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

Jamie Rogers, 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 proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar. (petition provided)
- ☐ Notice of proposed business to block or tenant association if one exists. You can find community groups and contact information on the CB 3 website: http://www.nyc.gov/html/mancb3/html/communitygroups/community_group_listings.shtml
- ☐ 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: _____

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.

Is location currently licensed? ☐ Yes ☐ No Type of license: _____

If alteration, describe nature of alteration: _____

Previous or current use of the location: _____

Corporation and trade name of current license: _____

APPLICANT:

Premise address: _____

Cross streets: _____

Name of applicant and all principals: _____

_____

Trade name (DBA): _____

PREMISE:

Type of building and number of floors: _____

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 for any back or side yard use? ☐ Yes ☐ No What is maximum NUMBER of people permitted?_____

Do you plan to apply for Public Assembly permit? ☐ Yes ☐ No

What is the zoning designation (check zoning using map: http://gis.nyc.gov/doitt/nycitymap/ - please give specific zoning designation, such as R8 or C2):

_____

PROPOSED METHOD OF OPERATION:

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

If yes, please describe what type: _____

_____

What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) _____

_____

Number of tables? _____ Total number of seats? _____

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): _____

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? _____

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

How many employees will there be? _____

Do you have or plan to install ☐ French doors ☐ accordion doors or ☐ windows?

Will there be TVs/monitors? ☐ Yes ☐ No (If Yes, how many?) _____

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 _____

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

Please describe your sound system: _____

Will you host any promoted events, scheduled performances or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed and how often? _____

_____

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans. (Please do not answer "we do not anticipate congestion.")

Will there be security personnel? ☐ Yes ☐ No (If Yes, how many and when) _____

_____

How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans.

Do you have sound proofing installed? ☐ Yes ☐ No
If not, do you plan to install sound-proofing? ☐ Yes ☐ No

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously? ☐ Yes ☐ No

If yes, please indicate name of establishment: _____

Address: _____ Community Board #_____

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 _____

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 **B**ar, **R**estaurant, 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 On-Premise (OP) liquor licenses are within 500 feet? _____

Is premise within 200 feet of any school or place of worship? ☐ Yes ☐ No

COMMUNITY OUTREACH:

Please see the Community Board website to find block associations or tenant associations in the immediate vicinity of your location for community outreach. Applicants are encouraged to reach out to community groups. Also 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).

We are including the following questions to be able to prepare stipulations and have the meeting be faster and more efficient. Please answer per your business plan; do not plan to negotiate at the meeting.

1. ☐ I agree to close any doors and windows at 10:00 P.M. every night?
2. ☐ I will not have ☐ DJs, ☐ live music, ☐ promoted events, ☐ any event at which a cover fee is charged, ☐ scheduled performances, ☐ more than ____ DJs/ promoted events per ____, ☐ more than ____ private parties per ____
3. ☐ I will play ambient recorded background music only.
4. ☐ I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.
5. ☐ I will not seek a change in class to a full on-premise liquor license. Or ☐ my business plan is to seek an upgrade at a later date.
6. ☐ I will not participate in pub crawls or have party buses come to my establishment.
7. ☐ I will not have a happy hour. Or ☐ Happy hour will end by _____.
8. ☐ I will not have wait lines outside. ☐ There will be a staff person outside to monitor sidewalk crowds and ensure no loitering.
9. ☒ Residents may contact the manager/owner at the following phone number. Any 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.

ATTENTION RESIDENTS & NEIGHBORS

_____

Company/DBA Name and Contact Number for Questions

plans to open a

_____

(Please choose) Bar/Restaurant/Club and indicate if there will be a Sidewalk Café or Backyard Garden

at the following location

_____

Building Number and Street Name (Address)

This establishment is seeking a license to serve

_____

Beer & Wine or Beer

_____

Applicant Contact Information

Contact the Applicant or COMMUNITY BOARD 3
With any questions or concerns.
info@cb3manhattan.org - www.cb3manhattan.org