

Manhattan Community Board 4

Liquor License Stipulations Application

(All Fields Must Be Completed)

APPLICANT The Lobster Place Inc.		DOING BUSINESS AS (DBA) The Lobster Place The Cull & Pistol		
STREET ADDRESS 75 9 th Avenue		CROSS STREETS W 15 th & W 16 th Street		
OWNER	NAME: Ian McGregor	ATTORNEY	NAME: Frank Palillo	
	PHONE: 646-398		PHONE: 212-962-4688	
	FAX:		FAX: 212-964-0643	
MANAGER	NAME: Paul Kermizian	LANDLORD	NAME: Kumar Navnit, Guru State Inc.	
	PHONE: 917-279-9931		PHONE: 914-953-2259	
	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 checked="" type="radio"/> Other (Explain):Retail Seafood Market			
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):			
License Type:	<input checked="" 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?	The Lobster Place	
		What is/was the address of the establishment?	75 9th Ave	
		What were the dates the applicant was involved with this former premise?	2002 - Present	
	<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 checked="" 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	7am – 11pm	7am – 11pm	7am – 11pm	7am – 11pm	7am – 11pm	7am – 11pm	7am – 11pm	7am – 11pm	7am – 11pm
	Music	7am – 11pm	7am – 11pm	7am – 11pm	7am – 11pm	7am – 11pm	7am – 11pm	7am – 11pm	7am – 11pm	7am – 11pm
	Kitchen	7am – 11pm	7am – 11pm	7am – 11pm	7am – 11pm	7am – 11pm	7am – 11pm	7am – 11pm	7am – 11pm	7am – 11pm
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	
	170	150	14	28	0	1	17	0	0	
How many floors are there? What is the capacity for each floor? (please respond in space provided)					<input checked="" type="checkbox"/> 1-2	<input type="checkbox"/> 3-4	<input type="checkbox"/> 5+	1 st Floor – 150		
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="checkbox"/> NO	N/A			
Will applicant have bottle service?					YES	NO	N/A			
Will you be hosting private parties and promotional events?					YES	<input checked="" type="checkbox"/> NO	N/A			
Will outside promoters be used?					YES	<input checked="" type="checkbox"/> NO	N/A			
Will the security plan submitted be implemented?					YES	NO	<input checked="" type="checkbox"/> N/A			
Will State certified security personnel be used?					YES	NO	<input checked="" type="checkbox"/> N/A			
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?					YES	NO	<input checked="" type="checkbox"/> 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)					<input checked="" type="checkbox"/> YES	NO	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="checkbox"/> 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="checkbox"/> N/A			
Will applicant provide contact information to neighbors and respond to complaints that arise?					<input checked="" type="checkbox"/> 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)?			<input checked="" type="checkbox"/> BACKGROUND	<input type="checkbox"/> LIVE MUSIC	<input type="checkbox"/> 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="checkbox"/> 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="checkbox"/> 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="checkbox"/> YES	NO	N/A			

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

LOCATION & ZONING				
Primary Zoning District:	Use Group 6	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?	<input checked="" type="checkbox"/> YES	NO	N/A	
Is the 500 Foot Rule or 200 Foot Rule Triggerred? If yes, which? Please attach a diagram of the establishments that trigger the rule.	YES	<input checked="" type="checkbox"/> NO	N/A	
Is a Public Assembly permit required?	YES	NO	N/A	
Are your plans filed with DOB?	<input checked="" type="checkbox"/> 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 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			
	# 2			
	# 3			

ADDITIONAL INFORMATION: (Applicant Use)

Owners: Paul Kermizian (917-279-9931), Kevin Beard, Scott Beard, Pete Langway

ADDITIONAL NOTES: (Office Use Only)

ADDITIONAL STIPULATIONS: (Office Use Only)

Manhattan Community Board 4 (MCB4) recommends:

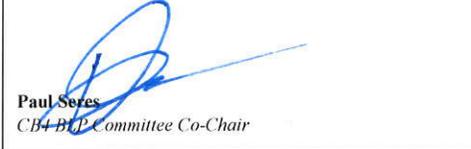
Denial unless all agreed to by applicant is part of the method of operation

