

THE CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD NO. 3
59 East 4th Street - New York, NY 10003
Phone: (212) 533-5300 - Fax: (212) 533-3659
www.cb3manhattan.org - info@cb3manhattan.org

Dominic Pisciotta, Board Chair

Susan Stetzer, District Manager

Dear Applicants, Lawyers, Architects, and others who represent liquor license applicants,

Community Board 3 has received your notification of an application for a new or alteration liquor license. Your request has been placed on the agenda of the next meeting of the SLA (State Liquor Authority) & DCA (Department of Consumer Affairs) Licensing Committee of Community Board 3. This committee will meet on

[Meeting Date Field] at 6:30PM
JASA/Green Residence
200 East 5th Street, (corner of Bowery and 5th Street)

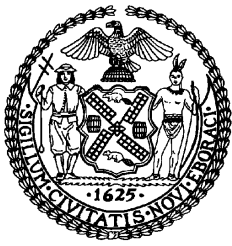
Please submit the enclosed questionnaire to the Community Board **by the due date listed in the email**. You can mail or fax the form to the letterhead address or fax number. A review of other procedures is included below.

- Completed questionnaires (**with requested diagrams**) should be submitted to the Community Board office **by the due date listed in the email invite. 6 copies (double sided)** plus additional requested information should be brought to the meeting, including copies of petitions circulated and proof of conspicuous posting of Community Board 3 notices at the site for **7 days** prior to the meeting (please include newspaper with date in photo). Please read questionnaire instructions carefully.
- Please inform the office of withdrawals by Friday noon before the Committee meeting. Notice must be in writing by fax, e-mail, or letter. Withdrawals must include statement that applicant will not file with the SLA until they appear before the Community Board. Any notices received after that will not be able to be processed for the committee and there will be a vote to deny due to nonappearance. Applicant must submit a new notice of intent to the Community Board to be included on agenda for a meeting at later date.
- Note that withdrawn applications **will not be rolled over** to next month as stated in previous paragraph.
- Applications without completed information - **including** petitions and proof of posting - will not be reviewed.
- Please note that the applicant must be present.

Thank you for your help and cooperation. If there are any questions, please call the office.

Sincerely,

Susan Stetzer
District Manager



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Community Board 3 Liquor License Application Questionnaire

Please bring the following items to the meeting:

NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.

- Photographs of the inside and outside of the premise.
- Schematics, floor plans or architectural drawings of the inside of the premise.
- 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 behind your proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar.
- Letter of notice of proposed business to block, tenant or neighborhood association if one exists. E-mail the CB3 office at **info@cb3manhattan.org** for help to find block associations.
- 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 board indicating history of complaints and other comments.

Check which you are applying for:

- | | |
|---|--|
| <input type="checkbox"/> new liquor license | <input type="checkbox"/> upgrade of an existing liquor license |
| <input type="checkbox"/> alteration of an existing liquor license | <input type="checkbox"/> sale of assets |
| <input type="checkbox"/> corporate change | |

If applying for sale of assets, you must bring letter from current owner confirming that you are buying business or have the seller come with you to the meeting.

Type of license: _____ Is location currently licensed? Yes No

If alteration, describe nature of alteration: _____

Previous or current use of the location: _____

Corporation and trade name of current license: _____

APPLICANT:

Name of applicant and all principals: _____

Trade name (DBA): _____

Premise address and cross streets: _____

PREMISE:

Type of building and number of floors: _____

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 certificate
of occupancy of back or side yard intended for commercial use? Yes No
Indoor Certificate of Occupancy _____ Outdoor Certificate of Occupancy _____

Do you plan to apply for Public Assembly permit? Yes No
Zoning designation (check zoning using map: <http://gis.nyc.gov/doitt/nycitymap/>):

Is this premise wheel chair accessible? Yes No

PROPOSED METHOD OF OPERATION:

What type of establishment will this be (i.e.: restaurant, bar, performance space, club, hotel)?

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) _____

Number of tables? _____ Number of seats at tables? _____

How many stand-up bars/ bar seats are located on the premise? _____
(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): _____

Any food counters? Yes No If Yes, describe: _____

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

What are the hours kitchen will be open? _____

Will a manager or principal always be on site? Yes No If yes, which? _____

How many employees will there be? _____

Do you have or plan to install French doors accordion doors or windows?

Will you agree to close any doors and windows at 10:00 P.M. every night? Yes No

Will there be TVs/monitors? Yes No (If Yes, how many?) _____

Will premise have music? Yes No

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? Background (quiet) Entertainment level

Please describe your sound system: _____

Will you host promoted events, scheduled performances or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed? _____

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans.

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.

Do you have or plan to install sound-proofing?

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously? Yes No

If yes, please indicate name of establishment: _____

Address: _____ Community Board # _____

Dates of operation: _____

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.

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

LOCATION:

How many licensed establishments are within 1 block? _____

How many licensed establishments are within 500 feet? _____

Is premise within a 500 foot radius of 3 or more establishments with OP licenses? Yes No

How many On-Premise (OP) liquor licenses are within 500 feet? _____

Is premise within 200 feet of any school or place of worship? Yes No

If there is a school or place of worship within 200 feet of your premise on the same block, submit a block plot diagram or area map showing its location in proximity to your premise and indicate the distance and name and address of the school or house of worship.

COMMUNITY OUTREACH:

If there are block associations, neighborhood or tenant associations in the immediate vicinity of your location, you must contact them. **Please attach proof (copies of letters and poster) that you have advised these groups of your application with sufficient time for them to respond to your notice.** You may contact the Community Board at info@cb3manhattan.org for any contact information that is on file.

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 as necessary).

CONTACT INFORMATION

Applicant's telephone number: _____ Email: _____

Contact Name: _____

Attorney Representative Other _____

Telephone number: _____ Email: _____

Please provide contact information for residents and the Community Board and confirm that if complaints are made, you will act immediately to resolve any problems.

Contact person: _____ Phone: _____

Address: _____

Email: _____

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Name: _____

Signature: _____ Date: _____

ATTENTION RESIDENTS & NEIGHBORS

Company/DBA Name and Contact Number for Questions

PLANS TO OPEN A

(Please Indicate) Bar/Restaurant/Club/Grocery/Liquor Store/Wholesaler,
Please indicate if there will be a Sidewalk Café or Backyard Garden

AT THE FOLLOWING LOCATION

Street Number and Street Name

THIS ESTABLISHMENT IS SEEKING A LICENSE TO SERVE

Beer & Wine or Beer/Wine & Liquor

THERE WILL BE AN OPPORTUNITY FOR PUBLIC COMMENT ON

Date/Time/Location

Applicant Contact Information

**AT COMMUNITY BOARD #3's
SLA & DCA LICENSING COMMITTEE MEETING**

CB#3, MANHATTAN - 59 EAST 4TH STREET - NEW YORK, NY 10003 - [PHONE] 212-533-5300
[EMAIL] INFO@CB3MANHATTAN.ORG - [WEBSITE] WWW.CB3MANHATTAN.ORG

The following undersigned residents of the area support the issuance of an on-premises

_____ license to the following applicant/establishment:

(Please indicate type of license)

Address of premises _____

This business will be a bar restaurant (circle one) other _____

The hours of operation will be _____

**PLEASE NOTE: signatures should be from residents of building, adjoining buildings, and within 2-block area.
Any other information:**

Name	Signature	Address