



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

Jamie Rogers, 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

Check if either of these apply:

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

Today's Date: 5/26/2017

**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: \_\_\_\_\_

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

Previous or current use of the location: Retail

Corporation and trade name of current license: \_\_\_\_\_

**APPLICANT:**

Premise address: 15 E. 13th Street, New York, NY 10003

Cross streets: 5th Avenue and University Place

Name of applicant and all principals: YS Pastry LLC (Huey Cheng and Jeff Lam)

Trade name (DBA): Patisserie Fouet

**PREMISE:**

Type of building and number of floors: Commercial and Office (2 Floors)

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? 74

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):  
C6-1

**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: \_\_\_\_\_

What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) 7:00 a.m. to 11:00 p.m. (Monday through Sunday)

Number of tables? 12 Total number of seats? 24 plus 13 seats at 2 food counters

How many stand-up bars/ bar seats are located on the premise? 0 bars

(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): n/a

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  
See attached menu

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

Will a manager or principal always be on site?  Yes  No If yes, which? Both a principal and manager at all times

How many employees will there be? 7

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

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: iPod with simple 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.")

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.

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: See attached.

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 See attached.

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? 6

How many On-Premise (OP) liquor licenses are within 500 feet? 13

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

**COMMUNITY OUTREACH:**

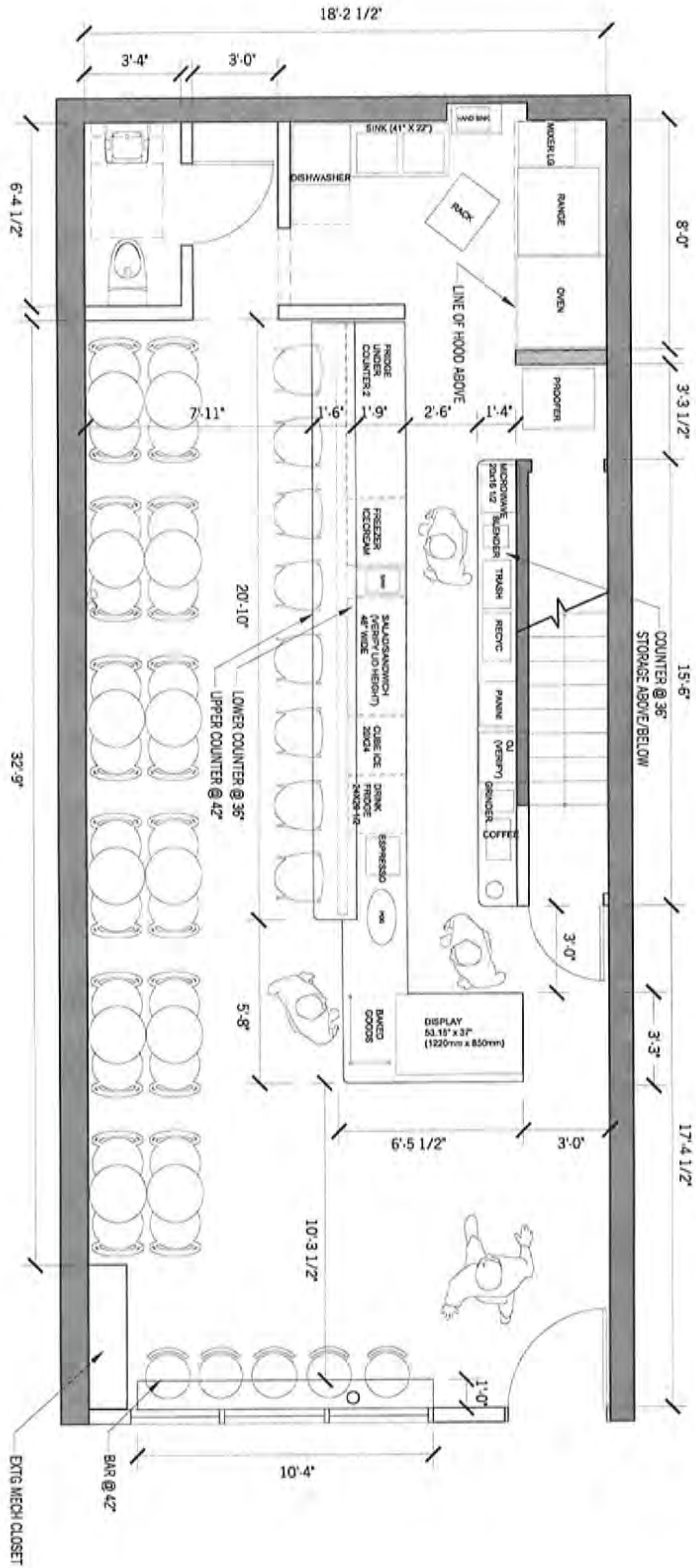
Please see the Community Board website to find block associations or tenant associations in the immediate vicinity of your location for community outreach. Applicants are encouraged to reach out to community groups. Also use provided petitions, which clearly state the name, address, license for which 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.

