

Manhattan Community Board 1
Licensing & Permits Committee Liquor License Application Guidelines
Revised 3 - 2024

The Licensing & Permits Committee has established the following guidelines for review of Liquor License Applications. Please be accurate and complete with the information requested so the committee can properly address your application. The Committee asks applicants to give careful consideration to all quality of life issues, particularly with respect to hours of operation and noise, refuse removal and possible traffic/pedestrian congestion.

The Licensing & Permits Committee requires all applicants:

1. To post hearing notices – Notices, (8½” x 11”) must be placed on the exterior of all doors of the proposed establishment, and on a minimum of three (3) conspicuous sites one city block in each direction from the proposed establishment. The notice must include the name, address, proposed hours and method of operation of the establishment and the date, time and place of the public hearing at least **15 days** before the date of such hearing (sample provided in this packet). **A dated photograph of three** of the postings must be submitted no later than 15 days before the hearing.
2. To provide, **seven** (7) days prior to the meeting, a completed electronic copy of the Liquor License Questionnaire and Summary Sheet, including each item noted below.

NOTE: The Committee may postpone or decline review if a questionnaire is not complete or accurate or if proper public notice has not been posted. The applicant will then be asked to write a letter to the SLA and CB1 explaining that the applicant was not prepared in time and attesting that no application to the SLA will be made until an appearance before and review by the Committee and full Community Board.

- a. Map and Drawings - A map of Community District 1 (8½” x 11”), showing the location of the establishment, a legible architectural floor plan(s) and section(s) of the proposed interior layout including seating plan on 8½” x 11” sized paper (minimum).
 - b. Photographs – Color photographs showing the existing current interior and exterior of the site at 8½” x 11” size (minimum).
 - c. Menu- Food and beverages with proposed pricing, if applicable.
 - d. Petition of Support- Signatures in support of the applicant are to be gathered from residents and businesses within the immediate location, **no more than 2 blocks in either direction.**
3. Provide at the Committee **ten** (10) hard copies, double sided, of the complete questionnaire packets for review.
 4. The Stipulation Sheet must be completed and include requested terms of operation. Any stipulation changes will be included at the meeting. The applicant will be required to sign and date the stipulation sheet at the meeting where it will be notarized. Or the applicant may take a copy and return it notarized **no later** than three (3) days after the meeting.

5. A principal, attorney or an authorized signatory **MUST** attend in-person for the application review at the Committee meeting.
6. All applicants must be prepared to stipulate to the following hours of operation depending on which geographic area they are located and are **required to disclose any intent to apply for roadbed and/or sidewalk cafe at the time you appear for a liquor license.**
7. **Rooftop/Outdoor Permit:** The Committee discourages permits for rooftops. The Committee requires applicants to wait a minimum of a year after commencing operation before seeking a liquor license permit for a rooftop/outdoor space.
8. **Sidewalk Cafes and Roadbed Dining:** The Committee generally requires applicants to wait a minimum of a year after commencing operation before seeking a Sidewalk Café. Sidewalk and roadbed dining will have different hours of operation from indoor dining hours.

a. **TRIBECA**

Closing Hours:	Mon- Thurs	Fri- Sat	Sun
Avenues:	12:00AM	1:00AM	10:00PM
Side streets:	11:00PM	12:00AM	10:00PM

Open Window Conditions:	Weekdays	Weekends
Avenues (closing hours):	9:00PM	10:00PM
Side Streets (closing hours):	8:00PM	9:00PM

b. **SEAPORT/CIVIC CENTER**

Closing Hours:	Mon- Weds	Thurs- Sat	Sun
	12:00AM	1:00AM	12:00AM

c. **FINANCIAL DISTRICT**

Closing Hours :	Mon- Weds	Thurs- Sat	Sun
	12:00AM	1:00AM	12:00AM

d. **BATTERY PARK CITY**

Committee will review applications on a case by case basis in the business and residential areas.

(It is understood that all patrons must be cleared from the premises at the closing hour.) The Committee will consider extending closing hours after the establishment has been in operation for one year.

Additional Notes: The Committee may ask for additional conditions on a case by case basis. The determination of what constitutes an Avenue or Side Street for an establishment is determined by the address of the main entrance. In Tribeca, streets running east to west are generally considered side streets.

PUBLIC MEETING

NOTICE FOR LIQUOR LICENSE APPLICATION

SUBJECT: [ADDRESS]

Application for [type of license/ permit application] [Type of Establishment] [Applicant name] d/b/a [Establishment name] [Proposed hours of operation] for all licensed area such as [List Licensed Areas]

There will be an opportunity for public comment at the following Community Board Meeting:

DATE: [Day of the week], [Month, Day, Year] TIME: [Time]

LOCATION: Manhattan Community Board 1

[Address of Licensing & Permits Committee Meeting]
(Please bring photo ID)

Any member of the public interested in learning more about this application or in expressing their opinion about it is urged to attend this meeting. Please contact Community Board 1 via email at man01@cb.nyc.gov with any questions or comments.

