

Manhattan Community Board 4

(All Fields Must Be Completed)

Liquor License Stipulations Application

APPLICANT		DOING BUSINESS AS (DIA)		
Benjamin Pratt		As Is NYC		
STREET ADDRESS		CROSS STREETS		
734 10 th Avenue		50 th St. / 10 th Ave		
OWNER	NAME:	Jodi Richard	ATTORNEY	
	PHONE:	917 576 2242	NAME:	
	FAX:		Terrence Flynn Jr. Esq.	
MANAGER	PHONE:	617 794 8625	PHONE:	
	FAX:		FAX:	
			LANDLORD	
	NAME:	Benjamin Pratt	NAME:	
	PHONE:	617 794 8625	PHONE:	
	FAX:		FAX:	
			9300 Realty	
			212 228 9300	
			212 228 7365	
DESCRIPTION OF BUSINESS				
Establishment Type:	<input checked="" type="checkbox"/> Bar/Tavern <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Eating Place/Beer <input type="checkbox"/> Cabaret <input type="checkbox"/> Night Club <input type="checkbox"/> Hotel <input type="checkbox"/> Restaurant <input type="checkbox"/> Catering Establishment <input type="checkbox"/> Club (Fraternal Organization - Members Only) <input type="checkbox"/> Other (Explain): _____			
Method of Operation:	<input checked="" type="checkbox"/> Restaurant <input type="checkbox"/> Dance Club <input type="checkbox"/> Sports Bar <input type="checkbox"/> Adult Entertainment <input type="checkbox"/> Wine Bar <input type="checkbox"/> Pizzeria <input type="checkbox"/> Cafe <input type="checkbox"/> Other (Explain): _____			
License Type:	<input checked="" type="checkbox"/> On-Premise <input type="checkbox"/> Wine <input type="checkbox"/> Beer <input type="checkbox"/> Wine & Beer			
APPLICATION TYPE (check one)	<input checked="" type="checkbox"/> 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?	Altera	
		What is/was the address of the establishment?	77 Worth St.	
		What were the dates the applicant was involved with this former premise?	2012 - Present	
	<input type="checkbox"/> 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="radio"/> YES	<input type="radio"/> NO
		If alterations or operational changes are being made, please attach the plans to this form.		
	<input type="checkbox"/> Alteration	What is the current license #?		
		What is the expiration date on the current license?		
Please describe the nature of the alterations and attach the plans				

OPERATIONAL ISSUES

HOURS		MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
	Operation	4-2	4-2	4-2	4-2	4-2	4-2	4-2
	Music	↓	↓	↓	↓	↓	↓	↓
	Kitchen	↓	↓	↓	↓	↓	↓	↓

BP

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
	74	70	8	40	0	1	12	n/a	n/a

BP

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+
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?	<input checked="" type="radio"/> YES	NO	N/A
Will outside promoters be used?	YES	<input checked="" type="radio"/> NO	N/A
Will the security plan submitted be implemented?	<input checked="" type="radio"/> YES	NO	N/A
Will State certified security personnel be used?	YES	<input checked="" type="radio"/> NO	N/A
Will New York Nightlife Association recommendations and NYPD Best Practices be followed?	<input checked="" type="radio"/> 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	<input checked="" type="radio"/> 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="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?	<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?	YES	<input checked="" 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 checked="" 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 checked="" 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 checked="" 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	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	<input checked="" 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 checked="" type="radio"/> N/A

LOCATION & ZONING

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

ADDITIONAL STIPULATIONS: (Office Use Only)

→ Windows will be closed at all times.

~~9 PM Sun - Thurs~~

~~10 PM Fri & Sat~~

~~And Any time amplified music or sound~~

→ Closed at 1 AM Sun - ~~Thurs~~ Weds

2 AM Thurs, Fri & Sat.

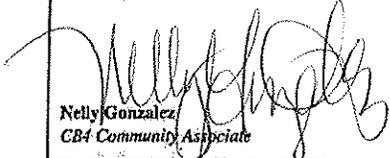
- Sound report to CB before full board
 ² implement recs.
- Attend SO/SI BA meetings at least
 every other month / 1/2 times per year
- Respond to any neighborhood complaints
 as they arise

BP

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 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

10/8/2013
DATE

As Is NYC Food
Small Plate

pickled root vegetables

smoked nuts from Sicily

olive oil from Frantoi Cutrera

Lolin, the world's best anchovies

A la Carte – to be shared

heart salad with anchovy emulsion & walnuts

charred onions with elderflower & Havgus

beef heart with potatoes

tatar of beef with cress & rye bread

- served in small sizes, and in the order we prepare them

Substance

A series of more substantial dishes, sandwiches ie. poached sausages, lobster rolls, and fresh salads. 5 options dependent on season and market availability

Dairy and meat

Cheese and charcuterie selections.

