

## 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. Bring a photo with a newspaper showing date as proof of the posting. Check which you are applying for: If new liquor license I upgrade of an existing liquor license ☐ alteration of an existing liquor license ☐ sale of assets of existing liquor licensed business If applying for transfer, you must bring letter from current owner confirming that you are buying business. aurant Wine Is location currently licensed? • Yes • No Type of license: If alteration, describe nature of alteration: Previous or current use of the location: Corporation and trade name of current/previous license: APPLICANT: Name of applicant and all principals: 54 Second Hive Trade name (DBA): The Bean Premises address: Between what streets: PREMISES: Type of building and number of floors: 4 Story attached building with basement Prior use of premises: Vacant for 10 years - Antique Store That Served

Revised: November 2011

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:
Does premises have a valid Certificate of Occupancy and all appropriate permits? ☑ Yes ☐ No
Do you plan to apply for Public Assembly permit? ☐ Yes ☐ Yes
Zoning designation: Maximum number of persons that can legally occupy
the premises? 74 Number of tables? 15 Number of seats at tables? 51.
BARS:
How many *stand-up bars/ bar seats are located on the premises (and how many seats)?
How many service bars?
Describe all bars (length, shape and location):
Any food counters?    Yes    No If Yes, describe:
* 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? Yes \( \sigma \) No If yes, describe type of food and submit a menu
PROPOSED METHOD OF OPERATION:  What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.) Restaurant and Coffee 5hop
Will any other business besides food or alcohol service be conducted at said premises?   Yes  You
If yes, details:
What are the proposed days/hours of operation? (Specify days and hours each day)  Mon - Wed 9Am - 11PM, Thurs - Sunday 9Am - 2Am
Will the business employ a manager?  ☐ Yes ☐ No
How many employees?
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 TV's? ☐ Yes ☑ No (If Yes, how many?)

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Will premises have musi-	c? <b>⊴</b> Yes □ No	0	l .					
If Yes, what type of must	ic? Explain in detail	: Background	Music					
Type of music/entertain Volume		musician						
Do you ☐ have or ☐ plan to install sound-proofing? Please describe your sound system:								
Will you host □ promote	ed events, 🗆 schedu	led performances or	☐ any event a	t which a cover fee is charged?				
Do you have plans to ma establishment?	nage or address veh Yes No		wd control on ase attach plan	the sidewalk caused by your s.				
Is this establishment whe	el chair accessible?		<b>∑</b> Yes	□ No				
Has this corporation or a	ny principal been lie	censed previously?	☐ Yes	☑ No				
If yes, please indicate nar	me of establishment	·						
Address:			Commur	nity Board #				
Dates:								
Using the diagram below address) and total numberach direction. Please in diagram. Please label strindicate it with a [*]. Uquestionnaire to the Comparison of the Comparison	other comments.  Tas an example, attacer of establishments dicate whether established and avenues and se the letters to indimunity Board before	sch a separate similar selling/serving beer blishments have Ond identify your locate Bar, Restaurant to the meeting.	diagram that wine (B/W) of Premises (OP) ion near the m etc. The diag	gram must be submitted with the				
Bar (B) OP B/W	Hotel HL	Restaurant () OP B/W		Sidewalk Café (S) OPB/W				
Example:		-						
BGBS(R)GB	R B B R	SGBBBRB						
BRGSBBB	R B ★	R S G R B B B						
How many licensed estal	blishments are withi	n 1 block?						
How many licensed establishments are within 500 feet?								
How many within 500 feet are On-Premises (OP) liquor licenses?								

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If there are block 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 at info@cb3manhattan.org for any contact information that is on file.

## INFORMATION REGARDING NEARBY LOCATIONS:

Premises is within a 500 foot radius of three or more establishmen	nts with OP lice	ense. DYes DNo	
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 premi diagram or area map showing its location in proximity to your app distance and name and address.			