>		
METHOD OF OPERATION			
TYPE OF ALCOHOL	<input type="radio"/> Liquor/Wine/Beer <input type="radio"/> Beer <input checked="" type="radio"/> Wine & Beer		
ESTABLISHMENT TYPE	<input type="radio"/> Restaurant <input type="radio"/> Cabaret <input type="radio"/> Night Club <input type="radio"/> Hotel <input type="radio"/> Bar/Tavern <input type="radio"/> Catering Establishment <input type="radio"/> Adult Entertainment <input checked="" type="radio"/> Wine Bar <input type="radio"/> Dance Club <input type="radio"/> Sports Bar <input type="radio"/> Club (Fraternal Organization – Members Only)		
Has applicant/owner filed with the SLA? If yes, when? If no, when do you plan to file?	YES	<input checked="" type="radio"/> NO	
Is the 500 Foot Rule applicable? If yes, please attach a diagram of the On-Premise liquor license establishments within a 500 ft. radius of your establishment and the Public Interest Statement.	YES	<input checked="" type="radio"/> NO	
Is the 200 Foot Rule applicable? If yes, please attach a diagram of the schools and houses of worship that trigger the rule.	YES	<input checked="" type="radio"/> NO	
Has applicant/owner(s) read MCB4 Policy Regarding Concentration and Location of Alcoholic-Serving Establishments?	<input checked="" type="radio"/> YES	<input type="radio"/> NO	

OPERATIONAL DETAILS (*Closing time will be when establishment is vacated of all patrons)

		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
HOURS* (Indoor Only)	Operation	8am-11pm	8am-11pm	8am-11pm	8am-11pm	8am-11pm	8am-11pm	8am-11pm
	Kitchen	cc	cc	cc	cc	cc	cc	cc
	Music	cc	cc	cc	cc	cc	cc	cc
If you plan to have music, what type(s)? (Circle all that apply)		BACKGROUND		LIVE MUSIC	DJ	JUKE BOX	KARAOKE	

OCCUPANCY

	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 Stand-Up Bar
INSIDE	Less Than 75	35	9	26	1	0	N/A
OUTSIDE (Other than sidewalk café)	NONE	NONE	NONE	NONE	NONE	NONE	NONE
SIDEWALK CAFÉ	IN THE FUTURE						

How many floors are there? What is the capacity for each floor? 1 Floor, 35

How frequently will the owner(s) be at the establishment? Every day

Will you be applying or intending to apply for a cabaret license with DCA? If yes, will there be dancing?	YES	<input checked="" type="radio"/> NO	
Will applicant have bottle or table service for beverage alcohol?	YES	<input checked="" type="radio"/> NO	
Will you be hosting private; promotional or corporate events?	YES	<input checked="" type="radio"/> NO	
Will outside promoters be used on a regular basis? If yes please describe.	YES	<input checked="" type="radio"/> NO	
Will you have a security plan? If, yes please attach.	YES	<input checked="" type="radio"/> NO	
Will security plan be implemented?	YES	<input checked="" type="radio"/> NO	
Will State certified security personnel be used?	YES	<input checked="" type="radio"/> NO	
Will New York Nightlife Association and NYPD Best Practices be followed?	YES	<input checked="" type="radio"/> NO	
Will applicant be using delivery bicycles? If yes, how many?	YES	<input checked="" type="radio"/> NO	
Will delivery bicycles be clearly marked with the name of the restaurant and will staff wear attire clearly noting name as described by NYC Law?	YES	NO	N/A
Where will delivery bicycles be stored during the day when not in use?	N/A		

LOCATION & ZONING		
Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards?	YES	<input checked="" type="radio"/> NO
Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection?	<input checked="" type="radio"/> YES	NO
Is a Public Assembly permit required?	YES	<input checked="" type="radio"/> NO
Are your plans filed with DOB?	YES	<input checked="" type="radio"/> NO

Community Notification/Relations		
NOTIFICATION: List all block associations; tenant associations, co-op boards or condo boards of residential buildings; and community groups that applicant has notified regarding its application. For each please list both the organization and individual you contacted	# 1	
	# 2	
	# 3	
	# 4	
	# 5	
Please provide dates when applicant met with the groups listed above.		
Who was your contact person at each group you met with?		
When did applicant post the notice that was provided?		
Where did applicant post the notice that was provided?		
Will applicant provide owner cell phone number to neighbors and respond to complaints that arise? Please provide number in space provided.	<input checked="" type="radio"/> YES	NO (646) 509-5435
Will applicant inform the Community Board office of its job openings and/or provide a hyperlink to applicants jobs webpage?	<input checked="" type="radio"/> YES	NO

