

## THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

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Alysha Lewis-Coleman, Board Chair

Revised: March 2015

Susan Stetzer, District Manager

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## **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.						
	• •						
_	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: July 2, 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 lo	cation currently licensed	? □ Yes ☑ No Type of license:					
If alt	teration, describe nature	of alteration:					
Prev	rious or current use of the	location:					
Corporation and trade name of current license:							
APP	LICANT:						
	Premise address: 43 Avenue A						
Cros	s streets: Btwn East 3rd 8	East 4th					
	Name of applicant and all principals: ILLB Inc Rafik Bouzgarrou & Imen Bouzgarrou						
Trad	le name (DBA): Bin 141						

PREMISE:				
Type of building and number of floors: 12 floor mixed use building				
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:				
Sidewalk cafe may be obtained at a later date				
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: <a href="http://gis.nyc.gov/doitt/nycitymap/">http://gis.nyc.gov/doitt/nycitymap/</a> -				
please give specific zoning designation, such as R8 or C2): R7A, R8B, C2-5				
PROPOSED METHOD OF OPERATION:				
Will any other business besides food or alcohol service be conducted at premise? <b>I</b> Yes <b>I</b> No If yes, please describe what type:				
my es, preuse deserbe what type.				
What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space)  Sunday - Thursday: 8 am - 11 pm; Friday & Saturday: 8am - 12 am				
Number of tables? Approx. 15 Total number of seats? Approx. 54				
How many stand-up bars/ bar seats are located on the premise? 1 eating counter with 8 seats				
(A <b>stand up bar</b> 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): $\frac{12'}{}$ (approx.), Rectangular counter located toward the rea				
Does premise have a full kitchen ☑ Yes ☐ No?				
Does it have a food preparation area? 🗖 Yes 🗖 No (If any, show on diagram)				
s food available for sale? ☑ Yes ☐ No If yes, describe type of food and submit a menu Mediterranean				
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? 6				
Oo you have or plan to install <b>■</b> French doors <b>□</b> accordion doors or <b>□</b> windows?				
Vill there be TVs/monitors? ■ Yes ■ No (If Yes, how many?) 2				
Vill premise have music? ☑ Yes ☐ No				

If Yes, what type of music? ■ Live musician □ DJ □ Juke box ■ Tapes/CDs/iPod					
If other type, please describe Occasional live acoustic performances - 10 times per year					
What will be the music volume? ■ Background (quiet) □ Entertainment level					
Please describe your sound system: basic sound system					
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					
charged: If ies, what type of events or performances are proposed and now often?					
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: Angelina					
Address: 37 Avenue A Community Board #3					
Dates of operation: 10/2012					
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 evenues 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.					

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LO	CATION:
Но	w many licensed establishments are within 1 block? 14
Но	w many On-Premise (OP) liquor licenses are within 500 feet? 12
Is j	premise within 200 feet of any school or place of worship?   Yes No
Ple im ou lice	ease see the Community Board website to find block associations or tenant associations in the mediate vicinity of your location for community outreach. Applicants are encouraged to reach to community groups. Also use provided petitions, which clearly state the name, address, ense for which you are applying, and the hours and method of operation of your establishment at top of each page. (Attach additional sheets of paper as necessary).
me	e are including the following questions to be able to prepare stipulations and have the seting be faster and more efficient. Please answer per your business plan; do not plan to gotiate 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 $OR \square$ 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 DJs / private parties per
4.	☐ I will play ambient recorded background music only.
5.	$\blacksquare$ 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.	$\square$ I will not have a happy hour or drink specials with or without time restrictions $OR$ $\square$ I will have happy hour and it will end by $OR$ $\square$ .
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.

## List of Licenses within 500ft

Name	Address	Approx. Distance
MINA LENA INC	37 AVENUE A	160 ft
ROLO REST LLC	32 AVENUE A	180 ft
RAGUBOY CORP	156 EAST 2ND STREET	340 ft
SWAUTO LTD	25 AVENUE A	350 ft
CANAS RESTAURANT INC	23 AVENUE A	370 ft
205 EAST 4TH STREET LLC	205 E 4TH ST	420 ft
DOUBLE DOWN NYC LLC	14 AVENUE A	445 ft
DIDDLER DOYLE CORP	12 AVENUE A	470 ft
511 E 5TH STREET LLC	511 E 5TH ST	480 ft
JJD GROUP LLC	9 AVE A	495 ft
CORMAR INCORPORATED	507 E 5TH ST	495 ft
CRAWFORD FLICK INC	7 AVENUE A	515 ft

## 43 Avenue A





