



The City of New York

Manhattan Community Board 1

Catherine McVay Hughes CHAIRPERSON | Noah Pfefferblit DISTRICT MANAGER

Liquor License Application Community Board One Questionnaire

Type of application (circle one): New Renewal Transfer Alteration Other	Type of proposed establishment (circle one): Restaurant Bar Nightclub Tavern Kiosk Other Catering or Banquet Hall
Seeking license to sell (circle all that apply): Beer Wine Liquor To be sold: Off-premise On-premise	

Applicant Name:

(d/b/a) Name of establishment: _____

If this is a **transfer**, what was the previous application? _____

...previous establishment name? _____

Address of establishment: _____

New York, New York _____

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

If yes, please attach a list establishments and distances: _____

(Please note the SLA proximity mapping report is for informational purposes only and is not a legal document)

How many residential units are there *within* the property? _____

Approximately how many residential buildings are there *neighboring* or *across the street from* the property? _____

What is the zoning designation of the property in question? _____

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Public Notice

It is required that you take one or more of the following steps – including the first one listed below - at least 5 days prior to your meeting with a CB1 committee to demonstrate good-faith efforts to notify your neighbors of your intention to open this establishment. Please check what you have done and attach evidence:

- REQUIRED: Post flyers** giving public notice of the Community Board meeting including date and location and details of your application, at eye level on your property door and in other locations on the block where the establishment will be located (see sample notice on page 7 and provide photographs as evidence).
 - Petition** of neighbors in favor of the project (see sample on page 7).
 - Meeting** with a coop board and/or building management.
 - Advertisements** of the Community Board public meeting in local papers.
 - Mailings** you have sent or distributed to neighbors.
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Size and capacity of establishment:

Total square footage: _____

Public assembly capacity: _____

Dining Area

Bar Area

Kitchen Area

Total square footage: _____

Total square footage: _____

Total square footage: _____

of tables: _____

of tables: _____

#seats: _____

#seats: _____

Number of stand-up bars*: _____ Number of service bars: _____

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

Any food counters? Yes No

If Yes, please describe: _____

Further Licensing:

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

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

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Hours of Operation:	<i>Weekdays (Sun-Thurs)</i>	<i>Weekends (Fri. & Sat)</i>
Food Service Hours:		
Bar Service Hours:		
Final Closing Hours:		

Music:

Will there be music? Yes No

If yes, what type of music? (Check all that apply)

Live Recorded DJ

What volume of music? (Check all that apply)

Background Other: _____

(If it could be heard outside, or by neighbors, it is not background music)

Will there be non-musical entertainment? Yes No

If yes, what type of non-musical entertainment? _____

Type of sound equipment: _____

Size and number of speakers and amperage: _____

Where will the speakers be installed? _____

Will you utilize subwoofers? Yes No

Type of sound proofing to be used: _____

Will the windows be open or closed? Open Closed

If open, what hours? _____

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? _____

Where will the air conditioning system be placed? _____

What is the tonnage of the air conditioning system? _____

What will the decibel level of the air conditioning system be? _____

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Indicate if you will engage (circle all that apply): Outside promoters
Independent DJ's
Security personnel
None of the above

What type of security and crowd control will you employ?

Do you intend to have backyard dining? Yes No
If Yes, what hours will you serve liquor? _____

Do you intend to have rooftop dining? Yes No
If Yes, what hours will you serve liquor? _____

Do you plan to have bicycle delivery personnel? Yes No
If Yes, will you guarantee to inform them of
Department of Transportation bicycle rules? Yes No

Background information:

Corporate name: _____

Corporate address: _____

Phone number: _____

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:

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Name(s) and phone number(s) of manager(s) to call in case there are problems:

Phone:

Cell:

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

Who will manage the establishment? _____

Previous related experience of the manager: _____

Have you signed a lease for the space? Yes No

Finally, please submit the following additional items:

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

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: *Check Box*

Signature of Principal

Date

Printed Name of Principal

Signature of Presenter (if different from Principal)

Date

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.
(Revised 6-9-2014)



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PUBLIC MEETING NOTICE FOR LIQUOR LICENSE APPLICATION

SUBJECT: [ADDRESS]
Application for [type of liquor license application]
[Type of Establishment]
[Applicant name] d/b/a [Establishment name]
[Proposed hours of operation]

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: Community Board #1 Office
49-51 Chambers Street, Room 709
(Please bring photo ID)

Any member of the public interested in learning more about these applications or in expressing their opinion about it is urged to attend this meeting. Please contact Community Board #1 at (212) 442-5050 or via email at man01@cb.nyc.gov with any questions or comments. CB 1 website www.nyc.gov/html/mancb1

