

Liquor License Application
Community Board One Questionnaire

Type of application (check one): <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer <input type="checkbox"/> Alteration	Type of proposed establishment (check one): <input type="checkbox"/> Restaurant <input type="checkbox"/> Grocery/deli <input type="checkbox"/> Kiosk <input type="checkbox"/> Bar <input type="checkbox"/> Catering or Banquet Hall <input type="checkbox"/> Nightclub <input type="checkbox"/> Tavern
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Seeking license to sell (check all that apply): <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor
To be sold: <input type="checkbox"/> Off-premise <input type="checkbox"/> On-premise

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 feet of this establishment?
 Yes No

Size and capacity of establishment:

Total square footage: _____

Public assembly capacity: _____

Dining Area

Total square footage: _____

of tables: _____

#seats: _____

Bar Area

Total square footage: _____

of tables: _____

#seats: _____

Kitchen Area

Total square footage: _____

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Name(s) and address of all principals:

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: _____

Who will manage the establishment? _____

Previous related experience of the manager: _____

Finally, please submit the following additional items:

- The latest copy of your menu
- Your floor plan
- Certificate of Occupancy

Signature of Principal

Date

Signature of Presenter (if different from Principal)

Date