

## THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD NO. 3

59 East 4th Street - New York, NY 10003
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Dominic Pisciotta, Board Chair

Susan Stetzer, District Manager

## Community Board 3 Liquor License Application Questionnaire

Please complete and return (with requested diagram) to the Community Board office by fax or email. In addition, bring 6 copies (double sided) plus supporting material requested to the meeting. Failure to complete and return this form on time will result in your item being placed at the end of the agenda. Application must be complete to be heard, including petitions and all items on check list below. Use N/A for answer if appropriate.

Conspicuously display the enclosed posters on the outside of your establishment for 7 days prior to the meeting. Bring a photo with a newspaper showing date as proof of the posting. Check which you are applying for:  $\square$  new liquor license  $\square$  upgrade of an existing liquor license ✓alteration of an existing liquor license □ transfer of an existing liquor license If applying for transfer, you must bring letter from current owner confirming that you are buying business. Type of license: On Premises Liquo-Liconsells location currently licensed? 1 Yes 1 No If alteration, describe nature of alteration: \( \) \( Please bring the following items to the meeting: NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED, Photographs of the inside and outside of your establishment; Schematics/floor plans of the inside of your establishment; ☐ If a restaurant, please include a proposed menu (including drink menu); Detition in support of proposed business or change in business with signatures from residential tenants at location and in surrounding buildings and also letter from block association if one exists. E-mail the CB office at info@cb3manhattan.org for help to find block associations. Petition must give proposed hours and method of operations. For example: restaurant, sports bar, combination restaurant/bar. Petitions are required and application will not be heard without petitions. Photographs of proof of conspicuous posting with newspaper showing date. APPLICANT: Name of applicant and all principals: East Village Cofe ! Lostarant Trade name (DBA):

