



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

Check if either of these apply:

- sale of assets       upgrade (change of class) of an existing liquor license

Today's Date: 12-1-12

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: On premises Is location currently licensed?  Yes  No

If alteration, describe nature of alteration: 4th floor to be utilized for KARAOKE

Previous or current use of the location: STORAGE

Corporation and trade name of current license: 881KTU INC

**APPLICANT:**

Premise address: 97 Bowery NYC NY

Cross streets: HESTER AND BLAND STREETS

Name of applicant and all principals: 881KTU INC

ANDY LEE

Trade name (DBA): \_\_\_\_\_

**PREMISE:**

Type of building and number of floors: COMMERCIAL 5 FLOOR

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)?

KARAOKE

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

If yes, please describe what type: KARAOKE

What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) Monday-Sunday 12:00pm-4:00am

Number of tables? 7 ROOMS FOR KARAOKE Number of seats at tables? \_\_\_\_\_

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): - 0 -

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

What are the hours kitchen will be open? N/A

Will a manager or principal always be on site?  Yes  No If yes, which? \_\_\_\_\_

How many employees will there be? 4

Do you have or plan to install  French doors  accordion doors or  windows? No

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?) - 8 -

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 All types - non live

What will be the music volume?  Background (quiet)  Entertainment level

Please describe your sound system: KARAOKE sound system in each room

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) 5

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: BBKTV DOC

Address: 97 Bowery NYC NY Community Board # 3

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 SAME

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.

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 OP licenses?  Yes  No

How many On-Premise (OP) liquor licenses are within 500 feet? \_\_\_\_\_

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 your premise and indicate the distance and name and address of the school or house of worship.

**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](mailto: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).**

Petition to Support Proposed Liquor License

Date: 12-01-12

The following undersigned residents of the area support the issuance of the following liquor license (indicate the type of license such as full-liquor or beer-wine) On premises liquor on

4th Floor at 97 Bowery, NYC NY

to the following applicant/establishment (company and/or trade name) \_\_\_\_\_

881 TV INC

Address of premises: \_\_\_\_\_

97 Bowery, NYC NY

This business will be a: (circle) \_\_\_\_\_

Bar

Restaurant

Other: \_\_\_\_\_

KARAOKE

The hours of operation will be: \_\_\_\_\_

2:00pm - 4:00am 7 days

PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area.

Other information regarding the license:

Name	Signature	Address

# ATTENTION RESIDENTS & NEIGHBORS

BB KTV INC.

Company/DBA Name and Contact Number for Questions

## Plans to open a

KARAOKE ON 4<sup>TH</sup> FLOOR (Please choose)

Bar/Restaurant/Club/Grocery/Liquor Store/Wholesaler,  
Please indicate if there will be a Sidewalk Café or Backyard Garden

## at the following location

97 BOWERY, NYC, N.Y.

Street Number and Street Name

## This establishment is seeking a license to serve

BEER/WINE/LIQUOR.

Beer & Wine or Beer/Wine & Liquor

## There will be an opportunity for public comment on

Monday, December 10, 2012 at 6:30PM  
JASA/GREEN Residence at 200 East 5th Street  
(at corner of Bowery)

KERRY J. KATSORHIS, ESQ.  
(718) 591-6900

Applicant Contact Information

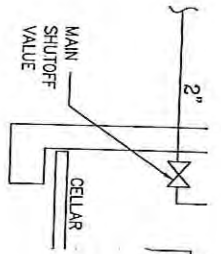
At COMMUNITY BOARD 3  
SLA & DCA Licensing Committee Meeting  
info@cb3manhattan.org - www.cb3manhattan.org

4" = 1'-0"

# PLUMBING RISER DIAGRAM

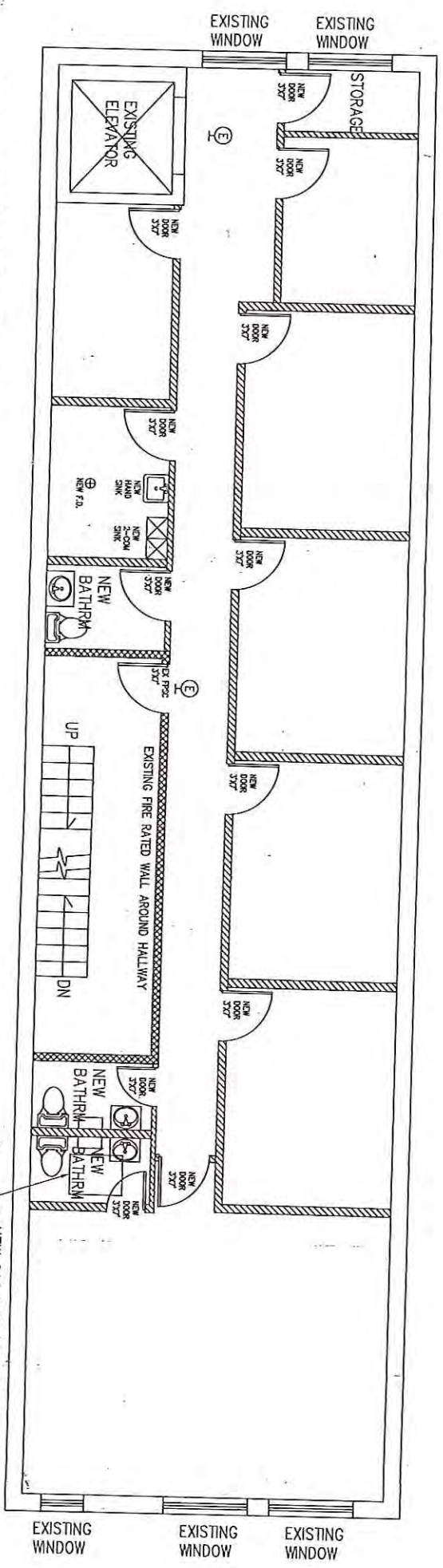
SCALE: NTS

1'-0"



