

THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003 Phone (212) 533-5300 www.cb3manhattan.org - info@cb3manhattan.org

Alysha Lewis-Coleman, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

Please bring the following items to the meeting:

| NO | TE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED. | | | | | |
|--|--|--|--|--|--|--|
| | O F | | | | | |
| _ | 0 | | | | | |
| A proposed food and or drink menu. | | | | | | |
| Petition in support of proposed business or change in business with signatures from | | | | | | |
| residential tenants at location and in buildings adjacent to, across the street from and be | | | | | | |
| | proposed location. Petition must give proposed hours and method of operation. For example: | | | | | |
| _ | restaurant, sports bar, combination restaurant/bar. (petition provided) | | | | | |
| Notice of proposed business to block or tenant association if one exists. You can find community groups and contact information on the CB 3 website: | | | | | | |
| | http://www.nvc.gov/html/mancb3/html/communitygroups/community group listings.shtml | | | | | |
| | Photographs of proof of conspicuous posting of meeting with newspaper showing date. | | | | | |
| ☐ If applicant has been or is licensed anywhere in City, letter from applicable community box | | | | | | |
| | indicating history of complaints and other comments. | | | | | |
| | | | | | | |
| | ck which you are applying for: | | | | | |
| × n | lew liquor license □ alteration of an existing liquor license □ corporate change | | | | | |
| 01 | | | | | | |
| | ck if either of these apply: | | | | | |
| LI S | ale of assets upgrade (change of class) of an existing liquor license | | | | | |
| Tod | lay's Date: April 30, 2018 | | | | | |
| 100 | ay 5 Date1 | | | | | |
| If a | pplying for sale of assets, you must bring letter from current owner confirming that you | | | | | |
| | buying business or have the seller come with you to the meeting. | | | | | |
| Is lo | ocation currently licensed? Yes No Type of license: | | | | | |
| If al | teration, describe nature of alteration: N.A. | | | | | |
| Pre | vious or current use of the location: Electronics | | | | | |
| Corporation and trade name of current license: N.A. | | | | | | |
| | • | | | | | |
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| | PLICANT: | | | | | |
| Pre | mise address: 73 Monroe Street | | | | | |
| | ss streets: Pike & Market Streets | | | | | |
| Name of applicant and all principals: The Marilyn NYC, LLC, Principals: Luis Gil, Umi Muktar-Barnes, | | | | | | |
| man | ne of applicant and all principals: The Mariyii NYC, LLC, Principals. Luis Gil, Officividatal-Barries, | | | | | |
| | ne of applicant and all principals: | | | | | |

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| PREMISE: | | | | |
|--|--|--|--|--|
| Type of building and number of floors: 5 Story Apartment Building | | | | |
| Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages (includes roof & yard) □ Yes ☑ No If Yes, describe and show on diagram: | | | | |
| | | | | |
| Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? ■ Yes ■ No What is maximum NUMBER of people permitted? 74 | | | | |
| Do you plan to apply for Public Assembly permit? ■ Yes ■ No | | | | |
| What is the zoning designation (check zoning using map: $\underline{\text{http://gis.nyc.gov/doitt/nycitymap/}} $ | | | | |
| please give specific zoning designation, such as R8 or C2): C8-4 | | | | |
| DRODOCED METHOD OF ODER ATION. | | | | |
| PROPOSED METHOD OF OPERATION: Will any other business besides food or alcohol service be conducted at premise? □ Yes ☑ No | | | | |
| If yes, please describe what type: | | | | |
| | | | | |
| What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) 6pm-1am Sunday thru Wednesday; 6pm-4am Thurs., Fri. & Sat. | | | | |
| | | | | |
| Number of tables? 6 Total number of seats? 36 | | | | |
| How many stand-up bars/ bar seats are located on the premise? 1 Bar 25 Seats | | | | |
| (A stand up bar is any bar or counter (whether with seating or not) over which a patron can order, | | | | |
| pay for and receive an alcoholic beverage) | | | | |
| Describe all bars (length, shape and location): U-Shaped near entrance 23 ft. x 6ft. | | | | |
| Does premise have a full kitchen ■ Yes ■ No? | | | | |
| Does it have a food preparation area? ■ Yes ■ No (If any, show on diagram) | | | | |
| Is food available for sale? ■ Yes ■ No If yes, describe type of food and submit a menu Microwaveable Bar Foods | | | | |
| What are the hours kitchen will be open? Full Time | | | | |
| Will a manager or principal always be on site? ■ Yes ■ No If yes, which? Principal | | | | |
| How many employees will there be? 5 | | | | |
| Do you have or plan to install □ French doors □ accordion doors or □ windows? None | | | | |
| Will there be TVs/monitors? □ Yes ☑ No (If Yes, how many?) | | | | |
| Will premise have music? ■ Yes ■ No | | | | |

