



THE CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD NO. 3

59 East 4th Street - New York, NY 10003
Phone: (212) 533-5300 - Fax: (212) 533-3659
www.cb3manhattan.org - info@cb3manhattan.org

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: new liquor license 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.

Type of license: LIQUOR Is location currently licensed? ^{IN SAFEKEEPING} Yes No

If alteration, describe nature of alteration: _____

Previous or current use of the location: BAR

Corporation and trade name of current/previous license: BUTTERFLY BUTTERFLY INC.

APPLICANT:

Name of applicant and all principals: GHD INC. GYULA BERTOK
ATTILA DRAVICZKI

Trade name (DBA): KEYBAR

Premises address: 14 AVENUE B

Between what streets: HOUSTON & 2ND ST.

PREMISES:

Type of building and number of floors: 6 STORY BRICK

Prior use of premises: BAR OP LICENSE

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? AS NEEDED Yes No

Zoning designation: C1-6 Maximum number of persons that can legally occupy the premises? 74 Number of tables? 16 Number of seats at tables? 56

BARS:

How many *stand-up bars/ bar seats are located on the premises (and how many seats)? 1 BAR

How many service bars? NONE

Describe all bars (length, shape and location): L-SHAPED 21 FEET TOTAL LENGTH

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 full kitchen or food preparation area? (If any, show on diagram)

Is food available for sale? Yes No If yes, describe type of food and submit a menu HUNGARIAN FOOD AND EUROPEAN SAUSAGES WITH HEALTHY VEGETABLES

PROPOSED METHOD OF OPERATION:

What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.) BAR/RESTAURANT
FOOD SERVED TILL 11 PM

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

If yes, details: _____

What are the proposed days/hours of operation? (Specify days and hours each day) MON-WED: 4PM-2AM
THU.-FRI. 4PM-4AM; SAT 11AM-4AM; SUN 11AM-2AM

Will the business employ a manager? Yes No + OWNER

How many employees? 10 ESTIMATED

Will there be security personnel? Yes No (If Yes, how many?) 1 + OWNER

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?) AS NEEDED

Will premises have music? Yes No SUNDAY-WED.: JUKE BOX, CDS, IPOD BACKGROUND

If Yes, what type of music? Explain in detail: THU-FRI-SAT: IPOD AND DJ COMBINATION

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

Volume level: Background (quiet) Entertainment level

Do you have or plan to install sound-proofing? Please describe your sound system: 4 MEDIUM SIZE SPEAKERS; 2 CD PLAYERS; MIXER; COMPRESSOR/LIMITER; EXTECH LED SOUND LEVEL ALARM

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.

SECURITY PERSONNEL AND OWNER

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: KEYBAR GHD INC.

Address: 432 E. 13TH. ST. WEST STORE Community Board # 3

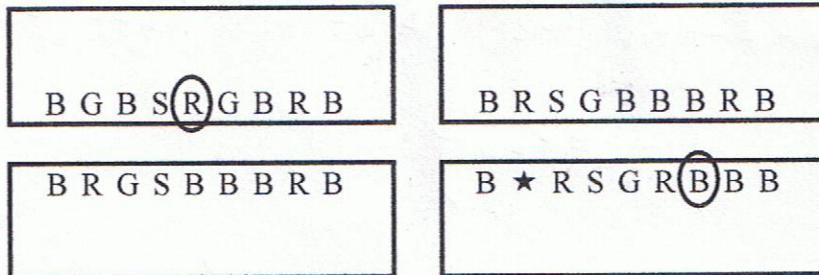
Dates: 07/01/2002 08/31/2012 ACTIVE 1130571

If you answered "Yes" to the above question, please provide a letter from the community board indicating history of complaints or other comments.

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 before the meeting.

Bar (B) Hotel Restaurant (R) Sidewalk Café (S)
OP ___ B/W ___ HL ___ OP ___ B/W ___ OP ___ B/W ___

Example:



