



THE CITY OF NEW YORK
 MANHATTAN COMMUNITY BOARD 3
 59 East 4th Street - New York, NY 10003
 Phone: (212) 533-5300 - Fax: (212) 533-3659
 www.cb3manhattan.org - info@cb3manhattan.org

Gigi Li, Board Chair

Susan Stetzer, District Manager

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 proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar. (petition provided)
- Notice of proposed business to block or tenant association if one exists. You can find community groups and contact information on the CB 3 website:
http://www.nyc.gov/html/manhcb3/html/sla/community_groups.shtml
- 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:

- new liquor license alteration of an existing liquor license corporate change

*of Transfer **

Check if either of these apply:

- sale of assets upgrade (change of class) of an existing liquor license

Today's Date: 3/30/15

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.

Is location currently licensed? Yes No Type of license: Full Liquor

If alteration, describe nature of alteration: _____

Previous or current use of the location: RESTAURANT

Corporation and trade name of current license: HONEY LAR INC.
DIBIA Apiary

APPLICANT:

Premise address: 60 THIRD AVE NY NY 10003

Cross streets: 10th St

Name of applicant and all principals: MEXCHESTER LLC.

KEN SOFER & DAN SOFER OPERATING MEMBERS

Trade name (DBA): BLOCKHEADS

PREMISE:

Type of building and number of floors: APARTMENT BUILDING -
3 FLOORS ABOVE STOREFRONT

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 for any
back or side yard use? Yes No What is maximum NUMBER of people permitted? 75

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

What is the zoning designation (check zoning using map: <http://gis.nyc.gov/doit/nycitymap/>;
please give specific zoning designation, such as R8 or C2):
C6-2A SEE ATTACHED

PROPOSED METHOD OF OPERATION:

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

If yes, please describe what type: NA

What are the proposed days/hours of operation? (Specify days and hours each day and hours of
outdoor space) 11 AM - 1 AM FRI & SAT. / 11 AM - MIDNIGHT SUN-THUR

Number of tables? 19 Number of seats at tables? 46

How many stand-up bars/ bar seats are located on the premise? 2 BARS 18 SEATS

(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): 17' FRONT 5' CENTER FRONT

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
MEXICAN

What are the hours kitchen will be open? 11:30 - closing

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

How many employees will there be? 40

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

Will there be TVs/monitors? Yes No (If Yes, how many?) 2

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: TUNER W SPEAKERS

Will you host any promoted events, scheduled performances or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed and how often? N/A

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans. (Please do not answer "we do not anticipate congestion.")

Will there be security personnel? Yes No (If Yes, how many and when) ONE, IF NEEDED
SEE ATTACHED

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? WILL INSTALL ADDITIONAL IF NECESSARY

APPLICANT HISTORY:

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

If yes, please indicate name of establishment: SEE ATTACHED

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 3 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? 5

How many On-Premise (OP) liquor licenses are within 500 feet? 11

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

SEE ATTACHED

COMMUNITY OUTREACH:

Please see the Community Board website to find block associations or tenant associations in the immediate vicinity of your location for community outreach. Applicants are encouraged to reach out to community groups. Also use provided petitions, which 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).

We are including the following questions to be able to prepare stipulations and have the meeting be faster and more efficient. Please answer per your business plan; do not plan to negotiate at the meeting.

1. I agree to close any doors and windows at 10:00 P.M. every night?
2. I will not have DJs, live music, promoted events, any event at which a cover fee is charged, scheduled performances, more than DJs/ promoted events per , more than private parties per
3. I will play ambient recorded background music only.
4. I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.
5. I will not seek a change in class to a full on-premise liquor license. Or my business plan is to seek an upgrade at a later date.
6. I will not participate in pub crawls or have party buses come to my establishment.
7. I will not have a happy hour. Or Happy hour will end by NA
8. I will not have wait lines outside. There will be a staff person outside to monitor sidewalk crowds and ensure no loitering.
9. Residents may contact the manager/owner at the following phone number. Any complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

JOE TRENTO, DISTRICT MANAGER
917-618-2535

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.

1. Zoning

1a. State what the area is zoned for:
(e. Residential, Business, Mixed)

MIXED

1b. If applying for an on premises license does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits? YES NO

2. Premises

2a. Describe the type of building in which the premises will be located.

