



THE CITY OF NEW YORK  
MANHATTAN COMMUNITY BOARD NO. 3  
59 East 4th Street - New York, NY 10003  
Phone: (212) 533-5300 - Fax: (212) 533-3659  
www.cb3manhattan.org - info@cb3manhattan.org

Dominic Pisciotta, Board Chair

Susan Stetzer, District Manager

Dear Applicants, Lawyers, Architects, and others who represent sidewalk cafe applicants,

Community Board 3 (CB 3) has received your notification of an application for a new enclosed, unenclosed, alteration, or renewal sidewalk café license. Your request has been placed on the agenda of the next meeting of the SLA (State Liquor Authority) & DCA (Department of Consumer Affairs) Licensing Committee. This committee will meet on

**[Meeting Date Field] at 6:30PM**  
**JASA/Green Residence**  
**200 East 5th Street, (corner of Bowery and 5th Street)**

Please submit the enclosed questionnaire to the Community Board **10 business days** before the meeting. Also **bring 6 copies (double sided)** of the questionnaire and any other requested information to the committee meeting. Your cooperation is very much appreciated. You can mail or fax the form to the letterhead address or fax number. A review of other procedures is included below.

- Completed questionnaires (**with requested diagrams**) should be submitted to the Community Board office **10 business days** before the committee meeting. **6 copies (double sided)** plus additional requested information should be brought to the meeting, including copies of petitions circulated and proof of posting of Community Board 3 notices at the site for **7 days** prior to the meeting. (please include newspaper with date in photo)
- Please inform the office of withdrawals by Friday noon before the Committee meeting. Notice must be in writing by fax, e-mail, or letter. Any notices received after that will not be able to be processed for the committee and there will be a vote to deny due to nonappearance.
- Withdrawn applications will not be rolled over to next month. Applications must be treated as new applications to the office and a letter must be sent or faxed to be placed on agenda. If you send by regular mail or fax, it is a good idea to confirm by phone.
- All applications will be treated as new licenses unless they specifically note otherwise, such as *transfer, alteration*, etc. This specification is necessary to process your application correctly.
- Applications without completed information - **including** petitions and proof of posting - will not be reviewed.

Thank you for your help and cooperation. If there are any questions, please call the office.

Sincerely,

Susan Stetzer  
District Manager



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**Sidewalk Café License Application Questionnaire**

**Fill out completely or application will not be considered.**

**Bring 6 copies (double sided)** of this questionnaire to the SLA & DCA Licensing Committee meeting to be considered. Otherwise the Committee will write to the DCA notifying the agency of your failure to cooperate with the community review process. This application must also be completed and returned to the Community Board office as soon as possible.

For maximum public notification of your application, display the enclosed poster a in a visible location on the outside of your establishment and adjacent buildings for **7 DAYS** prior to the meeting

**Check which you are applying for:**       a new sidewalk café license for an  enclosed  unenclosed café.  
 an alteration of an existing sidewalk license  
 a renewal of an existing sidewalk license

**When you return this form, you must include the following attachments:**

- Photographs of the inside and outside of your establishment
- Schematics/floor plans of the inside of your establishment and sidewalk café schematics
- Petition signatures from residents in surrounding buildings

**Name of Corporation:** \_\_\_\_\_ **DBA:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cross Streets:** \_\_\_\_\_

**Applicant's Name on DCA Documents:** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Describe nature of alteration, if applicable:** \_\_\_\_\_

**Is this establishment handicap accessible?**       Yes     No      **If "Yes" please attach photo.**

**Hours of Operation** (indicate if different for sidewalk or back yard): \_\_\_\_\_

Seating Capacity Inside	Tables: _____	Chairs: _____	Bar Stools: _____
Seating Capacity Sidewalk	Tables: _____	Chairs: _____	Bar Stools: _____
Seating Capacity Backyard	Tables: _____	Chairs: _____	Bar Stools: _____
TOTALS	_____	_____	_____

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

If yes, please indicate name of establishment: \_\_\_\_\_

**Address:** \_\_\_\_\_ **Community Board #:** \_\_\_\_\_

**Cross Street:** \_\_\_\_\_ **Dates:** \_\_\_\_\_

How many sidewalk cafés are within 1 block? \_\_\_\_\_ Please use the schematic below to indicate the location and total number of sidewalk cafés within this one block area.

	A V E				
	<b>STREET</b>				

If there are block associations or merchant associations or tenant associations in the immediate vicinity of your location, you must contact them. **Please attach proof (copy of letter or poster) that you have advised these groups of your application. Petitions should clearly state the name, address, license for which you are applying, the hours and method of operation of your establishment at the top of each page.**

Attach additional sheets of paper for any additional information.

**PLEASE NOTE:**

Community Board 3 requests that Sidewalk Cafés cease operation no later than midnight on weekends and 11 p.m. on weekdays. We urge you to consider closing at 11 p.m. and 10 p.m. respectively. Unenclosed sidewalks cafés (railings, chairs, and tables) must be removable and put away at the end of each night. Until you receive your license from the city, you are not licensed to operate your sidewalk café and may be fined for doing so.

For full regulations governing sidewalk cafés, please consult the City Code, Article 1, Chapter 4, Sections 14-11 through 14-43. (Available from the Department of Consumer Affairs.)

We ask that you provide contact information for residents and that if complaints are made, you act immediately to resolve the offending condition.

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# ATTENTION RESIDENTS & NEIGHBORS

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Company/DBA Name and Contact Number for Questions

HAS APPLIED FOR A

# SIDEWALK CAFE

AT THE FOLLOWING LOCATION

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Street Number and Street Name

THERE WILL BE AN OPPORTUNITY FOR PUBLIC COMMENT ON

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Date/Time/Location

**AT COMMUNITY BOARD #3's  
SLA & DCA LICENSING COMMITTEE MEETING**

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