BUILDING DESIGN

State the name and type of business previously located in the space.			
Has a liquor-licensed establishment previously occupied this space at any time? If yes, please provide the name of the business.	YES	<input checked="" type="radio"/> NO	
Do you plan any changes to the existing façade? If yes, please describe.	YES	<input checked="" type="radio"/> NO	
Will applicant have a vestibule within the establishment?	YES	<input checked="" type="radio"/> NO	
Will applicant use a storm enclosure?	YES	NO	IF legal & only during allowable times
Will applicant not place any items or obstructions on the sidewalk, for example, sandwich boards, sidewalk signs, freestanding menus and plants, as per the law?	<input checked="" type="radio"/> YES	NO	
Will applicant comply with the NYC noise code?	<input checked="" type="radio"/> YES	NO	
Will the establishment have any of the following: (circle all that apply)	FRENCH DOORS	GARAGE DOORS	WINDOWS THAT CAN BE OPENED
Will applicant close all windows, French doors, garage doors when any music or amplified sound (including televisions) is played inside the establishment?	<input checked="" type="radio"/> YES	NO	Windows open up may change store front
Will applicant close all windows, French doors, garage doors by 11 PM Friday and Saturday and 10 PM on all other days even if no music or amplified sound is played inside the establishment?	<input checked="" type="radio"/> YES	NO	
Has applicant obtained an acoustical report from a certified sound engineer to assess potential noise disturbance to the neighboring residents and buildings?	YES	<input checked="" type="radio"/> NO	
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	IF NECESSARY
Will the kitchen exhaust system extend to the roof?	YES	NO	N/A
Will the establishment have an illuminated sign?	YES	<input checked="" type="radio"/> NO	
Will the establishment have a canopy extending over the sidewalk?	YES	<input checked="" type="radio"/> NO	
Where will the air conditioner be located? What type is it?			
When was the air conditioner installed?			

OUTDOOR ITEMS - OTHER THEN SIDEWALK CAFÉ

	YES	NO	
Has the applicant/owner(s) read MCB 4 Rear Yard Rooftop Policy?	<input checked="" type="radio"/>	<input type="radio"/>	
Will applicant use any outdoor spaces: rooftop, rear yard, patio, porch, balcony, pavilion, tents, deck or gazebo? If yes, which one(s)?	<input type="radio"/>	<input checked="" type="radio"/>	maybe in the future
Are the floorplans for the outdoor space(s) included?	<input type="radio"/>	<input checked="" type="radio"/>	N/A
Will applicant close and vacate the outdoor space(s) by 11PM on Friday & Saturday and 10 PM on all other days?	<input type="radio"/>	<input type="radio"/>	N/A
Will the service and consumption of alcohol in any outdoor space only be via seated food service?	<input type="radio"/>	<input type="radio"/>	N/A
Will applicant not allow standing space for patrons to drink or smoke in any outdoor space(s)?	<input type="radio"/>	<input type="radio"/>	N/A
Will there be no amplified music, as per the law?	<input type="radio"/>	<input type="radio"/>	N/A
If amplified sound is played inside the establishment, will windows and doors be closed?	<input type="radio"/>	<input type="radio"/>	N/A
Will applicant agree to post signs outside asking customers to respect the neighbors'?	<input type="radio"/>	<input type="radio"/>	N/A
Will applicant agree to train staff to encourage a peaceful environment?	<input type="radio"/>	<input type="radio"/>	N/A
Will applicant provide effective sound control (landscaping enclosure, soundproofing tenants apartments)	<input type="radio"/>	<input type="radio"/>	N/A
Will there be a lighting plan that allows safe usage of the outdoor space without disrupting neighbors?	<input type="radio"/>	<input type="radio"/>	N/A

AS TO USE OF OUTDOOR SPACE,
 we may apply for a sidewalk
 Cafe in the future.

