

THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003 Phone (212) 533-5300 www.cb3manhattan.org - mn03@cb.nyc.gov

Andrea Gordillo, Board Chair

Susan Stetzer, District Manager

Dear Applicants, Lawyers, Architects, and others who represent liquor license applicants,

Community Board 3 has received your notification of an application for a new or alteration liquor license. Your request has been placed on the agenda of the next meeting of the SLA (State Liquor Authority) Committee of Community Board 3. This committee will meet on

[date and time field]
[meeting location field]
[meeting address field]

Please see text of email invite for due date and directions on how to submit the questionnaire.

- Submit completed questionnaires (<u>with requested diagrams</u>) to the Community Board office by the due date listed in the email invite. Send completed questionnaire, including diagrams, and any additional material as a single PDF file. Any revisions, addition of materials should also be sent as a complete package as a single PDF file.
- Petitions and proof of conspicuous posting of Community Board 3 notices at the site for 7 days prior to the meeting (please include newspaper with date in photo or a timestamped photo) must be emailed to echan@cb.nyc.gov by noon Wednesday before the meeting. Send petitions and proof of conspicuous postings as a separate PDF file.
- Notify the Community Board office of withdrawals by Friday noon before the Committee meeting. Notice must be in writing, by e-mail, stating that applicant will not file with the SLA until they appear before the Community Board. Applicant must submit a new notice to the Community Board to be included on agenda for a meeting at later date.
- Withdrawn applications will not be rolled over to next month as stated in previous paragraph.
- Applicant must be present at committee meeting. Applications without completed information
 <u>including</u> petitions and proof of posting will not be heard at the committee meeting.

Thank you for your help and cooperation. If there are any questions, please call the office.

Sincerely,

Susan Stetzer District Manager

Jusan Stetzer



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Community Board 3 Liquor License Application Questionnaire

TON	TE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.					
The	following items and questionnaire package are due by date listed in email invite:					
	Schematics, floor plans or architectural drawings of the inside of the premise.					
	' '					
The	following items are due by noon Wednesday before the meeting:					
_	Petition in support of proposed business or change in business with signatures from residential tenants at location and in buildings adjacent to, across the street from and behind proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar. (petition provided) Notice of proposed business to block or tenant association if one exists. You can find community groups and contact information on the CB 3 website: https://www1.nyc.gov/site/manhattancb3/resources/community-groups.page					
_	(this is not required but strongly suggested if a relevant group exists)					
	Proof of conspicuous posting of notices at the site for 7 days prior to the meeting (please include newspaper with date in photo or a timestamped photo).					
Che	ck which you are applying for:					
	ew liquor license alteration of an existing liquor license corporate change					
Che	ck if either of these apply:					
	ale of assets upgrade (change of class) of an existing liquor license					
	<u> </u>					
Toda	ay's Date:					
Is lo	cation currently licensed? Yes No Type of license:					
If alt	teration, describe nature of alteration:					
Prev	vious or current use of the location:					
Corporation and trade name of current license:						
·						
APP	LICANT:					
Prer	nise address:					
Cross streets:						
Name of applicant and all principals:						
Trac	de name (DBA):					

Revised: July 2022 Page 1 of 5

PREMISE:						
Type of building and number of floors:						
Does premise have a valid Certificate of Occupancy, including for any back/side yard or roof use?						
☐ Yes ☐ No What is maximum NUMBER of people permitted						
What is the zoning designation (check zoning using map: http://gis.nyc.gov/doitt/nycitymap/ - please						
give specific zoning designation, such as R8 or C2):						
PROPOSED METHOD OF OPERATION:						
What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoo space, if applicable)						
Will any other business besides food or alcohol service be conducted at premise, i.e., retail? ■ Yes ■ No						
Number of indoor tables? Total number of indoor seats?						
How many stand-up bars/bar seats are located on the premise (number, length, and location)						
(A stand-up bar is any bar or counter -with seating or not- where you can order, pay for, and receive alcohol) Does premise have a full kitchen? □ Yes □ No						
Does it have a food preparation area? ☐ Yes ☐ No (If any, show on diagram)						
Is food available for sale? ☐ Yes ☐ No If yes, describe type of food and submit a menu						
What are the hours the kitchen will be open?						
Will a manager or principal always be on site? ■ Yes ■ No If yes, which?						
How many employees will there be?						
Do you have or plan to install ■ French doors ■ accordion doors or ■ windows?						
Will there be TVs/monitors? ■ Yes ■ No (If Yes, how many?)						
Will premise have music? ☐ Yes ☐ No						
If Yes, what type of music? ☐ Live musician ☐ DJs ☐ Streaming services/playlists						
If other type, please describe						
What will be the music volume? ■ Background (conversational) ■ Entertainment (live music venue						
level) Please describe your sound system:						
Will you host any promoted events, scheduled performances, or any event at which a cover fee is						
charged? If Yes, what type of events or performances are proposed and how often?						

