

## 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

## Sidewalk Café License Application Questionnaire

## Fill out completely or application will not be considered.

the Committee will write to the DCA notifying the agency of your failure to cooperate with the community review process. This

Bring 6 copies (double sided) of this questionnaire to the SLA & DCA Licensing Committee meeting to be considered. Otherwise 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 ☑ a new sidewalk café license for an ☐ enclosed ☑ unenclosed café. Check which you are applying for: ☐ 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 BUON GUSTO COSP DBA: (1) da Name of Corporation: We B Address: Applicant's Name on DCA Documents: Maia Ucquaviva

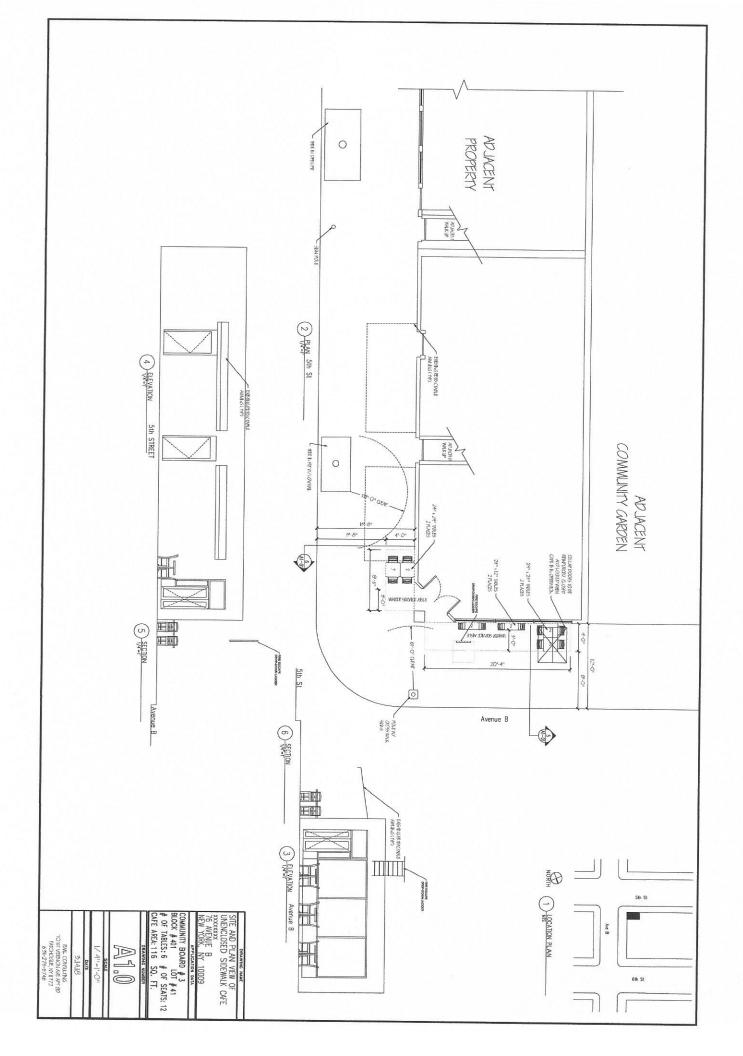
Applicant's Address: 1730 E 147# ST BK441, 14 Applicant's Address: 1730 E Maraacquariva@ Guari. Com Telephone: 212 Describe nature of alteration, if applicable: Is this establishment handicap accessible?

