



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

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
- 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: April 26th, 2018

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: _____

Corporation and trade name of current license: _____

APPLICANT:

Premise address: 443-445 East 9th New York, NY 10009

Cross streets: Avenue A and East 9th

Name of applicant and all principals: Isiah Michael, Cassandre Davilmar

Trade name (DBA): Classic Man Barber Lounge

PREMISE:

Type of building and number of floors: Multi-unit, 6 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? 30

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):

R7A (Primary) - C1-5 (Commercial Overlay)

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: Premises will be a men's grooming salon

What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) Sunday to Saturday from 10:00am to 7:00 pm

Number of tables? 0 Total number of seats? _____

How many stand-up bars/ bar seats are located on the premise? 4 Bar Seats

(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): _____

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

Sandwiches, Cold wraps, salads

What are the hours kitchen will be open? Sunday to Saturday from 10:00am to 7:00 pm

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

How many employees will there be? 2

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: Small speaker

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: _____

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? 20+

How many On-Premise (OP) liquor licenses are within 500 feet? 24

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 will operate a full-service restaurant, specifically a (type of restaurant) _____, with a kitchen open and serving food during all hours of operation OR I have less than full-service kitchen but will serve food all hours of operation.
2. I will close any front or rear façade doors and windows at 10:00 P.M. every night or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances.
3. 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 _____.
4. I will play ambient recorded background music only.
5. I will not apply for an alteration to the method of operation or for any physical alterations of any nature without first coming before CB 3.
6. I will not seek a change in class to a full on-premise liquor license without first obtaining approval from CB 3.
7. I will not participate in pub crawls or have party buses come to my establishment.
8. I will not have a happy hour or drink specials with or without time restrictions OR I will have happy hour and it will end by _____.
9. I will not have wait lines outside. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
10. Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Classic Man Menu