**SUZUMORI ARCHITECTURE PLLC**

540 PRESIDENT ST BROOKLYN NY 917 889-0489



**1** PLAN  
1/4"=1'-0"

PROJECT: PHITTSBURGH FOUNTAIN  
 DWS: SEP. 2016  
 TITLE: PLAN  
 SCALE: 1/4" = 1'-0"  
 DATE: 09.01.2016

**SK-001**

© SUZUMORI ARCHITECTURE PLLC 2017

# Patisserie Fouet

	Price Per Serving	Price Per Whole	Per Per Half Sheet
<b>SWEETS</b>			
<u>Cakes</u>			
Chiffon Cake	\$ 42.00	\$ 7.00	
Strawberry Shortcake	\$ 54.00	\$ 90.00	\$ 225.00
Chocolate Cake	\$ 60.00	\$ 100.00	\$ 250.00
Caramel Cheese Cake	\$ 60.00	\$ 100.00	\$ 250.00
 <u>Verrine (5 Types)</u>			
1 Glass	\$ 7.00		
Box of 3 Glasses	\$ 19.00		
Box of 5 Glasses	\$ 31.00		
 <u>Demi Bake Cake</u>			
Earl Grey	\$ 4.50	\$ 25.00	
Green Tea	\$ 5.00	\$ 28.00	
Raw Chocolate	\$ 5.50	\$ 30.00	
 <u>Grand Cookies (2 Types) - Double Chocolate Pecan, Maple Walnut</u>			
1 Cookie	\$ 4.00		
Box of 5	\$ 18.00		
Box of 9	\$ 30.00		
 <u>Petit Cookies (10 Types) - Vanilla, Maple, Double Chocolate, Finanche, Apricot, Almond, Langue de Chat, Praline,</u>			
1 Cookie	\$ 2.00		
Box of 14	\$ 25.00		
Box of 28	\$ 45.00		
 <u>Bonbon Chocolate (8 Types) - Seasonal: Oct-May</u>			
1 Piece	\$ 2.50		
Box of 2	\$ 5.00	*	
Box of 6	\$ 15.00	*	
Box of 8	\$ 20.00	*	
<i>*Gift box included</i>			
 <u>Local Fruits Jam (3 Types - 1 regular, 2 seasonal)</u>			
1 Jar	\$ 12.00		
 <u>Ice Cream (6 Flavours) - Vanilla Egg, Caramel x Caramel, Double Chocolate, Strawberry Balsamic, Green Apple, B;</u>			
1 Scoop	\$ 4.00		
6 Flavour Scoop			
 <u>Dessert Sets (3:00PM - 10:00PM)</u>			

Candy Candy	\$	25.00
Chocolate	\$	20.00
Le Japon	\$	18.00
Vegetarian	\$	18.00
Seasonal Fruit Cobbler	\$	16.00
Souffle w Fruit Sauce	\$	16.00
Chocolate Souffle	\$	16.00
Cheese Souffle	\$	18.00
<i>*with Ice Cream</i>		<i>+\$3.00</i>

## **BAKERY**

### Plain Breads - Croissant, Ciabatta, Coco Ash Bread, Pain Au Alit, Broich, 8 Grain Bread

1 Piece	\$	4.00
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### Sweet Breads - Berry Muffin, Carrot Muffin, Zucchini Cream Cheese, Croissant d'Amande, Chocolate Croissant

1 Piece	\$	5.00
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## **CAFÉ**

### Salad

Fig with Arugula	\$	9.00
Feta Cheese	\$	9.00
Okura with Kale	\$	9.00
Quinoa	\$	9.00
Daikon Uri with Potato	\$	9.00
Spinach Egg with Frisee Lettuce	\$	9.00
Truffle Oil with Romain Lettuce	\$	9.00
Arugula with Seasonal Fruits	\$	9.00
White Asparagus	\$	9.00

