

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.							
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							
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 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							
Check if either of these apply:							
☐ sale of assets ☐ upgrade (change of class) of an existing liquor license							
Today's Date: 11-6-12							
Today's Date:							
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: Is location currently licensed? □ Yes ► No							
If alteration, describe nature of alteration:							
Previous or current use of the location: RESTAURANT							
Corporation and trade name of current license: ENTREZ BAR & GRILL INC							
corporation and trade name of current needse.							
APPLICANT:							
Premise address: (62 2H) AVE NY 10003							
Cross streets: 10 & 11							
Name of applicant and all principals: A3DN ZEKIROVSKI							
Trade name (DBA): ENTREZ BARLGRIU INC							
Trade name (DDA).							
Revised August 2012 Page 1 of 5							

PREMISE:
Type of building and number of floors: RESIDENTIAL 16 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 Outdoor Certificate of Occupancy (fill in maximum NUMBER of people permitted)
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)?
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 TO SUNDAN FROM LIAM TO IDPM
Number of tables? 12 Number of seats at tables? 28
How many stand-up bars/ bar seats are located on the premise?
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Revised August 2012

Page 2 of 5

Does it have a food preparation area? No [If any, show on diagram] Is food available for sale? Yes No If yes, describe type of food and submit a menu TALION FECHAL MENO
What are the hours kitchen will be open?
What are the hours kitchen will be open?
Will a manager or principal always be on site? Yes \ No If yes, which? How many employees will there be? \(\begin{align*} \b
How many employees will there be?
Do you have or plan to install Prench doors a 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 DJ Like box Tapes/CDs/iPod If other type, please describe What will be the music volume? Background (quiet) Entertainment level Please describe your sound system: YERAKET BH IOWAT 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. 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.
Will you agree to close any doors and windows at 10:00 P.M. every night?
Will there be TVs/monitors? \(\text{Pyes} \) No (If Yes, how many?) Will premise have music? \(\text{Pyes} \) No If Yes, what type of music? \(\text{Live musician} \) Live musician \(\text{D} \) D D D D D D D D D D
Will premise have music? Live musician DJ Juke box Tapes/CDs/iPod 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:
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affected? Please attach plans.
Do you □ have or ☑ plan to install sound-proofing?
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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:
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? \square Yes \square No If Yes, please
attach explanation of experience or resume.

Revised August 2012 Page 3 of 5

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 1f Yes, attach list
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? FIVE
Is premise within a 500 foot radius of 3 or more establishments with OP licenses? 🗖 Yes 🗖 No
How many On-Premise (OP) liquor licenses are within 500 feet? FIVE
ls premise within 200 feet of any school or place of worship? 🗖 Yes ಡ 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 your premise and indicate the
distance and name and address of the school or house of worship.
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COMMUNITY OUTREACH:

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 with sufficient time for them to respond to your notice. You may contact the Community Board at info@cb3manhattan.org for any contact information.

Please use provided petitions, which 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).

ATTENTION RESIDENTS & NEIGHBORS

FNTREZ BAR & GRILING
Company/DBA Name and Contact Number for Questions
Plans to open a
RESTAUR AUT (Plense choose) Bar/Restaurant/Club/Grocery/Liquor Store/Wholesaler, Plense indicate if there will be a Sidewalk Café or Backyard Garden
at the following location
162 2ND, AVE 10003 NY Street Number and Street Name
This establishment is seeking a license to serve
Beer & Wine or Beer/Wine & Liquor
There will be an opportunity for public comment on
Monday, November 19, 2012 at 6:30PM JASA/GREEN Residence at 200 East 5th Street (at corner of Bowery)
afance a general Com Applicant Contact Information
A+ COMMUNITY ROADD 3

SLA & DCA Licensing Committee Meeting info@cb3manhattan.org - www.cb3manhattan.org

Petition	to	Supi	ort	Pro	nosed	Ligu	ior l	License
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oposed Eiddor License						
t the issuance of the following liquor license (Indicate WINE & LIGUOR						
/or trade name)						
DOOB HEW YORK NY						
Other:						
M						
PLEASE NOTE: Signatures should be from <u>residents</u> of building, adjoining buildings, and within 2-block area. Other information regarding the license:						
Address						