

THE CITY OF NEW YORK COMMUNITY BOARD 4

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

Hon. Eric L. Adams
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 Public Safety 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 10 hard copies of this completed questionnaire with attachments and photos of your public posting to our committee meeting for distribution to our committee members.

	1) APPLICANT CONTACT INFORMATION			
Applicant Name: Trade name under which applicant will do business:	Email:			
Premises street address:				
Cross street 1:	Cross street 2 :			
Block :	Lot:			
Please include a map of area (i.e. Googlemap, 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: Address :		Email: Phone :			
Name:		Email:			
Address :		Phone :			
Name:		Email:			
Address :		Phone :			
Name:		Email:			
Address :		Phone :			

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:	Trade Name:				
Address:					
Name:	Trade Name:				
Address :					
Name:	Trade Name:				
Address :					
Name:	Trade Name:				
Address :					

		4) NAT	TURE OF THE C	DPERATION			
Is this application fo	or a restauran	nt?:					
If yes, specify type o	of cuisine (atta	ach a menu):					
Target age	e range of cus	stomer base:					
Entertainment (check all that apply):		Live Music Recorded Music D.J.		Dancing Karaoke Other			
Days & hours of o	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Operation	·	-	,	· .	-	·	
Kitchen							
Music							
Outdoor Space							
	ļ į	5) DESCRIPT	TION OF PROP	OSED PREM	ISES		
What was the prior use	e/occupant of	f the space?:					
Square Footage:		Number of	Tables:	door		th doors or oth nain open durir ing hours?:	
Occupancy:		Number of			o you have w	indows that w during operatir	ill ng
Frontage (width):	Sea	ating Capacity	/ at Bar:		hours?:		

hours?:

Attach a floor plan, including tables & chairs, and outdoor space to be used or not. Floor plan should be no larger than 8 $\frac{1}{2}$ 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.

Seating Capacity at Bar:

6) SUPPLEMENTAL APPROVALS

Do you intend to have a sidewalk café?

If yes, provide proposed plan.

No

Do you have a sidewalk café application pending with the Department of Consumer Affairs? Yes

No

Do you have any outdoor space within the property line? Yes

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?

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 Sidewalk Café Plan (if applicable), Department of Buildings'

approval for use of outdoor space (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:		
Trume.	bute.		



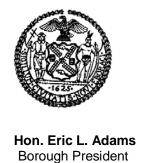
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Robert Camacho Chairperson Celestina Leon
District Manager

ATTENTION RESIDENTS & NEIGHBORS

		AT
	(INSERT BUSINESS NAME)	(INSERT ADDRESS)
HAS AI	PPLIED:	
0	FOR A LICENSE TO SERVE	LIQUOR, WINE & BEER.
		Or
0	TO RENEW THEIR LICENS	SE TO SERVE LIQUOR, WINE & BEER.
	G PLACE ON:	AND LICENSES COMMITTEE MEETING, AT 6:00PM
	(INSERT DATE OF MEETI	
MEET	ING LOCATION:	
	(INSERT LOC	CATION OF MEETING)
	APPLICANT CO	ONTACT INFORMATION



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Brooklyn Community Board 4 Liquor License Application Notification Certification

Please bring this <u>completed</u> form to the Brooklyn Community Board 4 Permits and Licenses Committee meeting when your application is being reviewed.

l,	(print name)
acting on behalf of	_ (business name)
doing business at	_ (business address)
do hereby demonstrate that I have read and complied with th	ne Brooklyn
Community Board 4 Public Notification Rules to the best of m	y ability.
Signature:	
Date:	