APARTMENT - 3 STORIES ABOVE THE STREE

2b. Has the building/premises been known by any other address? YES NO

If YES, please specify:

2c. Is there currently or has there ever been an active license to traffic in alcoholic beverages at this location? YES NO Do Not Know

Name of Licensee:

Honey Saw Inc

License Serial Number:

1224605

2d. Are there any disciplinary actions pending against the applicant, current licensee, or prior licensee?

YES NO Do Not Know

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the location has never been licensed, what was prior use?

RESTAURANT

2f. Is any other floor or area of the building currently licensed? YES NO

b. Name of Licensee:

NA

License Serial Number:

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

3. Premises (Interior):

3a. List the number of floors of the establishment to be licensed including the basement, if any:

3b. Where is the alcohol stored?

3c. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed? YES NO
Show the means of access on the interior diagram(s).

3d. Are the premises to be licensed divided in any way, by a public or private passageway, etc., over which the applicant does not have exclusive possession and control? Example: hallway, stairwells, common areas, etc. YES NO

If YES, describe:

3e. How many public bathrooms? If less than two(2) public bathrooms you must request a waiver of the two(2) bathroom rule in writing. Show bathrooms on diagram.

3f. List the Maximum Occupancy of the premises:

3g. Number of tables? 3h. Number of seats at tables? 3i. Number of seats at bar or counter?

4. BARS:

4a. How many bars* for customers are located on the premises? (*A bar is where customers may order, purchase, or receive alcoholic beverages.)

4b. How many service bars*? (Service bar is for wait staff use exclusively.)

4c. Describe each bar in the fields below:

Bar 1	Bar 2	Bar 3	Bar 4
Bar Type: <input type="text" value="FULL"/>	Bar Type: <input type="text" value="BAR"/>	Bar Type: <input type="text" value="NA"/>	Bar Type: <input type="text" value="NA"/>
Length: <input type="text" value="17"/>	Length: <input type="text" value="5"/>	Length: <input type="text"/>	Length: <input type="text"/>
Shape: <input type="text" value="L"/>	Shape: <input type="text" value="STRAIGHT"/>	Shape: <input type="text"/>	Shape: <input type="text"/>

Attach additional sheets if needed if there are more than 4 bars

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

5. KITCHEN

5a. Does premises have a kitchen? YES NO

If NO, does premises have a food preparation area? YES NO *NA*

Show Kitchen or Food Preparation Area on the Interior Diagram.

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUMIT A MENU

5b. Is a chef/cook employed at the premises? YES NO

If YES, list hours of day chef/cook will devote to the premises: FULL TIME
COOKS ON DUTY ALL TIMES

6. HOTEL or BED & BREAKFAST *NA*

6a. How many floors?

6b. How many rooms?

6c. For Hotels Only. Is there a restaurant in the building(s) housing the proposed hotel? YES NO

7. OUTDOOR AREAS *NA*

7a. Are there any outside areas used for the sale or consumption of alcoholic beverages? YES NO

7b. Check all types that apply: There must be access from the interior of the premises to be licensed to any outdoor area(s) that you wish to license. Show access on diagram

- NA*
- Sidewalk Cafe Deck Patio Porch Gazebo
 Rooftop Yard Balcony Pavilion Tent
 Other

7c. *NA* Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? If Yes, how is it divided? YES NO

7d. *NA* How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

Fencing Wall Shrubbery Roping Stanchions
 Other

7e. Is a permit required by locality for outside areas? YES NO *NA*
If yes, submit a copy of the permit.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information provided in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1a. Select the type(s) of alcohol you intend to serve at the premises:

- Beer Only
 Beer & Wine Only
 Beer, Wine & Liquor

1b. Select the type(s) of establishment you are applying for from the list below (based upon your intended method of operation):

- Restaurant
 Catering Establishment
 Club (Not For Profit, Fraternal Organization - Members Only)
- Bar/Tavern
 Arena / Ball Park / Stadium
 Sports Bar
 Country Club / Golf Course
- Cabaret
 Night Club / Dance Club
 Adult Entertainment
 Bed & Breakfast
 Hotel
- Other (Explain)

2. Will any other business of any kind be conducted in said premises? YES NO

(If YES, provide details on a separate sheet)

3. Will premises have music? YES NO

3a. If yes: LIVE RECORDED DJ JUKE BOX KARAOKE

4. Will the premises permit dancing? YES NO

4a. If YES, and are located in NYC, do you have a Cabaret permit issued by the City of New York?

- YES
 NO
 PENDING

N/A If Yes, submit a copy of the permit. If Pending, a copy must be submitted prior to issuance of the license.

4b. If dancing is permitted, who will be permitted to dance?