Denial Approval

CB4 REPRESENTATIVES


Nelly Gonzalez
CB4 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 →

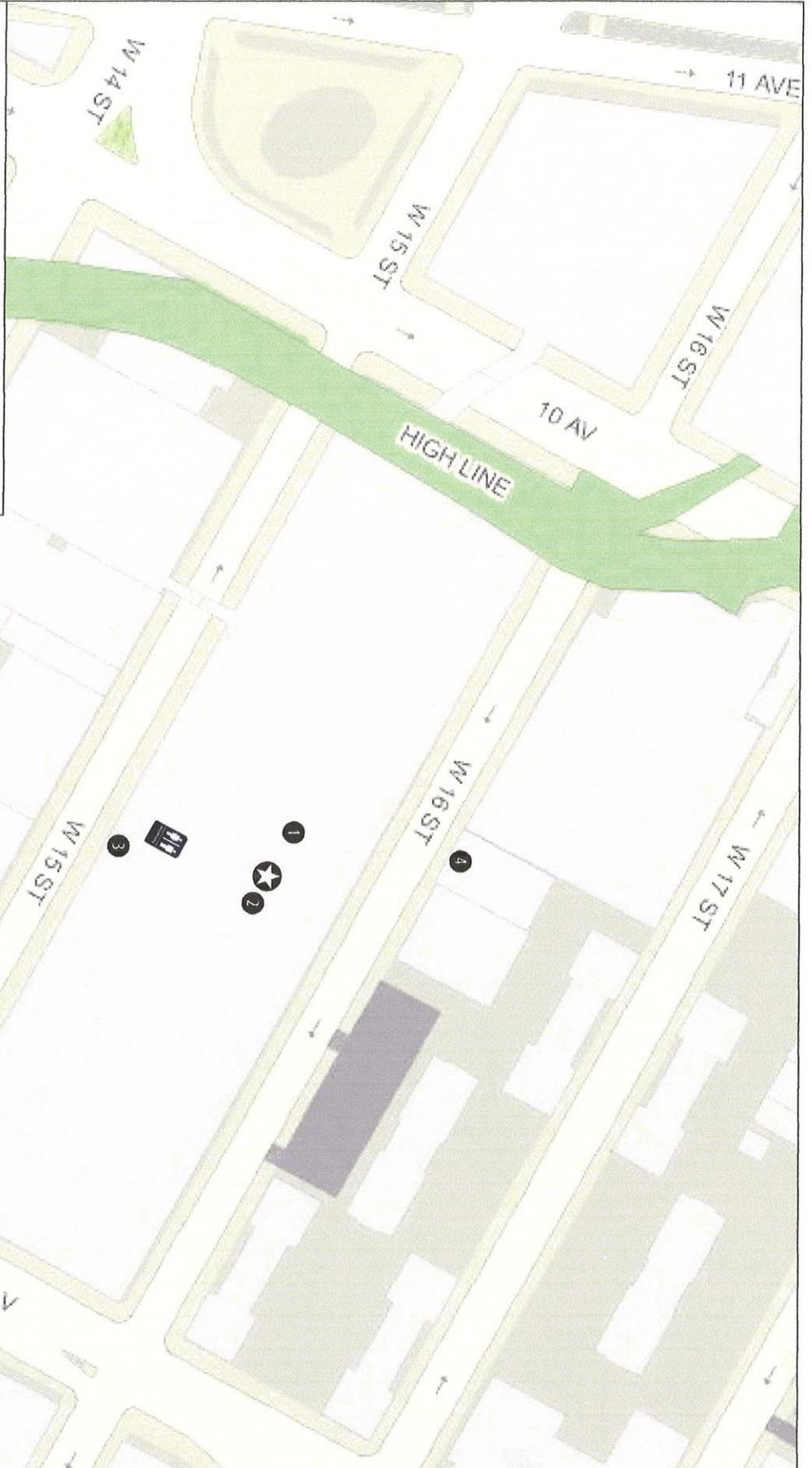

SIGNATURE OF APPLICANT

**Tuesday,
January 8, 2013**

DATE

CULL & PISTOL MENU

SMALL PLATES	
Whole Grilled Sardines	8
Smoked Trout Salad with Mustard Dressing	10
Polipetti	11
Grilled Head-on Blue Shrimp	12
Garden Salad	5
Fried Whitebait	7
Crispy Calamari Salad	8
New England Clam Chowder (12oz)	7
Lobster Bisque (12oz)	7
Bread Bowl	9
Mains	
<i>Sandwiches served with Fries & House Cured Pickles</i>	
Fried Fish Sandwich	15
Lobster Roll	21
Crab Club	15
Seared Tuna Nicoise Sandwich	17
Oyster Po' Boy	15
Maryland Crab Cake Sandwich	12
Fish Tacos	14
Fish & Chips	17
Grilled Whole Fish of Day	MP
Whole Steamed North Atlantic Lobster	20
Big Ol' Buckets	
<i>For Two People</i>	
Clambake	60
Peel & Eat Shrimp	18
Steamers	12
Mussels	12
Little Necks	24
Lobster Knuckles	30
Blue Crab (Seasonal)	25
Crawfish (Seasonal)	20
Sides	
Hand Cut Fries	5
House Slaw	5
House-cured Pickles	5
Grilled Vegetables	5
Corn on the Cob	2
Wine/Beer Program	
Beer	6-7
Wine (Glass)	9-13
Wine (Bottle)	30-60



TWO HUNDRED FIFTY (250) FOOT AREA PLAN

APPLICANT: MacGregor, Ian
 TRADE NAME (DBA):
 ADDRESS: 438 W 16th St, NY, NY 10011
 12/20/2012

★ The Looser Place 438 W 16th St, NY, NY 10011

NAME	TYPE	ADDRESS	DIST (FT)
1 Friedman's Lunch	BW	75 5th Ave, NY, NY 10011	62
2 The Green Table	OP	75 5th Ave, NY, NY 10011	26
3 The Topper (Basement level)	OP	75 5th Ave, NY, NY 10011	116
4 Highline Bathroom	OP	431 W 16th St, NY, NY 10011	183

* Note: Five (5) restaurants directly opposite premises within Chelsea Market. Distances range from 60 - 91'

