



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 liquor license applicants,

Community Board 3 has received your notification of an application for a new, transfer, upgrade, or alteration liquor 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 of Community Board 3. 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 conspicuous posting of Community Board 3 notices at the site for **7 days** prior to the meeting (please include newspaper with date in photo). Please read questionnaire instructions carefully.
- Please inform the office of withdrawals by Friday noon before the Committee meeting. Notice must be in writing by fax, e-mail, or letter. Withdrawals must include statement that applicant will not file with the SLA until they appear before the Community Board. 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- Withdrawn applications will not be rolled over to next month.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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Community Board 3 Liquor License Application Questionnaire

Please complete and return (with requested diagram) to the Community Board office by fax or mail to arrive at least 10 business days before the Committee meeting. In addition, bring 6 copies (double sided) plus supporting material requested to the meeting. Failure to complete and return this form on time will result in your item being placed at the end of the agenda. Application must be complete to be heard, including petitions and all items on check list below. Use N/A for answer if appropriate.

Conspicuously display the enclosed posters on the outside of your establishment for 7 days prior to the meeting. Bring a photo with a newspaper showing date as proof of the posting.

Check which you are applying for: [] new liquor license [] upgrade of an existing liquor license
[] alteration of an existing liquor license [] transfer of an existing liquor license

Type of license: _____

If alteration, describe nature of alteration: _____

Previous or current use of the location: _____

Is any license under the ABC Law now in effect for this location? [] Yes [] No

Corporation and trade name of current/previous license: _____

Will any other business besides food or alcohol service be conducted at said premises? [] Yes [] No

If yes, details: _____

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 your establishment;
[] Schematics/floor plans of the inside of your establishment;
[] If a restaurant, please include a proposed menu (including drink menu);
[] Petition in support of proposed business or change in business with signatures from residential tenants at location and in surrounding buildings and also letter from block association if one exists. You may call the CB office for help to find block associations. Petition must give proposed hours and method of operations. For example: restaurant, sports bar, combination restaurant/bar. Petitions are required and application will not be heard without petitions.
[] Photographs of proof of conspicuous posting with newspaper showing date.

APPLICANT:

Name of applicant and all principals: _____

Trade name (DBA): _____

Premises address: _____

Between what streets: _____

Mailing address (if different than above): _____

City /State / Zip: _____

Telephone number: _____ E-mail : _____

Contact Name: _____

Attorney Representative Other

Office address: _____

City, State, Zip: _____

Telephone number: _____ E-mail: _____

PREMISES:

Type of building and number of floors: _____

Prior use of premises: _____

Any outside area or sidewalk cafe used for the sale or consumption of alcoholic beverages? (*includes roof & yard*) Yes No If Yes, describe and show on diagram: _____

Does premises have a valid Certificate of Occupancy and all appropriate permits? Yes No

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

Zoning designation: _____ Maximum number of persons that can legally occupy the premises? _____ Number of tables? _____ Number of seats at tables? _____

BARS:

How many *stand-up bars/ bar seats are located on the premises (and how many seats)? _____

How many service bars? _____

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

Any food counters? Yes No If Yes, describe: _____

* A **stand up bar** is any bar or counter (whether seating or not) over which a member of the public can order, pay for and receive an alcoholic beverage.

KITCHEN:

Does premises have a kitchen or food preparation area? Yes (If any, show on diagram) No

Is food available for sale? Yes No If yes, describe type of food and submit a menu _____

PROPOSED METHOD OF OPERATION:

What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.) _____

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

Will the business employ a manager? Yes No

How many employees? _____

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

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

Will there be Hookah pipes? Yes No Will there be TV's? Yes No (If Yes, how many?) _____

Will premises have music? Yes No

If Yes, what type of music? Explain in detail: _____

Type of music/entertainment: Live musician Live DJ Juke box Tapes/CDs

Volume level: Background (quiet) Entertainment level

Do you have or plan to install sound-proofing? Please describe your sound system: _____

Will you host promoted events, scheduled performances or any event at which a cover fee is charged?