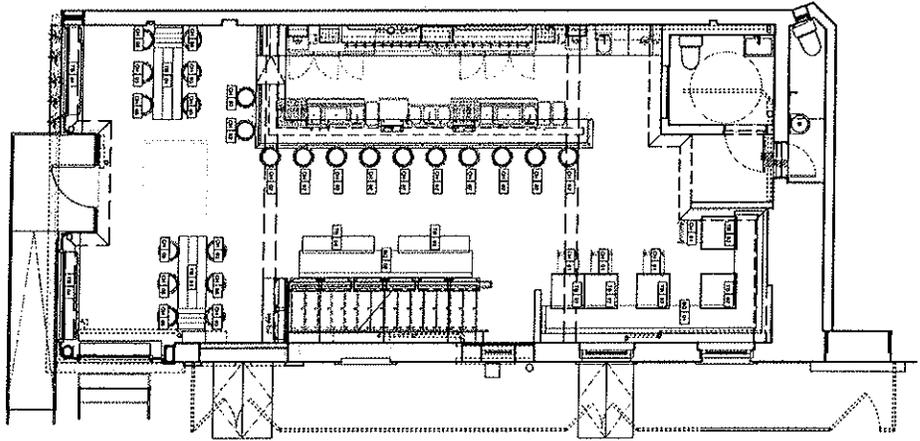
Plates of 3, 5, or 7 available with bread and a pairing

Dessert

Ice cream sandwich, Sundae.

(Example)

1. FIRST FLOOR FURNITURE PLAN



SCALE: 1/4" = 1'-0"



KEY: DETAIL NOTE

NOT FOR CONSTRUCTION

DATE:	07/21/13
SCALE:	AS SHOWN
PROJECT:	AS SHOWN
NO.:	104.00
DATE:	07/21/13
SCALE:	AS SHOWN
PROJECT:	AS SHOWN
NO.:	104.00

NO.	DATE	REVISIONS
01	07/21/13	ISSUED FOR PERMIT
02	07/21/13	REVISED FOR CONSTRUCTION
03	07/21/13	REVISED FOR CONSTRUCTION
04	07/21/13	REVISED FOR CONSTRUCTION
05	07/21/13	REVISED FOR CONSTRUCTION
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17	07/21/13	REVISED FOR CONSTRUCTION
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19	07/21/13	REVISED FOR CONSTRUCTION
20	07/21/13	REVISED FOR CONSTRUCTION

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19	07/21/13	REVISED FOR CONSTRUCTION
20	07/21/13	REVISED FOR CONSTRUCTION

AS IS
BEER + BITTERS
 734 W 10TH,
 New York, NY 10019

PROJECT:	AS SHOWN
NO.:	104.00
DATE:	07/21/13
SCALE:	AS SHOWN
PROJECT:	AS SHOWN
NO.:	104.00
DATE:	07/21/13
SCALE:	AS SHOWN

PARTS AND LABOR
 DESIGN, LLC
 87 BROADWAY, 5TH FLOOR
 NEW YORK, NY 10013 P: 646.412.1100

Proximity Report for Location:

October 2, 2013

734 10TH AVE, New York, 10019

* This report is for informational purposes only in aid of identifying establishments potentially subject to 500 and 200 foot rules. Distances are approximated using industry standard GIS techniques and do not reflect actual distances between points of entry. The NYS Liquor Authority makes no representation as to the accuracy of the information and disclaims any liability for errors.

