



CITY OF NEW YORK

MANHATTAN COMMUNITY BOARD FOUR

330 West 42nd Street, 26th floor New York, NY 10036
tel: 212-736-4536 fax: 212-947-9512
www.nyc.gov/mcb4

COREY JOHNSON
Chair

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

August 5, 2013

Dennis Rosen
Chairman
New York State Liquor Authority
80 S. Swan Street, 9th Floor
Albany, New York 12210

Re: Convo 47 LLC
d/b/a Convo 47
675 9th Avenue (46/47)

Dear Chairman Rosen:

Manhattan Community Board 4 (MCB4) recommends denial of an alteration/Transfer for an On-Premise Liquor License for Convo 47 at 675 9th Avenue (46/47) unless the following stipulations, agreed to by the applicant, are part of the method of operation for this establishment with a capacity of 74 people, 11 tables with 26 seats, and 1 stand-up bar with 10 seats.

- No other change to method of operation
- Close doors at 10PM Sunday-Thursday and 11PM Friday & Saturday and whenever amplified music is played

A signed copy of the questionnaire and stipulations are enclosed.

Sincerely,

Corey Johnson
Chair

[signed 7/31/13]
Paul Seres
Co-Chair
Business License & Permits
Committee

[signed 7/31/13]
Lisa Daglian
Co-Chair
Business License & Permits
Committee

Manhattan Community Board 4
(All Fields Must Be Completed)

Liquor License Stipulations Application

| | | | | |
|--|---|--|----------------------------|-------------------------------------|
| APPLICANT CONVO 47 LLC | | DOING BUSINESS AS (DBA) CONVO 47 | | |
| STREET ADDRESS 675 NINTH AVENUE, NYC | | CROSS STREETS 46TH - 47TH | | |
| OWNER | NAME: ROBERT MING | ATTORNEY | NAME: BARRY P. FOX | |
| | PHONE: 347-326-3526 | | PHONE: 212-768-7900 | |
| | FAX: 212-595-4033 | | FAX: 212-302-6715 | |
| MANAGER | NAME: ROBERT MING | LANDLORD | NAME: LESAGA LLC | |
| | PHONE: SEE ABOVE | | PHONE: 212-874-1882 | |
| | 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): _____ | | | |
| 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 type="radio"/> Wine & Beer | | | |
| APPLICATION TYPE (check one) | <input type="radio"/> New | Has applicant owned or managed a similar business? | YES | NO |
| | | What is/was the name of establishment? | | |
| | | What is/was the address of the establishment? | | |
| | | What were the dates the applicant was involved with this former premise? | | |
| | <input checked="" type="radio"/> Transfer | What is the prior license #? | 1244099 | |
| | | What is the expiration date on the prior license? | 7/31/2014 | |
| | | Are you making any alterations or operational changes? | YES | <input checked="" type="radio"/> NO |
| | | <i>If alterations or operational changes are being made, please attach the plans to this form.</i> | | |
| | <input checked="" type="radio"/> Alteration | What is the current license #? | 1244099 | |
| | | What is the expiration date on the current license? | 7/31/2014 | |
| <i>Please describe the nature of the alterations and attach the plans</i> just changing the name on the sign | | | | |

OPERATIONAL ISSUES

| HOURS | | MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY | SUNDAY | |
|-------|-----------|---|---------|-----------|----------|--------|----------|--------|--|
| | Operation | 12:00 p.m. - 4:00 a.m. seven days per week | | | | | | | |
| | Music | 12:00 p.m. - 4:00 a.m. seven days per week | | | | | | | |
| | Kitchen | 12:00 p.m. - 12:00 a.m. seven days per week | | | | | | | |

Am.

| 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 | 65 | 11 | 26 | 0 | 1 | 10 | 0 | 0 |

