



THE CITY OF NEW YORK  
MANHATTAN COMMUNITY BOARD 3

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

Gigi Li, Board Chair

Susan Stetzer, District Manager

**Community Board 3 Liquor License Application Questionnaire**

**Please bring the following items to the meeting:**

**NOTE: 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.
- A proposed food and or drink menu.
- 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. (petition provided)
- Letter of notice of proposed business to block or tenant association if one exists. E-mail the CB3 office at [info@cb3manhattan.org](mailto:info@cb3manhattan.org) for help to find block associations.
- Photographs of proof of conspicuous posting of meeting with newspaper showing date.
- If applicant has been or is licensed anywhere in City, letter from applicable community board indicating history of complaints and other comments.

Check which you are applying for:

- new liquor license
- alteration of an existing liquor license
- corporate change
- upgrade of an existing liquor license
- sale of assets

**If applying for sale of assets, you must bring letter from current owner confirming that you are buying business or have the seller come with you to the meeting.**

Type of license: OP Liquor Is location currently licensed?  Yes  No

If alteration, describe nature of alteration: Extension of Premises and add Beer House

Previous or current use of the location: Restaurant License

Corporation and trade name of current license: Bernhardt Group LLC DBA Grey Lady

**APPLICANT:**

Name of applicant and all principals: Ryan Chadwick, Callum McLaughlin

Trade name (DBA): Grey Lady

Premise address and cross streets: 77-79 Delancey St. (Delancey + Allen)

**PREMISE:**

Type of building and number of floors: Stone ; 7 Floors

Will any outside area or sidewalk cafe be 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 for back or side yard intended for commercial use?  Yes  No  
Indoor Certificate of Occupancy 74 Outdoor Certificate of Occupancy \_\_\_\_\_

Do you plan to apply for Public Assembly permit?  Yes  No

Zoning designation (check zoning using map: <http://gis.nyc.gov/doitt/nycitymap/> - please give  
specific zoning designation, such as R8 or C2): \_\_\_\_\_

Is this premise wheel chair accessible?  Yes  No

**PROPOSED METHOD OF OPERATION:**

What type of establishment will this be (i.e.: restaurant, bar, performance space, club, hotel)?

\_\_\_\_\_ Restaurant \_\_\_\_\_

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) \_\_\_\_\_

\_\_\_\_\_ Sunday - Wed 12 PM to 2 AM \_\_\_\_\_

\_\_\_\_\_ Thurs - Sat 12 PM to 4 AM \_\_\_\_\_

Number of tables? 11 Number of seats at tables? 54

How many stand-up bars/ bar seats are located on the premise? 1

(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): \_\_\_\_\_ 20 ft bar for eating and drinking

Any food counters?  Yes  No If Yes, describe: \_\_\_\_\_ Service bar / 8 feet

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  No If yes, describe type of food and submit a menu

What are the hours kitchen will be open? \_\_\_\_\_ 12 PM - 2 AM Sun - Wed

\_\_\_\_\_ 12 PM - 3 AM Thurs - SAT

Will a manager or principal always be on site?  Yes  No If yes, which? Both  
How many employees will there be? 8  
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?  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: 4 wall monitors and a laptop  
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? NO

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans.

Will there be security personnel?  Yes  No (If Yes, how many and when) \_\_\_\_\_  
ONE FRONT Door Security on Thurs, Fri, SAT NIGHTS

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:**

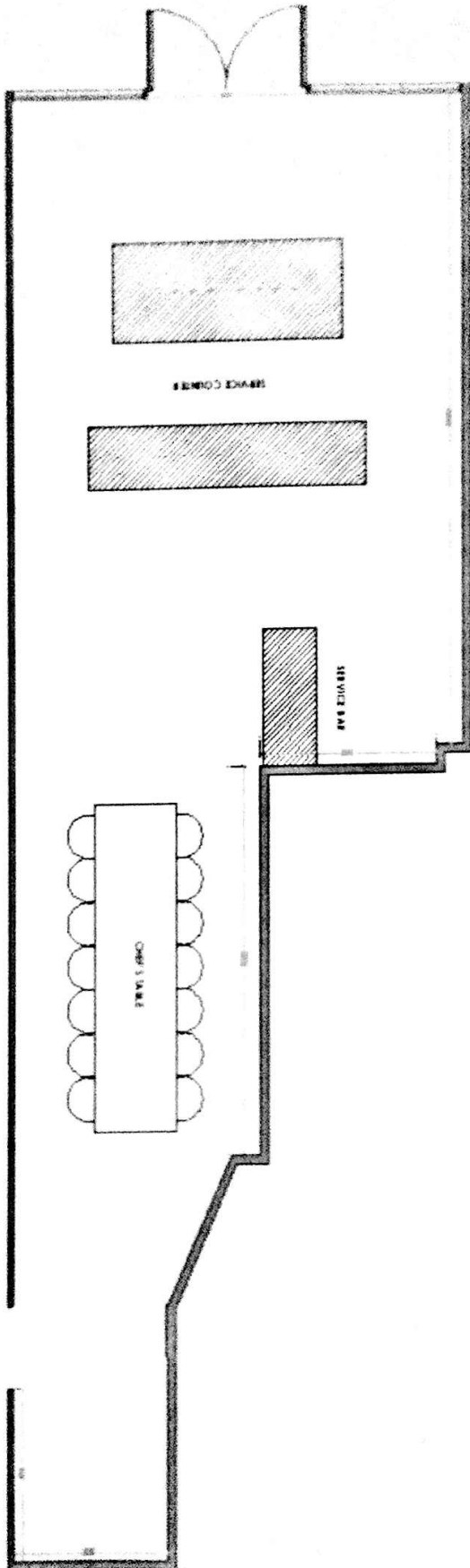
Has this corporation or any principal been licensed previously?  Yes  No  
If yes, please indicate name of establishment: Barnette Group LLC  
Address: 77 Delancey St. Community Board # CB3  
Dates of operation: \_\_\_\_\_

**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?  Yes  No If Yes, please give trade name and describe type of business \_\_\_\_\_

Has any principal had SLA reports or action within the past 3 years?  Yes  No If Yes, attach list of violations and dates of violations and outcomes, if any.



**N**  
  
**GREY LADY CHEF'S TABLE DINING ROOM**  
**79 DELANCEY STREET NYC NEW YORK 10002**