EX GAS METED

MANUFACTURE: TRANE  
MODEL: NC XR695



# 4th FLOOR PLAN

SCLAE: 3/16" = 1'-0"

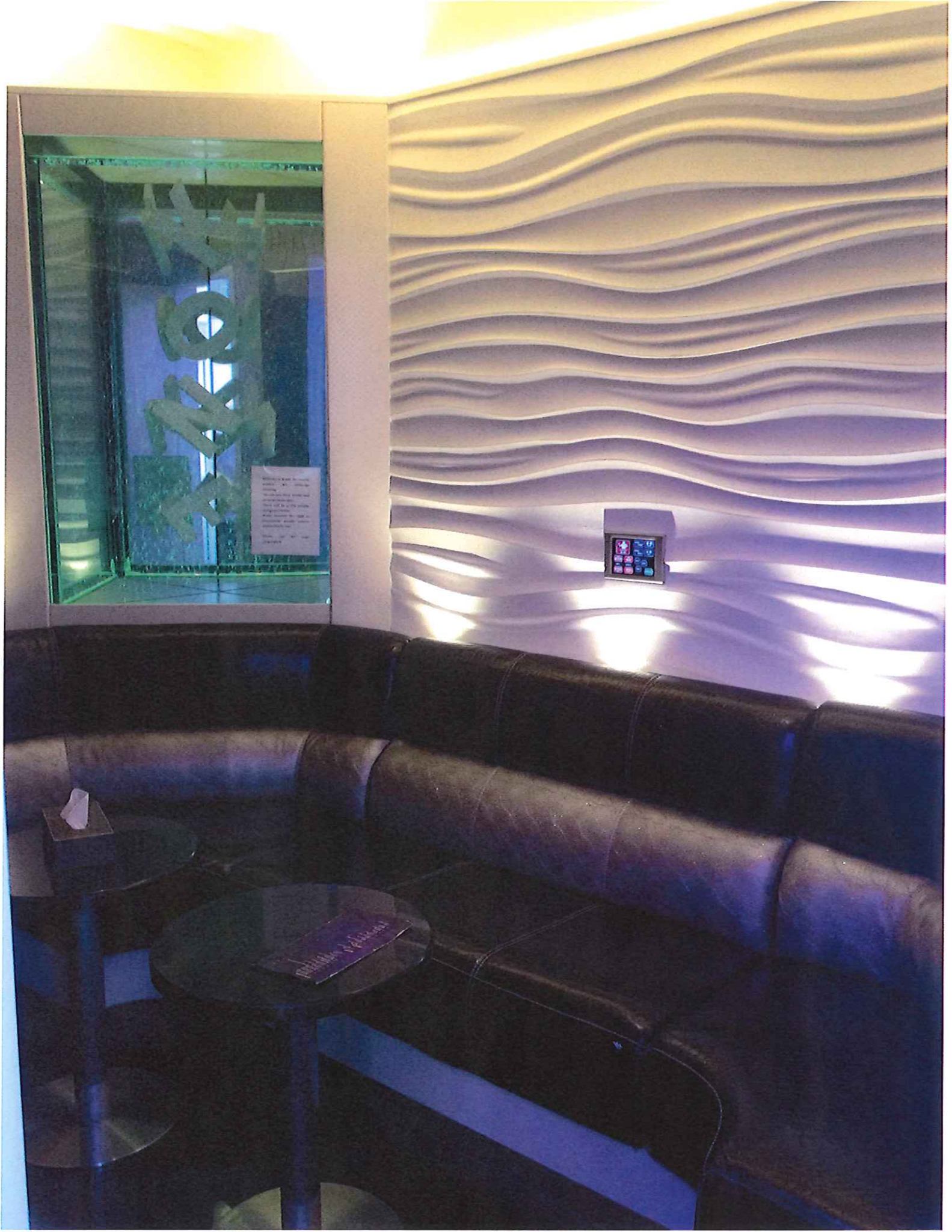
NEW GAS FURNACE ABOVE

EXISTING WINDOW    EXISTING WINDOW    EXISTING WINDOW



PLEASE DO NOT  
SMOKE OR DRINK  
ALCOHOLIC BEVERAGES  
IN THIS AREA  
We are not  
responsible for any  
damages or injuries  
incurred





PLEASE DO NOT SMOKE IN THIS AREA.  
NO ALCOHOLIC BEVERAGES OR TOBACCO PRODUCTS ARE TO BE CONSUMED IN THIS AREA.  
ALL OTHERS ARE WELCOME.  
THANK YOU FOR YOUR PATRONAGE.

WELCOME TO THE CLUB

本公司所有優惠  
包括特價套餐  
不包含在節日期

All  
Promos & Packages  
Do Not Apply  
During Any  
Holidays

Guest Management