### Soup

Roots Crop	\$	6.00
Cauliflower	\$	6.00
Chicken with Carrot	\$	6.00
Seasonal Vegetable	\$	6.00

### Sandwich

Chicken Spinach	\$	8.00
BLT	\$	8.00
Mozzarella Basil	\$	8.00
Egg	\$	8.00
Tuna	\$	8.00

**DRINK**

Coffee	\$	5.00		
Double Espresso	\$	6.00		
Cappuccino	\$	6.00		
Cortado	\$	5.00		
Latte	\$	6.00		
Herbal Tea w Honey	\$	5.00	\$	8.00
Fresh Herb & Fruit (Pot)			\$	18.00
Earl Grey	\$	5.00	\$	8.00
House Blend	\$	5.00	\$	8.00
Green Tea	\$	5.00	\$	8.00
Dark Green Tea	\$	6.00		
Green Tea Latte	\$	7.00		
Hot Chocolate	\$	6.00		
Cold Chocolate	\$	6.00		
Green Smoothie of the Day	\$	9.00		
Home Made Ginger Ale	\$	7.00		
Organic Fresh OJ	\$	7.00		

**Pot****ALCOHOL**

Organic Sparkling Wine	\$	16.00
Organic Red/White Wine	\$	14.00
Sake	\$	12.00
Sherry	\$	12.00
Local Beer	\$	7.00
Mimosa	\$	12.00
Panache	\$	12.00



**BUREAU OF BUILDINGS**  
**BOROUGH OF MANHATTAN, CITY OF NEW YORK**

**Of CERTIFICATE OF OCCUPANCY No.**

**192 1**

THIS CERTIFIES that the building located on Block **571** Lot **31-32** ✓  
 known as **13-15 East 13 Street,**  
**40' front.**

conforms substantially to the approved plans and specifications of **Alt.** Application No. **2739 19 20**  
 and to all the requirements of the BUILDING CODE AND BUILDING ZONE RESOLUTION of the City of New York  
**for a non-fireproof, 2 story Garage, Business & Shop.**

and that the several floors may sustain the live loads, accommodate the number of persons, and be occupied as follows:

FLOORS	Live Load per Square Foot in POUNDS	Number and Classification Persons on each Floor	OCCUPANCY
1st Floor	---	---	Non-storage Garage & Business
2nd Floor	---	2	Shop (Cabinet Maker)

This certificate is issued to **William P. Goldman,**  
**owner** of the aforesaid building, address **69 N. Potter, 132 W. 26 St., N.Y. City.**  
 in accordance with the provisions of Section 5, Article 1, Chapter 5 of the Code of Ordinances of the City of New York, and Chapter 503, Section 411-a of the Greater New York Charter.

**DATED May 4, 1921.**

\_\_\_\_\_  
 Superintendent of Buildings.

## Proximity Report for Location:

May 30, 2017

15 E 13 St, New York, NY, 10003

\* This report is for informational purposes only in aid of identifying establishments potentially subject to 500 and 200 foot rules. Distances are approximated using industry standard GIS techniques and do not reflect actual distances between points of entry. The NYS Liquor Authority makes no representation as to the accuracy of the information and disclaims any liability for errors.

### Closest Liquor Stores

Name	Address	Approx. Distance
MAYURA INC	52 W 14TH ST	880 ft
B & S ZEEMAN INC	47 UNIVERSITY PLACE	945 ft
33 UNION SQUARE WEST INC	140 4TH AVE	1015 ft
IWM HOLDINGS LLC	108 E 16TH STREET	1195 ft
KOMAN LIQUORS INC	46 UNION SQUARE EAST	1200 ft
8TH STREET WINE CORP	13 E 8TH ST	1295 ft
VILLAGE WINES LIQUOR INC	486A 6TH AVENUE	1335 ft

### Churches within 500 Feet

Name	Approx. Distance
The Village Temple	500 ft

### Schools within 500 Feet

Name	Address	Approx. Distance
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### On-Premise Licenses within 750 Feet

