# 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 applicationNewAlterationChange 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 Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.

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# **Section 1: General Information**

Type of application:	New application Temporary Retail Perm Method of Operation Cl		Removal ge Renewal	
Describe if method of operatio	-	-		
Type of proposed esta	blishment (check one	):		
Restaurant	Cafe	Hotel	Sportsbar	
Bar	Catering	Kiosk	Adult Entert	ainment
Tavern	Banquet Hall	Club	Other:	
Seeking license to sell	Beer & Cider	Wine, Beer & Cider	Liquor, Wine, Beer & Ci	der
To be sold: On-prer	nise Off-premise			
Description of Establi	shment:			
-				
**				
Previous establishment na	me, <i>if Transfer</i> :			
Address of establishm	nent:			
Cross Street of establi	shment:			
		ction as a school, churc n 200 feet of this estab		s No
within 500 feet of this		ts with on-premises liq I distances.	uor licenses Ye	es No
What is the area zon What is the zoning des	ed for? Resident signation of the prope		al Mixed	
Visit https://zola.plannii	ng.nyc.gov			
Approximately how n property?	nany residential build	ings are there neighbor	ing or across the stre	eet from the

How many residential units are within the property?

# 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 bathr	ooms:
Public Assembly Capac	city:	ADA Compliant bat	hrooms:
	Total Square Footage	# of Tables	# of Seats
Dining Area			
Bar Area			
Kitchen Area			
Terrace Area			
Rooftop Area			
Number of stand-up bars	s*: Numbe	r 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.

# Section 3

Will there be music?	Yes No					
Will you have subwoofers?	Yes	No				
If yes, what type of music? Background <i>(If checked, that no sound from events, perfor</i> Other, describe	the applicant has	agreed to abia				Jukebox music, such
Type of sound equipment:						
Size and number of speaker	s and amperag	ge:				
Where will the speakers be	installed?					
Type of sound proofing to b						
How many TVs or monitor	s will you have	e?				
Will there be non-musical of	entertainment?	Ye	S	No		
Describe:						
Will the premises permit da The Cabaret Liquor License fro businesses with musical enterta	om the New York	-	Authority		s require	l for
Will the windows be opened	d or closed	Open		Closed		
If open, what hours	?					
I have/intend to apply for ou	utside seating,	through the	DOT ope	n restaurant pr	ogram	
Sidewalk	Roadb	bed				
What type of security and c	rowd control v	vill you emp	loy?			
Do you intend to have bicy (If Yes, you guarantee to inform	• •		Yes Transporta	No ution bicycle rul	es)	
At what times of day or nig At what time will you have	•		ies of sup	plies?		

## Section 4

No Have you signed a lease for the space? Yes Does the premise have a valid certificate of occupancy? Yes No Will you require any other permits to operate your establishment at this location? If so, when will you have them? Are the premises to be licensed divided in any way by a public or private passageway etc over which the applicant does not have exclusive possession and control? Yes No Is there interior access to any other floor(s) that will not be part of the licensed premises? Yes No If yes, list floors and means of access to each floor(i.e, stairs, elevator, etc.) Will the basement or any other floors be used for storage of alcoholic beverages? Yes No If yes, does any other person/entity have access to this area? Will new kitchen exhaust equipment be installed? Yes No What type of kitchen exhaust system will be used and where will it vent to? Where will the air conditioning system be placed? What is the tonnage of the air conditioner system? Is a membership or reward program required to access any of the licensed areas? Explain: Yes No Are premises within a hotel? How many rooms? How many floors? Finally, please submit the following items with this questionnaire: latest copy of your menu floor plan

Certificate of occupancy

## 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 establis	hments:	
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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 ro	epresentative of	·
located at		
the following stipulations for the applicant's Method of		
<ul> <li>(1) My hours of operation will beSu understand this to mean that all patrons will be cleared from (2) I will operate a full-service restaurant, (please describe)</li> </ul>	e type of restaurant):	
	with full food service	e 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 Tyes No	Dancing Tyes No
Promoted events Types No Cover fee even	nts 🛛 Yes 🖾 No	Scheduled performances □Yes □No
(5) Volume of all music, events or performances will be a is not background music. $\square$	at background levels only. If it can	be heard outside, or by neighbors, it
(6) I will close all doors and windows bySun-Thur	s and Fri-Sat. □I will not h	ave French doors or windows.
(7) I will have delivery of supplies, goods and services du	uring the hours of	
(8) I will employ a doorman/security personnel on the fol	lowing days and hours:	
(9) I will actively manage crowds congregating on the str	eet at night, to minimize disturband	ces to residents.
(10) I will not apply to the SLA for an alteration to the me Community Board 1. $\boxtimes$	ethod of operation agreed to by this	s stipulation without first notifying
(11) I will not apply for a sidewalk café license until at le	east a year after beginning operation	n. 🛛 Yes 🖾 No
(12) I will conspicuously post this stipulation form beside	e my liquor license inside of my bu	siness. 🛛
(13) I confirm that I have violations from previo		
(14) I will (additionally):		
(15) Residents may contact the manager/owner at the belo the above-stated method of operation if necessary in orde	ow number. Complaints will be add r to minimize my establishment's i	dressed immediately and I will revisit impact on my neighbors.
Name:	Phone Number:	
Alternate Contact:		
I hereby certify that the information provided above is	s truthful and accurate based up	on 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 <b>p</b>	rovided 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.