CB 1 website www.nyc.gov/html/mancb1

A summary of this application is available from CB1 upon request.

PUBLIC MEETING

NOTICE FOR LIQUOR LICENSE APPLICATION

SUBJECT: _____

Application for _____

Type of Establishment _____

Applicant Name _____

d/b/a _____

Hours: Sunday: _____ Monday - Thursday: _____

Friday - Saturday: _____

for all licensed area such as _____

There will be an opportunity for public comment at the following
Community Board Meeting:

DATE:

TIME:

LOCATION: Manhattan Community Board 1

(Please bring photo ID)

Any member of the public interested in learning more about this application or in expressing their opinion about it is urged to attend this meeting. Please contact Community Board 1 via email at man01@cb.nyc.gov with any questions or comments.

CB 1 website www.nyc.gov/html/mancb1

A summary of this application is available from CB1 upon request.

MANHATTAN COMMUNITY BOARD 1
Liquor License Application Questionnaire
Summary Revised 3/2024

1- Applicant Name

2- Establishment Name (Corporate & DBA)

3- Address for Proposed License

4- Type of License (Full liquor/OP, beer and wine, etc.) _____

7.1 Type of application

New Alteration Change in Method of Operation, Corporate Change,
Class Change

5- Proposed Days/Hours of Operation

Mon - Thurs _____ Fri - Sat _____ Sun _____

4.1 What floor(s) is the establishment on? _____

6- Square Footage of Location _____

7- Method of Operations (bar restaurant, Catering, etc)

8- Outdoor Seating? Sidewalk Roadbed Rooftop, Terrace, or other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? Yes No

9- Type of Music ? Live Recorded DJ

10- Volume of Music? Background Other

(no sound from events, performances or music will be heard outside the premises or by neighbors)

11- Where will the kitchen exhaust system vent to? _____

12- Applicant's Previous Licensed Establishments and Addresses

This Liquor License Application Questionnaire Summary will be made available to the public one week prior to the Licensing and Permits Committee meeting. Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.

Liquor License Application
Community Board One Questionnaire
Revised 3/2024

Section 2: Size and capacity of establishment

Which floor(s) will the establishment be on? _____

List use of each floor:

Total square footage: _____ Number of bathrooms: _____

Public Assembly Capacity: _____ * ADA Compliant bathrooms: _____

Total Square Footage	# of Tables	# of Seats
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Dining Area _____

Bar Area _____

Kitchen Area _____

Terrace Area _____

Rooftop Area _____

Number of: stand-up bars: _____ service bars: _____ food counters: _____

Describe all bars (length, shape, and location):

Do you intend to have bicycle delivery personnel? Yes No

(If yes, you guarantee to inform them of the Department of transportation bicycle rules)

What time of day or night will you receive delivery of goods and services _____

	Monday - Thursday	Friday - Saturday	Sunday
Hours of Operation	_____	_____	_____
Food Service hours	_____	_____	_____
Bar Service Hours	_____	_____	_____
Rooftop Service Hours	_____	_____	_____
Outdoor seating hours	_____	_____	_____

I understand this to mean that all patrons will be cleared from the establishment at the specified hour.

* Large stipulation sheet is required to be completed and notarized for public capacity 74<

Liquor License Application
Community Board One Questionnaire
Revised 3/2024

Section 3

Will there be music? Yes No

Will you have subwoofers? Yes No

If yes, what type of music? (Check all that apply) Live Recorded DJ Jukebox

Background *(If checked, the applicant has agreed to abide by the CBI definition of background music, such that no sound from events, performances or music will be heard outside the premises or by neighbors)*

Other, describe

Type of sound equipment, include size, amperage and number of speakers:

Where will the speakers be installed?

Type of sound proofing to be used:

How many TVs or monitors will you have? _____

There will be: Non-musical entertainment Dancing

Describe:

The Cabaret Liquor License from the New York State Liquor Authority is a license that is required for businesses with musical entertainment for more than 600 people to serve alcohol.

Windows will be: Open, what hours? _____ Closed

Intend to apply for DOT Dining Out NYC Sidewalk seating Roadbed seating

What type of security and crowd control will you employ?

Where will the containerized garbage be located? _____

Will you be using private carting services for garbage pickup? Yes No

(If yes, the applicant agrees to consider using the same carting company as the other commercial establishments in the area)

Day and hours of garbage pickup? _____

Liquor License Application
Community Board One Questionnaire
Revised 3/2024

Section 4

Have you signed a lease for the space? Yes No

Does the premise have a valid certificate of occupancy? Yes No

Will you require any other permits to operate your establishment at this location? If so, what type and when will you have them? _____

Are the premises to be licensed divided in any way by a public or private passageway etc over which the applicant does not have exclusive possession and control? Yes No

If yes, list floors and means of access to each floor(i.e, stairs, elevator, etc.)