Name	Address	Approx. Distance
CGM 13 LLC	22 E 13TH ST	45 ft
CORKBUZZ LLC	13 E 13TH ST	90 ft
ROLAND RESTAURANT GROUP INC	9 E 13TH ST	160 ft
GOOD MANNERS LLC	15 E 12TH ST	270 ft
STRIP HOUSE RESTAURANT NY LLC	13 E 12TH ST	290 ft
BAR 13 INC	35 E 13TH ST	290 ft
STRIP HOUSE RESTAURANT NY LLC	11 E 12TH ST	320 ft
12 EAST 12 ASSOCIATES LP	12 E 12TH STREET	340 ft
SPICE 39 INC	39 E 13TH ST	370 ft
MANSIONS CATERING INC	80 5TH AVE	410 ft
CHIPOTLE MEXICAN GRILL OF COLORADO LLC	88 UNIVERSITY PL	420 ft
120 U REST LLC	94 UNIVERSITY PL	435 ft
JAPONICA U S A INC	90 UNIVERSITY PL	480 ft
SAIGON MARKET LLC	91 UNIVERSITY PLACE	505 ft
BEAU MAISON CORP	86 UNIVERSITY PLACE	530 ft
PEN ENTERTAINMENT LLC	14 20 LITTLE WEST 12TH STREET	555 ft
MARCO POLO CATERERS INC	15 E 15TH ST	580 ft

Name	Address	Approx. Distance
STEEPLECHASE INC	19 E 15TH ST	590 ft
MARCO POLO CATERERS LLC	73 5TH AVE AKA 3 E 15TH ST	620 ft
POP UNDERGROUND LLC	41 E 11TH ST	625 ft
P12 NEW YORK LLC	48 EAST 12TH STREET	650 ft
NIX HEDDEN LLC	72 UNIVERSITY PL	655 ft
BROTHERS HARVEY LLC	70 UNIVERSITY PL	675 ft
MAX BRENNER UNION SQUARE LLC	841 BROADWAY	680 ft
NNJ RESTAURANT LLC	47 E 12TH ST	695 ft
CHEF DRIVEN MARKET LLC	20 UNION SQUARE W	710 ft

### **Pending Licenses within 750 Feet**

Name	Address	Approx. Distance
VAP UNION SQUARE LLC	113 UNIVERSITY PLACE	315 ft
DTJC MANAGEMENT NEW YORK INC	15 UNION SQUARE WEST	580 ft

### **Unmapped licenses within zipcode of report location**

Name	Address













OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

## APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.

### 1. APPLICANT

Name of Applicant :   
(Sole Proprietor, Partnership, Corporation, LLC, LLP, LP, etc.)

Trade Name(DBA): (see instructions) \*\* must be provided if premises will be called by any name other than as listed in the "Name of Applicant" otherwise write "N/A"

Premises Street Address:

City:  , **NY** Zip Code:

County:  Telephone Number of Premises (include area code):

Applicant E-mail address (required):

Business Website:

Mailing Address (if different than above):

City:  State:  Zip Code:

### 2. CONTACT (if other than applicant)

Name of Contact:   Attorney  Representative  Contact Person

Office Address:

City:  State:  Zip Code:

Telephone Number of Office (include area code):

E-mail address (required):

Is this application filed under the Attorney Certification Program?  Yes  No

3. For SEASONAL licenses only (Select license date range)  to:

4. LICENSE TYPE:  CODE:  5. Number of ADDITIONAL BARS (if any):

5a. Months that SEASONAL add bars will operate:  to:

6. TOTAL PAYMENT DUE:

7. Federal Tax ID #:

7a. Certificate of Authority to Collect NYS Sales Tax - List # If Issued:   Pending

continued on next page

[OFFICE USE ONLY]	
DATE FILED: <input type="text"/>	SERIAL #: <input type="text"/>

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<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

## RIGHT TO PREMISES

### 1. RIGHT TO PREMISES

1a. By what right does the applicant have possession of the premises?

- Own   
 Lease   
 Sub-Lease   
 Binding contract to acquire real property   
 Written intent to Lease  
 Other (explain):

**If leasing, the lease must run for the full term of the license period or at least be renewable to cover the full term. Month to month leases or month to month renewal terms are not acceptable. The tenant name listed on the lease must match the applicant name exactly.**

1b. Do the terms of the lease or other arrangement require the applicant to provide any consideration based on a percentage of the receipts of the business?     Yes     No

If YES, list the section/page of the lease this information can be found

### 2. OTHER INTERESTED PARTIES

Does or will anyone other than the applicant/principals share on a percentage basis or in any way in the receipts, losses or deficiencies of the business to any extent whatsoever?