How many licensed establishments are within 1 block? 10 + 1 GROCERY

How many licensed establishments are within 500 feet? 18 + 5 GROCERIES

How many within 500 feet are On-Premises (OP) liquor licenses? 12

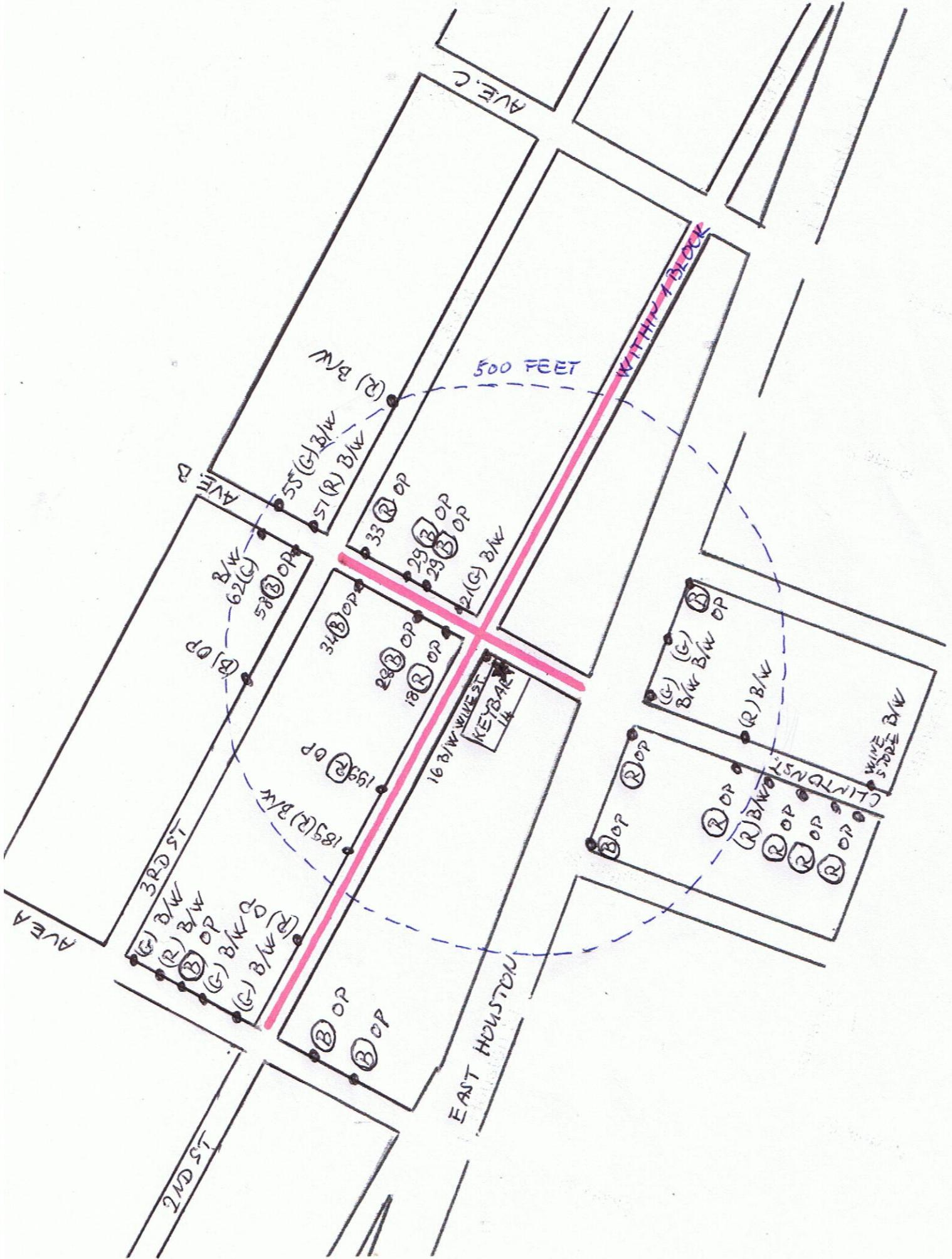
If there are block associations or tenant associations in the immediate vicinity of your location, you must contact them. **Please attach proof (copies of letters and poster) that you have advised these groups of your application. Petitions should clearly state the name, address, license for which you 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 establishments with OP license. Yes No

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.



AVE. C

500 FEET

WITHIN 1 BLOCK

AVE. B

AVE A

EAST HOUSTON

1ST ST

3RD ST

15th ST

18th ST

28th ST

29th ST

33rd ST

34th ST

55th ST

57th ST

KEYBAR

16th ST

CLINTONS

WINE STORE

(G) B/W OP
(R) B/W OP
(G) B/W OP
(G) B/W OP

(R) OP
(M) OP
(G) B/W OP
(G) B/W OP

(B) OP
(B) OP

(R) OP
(B) OP
(B) OP
(B) OP

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(G) B/W

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