- N/A*
 Patrons
 Employees for entertainment
 Both

4c. If YES, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing?

- N/A*
 YES
 NO

5. Will there be topless entertainment?

- YES
 NO

continued on next page

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

6. Will the business employ a manager? YES NO

6a. If NO, will principal(s) manage? YES NO

7. How many employees? (Excluding principals and security personnel.) 40

7a. If answer is '0' provide explanation.

NA

NYS Law requires businesses to carry workers' compensation and disability insurance.
(see instructions)

If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:

STATE INSURANCE FUND) NOT YET BOUND

Disability Insurance Carrier Name and Policy Number:

SHELTER POINT NOT YET BOUND
WILL FORWARD

Security personnel you hire may be required to be registered in accordance with NYS Security Guard Registration.
Please contact the NYS Department of State to obtain information.

8. Will there be security personnel? YES NO 7a. If YES, how many? 1 IF NEEDED

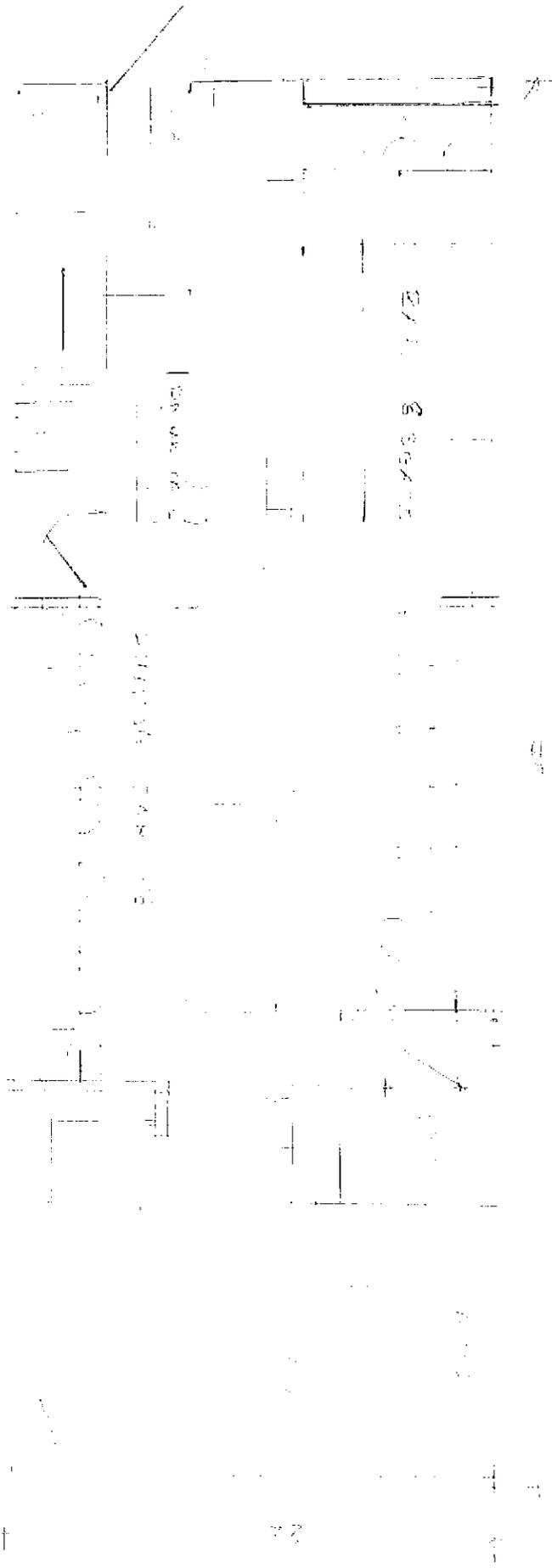
8b. If Yes, are they registered in accordance with New York State Security Guard Registration? YES NO

If NO, explain (ie. Not Required)