- Yes     No

If YES, state the names and address of such persons, the nature and percent of their share and date acquired.

Name	Address	Nature of interest	Date Acquired
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### LANDLORD IDENTIFICATION INFORMATION

In order to obtain the most accurate information this form should be completed by the Landlord. This form must be completed and submitted regardless of whether the property owner is a third party landlord or the applicant.

1. Name of Landlord (as it appears on lease and deed):

2. Landlord Mailing Address:

City:  State:  Zip Code:

3. Telephone Number of Landlord:

4. Landlord Principals (ALL landlord principals must be disclosed below.)

Name	Address (if different than Landlord's Mailing Address above)
Arfa Rejaet	<input type="text"/>

Name	Address (if different than Landlord's Mailing Address above)
<input type="text"/>	<input type="text"/>

Name	Address (if different than Landlord's Mailing Address above)
<input type="text"/>	<input type="text"/>

Name	Address (if different than Landlord's Mailing Address above)
<input type="text"/>	<input type="text"/>

5. Are any of the Landlord Principals currently or previously licensed under the ABC Laws?  Yes  No

Serial Number	Licensee Name
<input type="text"/>	<input type="text"/>

Serial Number	Licensee Name
<input type="text"/>	<input type="text"/>

Serial Number	Licensee Name
<input type="text"/>	<input type="text"/>

6. Are any of the Landlord Principals police officers?:  Yes  No

If yes, list names below:

Name

Name

7. List number of years real property has been owned or legally controlled by the landlord:

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<input type="radio"/> Original	<input type="radio"/> Amended	Date

### 500 FOOT LAW STATEMENT

**Applicants for on premises liquor licenses must complete this section  
(Not required for on premises beer or wine application)**

If the location is subject to the 500 Foot Law, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-b 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within a 500 foot radius of three or more on-premises liquor establishments and the population of the municipality is 20,000 or more. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

**The Proposed Premises: Check the appropriate box below:**

- IS NOT WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.
- IS WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500' RADIUS, *UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.*)
- NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993
- NOT APPLICABLE - POPULATION OF CITY, TOWN OR VILLAGE IS UNDER 20,000
- NOT APPLICABLE - BEER, WINE and CIDER ONLY

**IMPORTANT:**

**YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS  
LOCATED WITHIN A 500 FOOT RADIUS OF THE PROPOSED PREMISES**

**For assistance use the "GIS Maps - LAMP" (Liquor Authority Mapping Project)  
system, which is available on our website.**

If premises is within a 500 foot radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must, **ATTACH A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

**FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.**



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<input type="radio"/> Original	<input type="radio"/> Amended	Date

**STATEMENT OF AREA PLAN  
200 Foot Law**

**THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE**

<ol style="list-style-type: none"> <li>1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH, or PLACE OF WORSHIP WITHIN 300 FEET</li> <li>2. Is the premises within 200 feet of <b>ANY SCHOOL, CHURCH or PLACE OF WORSHIP?</b> <input type="radio"/> Yes (Exclusive use as a church or place of worship will be determined by this agency) (Please respond "YES" if ANY school, church or place of worship is within 200 feet) <input checked="" type="radio"/> No</li> <li>3. Submit a BLOCK PLOT DIAGRAM (aerial view of the building, with nearby businesses/residences labeled) showing the location of any school, church or place of worship ( 8½" x 11")</li> </ol>
--

**Indicate the distance in feet from the entrance of the proposed premises to the closest entrance of any school, church or place of worship.**

*Attach additional sheets if necessary.*

**ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN**

1. Name of church/school:	
Address:	
Distance:	
2. Name of church/school:	
Address:	
Distance:	
3. Name of church/school:	
Address:	
Distance:	

For assistance use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

**If applying for a full liquor license (beer, wine and liquor) and the premises is within 200 feet of a school, church or place of worship, the application may be denied.**

**If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.**

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

### ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

**Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.**

#### 1. Zoning

1a. State what the area is zoned for:   
(i.e.. Residential, Business, Mixed)

1b. If applying for an on premises license does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits?  Yes  No  Pending

#### 2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address?  Yes  No

If "yes" please specify and give details:

*If the address was changed due to a 911 update or other government action, please include documentation for the change.*

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?  
 Currently Licensed  Previously Licensed  Never Licensed  Do Not Know

Name of Licensee:  License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee, or prior licensee?  
 Yes  No  Do not know

***Any pending disciplinary action may delay a determination on this application or result in the disapproval.***

2e. If the proposed premises has not been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed?  Yes  No  
Name of Licensee:  License Serial Number:

**3. Premises (Interior):**

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located(i.e. basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed? If yes, show the means of access on the interior diagram(s).  Yes  No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, etc., over which the applicant does not have exclusive possession and control? Example: hallways, stairwells, common areas, etc.  Yes  No

If YES, describe:

3f. How many public restrooms? If less than two(2) public restrooms you must request a waiver of the two(2) restroom rule in writing. Show restrooms on diagram.

