



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. 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:

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. 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:

Email:

Address :

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) 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

Recorded Music

Karaoke

D.J.

Other

Days & hours of operation:

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

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 have a sidewalk café?

If yes, provide proposed plan.

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 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?

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:



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ATTENTION RESIDENTS & NEIGHBORS

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

HAS APPLIED:

☐ **FOR A LICENSE TO SERVE LIQUOR, WINE & BEER.**

Or

☐ **TO RENEW THEIR LICENSE TO SERVE LIQUOR, WINE & BEER.**

**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)

APPLICANT CONTACT INFORMATION



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Brooklyn Community Board 4
Liquor License Application Notification
Certification

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

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: _____