Closest Liquor Stores

Name	Address	Approx. Distance
EAST VILLAGE WINE & LIQUORS INC	141A ATTORNEY STREET	515 ft
TURTLE DOVE LLC	28 30 CLINTON ST	535 ft
GARYS LIQUOR INC	141 ESSEX STREET	780 ft
JADE FOUNTAIN LIQUOR CORP	123 DELANCEY STREET	805 ft
LOON CHUN INCORPORATED	45 PITT STREET	1030 ft
EAST HOUSTON STREET WINE & LIQUOR INC	250 E HOUSTON ST	1095 ft
DISCOVERY WINES LLC	16 AVE B	1175 ft
GARYS LIQUOR INC	141 ESSEX STREET	315 ft
FLYNN MCCLURE INC	100 STANTON ST	545 ft
JADE FOUNTAIN LIQUOR CORP	123 DELANCEY STREET	635 ft
KK & HZ LLC	101 ALLEN ST	785 ft
EAST HOUSTON STREET WINE & LIQUOR INC	250 E HOUSTON ST	1120 ft
TURTLE DOVE LLC	28 30 CLINTON ST	1125 ft
EAST VILLAGE WINE & LIQUORS INC	141A ATTORNEY STREET	1300 ft
ADRIATIC WINE & LIQUOR LLC	714 10TH AVENUE	265 ft
CELLAR 53 WINE & SPIRITS INC	785 10TH AVE	815 ft
RAY & FRANK LIQUOR STORE INC	706 9TH AVENUE	1015 ft
ROYAL WINES & LIQUORS INC	789 9TH AVE	1080 ft
WEST 54 LIQUORS LLC	453 W 54TH ST	1135 ft
NINTH AVENUE VINTNER LTD	669 9TH AVENUE	1315 ft
CHOSEN TRADING CORP	400 WEST 55TH ST AKA 839 9TH A	1550 ft

Churches within 500 Feet

Name	Approx. Distance
Sacred Heart of Jesus Roman Catholic Church	210 ft

Schools within 500 Feet

Name	Address	Approx. Distance
PARK WEST HS	525 W 50TH ST	225 ft

On-Premise Licenses within 750 Feet

Name	Address	Approx. Distance
BRICK HOUSE SALOON CORP	735 10TH AVE	25 ft
PEACEFUL ENTERPRISE CORP	738 10TH AVE	75 ft

Name	Address	Approx. Distance
BGHO LLC	696 10TH AVENUE	430 ft
DAGDA CORP	692 10TH AVENUE	465 ft
688 10TH AVE RESTAURANT CORP	688 10TH AVE	505 ft
FAIRYTALES LOUNGE CORP	500 W 48TH STREET	550 ft
TABOON RESTAURANT CORP	773 10TH AVENUE	570 ft
VENDANGE GROUP LLC, THE	510 W 52ND ST	610 ft
PHYSICAL ONION LLC	697 10TH AVE	630 ft

Pending Licenses within 750 Feet

Name	Address	Approx. Distance
RAMEN TIME INC	464 W 51ST ST	400 ft
POCKET BAR 455 W 48TH CORP	455 W 48TH ST	500 ft

Unmapped licenses within zipcode of report location

Name	Address
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COREY JOHNSON
Chair

ROBERT J. BENFATTO, JR., ESQ.
District Manager

CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD No. 4
330 West 42nd Street, 26th floor, New York, NY 10036
tel: 212-736-4536 fax: 212-947-5512
www.nyc.gov/mcub4

PUBLIC NOTICE

Business Licenses and Permits Committee
will discuss an application submitted by

As Is NYC, INC.
734 10th Avenue

An application for an On-Premise Liquor License

DATE:	Tuesday, October 8, 2013
TIME:	6:30 PM
PLACE:	Intercontinental NY Time Square - 300 West 44 th Street

We invite you to attend this meeting and give your comments on this application.
Alternately, you may mail, fax or email us at the address listed above.
For more information, please call 212-736-4536.

Statement of Public Convenience and Advantage

Granting an On Premise Liquor License to the applicant would be in the public convenience and advantage for the following reasons:

1. The business will create jobs, which are extremely necessary in the City and State of New York at this time.
2. The business will also create jobs for the construction and renovation, which will take place at the premise. This will provide additional economic stimulus to the area.
3. The business will increase City and State Tax bases by increasing revenue from sales, withholding, corporate and personal taxes. This is more important now in the face of certain deficits in the State budgets
4. The business will provide the neighborhood with a unique eating and drinking establishment.
5. The business will foster competition within the industry. Competition will result in increased services to the community and competitive pricing. These are benefits to the community.
6. The project will have further positive effects on the community resulting from trickle down economic factors; increase purchase of materials, food products, liquor inventory etc.
7. The operators have experience in the industry and have demonstrated at the other establishments they operate that the premise will be operated in a manner which will serve the immediate public.