3g. List the maximum occupancy of the premises:

3h. Number of tables?  3i. Number of seats at tables?  3j. Number of seats at bar or counter?

**4. BARS:**

4a. How many customer bars are located on the premises? ( where patrons may order, purchase, or receive alcoholic beverages.)

4b. How many service bars\*? (A service bar is for wait staff use exclusively.)

4c. Describe each bar in the fields below:

<b>Bar 1</b>	<b>Bar 2</b>	<b>Bar 3</b>
Bar Type <input type="text"/>	Bar Type <input type="text"/>	Bar Type <input type="text"/>
Length <input type="text"/>	Length <input type="text"/>	Length <input type="text"/>
Shape <input type="text"/>	Shape <input type="text"/>	Shape <input type="text"/>
<b>Bar 4</b>	<b>Bar 5</b>	<b>Bar 6</b>
Bar Type <input type="text"/>	Bar Type <input type="text"/>	Bar Type <input type="text"/>
Length <input type="text"/>	Length <input type="text"/>	Length <input type="text"/>
Shape <input type="text"/>	Shape <input type="text"/>	Shape <input type="text"/>

Attach additional sheets if there are more than 6 bars.

**5. KITCHEN**

5a. Does premises have a full kitchen?  Yes  No

If NO, does premises have a food preparation area?  Yes  No

**Show Kitchen or Food Preparation Area on the Interior Diagram.**

**NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU**

5b. Is a chef/cook employed at the premises?  Yes  No

If YES, list hours of day chef/cook will devote to the premises:

**6. HOTEL or BED & BREAKFAST**

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the Hotel Premises?  Yes  No

**7. OUTDOOR AREAS**

7a. Are there any outside areas used for the sale or consumption of alcoholic beverages?  Yes  No

7b. Check all types that apply:  
(There must be direct access from the interior of the premises to any outdoor area(s) that you wish to license.  
Show access on diagram.)

- Sidewalk Cafe     Deck     Patio     Porch     Gazebo
- Rooftop     Yard     Balcony     Pavilion     Tent

Other (describe):

7c. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? If Yes, how is it divided?

Yes  No

7d. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- Fencing     Wall     Shrubbery     Roping     Stanchions

Other (describe):

7e. Is a permit required by locality for outside area(s)?  Yes  No

If yes, submit a copy of the permit.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

### METHOD OF OPERATION

*This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.*

The information provided in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1a. Select the type(s) of alcohol you intend to serve at the premises:

- Beer & Cider   
 Wine, Beer & Cider   
 Liquor, Wine, Beer & Cider

1b. Type of Establishment:

2. Will any other business be conducted at the premises? if "yes" provide details below or on a separate sheet:  Yes  No

2a. If the premises *is not* a catering establishment, will the premises periodically close to host private events?  Yes  No

2b. If "yes" how frequently?

3. Will premises have music?  Yes  No

3a. If "yes" check all that apply:  RECORDED  DJ  JUKE BOX  KARAOKE

LIVE MUSIC (Give details: i.e. rock bands, acoustic, jazz, etc.):

3b. Will the premises use the services of an Event Promoter?:  Yes  No

4. Will the premises permit dancing?  Yes  No

4a. If "yes", does your municipality require a "cabaret" or other permit granting permission for dancing?  Yes\*  No

\* If a permit is required, submit a copy of the permit. A copy must be submitted prior to issuance of the license.

4b. If dancing is permitted, who will be permitted to dance?  Patrons  Employees for entertainment  Both

4c. If YES, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing?  Yes  No

5. Will there be topless entertainment?  Yes  No

6. Will the business employ a manager?  Yes  No

6a. If "no" will principal(s) manage?  Yes  No

7. How many employees? (Excluding principals and security personnel.)

7a. If answer is zero employees ("0"), then provide an explanation below: