



THE CITY OF NEW YORK
COMMUNITY BOARD 4

1420 Bushwick Avenue, Suite 370 | Brooklyn, NY 11207 | www.nyc.gov/bk04
P: (718) 628-8400 | bk04@cb.nyc.gov

Hon. Antonio Reynoso

Borough President

Robert Camacho

Chairperson

Celestina Leon

District Manager

LIQUOR LICENSE APPLICATION FORM

The Brooklyn Community Board 4 office is in receipt of a copy of your notification to apply to the New York State Liquor Authority for an On-Premises Liquor License. A review of this application has been tentatively scheduled before our Permits and Licenses Committee.

In order to appear on our agenda:

- You must submit this **COMPLETED** Liquor License Application Form **by close of business at least one week (5 business days) prior to our committee meeting**. We prefer an electronic submission sent to bk04@cb.nyc.gov.
- **Photos of your public postings** must accompany your completed form.
- **You must bring 3 hard copies** of this completed questionnaire with attachments and photos of your public posting to the committee meeting.

1) APPLICANT CONTACT INFORMATION

Applicant Name:

Email:

Trade name under which
applicant will do business:

Phone:

Premises street address:

Cross street 1:

Cross street 2:

Block:

Lot:

Please include a map of area (i.e. Google map, OASIS NYC) that displays a 5-block radius around the establishment. Indicate schools, churches, and other licensed establishments as per 200 ft & 500 ft rules.

2) OTHER CONTACT INFORMATION

Contact information for officers, directors, LLC managers and owners of more than 10% of the entity:

Name:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Email:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>

3) INFORMATION OF PAST PREMISES

Name, address, and trade name of any premises in which the persons in #2 have, or had, any interest:

Name:	<input type="text"/>	Trade Name:	<input type="text"/>
Address:	<input type="text"/>		
Name:	<input type="text"/>	Trade Name:	<input type="text"/>
Address:	<input type="text"/>		
Name:	<input type="text"/>	Trade Name:	<input type="text"/>
Address:	<input type="text"/>		
Name:	<input type="text"/>	Trade Name:	<input type="text"/>
Address:	<input type="text"/>		

4) NATURE OF THE OPERATION

Is this application for a restaurant? _____

If yes, specify type of cuisine (attach a menu):

Target age range of customer base:

Entertainment (check all that apply):

Live Music

Dancing

Juke Box

Recorded Music

Karaoke

D.J.

Other

Days & hours of operation:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Operation							
Alcohol Sales							
Kitchen							
Music							
Outdoor Space							

NOTE: BK CB4 Permits and Licenses Committee Stipulations – no amplified music outdoors, outdoor spaces close by 10pm – all days, no alcohol sales past 12am on Sundays. *Please refer to CB4 Permits and Licenses Stipulation Sheet.*

5) DESCRIPTION OF PROPOSED PREMISES

What was the prior use/occupant of the space?

Square Footage:

Number of Tables:

Do you have French doors or other doors that will remain open during operating hours?

Occupancy:

Length of Bar:

Number of Chairs:

Do you have windows that will remain open during operating hours?

Frontage (width):

Seating Capacity at Bar:

Attach a floor plan, including tables & chairs, and outdoor space to be used or not.

Floor plan should be no larger than 8 ½" x 14". Plan does not need to be prepared by an architect.

Attach copy of Department of Buildings' Certificate of Occupancy or Letter of No Objection.

6) SUPPLEMENTAL APPROVALS

Do you intend to apply for the Dining Out NYC program? *If yes, provide proposed plan.*

Do you have a Dining Out NYC license pending with the Department of Transportation? Yes No

Do you have any outdoor space within the property line? Yes No

If you are planning to use any outdoor space, provide Department of Buildings' approval or other proof of legality.

Have you contacted applicable block association and/or neighbors about your application? Yes No

Do you intend to apply for a place of assembly permit?

*DOB Information: www.nyc.gov/site/buildings/place-of-assembly-certificate-of-operation

Please provide us with any information that you feel would help us in determining whether it is in the public interest that your license be issued. You may attach a separate document.

ATTACHMENT CHECKLIST

Remember to include the following attachments:

5-block radius map of area

Menu (if applicable)

Floor plan

Department of Buildings' Certificate of Occupancy or Letter of No Objection

Proposed Dining Out NYC plans (if applicable), Department of

Transportations' approval for use of outdoor space(s) (if applicable)

Other information to help us determine whether it is in the public interest that license be issued.

NAME OF PERSON WHO FILLED OUT THIS FORM

Name:

Date:



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ATTENTION RESIDENTS & NEIGHBORS:

(INSERT BUSINESS NAME) **AT** _____
(INSERT ADDRESS)

HAS APPLIED:

- ☐ FOR A LICENSE TO SERVE LIQUOR, WINE, BEER, AND CIDER
- ☐ FOR A LICENSE TO SERVE WINE, BEER, AND CIDER
- ☐ FOR A LICENSE TO SERVE BEER AND CIDER
- ☐ TO RENEW THEIR LICENSE TO SERVE LIQUOR, WINE, BEER, AND CIDER
- ☐ TO RENEW THEIR LICENSE TO SERVE WINE, BEER, AND CIDER
- ☐ TO RENEW THEIR LICENSE TO SERVE BEER AND CIDER
- ☐ FOR A METHOD OF OPERATION CHANGE
- ☐ FOR A CORPORATE CHANGE
- ☐ FOR A CLASS CHANGE
- ☐ FOR AN ALTERATION

**THERE WILL BE AN OPPORTUNITY FOR PUBLIC COMMENT AT BROOKLYN
COMMUNITY BOARD 4'S PERMITS AND LICENSES COMMITTEE MEETING,
TAKING PLACE ON:**

_____ **AT 6:00PM**
(INSERT DATE OF MEETING)

MEETING LOCATION:

(INSERT LOCATION OF MEETING)

For Zoom meeting information, please visit our website's Calendar page

APPLICANT CONTACT INFORMATION



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**Brooklyn Community Board 4
Liquor License Application Notification
Certification**

Please submit this completed form to the Brooklyn Community Board 4 Permits and Licenses Committee meeting before your application is scheduled for review.

I, _____ (print name)
acting on behalf of _____ (business name)
doing business at _____ (business address),
do hereby demonstrate that I have read and complied with the Brooklyn
Community Board 4 Public Notification Rules to the best of my ability.

Signature: _____

Date: _____