



MANHATTAN COMMUNITY BOARD SIX

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Sandro Sherrod
Chair

Toni Carlina
District Manager

LIQUOR LICENSE QUESTIONNAIRE

Corporate Name: _____

D/B/A: _____ Liquor License Serial # _____

Principal/s Name: _____ Contact# _____

Address: _____ Cross streets: _____

License type: On-premises Hotel liquor Additional Bar Restaurant Wine
 Other _____

Type of business (check all that apply): Restaurant Bar Hotel Deli Other

Hrs. of operation: Weekdays: _____ Weekends: _____

Capacity: _____ Does establishment comply with Certificate of Occupancy? Y / N

Public Assembly permit: Y / N Wheelchair Accessible: Y / N

Music: Y / N if yes: DJ _____ Recorded _____ Live _____ Sound control Y / N

Dancing: Y / N Staging area (waiting lounge): Y / N

During the warmer months, will windows and/or doors be opened or removed? Y / N

Patron Use of Outdoor Areas: Backyard _____ Deck/terrace _____ Roof _____

What other establishments in the past, or are currently owned (included name and address)? _____

SLA Application: Filed: Y / N - If Yes: Is a copy attached? Y / N **If not please send to CB6**

Please attach Public Interest Statement, Is a 500'/200' hearing required? Y / N If yes for 200' hearing, please attach drawings of entrance in relation to school or place of worship.

FOR ALTERATIONS ONLY

Please describe alterations (attach separate sheet if necessary): _____

***If there are plans (drawings), please bring a set to the committee meeting.**

Signature: _____ Contact #: _____