| | | | | | | |
|--|------------|------------|-----|--|--|--|
| How many floors are there? What is the capacity for each floor? (please respond in space provided) | 1-2 | 3-4 | 5+ | 2 floors - basemnt & gr. floor total is 74 | | |
| Will you be applying or intending to apply for a cabaret license? If yes, will there be dancing? (please respond in space provided) | YES | NO | N/A | No | | |
| Will applicant have bottle service? | YES | NO | N/A | No | | |
| Will you be hosting private parties and promotional events? | YES | NO | N/A | No | | |
| Will outside promoters be used? | YES | NO | N/A | No | | |
| Will the security plan submitted be implemented? | YES | NO | N/A | No | | |
| Will State certified security personnel be used? | YES | NO | N/A | No | | |
| Will New York Nightlife Association recommendations and NYPD Best Practices be followed? | YES | NO | N/A | Yes | | |
| 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 | No | | |
| Will the applicant be applying for a Sidewalk Café now or in the future? (please respond in space provided) | YES | NO | N/A | No | | |
| 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 | | | |
| Will applicant provide contact information to neighbors and respond to complaints that arise? | YES | NO | N/A | Yes | | |
| Will you inform the Community Board office of your job openings and/or provide a hyperlink to your jobs webpage? | YES | NO | N/A | Yes | | |
| If you plan to have music, what type(s)? | BACKGROUND | LIVE MUSIC | DJ | background | | |

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. | YES | NO | N/A | windows will be closed in accordance with the hours set forth - 11pm and 10 | | |
| 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 | N/A | Yes | | |
| 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.) | YES | NO | N/A | Yes | | |

| OUTDOOR ITEMS | | | | |
|--|-----|----|-----|---|
| Will applicant use the rooftop, rear yard or any outdoor space? | YES | NO | N/A | No |
| 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 | N/A | NA |
| 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 | N/A | NA |
| The rear yard, rooftop, and any other outdoor space will not allow standing space for patrons to drink or smoke. | YES | NO | N/A | NA |
| 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 | N/A | NA |
| 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 | N/A | The applicant will have low volume background music and will close the French doors at 10:00 pm Sun. Thurs and 11:00 pm Friday and Saturday |
| Applicant will have a lighting plan that will allow safe usage of the outdoor space without disrupting neighbors? | YES | NO | N/A | NA |

LOCATION & ZONING

| | | | | |
|---|-----|--------------------------|-----|---------------------------------|
| Primary Zoning District: | R8 | Overlay (If Applicable): | | |
| Is this a Special District? If yes, is it Clinton, West Chelsea or Hudson Yards? | YES | NO | N/A | Yes - Clinton |
| Does the building have a Certificate of Occupancy ("C of O") or a letter of no objection? | YES | NO | N/A | There is a letter of completion |
| 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 | NO | N/A | the 500' rule only |
| Is a Public Assembly permit required? | YES | NO | N/A | No |
| Are your plans filed with DOB? | YES | NO | N/A | Unknown |

Building Type Residential Commercial Mixed Use Other, describe: _____

Adjacent Buildings Residential Commercial Mixed Use Other, describe: _____

| | | |
|--|-----|--|
| NOTIFICATION: What organizations / community groups have you notified regarding your application? | # 1 | The West 46th Street Block Association |
| | # 2 | |
| | # 3 | |

ADDITIONAL INFORMATION: (Applicant Use)

Presently, Zigolini's is operated as a family and neighborhood oriented restaurant which also serves the theater crowd. The tradename will be changed from "Zigolini's" to "Convo 47", but the menu and focus of the business will remain basically the same. The name "Convo 47" is intended to imply that the restaurant will be a place where people can have a conversation without having to shout over loud background music.

ADDITIONAL NOTES: (Office Use Only)

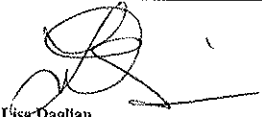
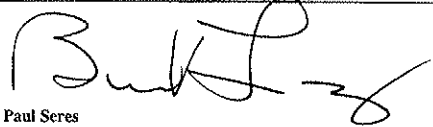
ADDITIONAL STIPULATIONS: (Office Use Only)

- No other change to method of operation
- Close doors at 10 PM Sun - Thurs
at 11 PM Fri & Sat and
whenever amplified music is played.

Robert King

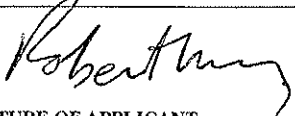
| | |
|--|---|
| Manhattan Community Board 4 (MCB4) recommends: | <input type="radio"/> Approval <input type="radio"/> Denial unless all agreed to by applicant is part of the method of operation <input type="radio"/> Denial |
|--|---|

CB4 REPRESENTATIVES

| | | |
|--|--|--|
| Nelly Gonzalez <i>CB4 Community Associate</i> |  Lisa Daglian <i>CB4 BLP Committee Co-Chair</i> |  Paul Seres <i>CB4 BLP Committee Co-Chair</i> |
|--|--|--|

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 | 5/17/2013 DATE |
|-------------|---|-------------------|