

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

Gigi Li, 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](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  
 *change to method of operation*

Check if either of these apply:

- sale of assets       upgrade (change of class) of an existing liquor license

Today's Date: May 5, 2015

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: Tavern Wine

If alteration, describe nature of alteration: \_\_\_\_\_

Previous or current use of the location: Tavern with light food

Corporation and trade name of current license: Cask and Cave Inc dba  
Top Hops

**APPLICANT:**

Premise address: 94 Orchard Street

Cross streets: B'n Broome ; Delancey Sts

Name of applicant and all principals: Cask ; Cave Inc  
Edward Kenny ; Bryan Weadock

Trade name (DBA): Top Hops

**PREMISE:**

Type of building and number of floors: 5 story mixed use

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): C-6-1

**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: Craft beer specialty store featuring growlers

What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) MON-WED 12pm-12am; Thurs-Sat 12pm-2am Sunday 12pm-12am

Number of tables? 1 Total number of seats? 20

How many stand-up bars/ bar seats are located on the premise? one/20

(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 27'x5'1/2'; rectangle; center

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 light fare

What are the hours kitchen will be open? all hours of operation

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

How many employees will there be? 4-6

Do you have or plan to install  French doors  accordion doors or  windows? NO

Will there be TVs/monitors?  Yes  No (If Yes, how many?) 1

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: Internet radio with small speakers

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? No

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.")  
- As we have for the last 3 years; we do not generate crowds or 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.  
These premises have not generated noise either within or outside the premises and will not in the future  
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: These premises  
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 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? SEE ATTACHED

How many On-Premise (OP) liquor licenses are within 500 feet? \_\_\_\_\_

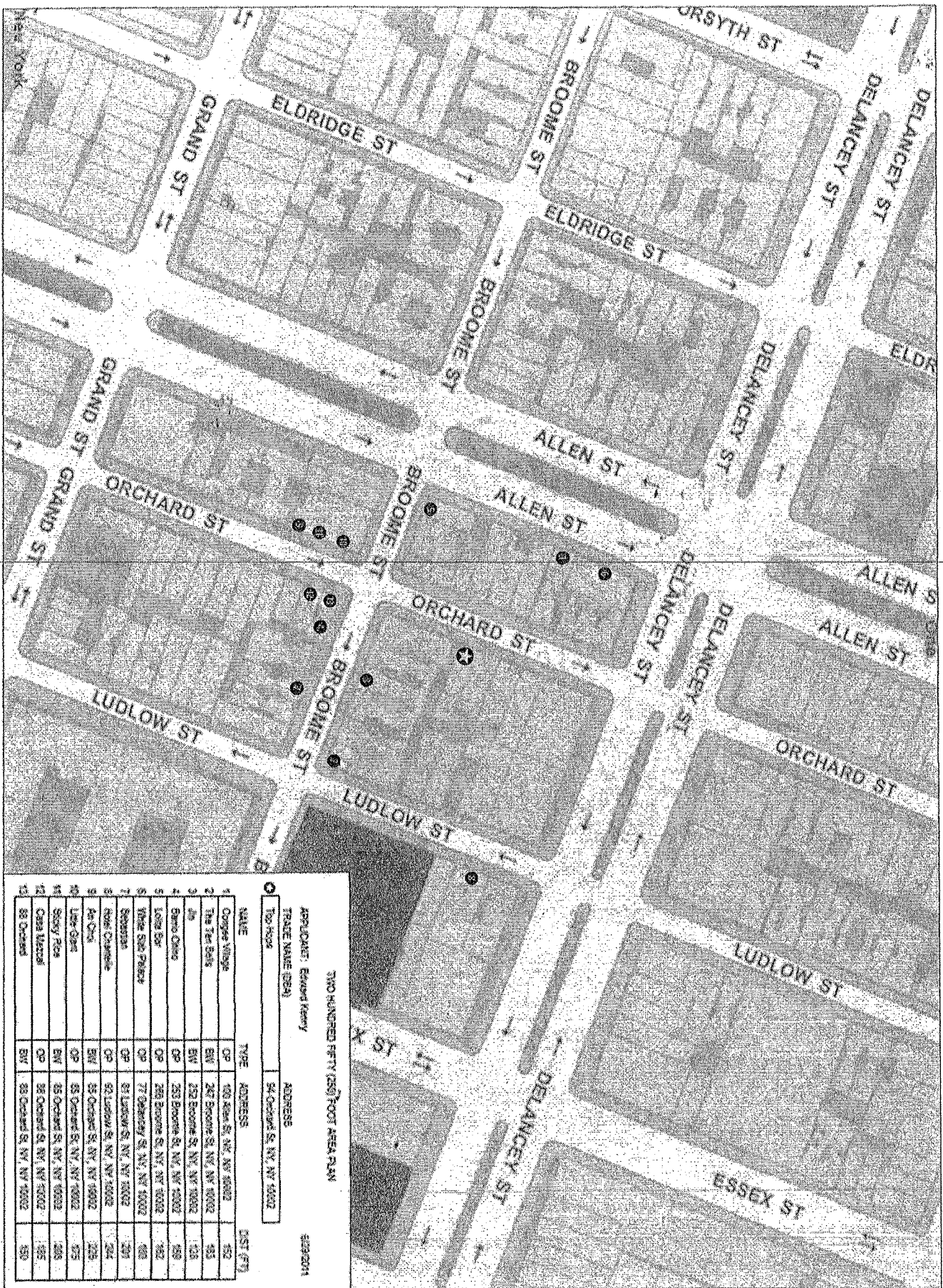
Is premise within 200 feet of any school or place of worship?  Yes  No

**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.



3200 HUNDRED FIFTY (250) FOOT AREA PLAN

APPLICANT: Edward Kenny

6/29/2014

TRADE NAME (SBA) ADDRESS

Top floor 54 Orchard St. NY, NY 10002

NO	NAME	TYPE	ADDRESS	DIST (CT)
1	Orange Village	OP	150 Adam St. NY, NY 10002	452
2	The Ten Bells	BW	247 Broome St. NY, NY 10002	463
3	Am	BW	252 Broome St. NY, NY 10002	128
4	Shaw Office	OP	263 Broome St. NY, NY 10002	459
5	Loft Bar	OP	266 Broome St. NY, NY 10002	462
6	White Star Pharmacy	OP	77 Delancey St. NY, NY 10002	468
7	Substation	OP	81 Ludlow St. NY, NY 10002	291
8	Rocky Chamblee	OP	82 Ludlow St. NY, NY 10002	284
9	Am Onis	BW	85 Orchard St. NY, NY 10002	225
10	Laf-Cant	OP	85 Orchard St. NY, NY 10002	575
11	Rocky Fios	BW	85 Orchard St. NY, NY 10002	285
12	Cara Hattori	OP	86 Orchard St. NY, NY 10002	195
13	88 Orchard	BW	88 Orchard St. NY, NY 10002	450