



The City of New York
COMMUNITY BOARD 4
 1650 Selwyn Avenue, Suite 11A
 The Bronx, New York 10457
 TEL: 718-299-0800 FAX: 718-294-7870
 Email: bx04@cb.nyc.gov

HONORABLE RUBEN DIAZ, JR.
 Bronx Borough President

Ms. KATHLEEN SAUNDERS
 Board Chair

MR. PAUL A. PHILIPS
 District Manager

**BRONX COMMUNITY BOARD FOUR
 NEW YORK STATE LIQUOR AUTHORITY APPLICATION SURVEY**

The following survey was compiled by Bronx Community Board Four. The Community Board has an advisory role in the issuance of permits from the New York State Liquor Authority (NYSLA) to sell liquor, wine, beer and cider. Your responses will assist the Board in making an informed decision related to your application.

We ask that you complete the survey in its entirety and bring it to the Economic Development Committee meeting. Please note that failure to complete the survey and/or to bring it to the meeting could delay the Board's decision as it relates to your application.

PLEASE WRITE CLEARLY AND LEGIBLY

Business Name: _____

Owner Name (s): _____

Representative (If applicable): _____

Meeting Date: _____

Renewal or New Application: _____

1. Where is your business located? (Address/Cross Streets)

2. How long has your business been in operation?

3. Have you appeared before Community Board Four or any of its committees previously?
 - a. If so, when (Please provide date and meeting)?

 - b. Have you applied previously under a different name?*

 - c. Have you previously been approved for a liquor license within New York City? If so where? (Please provide address)

4. Do you rent or own your commercial space?

- a. If leasing your space, what are the terms of your lease? (Three years? Five years? Month-month)
- b. Where is your business located within the building?

5. Will there be any entertainment? _____
DJ, Live Music, Recorded, Background

6. What is the maximum occupancy of your establishment?

7. What are your hours of operation?

8. Do you have security guards? Are they licensed? (By what company? If applicable)

9. Has your business received any violations for any New York State or New York City governmental department i.e. police, fire, department of buildings? Anything related to inappropriate use of the license, violence, nuisance, etc. since your business has opened?

**The owner or representative certifies that all information provided on this survey is true and accurate.
A copy of this survey will be submitted to the NYSLA along with the Board's recommendation on your application.**

Date: _____

License #: _____

Establishment: _____

Address: _____

Principal: _____

(PLEASE PRINT)

Signature _____

** A licensee can change the name of their company as long as the federal information number remains the same and they notify NYSLA.*