9. Provide a detailed plan of supervision for the premises to be licensed. Attach additional sheets if necessary.

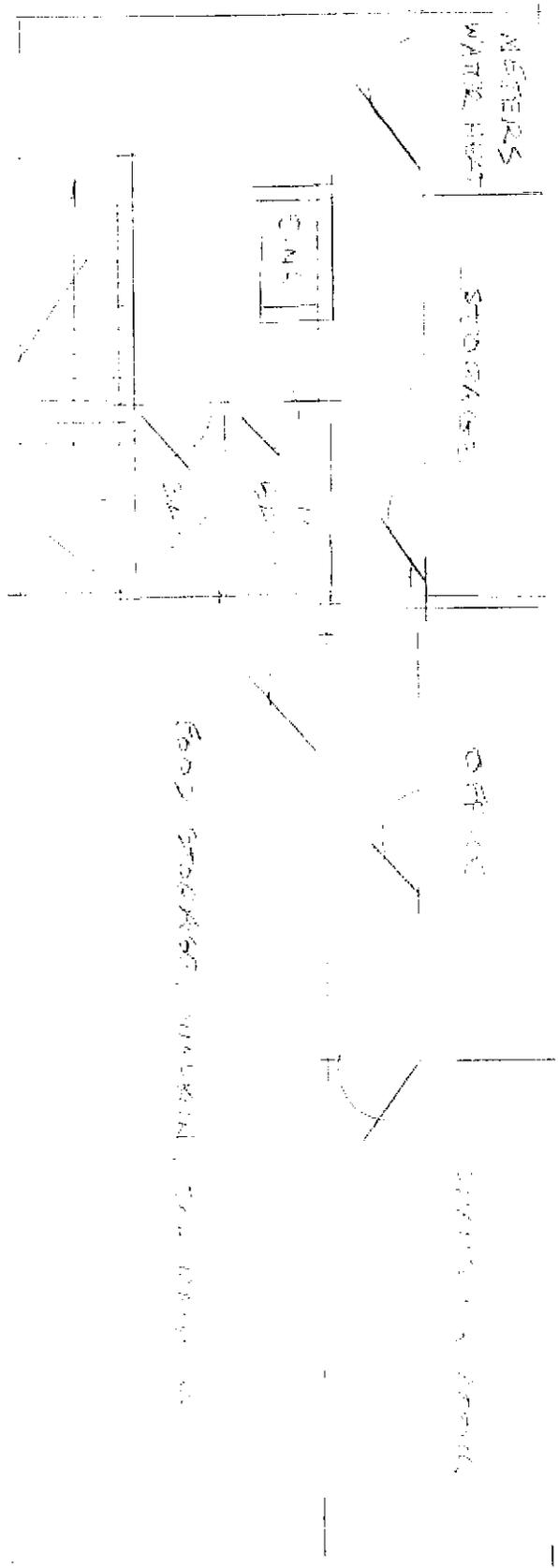
SEE ATTACHED

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY



Blower door test results

10/10/10



34 500 100



March 25, 2015

Manhattan Community Board 3
59 East 4th Street
New York, NY 10003

Dear CB3:

Attached is Blockheads' application for a liquor license to replace Honey Jar LLC, dba Unidentified Flying Chicken at 60 Third Avenue.

My brother Don and I opened our first Blockheads in 1993 at 499 Third Avenue. There are now six locations in Manhattan. In addition we own Benny's Burritos in the West Village (operating since 1988) and Mother Burger in Worldwide Plaza (49th Street between 8 & 9th Ave). We have asked the Community Boards for all locations to forward comments as you requested (see attached letters.)

I was also an original partner, along with Mark Merker, in Benny's Burritos at 93 Avenue A. We opened Benny's there in 1990 and operated it together for 10 years. At that point we split up, Mark taking over the Avenue A location, Don and I our Benny's location on Greenwich Avenue in the West Village. I was sorry to hear from Mark that after 25 years of operation he had recently closed Benny's Avenue A.

Despite the fact that we have multiple locations, they are all in a small geographic area and my brother and I are active in all. In addition, there is a manager on premises at all times when we are open to the public, a district manager who oversees their adherence to policy including liquor law and delivery rules, and a facilities manager responsible for health and safety compliance.





Blockheads operates a full-service dining room, a bar, take-out and delivery. Liquor accounts for less than 25% of our gross sales. We will not serve alcohol after 1am. We have a strict policy of carding everyone who orders alcohol, a fact cited by journalist Barry Newman in a Wall Street Journal piece titled "White Hair, Wrinkles Aren't Valid IDs at these Drinking Establishments," (see attached article). We are not applying for outdoor seating.

Blockheads' food is fresh and healthy, with many vegetarian, vegan and gluten-free options. Blockheads supports the community through donations to cultural not-for-profits, public schools, the NYC LGBT Community Center on 13th Street, and as a corporate sponsor of Friends of the Children in Harlem, an organization that provides support services for at-risk children throughout New York City.

I look forward to meeting you on the 20th. If you have any questions or require any further information please write to ken@blockheads.com or call me at 917-709-4462

Thank you for your consideration,

Sincerely,

Ken Sofer
owner

