



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

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 your proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar.
- Letter of notice of proposed business to block, tenant or neighborhood association if one exists. E-mail the CB3 office at info@cb3manhattan.org for help to find block associations.
- 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
- upgrade of an existing liquor license
- sale of assets

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.

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

If alteration, describe nature of alteration: add bar, move another bar, move bartenders

Previous or current use of the location: tavern

Corporation and trade name of current license: LaRitt Inc d/b/a Lakeside Lounge

APPLICANT:

Name of applicant and all principals: La Ritt Inc / Laura McCarthy

Trade name (DBA): Lakeside Lounge Inc

Premise address and cross streets: 162-164 Ave B E 10th St: E 11th St

PREMISE:

Type of building and number of floors: 5 story brick

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 certificate of occupancy of back or side yard intended for commercial use? Yes No

Indoor Certificate of Occupancy ISO Outdoor Certificate of Occupancy N/A

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

Zoning designation: currently exists

Is this premise wheel chair accessible? Yes No

PROPOSED METHOD OF OPERATION:

What type of establishment will this be (i.e.: restaurant, bar, performance space, club, hotel)?

tavern

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) 4 pm - 4 am 7 days per week

Number of tables? 12 Number of seats at tables? 42

How many stand-up bars/ bar seats are located on the premise? 2

(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) Approx 20' curved rear left

Any food counters? Yes No If Yes, describe: Approx 20' rectangle rear right

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

Pub style food

What are the hours kitchen will be open? within 1 1/2 hours of closing

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

How many employees will there be? 8-10

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

Will you agree to close any doors and windows at 10:00 P.M. every night? Yes No

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: IPad generated small speakers

Will you host promoted events, scheduled performances or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed? No

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans. N/A - premises had since 1993

Will there be security personnel? Yes No (If Yes, how many and when) 1-2

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

Do you have or plan to install sound-proofing?
Currently exists

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously? Yes No
If yes, please indicate name of establishment: Bowery Tech | Petty Mcclathry's | Sweets LD | Tazzer
Address: 307 Bowery / 159 Ave A / 25 Ave A / 112 Ave A Community Board # 3 162-114 Ave S
Dates of operation: 1987 - Present

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 Bar, Restaurant, 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? N/A

How many licensed establishments are within 500 feet? _____

Is premise within a 500 foot radius of 3 or more establishments with OP licenses? Yes No

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

If there is a school or place of worship within 200 feet of your premise on the same block, submit a block plot diagram or area map showing its location in proximity to your premise and indicate the distance and name and address of the school or house of worship.

COMMUNITY OUTREACH:

If there are block associations, neighborhood 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 with sufficient time for them to respond to your notice.** You may contact the Community Board at info@cb3manhattan.org for any contact information that is on file.

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].

CONTACT INFORMATION

Applicant's telephone number: (212) 529-8463 Email: ifm@optonline.net

Contact Name: Frank Palillo

Attorney Representative Other _____

Telephone number: 212 2271640 Email: _____

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

Contact person: Lara McCarthy Phone: (917) 770-4041

Address: _____

Email: _____

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

Name: _____

Signature: _____ Date: _____