We are not applying for one now &
 it won't be included on this application
 There is no backyard or rooftop

OUTDOOR ITEMS – SIDEWALK CAFÉ		
Has the applicant/owner(s) read MCB4 Sidewalk Café Policy?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will applicant be applying for a sidewalk café now or in the future?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Is applicant in this application seeking to include a sidewalk café in its liquor license?	<input type="radio"/> YES	<input checked="" type="radio"/> NO
If yes, has applicant submitted an application and plans to NYC Dept. of Consumer Affairs? Please attach application and plans.	<input type="radio"/> YES	<input checked="" type="radio"/> NO
Will applicant close and vacate the sidewalk café by 11 PM on Friday & Saturday and 10 PM on all other days?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will applicant be serving alcohol in the sidewalk café? If so, will you have waiter service?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will the café have a 3 ft. wide serving aisle running the entire length of the sidewalk café?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will applicant mark the perimeter of the café on the sidewalk?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will the service and consumption of alcohol in the sidewalk café only be via seated food service?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will the sidewalk café not provide standing space for drinking or smoking?	<input type="radio"/> YES	<input checked="" type="radio"/> NO
Will applicant use any portable natural gas heaters? If so, do you have the requisite approvals from DOB & the Fire Department?	<input type="radio"/> YES	<input checked="" type="radio"/> NO
Will applicant 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
Will all furniture, plants and barricades be stored inside between the evening closing hours and the morning opening hours?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Will all furniture be stored inside between December 21 st and March 21 st , and any other day when it rains or snows?	<input type="radio"/> YES	<input checked="" type="radio"/> NO
Will applicant use umbrellas?	<input checked="" type="radio"/> YES	<input type="radio"/> NO
If construction or construction protection has reduced the sidewalk width, will applicant always maintain an 8 foot clear path of sidewalk between the perimeter of the café and the closes obstruction including construction barricades?	<input checked="" type="radio"/> YES	<input type="radio"/> NO

In The Future

ADDITIONAL STIPULATIONS: (Office Use Only)

To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

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

To the extent any additional stipulation on pages 7 and 8 of this application conflicts with any response on pages 1 – 6 of this application, the stipulations on pages 7 and 8 control.

Manhattan Community Board 4 (MCB4) recommends:

Denial unless all stipulations agreed to by applicant/owner are part of the method of operation
 Denial Approval

CB4 REPRESENTATIVES

Nelly Gonzalez
CB4 Assistant District Manager


Frank Holozubiec
CB4 BLP Committee Co-Chair

Burt Lazarin
CB4 BLP Committee Co-Chair

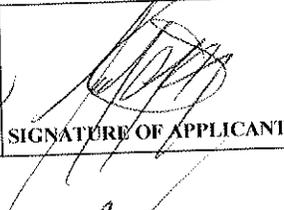
APPLICANT AGREEMENT WITH THE COMMUNITY

Applicant agrees to these stipulations as the basis for the community support of this application and acknowledges that all of these stipulations are essential prerequisites to the MCB4 recommendation regarding this application. Applicant agrees to have these stipulations incorporated in the method of operation of its liquor license. The stipulations in this application constitute the entire agreement between MCB4 and applicant and may only be altered in writing signed by MCB4 and applicant. These stipulations supersede any oral statements or representations in connection with this application.

