

**Liquor License Application**  
*Bronx Community Board 11 Questionnaire*

<p>Type of application (check one):</p> <p><input type="checkbox"/> New      <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer    <input type="checkbox"/> Alteration</p>	<p>Type of proposed establishment (check one):</p> <p><input type="checkbox"/> Banquet/Catering Hall    <input type="checkbox"/> Bar      <input type="checkbox"/> Deli/Grocery <input type="checkbox"/> Kiosk      <input type="checkbox"/> Lounge    <input type="checkbox"/> Nightclub    <input type="checkbox"/> Tavern <input type="checkbox"/> Restaurant</p>
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Seeking license to sell (check all that apply):     Beer     Wine     Liquor

To be sold for:     On-premise consumption     Off-premise consumption

Name of establishment: \_\_\_\_\_

Address of establishment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cross streets of establishment: \_\_\_\_\_

Are there any buildings used primarily as schools, churches, synagogues or other places of worship within 200 feet of this establishment?     Yes     No

Are there three or more other establishments with on-premises liquor licenses within 500 of this establishment?  
 Yes     No

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**Background information:**

Corporate name: \_\_\_\_\_

Corporate address: \_\_\_\_\_

Phone number: \_\_\_\_\_

D/b/a: \_\_\_\_\_

Name(s), address and date of birth of all principals (including investors):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have any of the principals been previously licensed by the SLA?     Yes     No

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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Who will manage the establishment? \_\_\_\_\_

Previous related experience of the manager: \_\_\_\_\_

**Building Use and History:**

Are there any open or pending DOB and/or ECB violations on the building?  Yes  No

Do you plan on making any expansions or alterations?  Yes  No

If yes, have you consulted an architect and/or engineer?  Yes  No

Will the outside areas be used and, if yes, in what capacity? \_\_\_\_\_

How many residential units are located *within* the building? \_\_\_\_\_

What is the zoning designation of the property in question? \_\_\_\_\_

What type of parking is or will be made available? \_\_\_\_\_

**Conviction Record and Criminal Cases:**

Have you or your spouse (or any officer, director, shareholder or partner listed in this application or the spouse of such person) been convicted of a crime addressed by the provisions of Section 126 of the ABC Law, which would forbid a person to traffic in alcoholic beverages?  Yes  No

If YES, supply details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you or your spouse (or any officer, director, shareholder or partner listed in this application or the spouse of such person) been CONVICTED (including pleas of guilty or suspended sentences) of any felony, misdemeanor (including driving while intoxicated or impaired) or any other type of offense EXCEPT MINOR TRAFFIC INFRATIONS?  Yes  No

*If YES, attach a copy of a Certificate of Disposition by the court clerk for each case. If convicted of a felony, submit a copy of a Certificate of Relief from Disabilities, if available. Submit an Affidavit explaining all details.*

If you have previously been approved for a license were all convictions reported to the State Liquor Authority?  
 Yes  No  NA

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*Bronx Community Board 11 Questionnaire*

Are there any ARRESTS, INDICTMENTS or SUMMONSES PENDING against you or your spouse (or any officer, director, shareholder or partner listed in this application or the spouse of such person) - including driving while intoxicated or impaired?  Yes  No (IF YES, PROVIDE COPY OF ACCUSATORY INSTRUMENT.)

Are there any NON-PENDING ARRESTS or INDICTMENTS against you or your spouse (or any officer, director, shareholder or partner listed in this application or the spouse of such person) - including driving while intoxicated or impaired?  Yes  No

If YES, supply disposition details (if not supplied elsewhere):

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**Hours of Operation:**

	<i>Weekdays (Sun to Thu)</i>	<i>Weekends (Fri &amp; Sat)</i>
Food Service Hours:		
Bar Service Hours:		
Final Closing Hour:		

**Information Concerning Availability of Premises:**

If you are a new applicant, explain on the top of the following page how you became aware of the availability of the proposed premises:

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**Music:**

Will there be music?  Yes  No

If YES, what type of music (check all which apply)?  Live  Recorded  DJ  Juke Box

Karaoke  Background only (If it can be heard outside or by neighbors, it's not background.)

Type of sound equipment: \_\_\_\_\_

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Size of speakers and amperage: \_\_\_\_\_

Type of sound proofing to be used: \_\_\_\_\_

Indicate if you will engage (check all that apply):  Outside promoters  
 Security personnel  
 Independent DJs

**Size and Capacity of Establishment:**

Total square feet: \_\_\_\_\_

*Kitchen Area*

Place of Assembly Certificate?  Yes  No

Total square feet: \_\_\_\_\_

Place of Assembly capacity: \_\_\_\_\_

*Dining Area*

*Bar Area*

*Outside Area*

Total square feet: \_\_\_\_\_

Total square feet: \_\_\_\_\_

Total square feet: \_\_\_\_\_

# of tables: \_\_\_\_\_

# of tables: \_\_\_\_\_

# of tables: \_\_\_\_\_

# of seats: \_\_\_\_\_

# of seats: \_\_\_\_\_

# of seats: \_\_\_\_\_

**Smoke, Fire and General Safety:**

Will new kitchen exhaust equipment be installed?  Yes  No

What type of kitchen exhaust system will be used? \_\_\_\_\_

Where will the kitchen exhaust system vent to? \_\_\_\_\_

Name, model number and size of kitchen fire suppression system: \_\_\_\_\_

Will the fire suppression system be tied into the building's alarm system?  Yes  No

Number and type of portable fire extinguishers on premise: \_\_\_\_\_

Where will the air conditioning system be located? \_\_\_\_\_

What is the horsepower of the air conditioning system? \_\_\_\_\_

Will you store and/or use liquid CO2 for carbonating drinks?  Yes  No

Will there be lighting outside and, if so, what kind? \_\_\_\_\_

Will there be a clear view from the street into the establishment?  Yes  No

The number and means of egresses leading to a safe distance from the property in the event of a fire or other calamity: \_\_\_\_\_

Will there be cameras? If so, where and how many? \_\_\_\_\_

**Further Licensing:**

Do you intend to apply for a cabaret license?  Yes  No

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*Bronx Community Board 11 Questionnaire*

Do you intend to apply for a sidewalk café license?  Yes  No

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Finally, please provide us with—if you have not done so already—your most recent:

- Menu
- Floor plan
- Certificate of Occupancy
- Standardized NOTICE FORM for Providing a 30-Day Advance Notice to the Community Board  
(completed in its entirety)

**A COPY OF THIS QUESTIONNAIRE—ALONG WITH THE BOARD’S RECOMMENDATION  
BASED IN PART UPON THE TRUTH AND ACCURACY OF THE STATEMENTS ABOVE  
INCLUDING ALL SUPPLEMENTARY DOCUMENTS AND INFORMATION—MAY BE SENT TO  
THE NEW YORK STATE LIQUOR AUTHORITY FOR ITS REVIEW.**

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Presenter (if different from Principal)

\_\_\_\_\_  
Date

OFFICE USE ONLY: Date received:	Received by:
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