Salads

Classic Caesar Salad

Mixed Green Salad

Avocado Salad

Small Plates

Chicken Fingers

Popcorn Chicken

Salsa and Tortilla Chips

Sandwiches

Panini Sandwiches

Club Sandwiches

Sub-roll Sandwiches

Beverages

Water

Soft Drinks

Juice

Coffee

Beer

Wine









General Notes

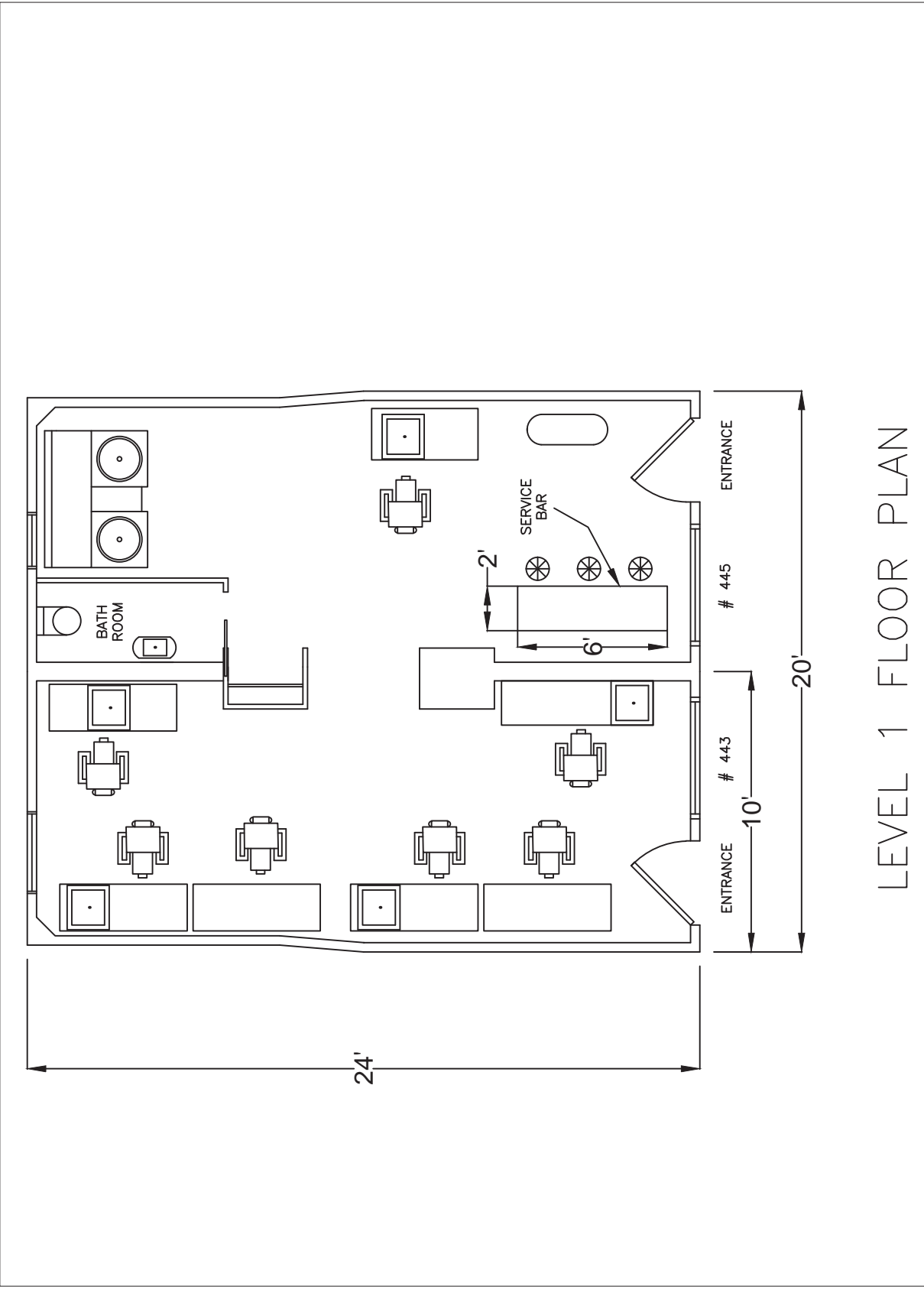
REVISION 1	04/25
SUBMISSION 1	04/24

Firm Name and Address:
The James Firm
585 Stewart Avenue
Suite L-16
Garden City, NY 11530

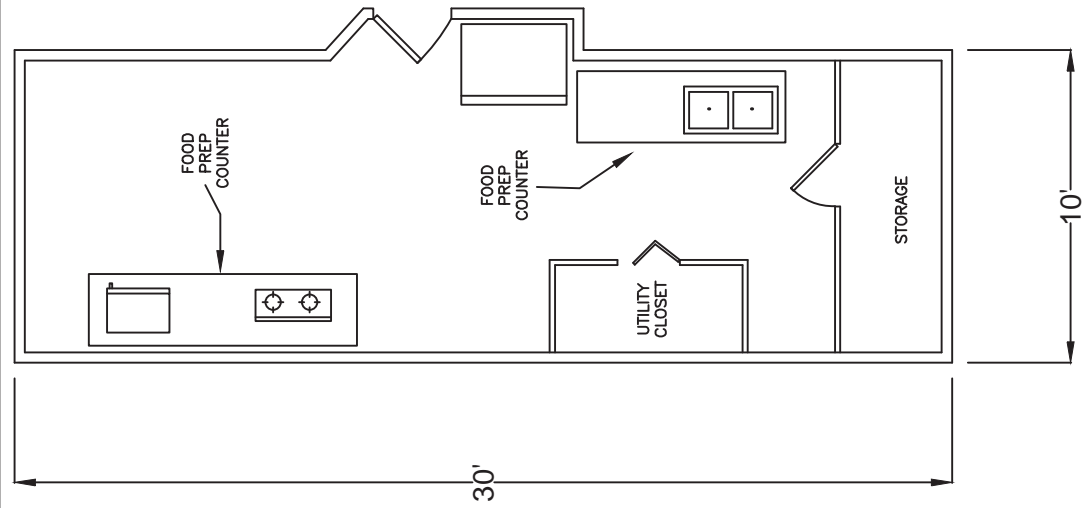
Company Name and Address:
Classic Man Barbers
443-445 E 9th Street
New York, NY 10009

Drafted By: R. Stewart
Reviewed By: M. Jones

Project	Liquor License	Sheet
Date	04/24/18	1 OF 3
Scale	N.T.S.	



LEVEL 1 FLOOR PLAN



BASEMENT LEVEL

General Notes	
SUBMISSION 1	04/24

Firm Name and Address:
 The James Firm
 585 Stewart Avenue
 Suite L-16
 Garden City, NY 11530



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 Classic Man Barbers
 443-445 E 9th Street
 New York, NY 10009

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Project	Liquor License	Sheet
Date	04/24/18	2 OF 3
Scale	N.T.S.	

From: Michael James mj@jamesfrm.com 
Subject: Classic Man Barbers - Liquor License Application
Date: April 30, 2018 at 2:50 PM
To: 9a1blockassociation@gmail.com



Dear Judith and Kate:

I represent Classic Man Barbers for the application to the liquor authority for an on-premises liquor license. As you know, a part of the process is contacting the community to received their comments and position on the application.

We would like to invite your input on the application before out meeting on May 14th with the community board. Please let me know whether to send the completed application.

Please let me know if you would like to speak by phone, schedule a meeting a principle, or have meeting scheduled where we should appear.

Respectfully,
Michael

MICHAEL A. JAMES
585 STEWART AVENUE, STE. 615
GARDEN CITY, NY 11530
TEL. 516.858.5887
FAX. 516.858.5867
www.JamesFrm.com



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