SIGN HERE



Jorge Guzman
PRINT NAME OF APPLICANT


SIGNATURE OF APPLICANT

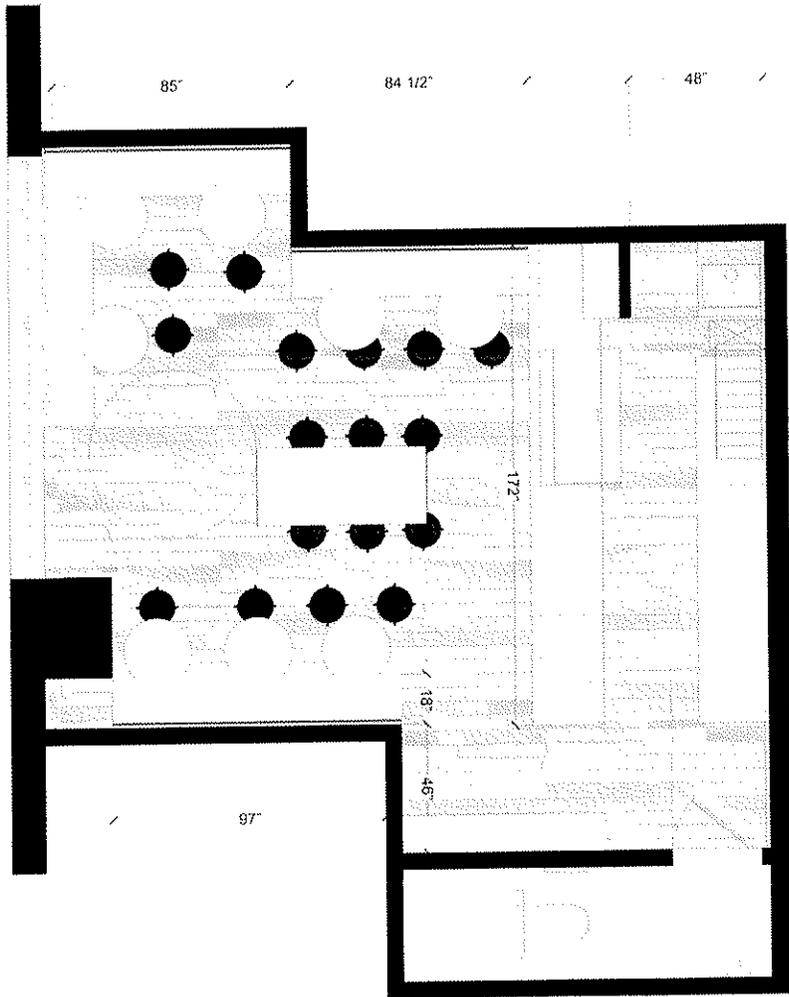
10/13/15
DATE

 10/13/15



08.26.2015

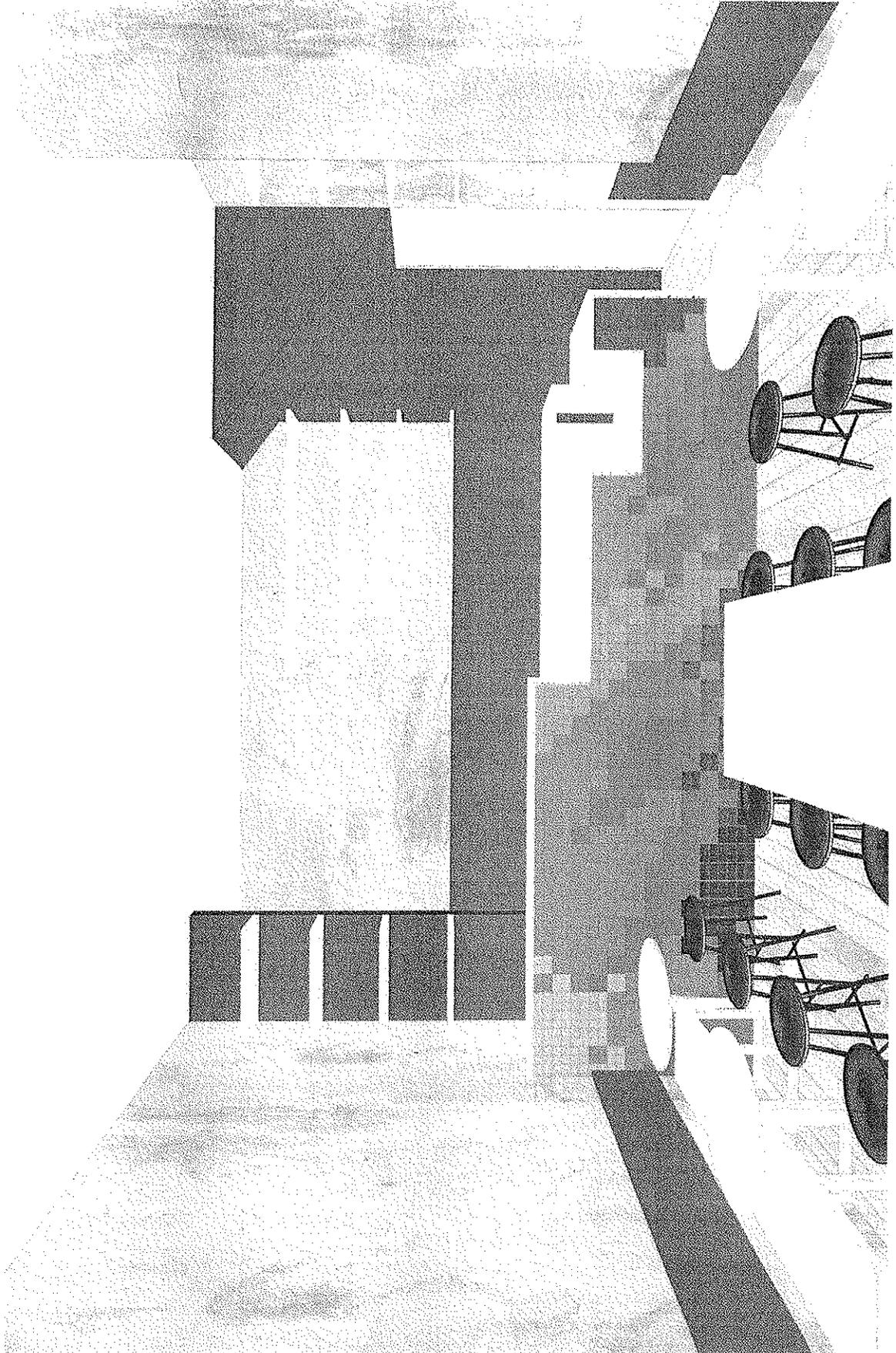
CAFE BAMBA



217'

CAFE BAMBA

08.26.2015
Plan

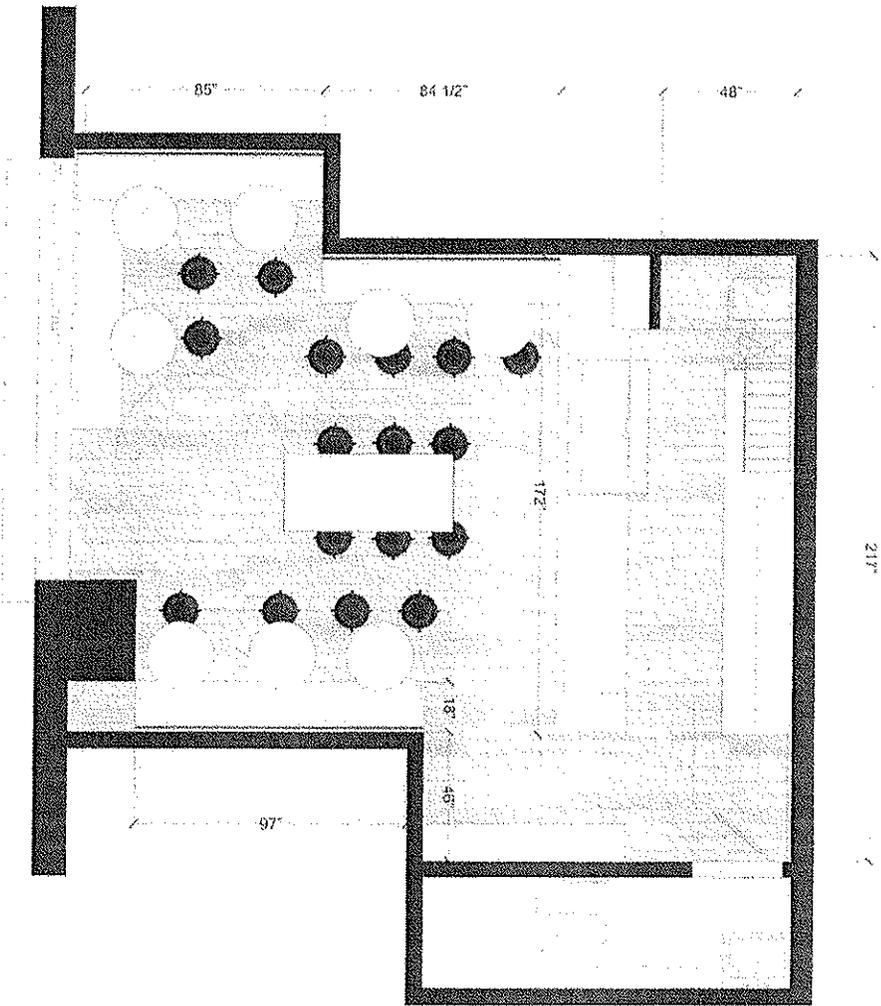


08.26.2015

CAFE BAMBA

CAFE BAMBA

08.26.2015
Plan



21"

Certificate of Occupancy

CO Number: 102487676F

This certifies that the premises described herein conforms substantially to the approved plans and specifications and to the requirements of all applicable laws, rules and regulations for the uses and occupancies specified. No change of use or occupancy shall be made unless a new Certificate of Occupancy is issued. *This document or a copy shall be available for inspection at the building at all reasonable times.*

