

## 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 bring the following items to the meeting:

NOT	E: 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;			
	r - r			
	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			
	your proposed location. Petition must give proposed hours and method of operation. For			
_	example: restaurant, sports bar, combination restaurant/bar.			
	* *			
_	exists. E-mail the CB3 office at <b>info@cb3manhattan.org</b> for help to find block associations.			
	indicating history of complaints and other comments			
Chac	k which you are applying for:			
CHEC	Miner you are applying for.  Enew liquor license  BEELE WINE   upgrade of an existing liquor license			
	□ alteration of an existing liquor license □ sale of assets			
	□ corporate change			
If ap	plying for transfer, you must bring letter from current owner confirming that you are			
	ng business or have the seller come with you to the meeting.			
Туре	of license: Is location currently licensed? $\square$ Yes $\square$ No			
	eration, describe nature of alteration:			
Prev	ious or current use of the location:			
	oration and trade name of current license:			
•				
ADD	LICANT:			
A	e of applicant and all principals: SAHARA CITI RESTAURANT INC.—			
Nam	e of applicant and all principals: SHHHKH CITI NESTHOKHOT AND.			
MO	HAMED GOMAA			
Trad	HAMED GOMAA e name (DBA): N/A			
Trade name (DBA): NA H  Premise address and cross streets: 137 EAST 13 St, NY, NY, 10003				
L I CII	ise address and cross streets. 131 4131 27 91			
1010 cc.	MACO.			
PKE]	MISE:			
	of building and number of floors: RESIDENTIAL MIXED COMMERCIAL			

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 premise have a valid Certificate of Occupancy and all appropriate permits, including certificate			
of occupancy of back or side yard intended for commercial use? 🗹 Yes 🗖 No			
Indoor Certificate of OccupancyOutdoor Certificate of Occupancy			
Do you plan to apply for Public Assembly permit? 🗖 Yes 💆 No			
Zoning designation (using our website):			
Is this premise wheel chair accessible? Yes I No			
PROPOSED METHOD OF OPERATION:			
What type of establishment will this be (i.e.: restaurant, bar, performance space, club, hotel)?  RESTRUCTOR			
Will any other business besides food or alcohol service be conducted at premise?   Yes No  If yes, please describe what type:			
What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) Monday - Fri Ham Apm			
Number of tables? 30 Number of seats at tables? 2			
How many stand-up bars/ bar seats are located on the premise?			
(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): NONE			
Any food counters?  Yes No If Yes, describe:			
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 \(\mathbb{\text{N}}\) No If yes, describe type of food and submit a menu			
SEE ATTACHED MENU			
SEE ATTACHED MENU  What are the hours kitchen will be open? 1:30am 1:30am  Will a manager or principal always be on site? ■ Yes ■ No If yes, which?  How many employees will there be? 4 to 5 to 1.			

Do you have or plan to install 🗖 French doors 🗖 accordion doors or 🗷 windows?
Will you agree to close any doors and windows at 10:00 P.M. every night?   ✓ Yes □ No
Will there be TVs/monitors? X Yes □ No (If Yes, how many?)
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: SMALL SPEAKERS ON THE WALLS
Will you host promoted events, scheduled performances or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed?
How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans. $\mathcal{N}/\Delta$
Will there be security personnel?   Yes No (If Yes, how many and when)
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?
APPLICANT HISTORY:
Has this corporation or any principal been licensed previously?   Yes No
If yes, please indicate name of establishment:
Address: Community Board #
Dates of operation: N/A.
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?   No If Yes, please give trade name
and describe type of business
and describe type of business
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 2 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?	
How many licensed establishments are within 500 feet?	
Is premise within a 500 foot radius of 3 or more establishments with $\underline{0}$	P licenses? 🗖 Yes 🕱 No
How many On-Premise (OP) liquor licenses are within 500 feet?	<u> </u>
Is premise within 200 feet of any school or place of worship?   Yes	No .
If there is a school or place of worship within 200 feet of your premise	on the same block, submit a
block plot diagram or area map showing its location in proximity to you	ur premise and indicate the

## **COMMUNITY OUTREACH:**

If there are block associations, neighborhood 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 with sufficient time for them to respond to your notice. You may contact the Community Board at info@cb3manhattan.org for any contact information that is on file.

distance and name and address of the school or house of worship.

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).