

THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD NO. 3

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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 email. 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

Revised: June 2011

Any outside area or sidewalk cafe used for the sale or consumption of alcoholic beverages? (includes roof &
yard) Yes \(\sigma\) No If Yes, describe and show on diagram: Roof Top (enclosed) 3rd Hock
Does premises have a valid Certificate of Occupancy and all appropriate permits? Yes
Do you plan to apply for Public Assembly permit? Curvet PA + Yes INO Zoning designation: Maximum number of persons that can legally occupy
Zoning designation: Maximum number of persons that can legally occupy
the premises? PA Number of tables? 10-12 Number of seats at tables? 6-8 pufform Person 136 Roof TIP: Man From 106 BASENET 97 pusors.
BARS:
How many *stand-up bars/ bar seats are located on the premises (and how many seats)? (1) main Ploon
How many service bars? (1) BASEMENT (1) applying for Resized Describe all bars (length, shape and location): 20 feet straight main Floor Any food counters? Yes No If Yes, describe: 18 but Koof 70p.
Describe all bars (length, shape and location): 20 feet STRAIST main Floor
Any food counters? \(\square\) Yes \(\square\) No If Yes, describe: \(\lambda\) & \(\lambda\) Let \(\lambda\) \(\lambda\) \(\lambda\).
* A <u>stand up bar</u> 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 🗖 full kitchen or 🗖 food preparation area? (If any, show on diagram)
Is food available for sale? Tyes \(\text{No If yes, describe type of food and submit a menu} \) \[\begin{align*} \int Prencent Fingu Food Appetizus Buffet Roof Top Brunch Bru
PROPOSED METHOD OF OPERATION:
What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.) hestourant
Will any other business besides food or alcohol service be conducted at said premises? Yes
If yes, detaits:
What are the proposed days/hours of operation? (Specify days and hours each day) mon - 54 nd Ay 400 PM TO 4AM Current Hours
Will the business employ a manager? □ Yes □ No
How many employees? 9 4-5 on weekend
How many employees? Will there be security personnel? Yes I No (If Yes, how many?) (3) each night
Do you □ have or □ plan to install □ French doors, □ accordion doors, or □ windows? In none of these Will there be TV's? □ Yes No (If Yes, how many?)

Will premises have music? ✓ Yes □ No	
If Yes, what type of music? Explain in detail: CD'S	TAPES
Type of music/entertainment: ☐ Live musician ☐ L Volume level: ☐ Background (quiet)☐ E	ive DJ
Do you have or D plan to install sound-proofing? Please des	cribe your sound system: Boise
Will you host promoted events, □ scheduled performances or	any event at which a cover fee is charged?
Do you have plans to manage or address vehicular traffic and creestablishment? Yes No If "Yes" ple	owd control on the sidewalk caused by your ase attach plans. add novel security
Is this establishment wheel chair accessible?	Yes No
Has this corporation or any principal been licensed previously? If yes, please indicate name of establishment: Cana T	XYes DNO
If yes, please indicate name of establishment: CWNut Address: 168 DelAncy ST Mylosoc Dates: CWNut	Community Board # 3
If you answered "Yes" to the above question, please provide a let history of complaints or other comments. Using the diagram below as an example, attach a separate similar address) and total number of establishments selling/serving beer each direction. Please indicate whether establishments have Ondiagram. Please label streets and avenues and identify your locat indicate it with a [*]. Use the letters to indicate Bar, Restaurant, questionnairs to the Community Board before the meeting.	diagram that indicates the location (name and wine (B/W) or liquor (OP) for 2 blocks in Premises (OP) licenses by circling the letter on ion near the middle of the diagram and
Bar (B) Hotel Restaurant (I OP_B/W B/W OP_B/W	OP B/W
Example: BGBSRGBRB BRSGBBBRB BRGSBBBRB B*RSGRBBB	of closed of 148 octomer of X ADR Kest of Chinese of
	Closen
How many licensed establishments are within 1 block?	Lest closed (1) sweey stree
How many licensed establishments are within 500 feet?	Lat closed (1) svery stre
How many within 500 feet are On-Premises (OP) liquor licenses?	one (closel)

If there are block associations or tenant associations in the immediate vicinity of your location, you must contact there. 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 at info@ch3manhattan.org for any contact information that is on file.

INFORMATION REGARDING NEARBY LOCATIONS:

Premises is within a 500 foot radius of three or more establishme	ents with OP	license. Yes	X N
Premises is within 200 feet of any school or place of worship?	□ Yes	No	

If there is a school place of worship within 200 feet of your premises 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") and indicate the distance and name and address.