A.	Borough: Manhattan	Block Number: 00747	Certificate Type: Final
	Address: 301 WEST 23 STREET	Lot Number(s): 1	Effective Date: 08/20/2015
	Building Identification Number (BIN): 1078540	Building Type: Altered	
<i>For zoning lot metes & bounds, please see BISWeb.</i>			
B.	Construction classification: 1	(Prior to 1968 Code)	
	Building Occupancy Group classification: COM	(Prior to 1968 Code)	
	Multiple Dwelling Law Classification: None		
	No. of stories: 3	Height in feet: 42	No. of dwelling units: 0
C.	Fire Protection Equipment: None associated with this filing.		
D.	Type and number of open spaces: None associated with this filing.		
E.	This Certificate is issued with the following legal limitations: None		
Borough Comments: None			



Borough Commissioner

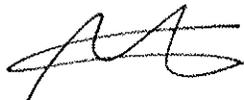


Commissioner

Certificate of Occupancy

CO Number: 102487676F

Permissible Use and Occupancy						
All Building Code occupancy group designations are 1968 designations, except RES, COM, or PUB which are 1938 Building Code occupancy group designations.						
Floor From To	Maximum persons permitted	Live load lbs per sq. ft.	Building Code occupancy group	Dwelling or Rooming Units	Zoning use group	Description of use
CEL		OG	C F-4		6A	STORE & STORAGE
CEL	126	OG	F-4		6A	EATING AND DRINKING ESTABLISHMENT WITH ACCESSORY KITCHEN
001	275	100	F-4 C		6A	EATING DRINKING ESTABLISHMENT WITH ACCESSORY KITCHEN
001		100	C		6A	STORE & LOBBY
001	100	100	F-4		6A	EATING & DRINKING ESTABLISHMENT ADDITIONAL DINING ROOM
002	50	75	G		3	ACTIVITY RMS NURSES STATION MULTI PURPOSES RMS DIRECTOR ASST DIRECTOR OFFICE SOCIAL OFFICE STAFF LOUNGE CONFERENCE & TEACHERS RM RECEPTION TOILETS DINING ROOM
003	50	50	G		3	ACTIVITY ROOM CONFERENCE ROOM LIVING ROOM, THERAP MULTI-PURPOSES ROOM, STAFF LOUNGE, DINING AREA RECEPTION
003		50	D-2		3	KITCHEN, TOILETS, SHOWERS
TOTAL: COMMERCIAL SCHOOL NEW CODE NOTE: THIS CERTIFICATE OF OCCUPANCY IS TO CHANGE GROUP AND USE GROUP						
END OF SECTION						



Borough Commissioner



Commissioner

END OF DOCUMENT

LIST OF BLOCK ASSOCIATIONS NOTIFIED

Attached please find information regarding your liquor license application. Please note that all requested information **MUST** be submitted by 11am Wednesday, August 26th (Absolutely No Exceptions) by email. **Failure to comply by August 26th will result in a request to postpone to the following month's meeting on October 13th or a denial recommendation from the committee.** Applicants that have rooftop/rear yards/terrace/patio must call me by 1pm Thursday, August 27th to make arrangements for committee members to see the location.

Along with submitting the requested documents, you are required to reach out to all residential buildings on the block as well as residential buildings behind the premise. You will also need to reach out to the following organizations/Block Associations, prior to the September 8th meeting:

- 100 West 19th/20th/21st/22nd Streets Block Association: Bill Borock at wborock@hotmail.com
- 100 West 19th/20th/21st/22nd Streets Block Association: Michael Walsh at mwalshny@yahoo.com
- 200 West 19th/20th/21st/22nd/ 23rd Streets Block Association: Pamela Wolff at pamela@angel.net
- 200 West 19th/20th/21st/22nd/23rd Streets Block Association: Dottie Francoure at dfranco243@earthlink.net
- 200 West 19th/20th/21st/22nd/23rd Streets Block Association: Pat Cooke at fcmgt@me.com
- 200 West 19th/20th/21st/22nd/23rd Streets Block Association: Merle Lister at merle.levine@gmail.com
- 300 West 21st/22nd/23rd Streets Block Association: Eleanor Horowitz at eleanor@quiltedcorner.com
- 300 West 21st/ 22nd / 23rd Streets Block Association: Andra Gabrielle at 300wba@gmail.com
- 300 West 21st/ 22nd / 23rd Streets Block Association: Phyllis Waisman at phylliswaisman@gmail.com
- 300 West 21st/ 22nd / 23rd Streets Block Association: Zazel Loven at zazelloven@yahoo.com

****Please be advised that the Business License Stipulation Application **MUST** be signed by the Applicant/Owner at the time of the meeting****