

Liquor License Application
Community Board One Questionnaire

Public Notice

We ask that you demonstrate one or more good-faith efforts at least 5 days prior to your meeting with a CB1 committee to notify your neighbors of your intention to open this establishment. These can include the following (please check what you have attached):

- a petition of neighbors in favor of the project (sample attached),
 - photographs of a flyer giving public notice of the Community Board meeting and the details of your application (sample attached),
 - meeting with a coop board and/or building management,
 - advertisements of the Community Board public meeting in local papers,
 - any mailings you have sent or distributed to neighbors, and/or
 - a photograph of a visible, eye-level notice posted on your property door announcing the date of the Community Board meeting and the details of your application
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Size and capacity of establishment:

Total square footage: _____

Public assembly capacity: _____

Dining Area

Bar Area

Kitchen Area

Total square footage: _____

Total square footage: _____

Total square footage: _____

of tables: _____

of tables: _____

#seats: _____

#seats: _____

Number of stand-up bars*: _____

Number of service bars: _____

Describe all bars (length, shape, and location): _____

Any food counters? Yes No

If Yes, please describe: _____

*A stand-up bar is any bar or counter (whether seating or not) over which a member of the public can order, pay for, and receive an alcoholic beverage.

Further Licensing:

Do you intend to apply for a cabaret license? Yes No

Do you intend to apply for a sidewalk café license? Yes No

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Hours of Operation:

	<i>Weekdays (Sun-Thurs)</i>	<i>Weekends (Fri. & Sat)</i>
Food Service Hours		
Bar Service Hours		
Final Closing Hour		

Music:

Will there be music? Yes No

If yes, what type of music? (Check all that apply)

Live Recorded DJ

What volume of music? (Check all that apply)

Background Other: _____

(If it could be heard outside, or by neighbors, it is not background music)

Will there be non-musical entertainment? Yes No

If yes, what type of non-musical entertainment? _____

Type of sound equipment: _____

Size and number of speakers and amperage: _____

Where will the speakers be installed? _____

Will you utilize subwoofers? Yes No

Type of sound proofing to be used: _____

Will the windows be open or closed? Open Closed

If open, what hours? _____

Will new kitchen exhaust equipment be installed? Yes No

What type of kitchen exhaust system will be used? _____

Where will the kitchen exhaust system vent to? _____

Where will the air conditioning system be placed? _____

What is the tonnage of the air conditioning system? _____

What will the decibel level of the air conditioning system be? _____

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Indicate if you will engage (check all that apply): Outside promoters
 Independent DJ's
 Security personnel
 None of the above

What type of security and crowd control will you employ?

Do you intend to have backyard dining? Yes No
If Yes, what hours will you serve liquor? _____

Do you intend to have rooftop dining? Yes No
If Yes, what hours will you serve liquor? _____

Do you plan to have bicycle delivery personnel? Yes No
If Yes, will you guarantee to inform them of
Department of Transportation bicycle rules? Yes No

Background information:

Corporate name: _____

Corporate address: _____

Phone number: _____

Name(s) and address of all principals:

Have any of the principals been previously licensed by the SLA? Yes No

If yes indicate name(s) and address of other establishments:

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Name(s) and phone number(s) of manager(s) to call in case there are problems:

Phone:

Cell:

Previous or existing corporate name(s) and d/b/a: _____

Who will manage the establishment? _____

Previous related experience of the manager: _____

Have you signed a lease for the space? Yes No

Finally, please submit the following additional items:

- The latest copy of your menu
- Your floor plan
- Certificate of Occupancy

I will not apply to the SLA for an alteration to the method of operation or the hours of operation without first notifying the community board: *Check Box*

Signature of Principal

Date

Printed Name of Principal

Signature of Presenter (if different from Principal)

Date

Printed Name of Presenter (if different from Principal)

* We recommend that you attend the community board meeting at which the full board will vote on your liquor license application.

PUBLIC MEETING NOTICE

SUBJECT: [ADDRESS]
Application for [type of liquor license application]
[Type of Establishment]
[Applicant name] d/b/a [Establishment name]

There will be an opportunity for public comment at the following
Community Board Meeting:

DATE: [Day of the week], [Month Day, Year]
TIME: [Time]
LOCATION: Community Board #1 Office
49-51 Chambers Street, Room 709
(Please bring photo ID)

Any member of the public interested in learning more about these applications or in expressing their opinion about it is urged to attend this meeting. Please contact Community Board #1 at (212) 442-5050 or via email at man01@cb.nyc.gov with any questions or comments.

