

MANHATTAN COMMUNITY BOARD 1
Liquor License Application Questionnaire Summary
Revised 9/2023

1- Applicant Name

2- Establishment Name (Corporate & DBA)

3- Address for Proposed License

4- Proposed Days/Hours of Operation

4.1 What floor(s) is the establishment on?

4.2 Any Rooftop, Terrace, Sidewalk Roadbed or other outside usage?

5- Square Footage of Location

6- Method of Operations (bar restaurant, Catering, etc)

7- Type of License (Full liquor/OP, beer and wine, etc.)

7.1 Type of application

New Alteration Change in Method of Operation, Corporate Change,
 Class Change

8- Outdoor Seating? Sidewalk Roadbed

9- Type of Music? Live Recorded DJ

10- Volume of Music? Background Other

(no sound from events, performances or music will be heard outside the premises or by neighbors)

11- Where will the kitchen exhaust system vent to?

12- Applicant's Previous Licensed Establishments and Addresses

This Liquor License Application Questionnaire Summary will be made available to the public one week prior to the Licensing and Permits Committee meeting. Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.

Liquor License Application
Community Board One Questionnaire
Revised 9/2023

Section 2: Size and capacity of establishment

Which floor(s) will the establishment be on? _____

List use of each floor:

Total square footage: _____ Number of bathrooms: _____

Public Assembly Capacity: _____ ADA Compliant bathrooms: _____

| Total Square Footage | # of Tables | # of Seats |
|----------------------|-------------|------------|
|----------------------|-------------|------------|

Dining Area _____

Bar Area _____

Kitchen Area _____

Terrace Area _____

Rooftop Area _____

Number of stand-up bars*: _____ Number of service bars: _____

Any food counters? Yes No

Describe all bars (length, shape, and location):

| | Monday - Thursday | Friday - Saturday | Sunday |
|-----------------------|-------------------|-------------------|--------|
| Hours of Operation | _____ | _____ | _____ |
| Food Service hours | _____ | _____ | _____ |
| Bar Service Hours | _____ | _____ | _____ |
| Rooftop Service Hours | _____ | _____ | _____ |
| Outdoor seating hours | _____ | _____ | _____ |

I understand this to mean that all patrons will be cleared from the establishment at the specified hour.

Liquor License Application
Community Board One Questionnaire
Revised 9/2023

Section 3

Will there be music? Yes No

Will you have subwoofers? Yes No

If yes, what type of music? (Check all that apply) Live Recorded DJ Jukebox

 Background *(If checked, the applicant has agreed to abide by the CBI definition of background music, such that no sound from events, performances or music will be heard outside the premises or by neighbors)*

 Other, describe

Type of sound equipment: _____

Size and number of speakers and amperage: _____

Where will the speakers be installed? _____

Type of sound proofing to be used: _____

How many TVs or monitors will you have? _____

Will there be non-musical entertainment? Yes No

Describe:

Will the premises permit dancing? Yes No

The Cabaret Liquor License from the New York State Liquor Authority is a license that is required for businesses with musical entertainment for more than 600 people to serve alcohol.

Will the windows be opened or closed Open Closed

 If open, what hours?

I have/intend to apply for outside seating, through the DOT open restaurant program

 Sidewalk Roadbed

What type of security and crowd control will you employ?

Do you intend to have bicycle delivery personnel? Yes No

(If Yes, you guarantee to inform them of the Department of Transportation bicycle rules)

At what times of day or night will you receive deliveries of supplies? _____

At what time will you have garbage pickup? _____

Liquor License Application
Community Board One Questionnaire
Revised 9/2023

Section 5: Corporate Background information

Corporate name: _____

Corporate address: _____ Phone number: _____

Previous or existing corporate name(s) and d/b/a

Manager: _____ Manager phone contact: _____

Previous related experience of the manager:

Name(s) and addresses of all principals:

Have any of the principals been previously licensed by the SLA?

If yes indicate name(s) and address of other establishments:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Were there any violations on previous establishments for which you served as a principal? If so, please list type, date and which establishment

I will not apply to the SLA for an alteration to the method of operation or the hours of operation without first notifying the community board.

This page must be printed, signed and scanned back into PDF form so we have a hand written signature.

Signature of Principal

Date (mm/dd/yyyy)

Printed name of Principal

Signature of Presenter (if different from Principal)

Date (mm/dd/yyyy)

Printed name of Presenter (if different from Principal)

We recommend that you attend the community board meeting at which the full board will vote on your liquor license application.

Manhattan Community Board 1 Liquor License Stipulations

I, _____, as a qualified representative of _____,
located at _____, New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their _____ license

(1) My hours of operation will be _____ Sunday – Thursday and _____ Friday – Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour).

(2) I will operate a full-service restaurant, (please describe type of restaurant): _____
_____ with full food service until _____ hour(s) before closing.

(3) I will install soundproofing (please describe type and locations) _____

(4) I will have: DJs Yes No Live music Yes No Recorded Music Yes No Dancing Yes No
Promoted events Yes No Cover fee events Yes No Scheduled performances Yes No

(5) Volume of all music, events or performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music.

(6) I will close all doors and windows by _____ Sun-Thurs and _____ Fri-Sat. I will not have French doors or windows.

(7) I will have delivery of supplies, goods and services during the hours of

(8) I will employ a doorman/security personnel on the following days and hours: _____

(9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.

(10) I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board 1.

(11) I will not apply for a sidewalk café license until at least a year after beginning operation. Yes No

(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.

(13) I confirm that I have _____ violations from previous establishments for which I have served as a principal.

(14) I will (additionally):

(15) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: _____ Phone Number: _____

Alternate Contact: _____ Phone Number: _____

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed

Dated

Sworn to this _____ day of _____

Notary Public

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These stipulations and board resolution shall supersede all other documents.

Rev. 12/18

Manhattan Community Board 1 Liquor License Stipulations for Large Venue Establishments

A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment designed to hold 75 persons or more

Name of Establishment:

Address:

- (1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will make sure that noise including sound and bass vibrations cannot be heard outside of the premises of my establishment.
- (2) I will take the steps outlined in the resolution and in the traffic plan to manage vehicular and pedestrian activity.
- (3) I will follow and abide by the conditions set forth in the resolution regarding garbage disposal and collection. Garbage will be collected on the follows days and hours: _____
- (4) I will have delivery of supplies, goods and services during the hours of _____
- (5) Lighting that affects the security of the community and quality of life of nearby residents must be considered, and must be appropriately lit while not attracting unsavory elements (e.g. rodents, flies, mold, hazardous substances, etc.)
- (6) I understand that I must submit a notice to the community board for a street activity permit for my licensed establishment at least 45 days in advance
- (7) I understand that I must appear before the Licensing & Permits Committee if I am applying for an expansion onto municipal property and provide proof of receipt of the 30-day Standardized Notice form, a block plot diagram detailing the municipal space I am expanding to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the stipulations sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating.
- (8) Cameras will be used for viewing the entrance and egress.
- (9) I agree to follow the conditions outlined in the resolution on security oversight of the establishment to prevent noise, congestion and unruly patrons.
- (10) I will (additionally):

(15) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: _____ Phone Number: _____

Alternate Contact: _____ Phone Number: _____

I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Signed

Dated

Sworn to this _____ day of _____

Notary Public

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These stipulations and board resolution shall supersede all other documents.