Revised: April 2011

PREMISES:	
Type of building and number of floors: 5 Story brick	
Prior use of premises: restaurant	
Any outside area or sidewalk cafe used for the sale or consumption of alcoholic beverages?	(includes roof &
yard) Yes O No If Yes, describe and show on diagram: Sockyard Zo	sects
Does premises have a valid Certificate of Occupancy and all appropriate permits?	□ No
Do you plan to apply for Public Assembly permit? exists Yes	Ů No
Zoning designation: Mixed Use Maximum number of persons that of	an legally occupy
the premises? 150 Number of tables? 28 Number of seats at table	:s? 121
BARS:	
How many *stand-up bars/ bar seats are located on the premises (and how many seats)?	<del>+</del> ~ / n
How many service bars?	1632 / 86
Describe all bars (length, shape and location): St rectarde 19' Bunt-	Restarle 7
Any food counters? Yes "No If Yes, describe: At open Kitchen	
* A stand up bar is any bar or counter (whether seating or not) over which a member of the	public can order
pay for and receive an alcoholic beverage.	public can order,
KITCHEN:	
Does premises have a full kitchen or of food preparation area? (If any, show on diagram)	!
Is food available for sale? A Yes No If yes, describe type of food and submit a menu	
318-1-01-10-1	
PROPOSED METHOD OF OPERATION:	
What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.)	0.10
what type of establishment will this der (i.e., restaurant, taveth, sports bar, etc.)	
Will any other business besides food or alcohol service be conducted at said premises?	Yes X No
If yes, details:	7110
What are the proposed days/hours of operation? (Specify days and hours each day) Fri	59.7 11:30 AM.
SUN (1:30 AM-12:00 AM. Man-Wed 5:30-2:00	, /I
Will the business employ a manager? ■Yes □ No	**************************************
vv	
Will there be security personnel? Yes \(\sigma\) No (If Yes, how many?)	ri Sat 2
Do you □ have or □ plan to install ★ French doors, □ accordion doors, or □ windows? ℃	
Will there be TV's? Yes \(\sigma\) No (If Yes, how many?)	J none of these
Revised: April 2011	
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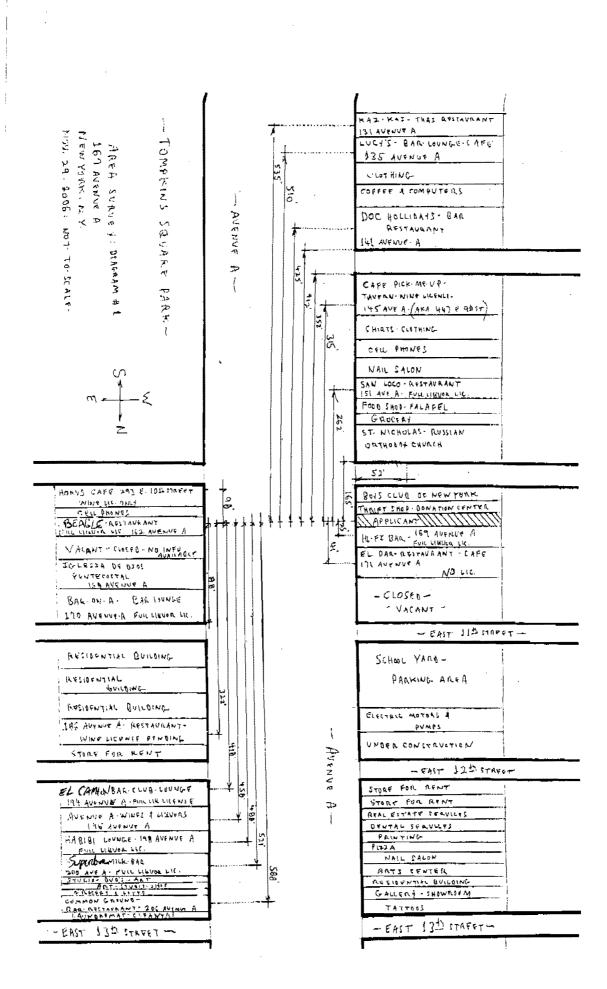
Will premises have music? ★ Yes □ No
If Yes, what type of music? Explain in detail: Ambian Scalgron of Music
Type of music/entertainment:  Volume level:  Discontinuo Discontin
Do you □ have or □ plan to install sound-proofing? Please describe your sound system:
Garrently exists small mil speakers I general
Will you host □ promoted events, □ scheduled performances or □ any event at which a cover fee is charged?
Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment?  Eyes  No If "Yes" please attach plans.  Security of the premises will inside a clean to perform the sidewalk caused by your establishment?  Is this establishment wheel chair accessible?  Yes  No
Has this corporation or any principal been licensed previously?
If yes, please indicate name of establishment: EU Restant; Black Ing Buryer; Devil Fords  Address: 235 E. 4th St. Sto E. Sth St. 189 W. Community Board #3 : 2
Dates: 2006 - Pase 4
Dittos
If you answered "Yes" to the above question, please provide a letter from the community board indicating history of complaints or other comments.
Using the diagram below as an example, attach a separate similar 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-Premises (OP) licenses by circling the letter on diagram. Please label streets and avenues and identify your location near the middle of the diagram and indicate it with a [*]. Use the letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.
Bar (B)         Hotel         Restaurant (R)         Sidewalk Café (S)           OPB/W         OPB/W         OPB/W
Example:
BGBS(R)GBRB BRSGBBBRB  BRGSBBBRB B RSGR(B)BB
How many licensed establishments are within 1 block?
How many licensed establishments are within 500 feet?
How many within 500 feet are On-Premises (OP) liquor licenses?

If there are block associations or tenant associations in the immediate vicinity of your location, you must contact them. Please attach proof (copies of letters and poster) that you have advised these groups of your application. Petitions should 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). You may contact the Community Board at <a href="mailto:info@cb3manhattan.org">info@cb3manhattan.org</a> for any contact information that is on file.

## INFORMATION REGARDING NEARBY LOCATIONS:

Premises is within a 500 foot radius of three or more establishme	nts with OP	license. Yes	
Premises is within 200 feet of any school or place of worship?	☐ Yes	<b>⊠</b> No	

If there is a school place of worship within 200 feet of your premises on the same block, submit a block plot diagram or area map showing its location in proximity to your applicant premises (8 1/2" x 11") and indicate the distance and name and address.



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	DAIN LOCO BESTANT	
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	DAA OFITAUDANT	
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(3)	141 AVENUE A	
	425 FEET FROM APPLICANT	
	460	
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	500 EAST 11 STREET	
(8)		
	161 FEET FROM APPLICANT	
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(9)	1/th STREET BAR	
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	258 FEET FROM APPLICANT	
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(10)	COPPI-RESTAURANT	
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