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| If Yes, what type of music? □ Live musician □ DJ □ Juke box ☑ Tapes/CDs/iPod | | | | |
|---|--|--|--|--|
| If other type, please describe | | | | |
| What will be the music volume? \blacksquare Background (quiet) \blacksquare Entertainment level | | | | |
| Please describe your sound system: Small subwoofer & two small speakers | | | | |
| | | | | |
| Will you host any promoted events, scheduled performances or any event at which a cover fee is | | | | |
| charged? If Yes, what type of events or performances are proposed and how often? None | | | | |
| | | | | |
| How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your | | | | |
| establishment? Please attach plans. (Please do not answer "we do not anticipate congestion.") | | | | |
| See attached plan. Will there be security personnel? □ Yes ☒ No (If Yes, how many and when) | | | | |
| | | | | |
| | | | | |
| How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans. See attached plan. | | | | |
| Do you have sound proofing installed? ■ Yes ■ No | | | | |
| If not, do you plan to install sound-proofing? ■ Yes ■ No | | | | |
| APPLICANT HISTORY: | | | | |
| Has this corporation or any principal been licensed previously? ■ Yes ■ No | | | | |
| If yes, please indicate name of establishment: Lion Lion, 332 East 116th St., New York, NY (CB9) | | | | |
| Axidax xxxx Seaborne, 228 Van Brunt St., Brooklyn, NY (CB6), 2015 Community Board # | | | | |
| Dates of operation: Lion Lion 2016-Present; Seaborne 2015-Present | | | | |
| If you answered "Yes" to the above question, please provide a letter from the community | | | | |
| board indicating history of complaints or other comments. | | | | |
| | | | | |
| Has any principal had work experience similar to the proposed business? ■ Yes ■ No If Yes, please | | | | |
| attach explanation of experience or resume. See attached | | | | |
| Does any principal have other businesses in this area? ☐ Yes ☒ No If Yes, please give trade name | | | | |
| and describe type of business | | | | |
| Has any principal had SLA reports or action within the past 3 years? ■ Yes ■ No If Yes, attach list | | | | |
| of violations and dates of violations and outcomes, if any. | | | | |
| | | | | |
| Attach a separate diagram that indicates the location (name and address) and total number of | | | | |

Please indicate whether establishments have On-Premise (OP) licenses. Please label streets and avenues and identify your location. Use letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting. See attached.

establishments selling/serving beer, wine (B/W) or liquor (OP) for 2 blocks in each direction.

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How many licensed establishments are within 1 block? 1 How many On-Premise (OP) liquor licenses are within 500 feet? 2 Is premise within 200 feet of any school or place of worship? ■ Yes ■ No **COMMUNITY OUTREACH:** Please see the Community Board website to find block associations or tenant associations in the immediate vicinity of your location for community outreach. Applicants are encouraged to reach out to community groups. Also use provided petitions, which clearly state the name, address, license for which you are applying, and the hours and method of operation of your establishment at the top of each page. (Attach additional sheets of paper as necessary). We are including the following questions to be able to prepare stipulations and have the meeting be faster and more efficient. Please answer per your business plan; do not plan to negotiate at the meeting. 1. I will operate a full-service restaurant, specifically a (type of restaurant) , with a kitchen open and serving food during all hours of operation $OR \boxtimes I$ have less than full-service kitchen but will serve food all hours of operation. 2. I will close any front or rear façade doors and windows at 10:00 P.M. every night or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances. 3. ■ I will not have ■ DJs, ■ live music, ■ promoted events, ■ any event at which a cover fee is charged, scheduled performances, mare than xxxx Discharged, events per xxxx Discharged 4. I will play ambient recorded background music only. 5. I will not apply for an alteration to the method of operation or for any physical alterations of any nature without first coming before CB 3. 6. I will not seek a change in class to a full on-premise liquor license without first obtaining approval from CB 3. N A 7. I will not participate in pub crawls or have party buses come to my establishment. 8. \square I will not have a happy hour or drink specials with or without time restrictions OR \square I will have happy hour and it will end by ____. 9. I will not have wait lines outside. I will have a staff person responsible for ensuring no loitering, noise or crowds outside. 10. \boxtimes Residents may contact the manager/owner at the number below. Any complaints will be

LOCATION:

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addressed immediately. I will revisit the above-stated method of operation if necessary in order

to minimize my establishment's impact on my neighbors.

Community Board No. 3 (Manhattan)

Application of The Marilyn NYC LLC, 73 Monroe Street

Rider to Liquor License Application Questionnaire

Principals Work Experience

Umi Muktar-Barnes, one of the applicant's principals, served as manager of Little Branch LLC, 20 7th Avenue South, New York, NY from August, 2016, to July, 2017. Little Branch is a bar/tavern with a method of operation similar to that planned by the applicant.

Crowd Control

In the event applicant's premises are filled to capacity, persons seeking entrance will be told that no lines at the door are permitted, and they should leave their cell phone numbers and will be called when they can be accommodated.

Noise Control

Music will be background only and played at conversational levels. Applicant's principals are meeting with a sound engineer to develop plans to sound proof the establishment. There is an air shaft between applicant's building and 75 Monroe Street, which will minimize any possible impact on the basement apartment in 75 Monroe Street.