Revised: July 2022 Page 2 of 5

If promoted events, please explain the nature in which you plan to promote? Social media / online ads /					
outside promoters?					
How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishme					
Please attach plans. (Please do not answer "we do not anticipate congestion.")					
Will there be security personnel? ☐ Yes ☐ No (If Yes, how many and when)					
How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans.					
Is sound proofing installed? ☐ Yes ☐ No					
If not, do you plan to install sound proofing? ■ Yes ■ No					
Are there current plans to use the Open Restaurants program for the sale or consumption of alcoholic					
beverages outdoors? (includes roof & yard) ■ Yes ■ No If Yes, describe and show on diagram:					
APPLICANT HISTORY: Has this corporation or any principal been licensed for sale of alcohol previously? □ Yes □ No					
If yes, please indicate name of establishment:					
Address: Community Board #					
Dates of operation:					
Has any principal had work experience similar to the proposed business? ☐ Yes ☐ No If Yes, please					
attach explanation of experience or resume. Note: failure to disclose previous experience or					
information hampers the ability to evaluate this application.					
Does any principal have other businesses in this area? ☐ Yes ☐ No If Yes, please give trade name,					
address and describe the business					
Has any principal had SLA reports or action within the past 5 years? ☐ Yes ☐ No If Yes, attach list of					
violations and dates of violations and outcomes, if any.					

Attach a separate diagram that indicates the location (name and address) and total number of establishments selling/serving beer, wine (B/W) or liquor (OP) for 2 blocks in each direction. Please indicate whether establishments have On-Premise (OP) licenses. Please label streets and avenues and identify your location. Use letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.

Revised: July 2022 Page 3 of 5

LO	CAT	ION:					
Ho	w m	any licensed esta	blishments are w	ithin 1 block?			
Ho	How many On-Premise (OP) liquor licenses are within 500 feet?						
ls t	he p	oremise within 20	0 feet on the sam	e street of any sc	hool or place of w	vorship? ☐ Yes ☐ No	
СО	MM	IUNITY OUTREAC	H:				
imr cor ado	Please see the Community Board website to find block associations or tenant associations in the immediate vicinity of your location for community outreach. Applicants are encouraged to reach out to community groups, but it is not required. Also use provided petitions, which clearly state the name, address, license for which you are applying, and the hours and method of operation of your establishment at the top of each page. (Attach additional sheets of paper as necessary)						
fas		and more efficier			•	and have the meeting be n to negotiate at the	
1.	Му	license type is:	■ beer & cider	■ wine, beer &	cider 🗖 liquor,	wine, beer & cider	
 I will operate a full-service restaurant, specifically a (type of restaurant) 				nt)			
						restaurant, or	
■ I will operate a				<i>_</i>			
		■ with a kitchen open and serving food during all hours of operation OR ■ with less than a full-					
	ser	service kitchen but serving food during all hours of operation OR Other					
3.	— My	hours of operati	on will be:				
	Mc	on	; Tue	e	; Wed	l;	
						than" specified opening	
hour, and all patrons are to be cleared from business at specified closing hour.)							
4.		I will not use ou	tdoor space for co	ommercial use (in	cluding Open Res	taurants) OR	
		☐ I will close all outdoor dining allowed under the temporary Open Restaurants program and any					
	oth	ner subsequent u	ses by 10:00 P.M.	all days and not h	ave any speakers	or TV monitors outdoors	
5.		■ I will employ a doorman/security personnel:					
6.		I will install sour	ndproofing,				