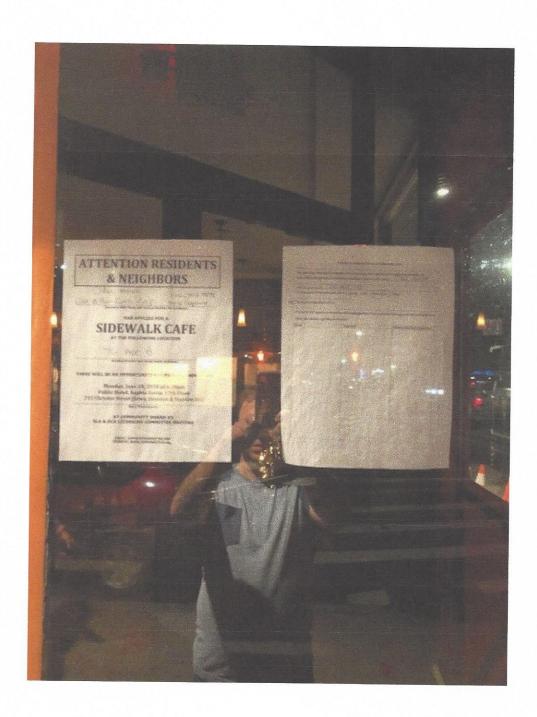
Wes No whom I Pm If "Yes" please attach photo. I Pm Fr. Sattsu

Hours of Operation (indicate if different for sidewalk or back yard): OUTSIDE MON-THUR 4 Pm-10 Pm Sun 16m 10 Pm

FR. 4 Sat. 11am - 11 Pm) Chairs: 56 Tables: 26 Bar Stools: 8 Seating Capacity Inside Bar Stools: Chairs: \2 Tables: 6 Seating Capacity Sidewalk Bar Stools: Chairs: O Seating Capacity Backyard Tables: **TOTALS** Has this corporation or any principal been licensed previously? Yes No If yes, please indicate name of establishment: Opplicant has a wine & Beer License Community Board #: \_ Address: Dates: Cross Street:

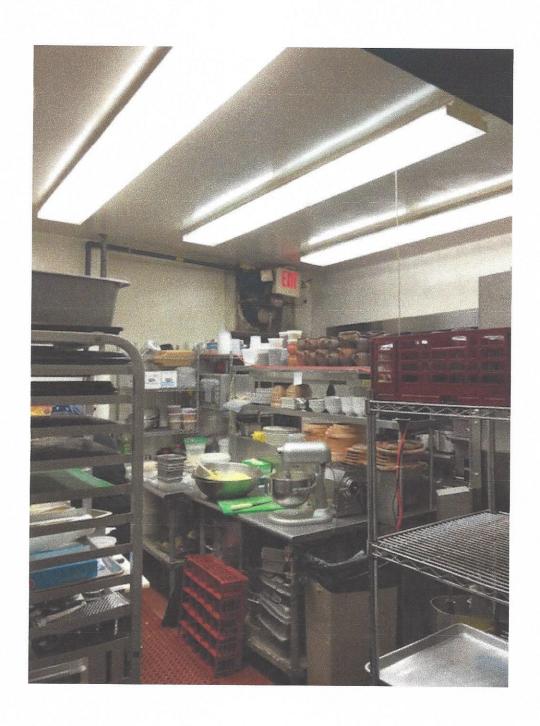
How many sidewalk cafés are of sidewalk cafés within this	e within 1 block?	Please use the sche	matic below to indicate the lo	ocation and total number
A V E	TREET			
L	avagna * 17	Ave B		
		1140	Horus Kebab 93 Ave B	
Please see the Community Board website to find block associations or tenant associations 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:   Wara Ocquaria				
Phone Number: (212) 353-3838				
Address:				
Address.				
Name: Michael Kelly				
Signature:		Date:	5/19/18	



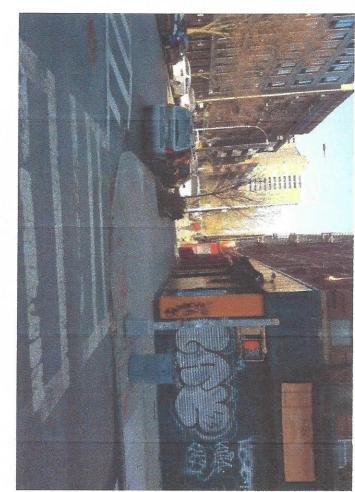














Ave B Buon Gusts Corp 76 Ave B W M 10009