

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

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Dominic Pisciotta, Board Chair

Susan Stetzer, District Manager

## **Community Board 3 Liquor License Application Questionnaire**

## Please bring the following items to the meeting:

| <ul> <li>Photographs of the inside and outside of the premise.</li> <li>Schematics, floor plans or architectural drawings of the inside of the premise.</li> <li>A proposed food and or drink menu.</li> <li>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 your proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar.</li> <li>Letter of notice of proposed business to block, tenant or neighborhood association if one exists. E-mail the CB3 office at info@cb3manhattan.org for help to find block associations.</li> <li>Photographs of proof of conspicuous posting of meeting with newspaper showing date.</li> <li>If applicant has been or is licensed anywhere in City, letter from applicable community board indicating history of complaints and other comments.</li> </ul> |  |  |  |  |  |
|---|--|--|--|--|--|
| Check which you are applying for:  I new liquor license  I alteration of an existing liquor license  I corporate change   |  |  |  |  |  |
| If applying for sale of assets, you must bring letter from current owner confirming that you are buying business or have the seller come with you to the meeting.  Type of license: On Prewises Liquor Is location currently licensed? Yes I No If alteration, describe nature of alteration:  Previous or current use of the location:  Corporation and trade name of current license: Roptuve Cafe & Books LLC  |  |  |  |  |  |
| APPLICANT:  Name of applicant and all principals: Aue A Hospitality LLC Michael Taub,  Elizabeth Rosen, Kao Hanhwa  Trade name (DBA):   |  |  |  |  |  |
| Premise address and cross streets: 200 Ave A - E12 & E13 Streets  PREMISE:  Type of building and number of floors: 5 Story brick  |  |  |  |  |  |

Amended

| Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages?  (includes roof & yard)   Yes   No If Yes, describe and show on diagram:  |
|--|
|  |
| Does premise have a valid Certificate of Occupancy and all appropriate permits, including certificate  |
| of occupancy of back or side yard intended for commercial use? 🗷 Yes 🗖 No  |
| Indoor Certificate of Occupancy 150 Outdoor Certificate of Occupancy   |
| Do you plan to apply for Public Assembly permit? W Yes D No  |
| Zoning designation: C2-5 R7-2  |
| Is this premise wheel chair accessible? 🌹 Yes 🗖 No   |
| PROPOSED METHOD OF OPERATION:  |
| What type of establishment will this be (i.e.: restaurant, bar, performance space, club, hotel)?   |
| Art Gallery with a full service restaurant   |
| and the second s |
| Will any other business besides food or alcohol service be conducted at premise? ☐ Yes ☐ No  |
| If yes, please describe what type: Art Gallery with Artist residence in besoment   |
| LES TIME IN RESOLUTION   |
| What are the proposed days/hours of operation? (Specify days and hours each day and hours of   |
|  |
| outdoor space) 7 days per week Sun-Tues - 11:00 am-12:00 am; Wed-Sat - 11:00 am-2:00 am  |
|  |
| Number of tables? 19 Number of seats at tables? 52   |
| How many stand-up bars/ bar seats are located on the premise? One ω 12 Seats   |
| (A stand up bar is any bar or counter (whether with seating or not) over which a patron can order,   |
| pay for and receive an alcoholic beverage)   |
| Describe all bars (length, shape and location): Approx. 22 x 6 - rect - ground floor left  |
| Any food counters?   Yes No If Yes, describe:  |
| 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   |
| Men Artitached   |
| What are the hours kitchen will be open? Yes □ No If yes, which?   |
|  |
| How many employees will there be? 20-25  |

| Do you have or plan to install  French doors  accordion doors or  windows?  |
|---|
| Will you agree to close any doors and windows at 10:00 P.M. every night? ☐ Yes ☐ No   |
| Will there be TVs/monitors? ☐ Yes ▼No (If Yes, how many?)   |
| Will premise have music? ▼ Yes □ No OC (QS) one l QCOUSTIC → OC (QS) one l QCOUSTIC  If Yes, what type of music? ▼ Live musician □ DJ □ Juke box □ Tapes/CDs/iPod                           |
| If other type, please describe Ambient background music   |
| What will be the music volume? ■ Background (quiet) ■ Entertainment level   |
| Please describe your sound system: currently exists - will be augmented   |
| Will you host promoted events, scheduled performances or any event at which a cover fee is  |
| charged? If Yes, what type of events or performances are proposed? <u>Promoted events</u> , <u>Scheduled performances</u> .   |
| How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans.   |
| Will there be security personnel?   Yes □ No (If Yes, how many and when)  |
| Security plan attached  |
| How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans.  |
| Do you thave or plan to install sound-proofing?   |
| APPLICANT HISTORY:  |
| Has this corporation or any principal been licensed previously? 🖸 Yes 🙀 No  |
| If yes, please indicate name of establishment:  |
| Address: Community Board #  |
| Dates of operation:   |
| If you answered "Yes" to the above question, please provide a letter from the community   |
| board indicating history of complaints or other comments.   |
| Has any principal had work experience similar to the proposed business? □ Yes □ No If Yes, please   |
| attach explanation of experience or resume.   |
| Does any principal have other businesses in this area?   Yes No If Yes, please give trade name  |
| and describe type of business   |
| Has any principal had SLA reports or action within the past 3 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.

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| How many licensed establishments are within 1 block? See attached                                    |
|--|
| How many licensed establishments are within 500 feet?  |
| Is premise within a 500 foot radius of 3 or more establishments with OP licenses? ☐ Yes ☐ No         |
| How many On-Premise (OP) liquor licenses are within 500 feet?  |
| Is premise within 200 feet of any school or place of worship? ☐ Yes ☐ No                             |
| If there is a school or place of worship within 200 feet of your premise on the same block, submit a |
| block plot diagram or area map showing its location in proximity to your premise and indicate the    |
| distance and name and address of the school or house of worship.                                     |

## COMMUNITY OUTREACH:

If there are block associations, neighborhood 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 with sufficient time for them to respond to your notice. You may contact the Community Board at info@cb3manhattan.org for any contact information that is on file.

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).