Revised: July 2022 Page 4 of 5

/.	ш	i will close any front or rear façade doors	I will have a closed fixed façade with no			
	and	d windows at 10:00 P.M. every night or	open doors or windows except my entrance			
	wh	en amplified sound is playing, including but	door, which will close by 10:00 P.M. or when			
	not	t limited to DJs, live music and live	amplified sound is playing, including but not			
	noı	nmusical performances, or during	limited to DJs, live music and live nonmusical			
	una	amplified performances or televised sports.	performances, or during unamplified			
			performances or televised sports.			
8.	١w	ill not have 🗖 DJs, 🗖 live music, 🗖 third-party pro	omoted events, a any event at which a cover			
	fee	is charged, $lacktriangle$ scheduled performances, $lacktriangle$ more	than DJs per, □ more than			
	priv	vate parties per				
9.		I will play ambient recorded background music o	nly.			
10.	D. $oxdit{oxdit}$ I will not apply for an alteration to the method of operation or for any physical alterations of an					
4.4	nature without first coming before CB 3.					
11.		I will not seek a change in class to a full on-prem proval from CB 3.	ises liquor license without first obtaining			
12.	٠.	I will not participate in pub crawls or have party	buses come to my establishment.			
13.	3. □ I will not have unlimited drink specials, including boozy brunches, with food.					
		I will not have a happy hour or drink specials wit	•			
		opy hour and it will end by				
15.		I will not have wait lines outside. I will have a	staff person responsible for ensuring no			
		tering, noise or crowds outside.	, , , , , , , , , , , , , , , , , , ,			
16.		I will conspicuously post this stipulation form be	side my liquor license inside of my business.			
		Residents may contact the manager/owner at th	• •			
_,.	addressed immediately. 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:					

Revised: July 2022 Page 5 of 5

ATTENTION RESIDENTS & NEIGHBORS

Company/DBA Name and Contact Number for Questions Plans to open a
Plans to open a
(Please choose) Bar/Restaurant/Club and indicate if there will be a Sidewalk Café or Backyard Garden
at the following location
Building Number and Street Name (Address) This establishment is seeking a license to serve
Beer & Wine or Beer/Wine & Liquor
There will be an opportunity for public comment on
Date/Time/Location
Applicant Contact Information

At COMMUNITY BOARD 3 SLA & DCA Licensing Committee Meeting mn03@cb.nyc.gov - www.cb3manhattan.org

ATTENTION RESIDENTS & NEIGHBORS

第3社區居民 請注意

公司名字(Company) and/和 聯繫人的資料 (Contact Info)

Plans to open a (以上的店主想要在第3社區申請生意相關牌照擴展生意)

(請選擇/please choose)

酒吧(Bar)/餐館 (Restaurant) 戶外咖啡 (Sidewalk Café) or 或者 後院花園咖啡(Backyard Use)

Address/生意地址

seeking a license to serve (以上的店主想要請以下相關酒牌照)

(請選擇/please choose)

啤酒和酒牌照(Beer & Wine) or/或者 啤酒牌照 (Beer) or/或者 酒和烈酒牌照 (Wine & Liquor)

Public meeting for comments

第3社區的居民有權利提出自己的意見和建議.

(CB3 SLA & DCA Committee Meeting)

曼哈頓第3社區委員會 酒牌和紐約市消費局有關小商業牌照委員會

時間 (Time) 和地點 (Location)

mn03@cb.nyc.gov - www.cb3manhattan.org

NEIGHBORING RESIDENTS VECINOS DE LA COMUNIDAD

Company Name/ Contact Info

Nombre de la Compañía/el teléfono de contacto

Plans to open a:

Planifique abrir un/una:

(Please choose) Bar/Restaurant sidewalk café/backyard use

(Favor de escoger) una Barra/un Restaurante un café de acera o un patio de atrás

address dirección

Seeking a license to serve

En buscada de una licencia para servir:

Beer & Wine or Beer/Wine & Liquor

Cerveza y vino o cerveza/vino y bebidas alcohólicas

Public meeting for comments

Reunión público para comentarios

At COMMUNITY BOARD 3 SLA & DCA Licensing Committee Meeting En la JUNTA COMUNITARIA 3 La reunión del Comité de Licencias del SLA y del DCA

mn03@cb.nyc.gov - www.cb3manhattan.org

Petition to Support Proposed Liquor License

Date:			
The following undersigned residents	of the area suppor	t the following liquor lic	cense (indicate the type of license such
as full-liquor or beer-wine)			
to the following applicant/establish	ment (company and		
Address of premises:			
This business will be a: (circle) Bar	Restaurant	Other:	
The hours of operation will be:			
PLEASE NOTE: Signatures should be street.	from <u>residents</u> of b	ouilding, adjoining build	ings, and within 2-blocks on the same
Other information regarding the lice	nse:		
Name	Signature		Address and Apt # (required)