These factors independently may not constitute public convenience and advantage, however, these factors taken together and there cumulative effects surely constitute public convenience and advantage in this case.

Flynn & Flynn, P.L.L.C.

ATTORNEYS AT LAW

TERRENCE R. FLYNN, JR.

MARY P. FLYNN

198 Beach 102nd Street
2nd Floor
Rockaway Park, New York 11694
TEL: 718-945-1000
FAX: 718-318-6162

August 22, 2013

CERTIFIED MAIL
NO. 7011 2970 0002 5360 3385
RETURN RECEIPT REQUESTED

Mr. Robert J. Benfatto, District Manager
Community Board No.4
330 W 42nd Street, Suite 2618
New York, NY 10036

Re: As Is NYC Inc – On Premise
Liquor License Application.

Dear Mr. Benfatto:

Please be advised that I am the attorney for As Is NYC Inc that is applying for an On Premise Liquor License application for the premises located at 734 10th Avenue, New York, NY 10019. This notification is given pursuant to Section 64, Subdivision 2A of the Alcoholic Beverage Control Law.

If you have any questions, please do not hesitate to call my office. Thank you for your cooperation in this matter.

Very truly yours,



Terrence R. Flynn, Jr.

TRFJ/vc

1.	Date the original copy of this Notice was mailed to the Local Municipality or Community Board:		08	22	2	0	13	
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:		CB#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:		Terrence Flynn					
4.	Attorney's Street Address:		198 Beach 102nd St.					
5.	City, Town or Village:		Rochamag Beach		State: NY		Zip Code: 11694	
6.	Business Telephone Number of Attorney:		718 945-1000					
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 type="checkbox"/> Wine and Beer Only	<input checked="" type="checkbox"/> Liquor, Wine and Beer			
8.	Extent of Food Service: (*X* One)		<input type="checkbox"/> Restaurant (Sale of food primarily; Full food menu; Kitchen run by chef)	<input checked="" 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"/> Patron Dancing (Small scale)	<input type="checkbox"/> Karaoke Bar
			<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"/> Topless Entertainment	
			<input type="checkbox"/> Recreational Facility (Sports Facility/Vessel)					
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"/> Garden/Grounds	
		<input type="checkbox"/> Sidewalk Cafe		<input type="checkbox"/> Other (Specify): None				
11.	Is the premises located within 500' of three or more on-premises liquor establishments?					<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
12.	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	
13.	License serial number:		pending		Expiration Date:			
14.	The applicant's or license holder's full name, as it appears or will appear on the license:							
15.	The Trade name, if any, under which the establishment conducts or will conduct business: AS IS NYC INC.							
16.	The establishment is located within the building which has the following street address:		734 10th Ave					
17.	City, Town, or Village:		New York		NY		Zip Code: 10019	
18.	The establishment is located on the following floor(s) of the building at the above address:							
19.	Within the building at the above address, the establishment is located within the room(s) numbered as follows:							
20.	Business telephone number of applicant/licensee:		617-794-8625		Business fax number of applicant/licensee:			
21.	Business e-mail address of applicant/licensee: Benjamin@asishnyc.com							
22.	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								
23.	Building owner's full name is:		459 W. 50th LLC.					
24.	Building owner's street address:		632 Broadway 7th Floor					
25.	City, Town, or Village:		New York		State NY		Zip Code: 10012	
26.	Business telephone number of building owner:		212-228-9300					
27.	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		Title		Signature				

7101 2970 0002 5360 3385

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE
 NEW YORK NY 10036

Postage	\$ 0.46
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.11

0404 5457
 04 Postmark
 AUG 22 2013
 08/22/2013

Sent to
 Robert Benfatto, Mgr. District CB#4
 Street, Apt. No.,
 or PO Box No. 330 W. 42nd St. Suite 2618
 City, State, ZIP+4
 New York, NY 10036
 PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>District Robert Benfatto, Mgr. Community Board 4 330 W. 42nd Street Suite 2618 New York, NY 10036</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>
<p>7101 2970 0002 5360 3385</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	