Will the basement or any other floors be used for storage of alcoholic beverages? Yes No

Will new kitchen exhaust equipment be installed? Yes No

What type of kitchen exhaust system will be used and where will it vent to?

Where will the air conditioning system be placed? _____

What is the tonnage of the air conditioner system? _____

Is a membership or reward program required to access any of the licensed areas?

Explain: _____

Are premises within a hotel? Yes No

How many rooms? _____ How many floors? _____

Does the building have a loading dock? Yes No

Will you be using the loading dock for unloading event equipment and supplies? Yes No

Post event pickup times for event equipment and supplies _____

Where will the exits be for any events you plan to host? _____

If there is an event queue, where will it be? _____

Finally, please submit the following items with this questionnaire:

latest copy of your menu

floor plan

Certificate of occupancy

Liquor License Application
Community Board One Questionnaire
Revised 3/2024

Section 5: Corporate Background information

Corporate name: _____

Corporate address: _____ Phone number: _____

Previous or existing corporate name(s) and d/b/a

Manager: _____ Manager phone contact: _____

Previous related experience of the manager:

Name(s) and addresses of all principals:

Have any of the principals been previously licensed by the SLA?

If yes indicate name(s) and address of other establishments:

_____	_____
_____	_____
_____	_____

Were there any violations on previous establishments for which you served as a principal? If so, please list type, date and which establishment

I will not apply to the SLA for an alteration to the method of operation or the hours of operation without first notifying the community board.

This page must be printed, signed and scanned back into PDF form so we have a hand written signature.

Signature of Principal

Date (mm/dd/yyyy)

Printed name of Principal

Signature of Presenter (if different from Principal)

Date (mm/dd/yyyy)

Printed name of Presenter (if different from Principal)

We recommend that you attend the community board meeting at which the full board will vote on your liquor license application.

Manhattan Community Board 1 Liquor License Stipulations

I, _____, as a qualified representative of _____, located at _____, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their _____ license

(1) My requested hours of operation are _____ Monday – Thursday, _____ Friday – Saturday, _____ Sunday
(1.a) CB approved hours of operation _____ Monday – Thursday, _____ Friday – Saturday, _____ Sunday
(I understand this to mean that all patrons will be cleared from the establishment at the specified hour).

(2) I will operate a full-service, (please describe type of establishment): _____ with full food service until _____ hour(s) before closing.

(3) I will install soundproofing (please describe type) _____
(please describe location) _____

(4) I will have: DJs Yes No Live Music Yes No Recorded Music Yes No Dancing Yes No
Promoted events Yes No Cover events Yes No Scheduled performances Yes No

(5) Volume of music, events, performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music.

(6) I will close all doors and windows by _____ Mon- Thur, _____ Fri - Sat _____ Sun.
I will not have open doors or windows.

(7) I will have delivery of regular supplies, goods and services during the hours of _____

(8) I will have garbage collected during the hours of _____

(9) I will employ a doorman/security personnel on the following days and hours: _____

(10) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.

(11) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board 1.

(12) I will not apply for a sidewalk café license until at least a year after beginning operation. Yes No

(13) I will conspicuously post this stipulation form beside my liquor license inside of my business.

(14) I confirm that I have _____ violations from previous establishments for which I have served as a principal.

(15) I will (additionally):

(16) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: _____ Phone Number: _____

Alternate Contact: _____ Phone Number: _____

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed

Dated

Sworn to this _____ day of _____

Notary Public

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These stipulations and board resolution shall supersede all other documents.

Manhattan Community Board 1 Liquor License Stipulations for Large Venue Establishments

A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment designed to hold 75 persons or more

Name of Establishment: _____

Address: _____

(1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will make sure that noise including sound and bass vibrations cannot be heard outside of the premises of my establishment.

(2) I will take the steps outlined in the resolution and in the traffic plan to manage vehicular and pedestrian activity.

(3) I will follow and abide by the conditions set forth in the resolution regarding garbage disposal and collection. Garbage will be collected on the follows days and hours: _____

(4) I will have delivery of any event supplies, goods and services during the hours of _____

(5) Lighting that affects the security of the community and quality of life of nearby residents must be considered, and must be appropriately lit while not attracting unsavory elements (e.g. rodents, flies, mold, hazardous substances, etc.)

(6) I understand that I must submit a notice to the community board for a street activity permit for my licensed establishment at least 45 days in advance

(7) I understand that I must appear before the Licensing & Permits Committee if I am applying for an expansion onto municipal property and provide proof of receipt of the 30-day Standardized Notice form, a block plot diagram detailing the municipal space I am expanding to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the stipulations sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating.

(8) Cameras will be used for viewing the entrance and egress.

(9) I agree to follow the conditions outlined in the resolution on security oversight of the establishment to prevent noise, congestion and unruly patrons.

(10) I will (additionally):

(15) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: _____ Phone Number: _____

Alternate Contact: _____ Phone Number: _____

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed

Dated

Sworn to this _____ day of _____

Notary Public

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