



THE CITY OF NEW YORK
 MANHATTAN COMMUNITY BOARD NO. 3

59 East 4th Street - New York, NY 10003
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Dominic Pisciotta, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

Please complete and return (with requested diagram) to the Community Board office by fax or mail to arrive at least **10 business days** before the Committee meeting. In addition, bring **6 copies (double sided) plus supporting material requested to the meeting**. Failure to complete and return this form on time will result in your item being placed at the end of the agenda. **Application must be complete to be heard, including petitions and all items on check list below. Use N/A for answer if appropriate.**

Conspicuously display the enclosed posters on the outside of your establishment for **7 days** prior to the meeting. Bring a photo with a newspaper showing date as proof of the posting.

Check which you are applying for: new liquor license upgrade of an existing liquor license
 alteration of an existing liquor license transfer of an existing liquor license

Type of license: Beer and Wine

If alteration, describe nature of alteration: The addition of a sidewalk cafe

Previous or current use of the location: Heartbreak Restaurant: a restaurant with no sidewalk cafe

Is any license under the ABC Law now in effect for this location? Yes No

Corporation and trade name of current/previous license: Christos Restaurant LLC d/b/a Heartbreak Restaurant

Will any other business besides food or alcohol service be conducted at said premises? Yes No

If yes, details: Not applicable.

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 your establishment;
- Schematics/floor plans of the inside of your establishment;
- If a restaurant, please include a proposed menu (including drink menu);
- Petition in support of proposed business or change in business with signatures from residential tenants at location and in surrounding buildings and also letter from block association if one exists. E-mail the CB office at info@cb3manhattan.org for help to find block associations. Petition must give proposed hours and method of operations. For example: restaurant, sports bar, combination restaurant/bar.
Petitions are required and application will not be heard without petitions.
- Photographs of proof of conspicuous posting with newspaper showing date.

APPLICANT:

Name of applicant and all principals: Christos Restaurant LLC; Kostas Zachariadis and Christos Valtzoglou

Trade name (DBA): Heartbreak Restaurant

PREMISES:

Type of building and number of floors: 7 Story mixed use multiple dwelling

Prior use of premises: Currently used as the Heartbreak Restaurant

Any outside area or sidewalk cafe used for the sale or consumption of alcoholic beverages? (includes roof & yard) Yes No If Yes, describe and show on diagram: A sidewalk cafe on the 2nd avenue and 2nd street side.

Does premises have a valid Certificate of Occupancy and all appropriate permits? Yes No

Do you plan to apply for Public Assembly permit? Yes No

Zoning designation: C6-2A Maximum number of persons that can legally occupy

the premises? 26 Number of tables? 13 Number of seats at tables? 26

[Sidewalk]

BARS:

How many *stand-up bars/ bar seats are located on the premises (and how many seats)? None on the sidewalk

How many service bars? 0

Describe all bars (length, shape and location): 0

Any food counters? Yes No If Yes, 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.

KITCHEN:

Does premises have a kitchen or food preparation area? Yes (If any, show on diagram) No

Is food available for sale? Yes No If yes, describe type of food and submit a menu _____

Upscale German/Swiss

PROPOSED METHOD OF OPERATION:

What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.) Restaurant

What are the proposed days/hours of operation? (Specify days and hours each day) The Cafe will be open

Monday-Thursday 8:00am-Midnight; Friday-Saturday 8:00am-1:00am and Sunday Noon-Midnight

Revised: June 2010

Will the business employ a manager? Yes No

How many employees? An additional 3 servers for the sidewalk cafe

Will there be security personnel? Yes No (If Yes, how many?) _____

Do you have or plan to install French doors, accordion doors, or windows? none of these

Will there be Hookah pipes? Yes No Will there be TV's? Yes No (If Yes, how many?) _____

Will premises have music? Yes No

No as to the outdoor cafe. Background music inside the restaurant as already approved by CB3.
If Yes, what type of music? Explain in detail: _____

Type of music/entertainment: Live musician Live DJ Juke box Tapes/CDs

Volume level: Background (quiet) Entertainment level

Do you have or plan to install sound-proofing? Please describe your sound system: Not applicable

Will you host promoted events, scheduled performances or any event at which a cover fee is charged? No

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? Yes No If "Yes" please attach plans.

Is this establishment wheel chair accessible? Yes No

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

If yes, please indicate name of establishment: Christos Restaurant LLC d/b/a Heartbreak Restaurant

Address: 29 East 2nd Street a/k/a 37 Second Avenue Community Board # 3

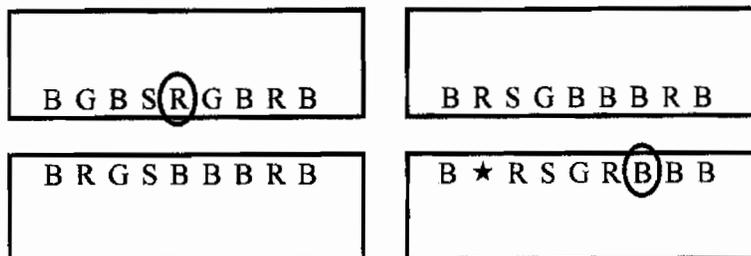
Dates: 8/20/2010 to present. See attached rider.

If you answered "Yes" to the above question, please provide a letter of record indicating history of complaints or other comments from the community board in which your establishment is/was located if located in NYC.

Using the diagram below as an example, attach a separate similar 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-Premises (OP) licenses by circling the letter on diagram. Please label streets and avenues and identify your location near the middle of the diagram and indicate it with a [★]. Use the letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board **10 business days** before the meeting.

Bar (B) Grocery (G) Restaurant (R) Cabaret (C) Sidewalk Café (S)
OP 7 B/W _____ B/W 1 OP 4 B/W 1 OP _____ B/W _____ OP _____ B/W _____

Example:



How many licensed establishments are within 1 block? 6
How many licensed establishments are within 500 feet? 15
How many of these are On-Premises (OP) liquor licenses? 13

If there are block associations, merchant associations, 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. 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). You may contact the Community Board office for any contact information that is on file.

INFORMATION REGARDING NEARBY LOCATIONS:

- Premises is not within a 500 foot radius of three or more establishments selling liquor for on-premises consumption.
- Premises is within a 500 foot radius of three or more establishments selling liquor for on-premises consumption.

Are your premises within 200 feet of any school, church or place of worship? Yes No

If there is a school, church or place of worship within 200 feet of your premises or on the same block, submit a block plot diagram or area map showing its location in proximity to your applicant premises (8 1/2" x 11").

Indicate the distance in feet from the proposed premises. Attach additional sheets if necessary.

Name of church/school: _____

Address: _____ Distance: _____

Name of church/school: _____

Address: _____ Distance: _____

Name of church/school: _____

Address: _____ Distance: _____