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? Yes No If "Yes" please attach plans.

Is this establishment wheel chair accessible? Yes No

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

If yes, please indicate name of establishment: _____

Address: _____ Community Board # _____

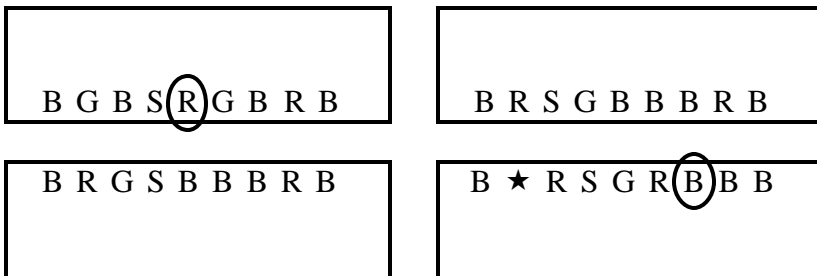
Dates: _____

If you answered "Yes" to the above question, please provide a letter of record indicating history of complaints or other comments from the community board in which your establishment is/was located if located in NYC.

Using the diagram below as an example, attach a separate similar 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-Premises (OP) licenses by circling the letter on diagram. Please label streets and avenues and identify your location near the middle of the diagram and indicate it with a [★]. Use the letters to indicate **B**ar, **R**estaurant, etc. The diagram must be submitted with the questionnaire to the Community Board **10 business days** before the meeting.

Bar (B)	Grocery (G)	Restaurant (R)	Cabaret (C)	Sidewalk Café (S)
OP ___ B/W ___	B/W ___	OP ___ B/W ___	OP ___ B/W ___	OP ___ B/W ___

Example:



How many licensed establishments are within 1 block? _____
How many licensed establishments are within 500 feet? _____
How many of these are On-Premises (OP) liquor licenses? _____

If there are block associations, merchant associations, or tenant associations in the immediate vicinity of your location, you must contact them. **Please attach proof (copies of letters and poster) that you have advised these groups of your application. Petitions should 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). You may contact the Community Board office for any contact information that is on file.

INFORMATION REGARDING NEARBY LOCATIONS:

- Premises is not within a 500 foot radius of three or more establishments selling liquor for on-premises consumption.
- Premises is within a 500 foot radius of three or more establishments selling liquor for on-premises consumption.

Are your premises within 200 feet of any school, church or place of worship? Yes No

If there is a school, church or place of worship within 200 feet of your premises or on the same block, submit a block plot diagram or area map showing its location in proximity to your applicant premises (8 1/2" x 11").

Indicate the distance in feet from the proposed premises. Attach additional sheets if necessary.

Name of church/school: _____

Address: _____ Distance: _____

Name of church/school: _____

Address: _____ Distance: _____

Name of church/school: _____

Address: _____ Distance: _____

Please provide contact information for residents/Community Board and confirm that if complaints are made, you will act immediately to resolve any problems.

Contact person: _____ Phone : _____

Address: _____

E-mail _____

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Name: _____

Signature: _____

Date: _____

ATTENTION RESIDENTS & NEIGHBORS

Company/DBA Name and Contact Number for Questions

PLANS TO OPEN A

(Please Indicate) Bar/Restaurant/Club/Grocery/Liquor Store/Wholesaler,
Please indicate if there will be a Sidewalk Café or Backyard Garden

AT THE FOLLOWING LOCATION

Street Number and Street Name

THIS ESTABLISHMENT IS SEEKING A LICENSE TO SERVE

Beer & Wine or Beer/Wine & Liquor

THERE WILL BE AN OPPORTUNITY FOR PUBLIC COMMENT ON

Date/Time/Location

Applicant Contact Information

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

CB#3, MANHATTAN - 59 EAST 4TH STREET - NEW YORK, NY 10003 - [PHONE] 212-533-5300
[EMAIL] INFO@CB3MANHATTAN.ORG - [WEBSITE] WWW.CB3MANHATTAN.ORG