



THE CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD 3
59 East 4th Street - New York, NY 10003
Phone (212) 533-5300
www.cb3manhattan.org - info@cb3manhattan.org

Alysha Lewis-Coleman, 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

[date and time field]
[meeting location field]
[meeting address field]

Please see text of email invite for due date and directions on how to submit the questionnaire.

- Completed questionnaires (**with requested diagrams**) should be submitted to the Community Board office **by the due date listed in the email invite. 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. 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- Withdrawn applications will not be rolled over to next month.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.
- Please note that the applicant must be present.

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 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				
	STREET				

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 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

Company/DBA Name and Contact Number for Questions

HAS APPLIED FOR A
SIDEWALK CAFE
AT THE FOLLOWING LOCATION

Building Number and Street Name (Address)

THERE WILL BE AN OPPORTUNITY FOR PUBLIC COMMENT ON

Date/Time/Location

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

[EMAIL] INFO@CB3MANHATTAN.ORG
[WEBSITE] WWW.CB3MANHATTAN.ORG

Petition to Support Proposed Sidewalk Cafe

Date: _____

The following undersigned residents of the area support the issuance of the following sidewalk café to the following applicant/establishment (company and/or trade name) _____

Address of premises: _____

This business for this sidewalk café is a: (circle) Bar Restaurant Other:

The hours of operation will be:

PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area.

Other information regarding the license:

Name	Signature	Address and Apt # (required)