BROOKLYN
Community Board 5
127 Pennsylvania Avenue, 2nd Fl
Brooklyn, New York 11207
O: 718-819-5487 / C: 646-841-3818
Board Chairwoman: Alice Lowman
District Manger: Melinda Perkins

NY STATE LIQUOR AUTHORITY APPLICANT QUESTIONNAIRE

ATTENTION SLA APPLICANT:

Please be sure to complete the full questionnaire and submit it via email or in person one week before the scheduled Public Safety & Quality of Life (PSQoL) Committee meeting.

All requested documenation must be submitted with the questionnaire to be considered for PSQoL Committee review.

LICENSEE INFO

Licensee Serial # :

Expiration Date : _____ / _____ / _____

Application Type : O New O Transfer O Renewal O Alteration O Other _____

If Transfer, please list previous application info :

License Type (check all that apply) : O Beer O Wine O Cider O Liquor

APPLICANT INFO

Corporation Name & Applicant Name :

Establishment Name : _____

Principal / Owner Name : _____

Contact Info : _____ _____

BUSINESS INFO

Address of Establishment :

Business Type : O Restaurant O Bar O Hotel O Club O Lounge O Deli/Grocery O Other

Is the establishment under lease ? O Yes O No **Is the venue ADA accessible :** O Yes O No

Name of Landlord :

Business Area / Location : O Residential Bldg or Area O Commercial Strip O Mall Area O Industrial Area

Hours of Operation :

Bar Service Hours:

Onsite Manager Name : **Contact Info:**

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BACKGROUND/HISTORY

Please list all other establishments owned and/or managed by any of the principles/owners/managers :

Please identify if any of the principles, owners, or managers been cited with violations or license revocations. If yes, please identify and explain (includes FDNY; NYPD; DOHMH; DOB; DCA, etc.)

Principal : O Yes O No _____

Owner : O Yes O No _____

Manager : O Yes O No _____

OPERATIONS

Does the establishment comply with Certificate of Occupancy guidelines, including capacity restrictions for any outdoor areas? O Yes O No

Will any other product/business, other than alcohol and food, be sold or conducted at this location? O Yes O No

Number of Tables : **Number of Seats :** **Number of Bar Seats :**

Food for Sale : O Yes O No **Full Kitchen :** O Yes O No **Hours of Kitchen Service :**

Will you be renting the space for private parties / events ? O Yes O No

Will the establishment have music/sound ? O Yes O No **Sound Proofing Installed ?** O Yes O No

If yes, please identify : O Live DJ O Pre-Recorded Music / Radio O Live Band O Comedy O Other

Is a 200/500 foot review required ? O Yes O No

Please attach drawings/photos of geographic relationship to school / places of worship

Please identify any changes in method of operations, venue use, or Business Name :

If any alterations are being implemented, please list reason and description :

Has there been a change in Principal/ Owner/ Partners since the first application or previous renewal ? O Yes O No
(Note: LLC, LLP, or any other corporate change, muste be included)

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REQUIRED DOCUMENTS

Please email or deliver the following documentation, as applicable, to the attention of :

Jahayra Richardson

127 Pennsylvania Avenue, 2nd Floor - Brooklyn, NY 11207

JaRichardson@cb.nyc.gov

718-819-5487

- **Copy of current lease for business address**
- **Proof of business ownership / Transference of ownership information**
- **Support letter from landlord or neighboring residents/businesses**
- **Report of any violations from any NYC agencies**
- **Letter of No Objection from the 75th precinct (Community Affairs Unit)**
- **List of on-site managerial employees**
- **Name and contact information for regional / district management**

All required documents and completed questionnaire must be submitted one week before the Brooklyn, Community Board 5 Public Safety & Quality of Life (PSQoL) Committee meeting date.

Contact Jahayra Richardson with any questions or concerns.

NOTE: Please be sure to post the meeting notice in your business window to inform local residents of the PSQoL Committee review date.

I attest that all information provided in this application is true and correct. I further understand if any information is falsely stated that it may in fact alter the recommendation provided by Brooklyn, Community Board 5.

Name : _____ **Title :** _____

Signature : _____ **Date :** _____ / _____ / _____

Contact Information : Phone _____ **Email** _____

FOR DISTRICT OFFICE USE ONLY:

Date Submitted to District Office: Date emailed to Committee Co-Chairs:

Committee Meeting Date: Confirmed on Agenda: O Yes O No

THANK YOU