



THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD NO. 3

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Dominic Pisciotta, Board Chair

Susan Stetzer, District Manager

Cabaret License Application Questionnaire

Fill out completely or application will not be considered.

Bring 11 copies of this questionnaire **to the SLA & DCA Licensing Committee monthly meeting to be considered** by the SLA & Economic Development Committee. Otherwise the Committee will **write to the DCA notifying the agency of your failure to cooperate with the community review process.**

Include the following attachments:

- Petition signatures from residents in surrounding buildings;
- Photographs of space & photos of specific areas reserved for dancing with square footage;
- Letter notifying Police Precinct
- Provide plans for location.

For maximum public notification of your application, display the attached poster in a visible location on the outside of your establishment and adjacent buildings for **7 DAYS** prior to the meeting

Name of Legal Corporation: _____ **DBA:** _____

Address: _____ **Cross Streets:** _____

Applicant's Name on DCA Documents: _____

Telephone: _____ **E-Mail:** _____

Has any person named on this application ever been licensed by the New York City Department of Consumer Affairs (DCA)?

Yes No

If yes, please provide the license number(s) & locations where licenses operate. _____

Has any person named on this application ever been an officer, director, shareholder or partner holding a cabaret license?

Yes No

Has any person named on this application ever had a DCA license denied, suspended, or revoked?

Yes No

If yes, please provide the license number(s) & locations where licenses operate. _____

Hours of Operation _____

Number of employees & security on site _____

Will there be any promoted events? Yes No

Capacity of Location _____ Is this a live music venue Yes No If so, number of shows per night _____

Has this corporation received any other SLA licenses?

Yes

No

If yes, please indicate name of establishment: _____

Address: _____ Community Board #: _____

Cross Street: _____ Dates: _____

How many licensed establishments within 1 block of location, include d/b/a of businesses: _____

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	STREET				

If there are block associations or merchant associations or tenant associations in the immediate vicinity of your location, you must contact them. Please attach proof (copy of letter or poster) that you have advised these groups of your application. Petitions should 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 for any additional information.)

We ask that you provide contact information for residents and that if complaints are made, you act immediately to resolve the offending condition.

Contact Person: _____ Phone Number: _____

Address: _____

Name: _____

Signature: _____ Date: _____