ATTENTION RESIDENTS & NEIGHBORS

THE MARILYN NYC, LLC d/b/a THE MARILYN CONTACT UMI MUKTAR-BARNES (646)251-6961

Company/DBA Name and Contact Number for Questions

Plans to open a

BAR/TAVERN

(Please choose) Bar/Restaurant/Club and indicate if there will be a Sidewalk Café or Backyard Garden

at the following location

73 MONROE STREET Building Number and Street Name (Address)

This establishment is seeking a license to serve

IQUOR, WINE & BEER Beer & Wine or Beer/Wine & Liquor

There will be an opportunity for public comment on

Monday, May 14, 2018 at 6:30pm Public Hotel, Sophia Room, 17th Floor 215 Chrystie Street (btwn Houston & Stanton Sts)

Date/Time/Location

UMI MUKTAR-BARNES (646)251-6961 Applicant Contact Information

At COMMUNITY BOARD 3

SLA & DCA Licensing Committee Meeting info@cb3manhattan.org - www.cb3manhattan.org

ATTENTION RESIDENTS & NEIGHBORS

第3社區居民 請注意

THE MARILYN NYC d/b/a THE MARILYN

CONTACT UMI MUKTAR-BARNES (646)251-6961 公司名字(Company) and/和 聯繫人的資料 (Contact Info)

Plans to open a (以上的店主想要在第3社區申請生意相關牌照擴展生意)

BAR

(請選擇/please choose)

酒吧(Bar)/餐館 (Restaurant) 戶外咖啡 (Sidewalk Café) or 或者 後院花園咖啡(Backyard Use)

73 MONROE STREET

Address/生意地址

seeking a license to serve(以上的店主想要請以下相關酒牌照)

LIQUOR, WINE & BEER

(請選擇/please choose)

啤酒和酒牌照(Beer & Wine) or/或者 啤酒牌照 (Beer) or/或者 酒和烈酒牌照 (Wine & Liquor)

Public meeting for comments

第3社區的居民有權利提出自己的意見和建議.

(CB3 SLA & DCA Committee Meeting)

曼哈頓第3社區委員會 酒牌和紐約市消費局有關小商業牌照委員會

Monday, May 14, 2018 at 6:30pm Public Hotel, Sophia Room, 17th Floor 215 Chrystie Street (btwn Houston & Stanton Sts)

時間 (Time) 和地點 (Location)

NEIGHBORING RESIDENTS VECINOS DE LA COMUNIDAD

THE MARILYN NYC LLC, d/b/a THE MARILYN

CONTACT UMI MUKTAR BARNES (646)251-6916

Company Name/ Contact Info

Nombre de la Compañía/el teléfono de contacto

Plans to open a:

Planifique abrir un/una:

BAR

(Please choose) Bar/Restaurant sidewalk café/backyard use

UNA BARRA

(Favor de escoger) una Barra/un Restaurante un café de acera o un patio de atrás

73 MONROE STREET

address

dirección

Seeking a license to serve

En buscada de una licencia para servir:

LIQUOR, WINE & BEER

CERVAZA Y VINO Y BEBIDAS

Beer & Wine or Beer/Wine & Liquor

Cerveza y vino o cerveza/vino y bebidas alcohólicas

Public meeting for comments

Reunión público para comentarios

Monday, May 14, 2018 at 6:30pm Public Hotel, Sophia Room, 17th Floor 215 Chrystie Street (btwn Houston & Stanton Sts)

At COMMUNITY BOARD 3
SLA & DCA Licensing
Committee Meeting

En la JUNTA COMUNITARIA 3 La reunión del Comité de Licencias del SLA y del DCA

info@cb3manhattan.org - www.cb3manhattan.org

Petition to Support Proposed Liquor License

| to the following applicant/establishment (company and/or trade name) The Marilyn NYC LLC Address of premises:73 Monroe Street This business will be a: (circle) Bar Restaurant Other: The hours of operation will be: 6pm to 4 am, Daily including Sunday PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area. Other information regarding the license: | Date: | | | | | | |
|---|--|----------------------------------|------------------------------|--|--|--|--|
| to the following applicant/establishment (company and/or trade name) | The following undersigned <u>residents</u> of the area support the issuance of the following liquor license (indicate the type of license such as full-liquor or beer-wine) <u>Full Liquor</u> | | | | | | |
| Address of premises:73 Monroe Street This business will be a: (circle) Bar Restaurant Other: The hours of operation will be: 6pm to 4 am, Daily including Sunday PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area. Other information regarding the license: | | | | | | | |
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| 6pm to 4 am, Daily including Sunday PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area. Other information regarding the license: | | | | | | | |
| PLEASE NOTE: Signatures should be from <u>residents</u> of building, adjoining buildings, and within 2-block area. Other information regarding the license: | The hours of operation will be: | | | | | | |
| Other information regarding the license: | 6pm to 4 am, Daily including | Sunday | | | | | |
| | PLEASE NOTE: Signatures should be from <u>residents</u> of building, adjoining buildings, and within 2-block area. | | | | | | |
| Name Signature Address and Apt # (required) | Other information regarding the license: | | | | | | |
| | Name | Signature | Address and Apt # (required) | | | | |
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