

## THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003
Phone: (212) 533-5300 - Fax: (212) 533-3659
www.cb3manhattan.org - info@cb3manhattan.org

Gigi Li, Board Chair

Revised: August 2012

Susan Stetzer, District Manager

## Community Board 3 Liquor License Application Questionnaire

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 the premise. M Schematics, floor plans or architectural drawings of the inside of the premise. A proposed food and or drink menu. 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. (petition provided) Letter of notice of proposed business to block or tenant association if one exists. E-mail the CB3 office at info@cb3manhattan.org for help to find block associations. Photographs of proof of conspicuous posting of meeting with newspaper showing date. If applicant has been or is licensed anywhere in City, letter from applicable community board indicating history of complaints and other comments. Check which you are applying for: new liquor license alteration of an existing liquor license □ corporate change Check if either of these apply: upgrade (change of class) of an existing liquor license □ sale of assets Today's Date: 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. \_\_\_\_\_ Is location currently licensed? 

Yes 

No Type of license: \_ If alteration, describe nature of alteration: Previous or current use of the location: Corporation and trade name of current license: \_\_\_ APPLICANT: Premise address Name of applicant and all principals: Mercalegia + Bar Trade name (DBA):

Type of building and number of floors: Business Cornercul 4 Andrews
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 for back or side yard intended for commercial use? 🗖 Yes 🖬 No
Indoor Certificate of Occupancy Outdoor Certificate of Occupancy
(fill in maximum NUMBER of people permitted)
Do you plan to apply for Public Assembly permit? 🗖 Yes 🗗 No
Zoning designation (check zoning using map: http://gis.nyc.gov/doitt/nycitymap/ - please give
specific zoning designation, such as R8 or C2):
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)?
What type of establishment will this be (i.e.: restaurant, bar, performance space, club, hotel)?
Prestaviant + Bal
Will any other business besides food or alcohol service be conducted at premise? □ Yes ☑ No
Will any other business besides food or alcohol service be conducted at premise?   Yes   No  If yes, please describe what type:
Will any other business besides food or alcohol service be conducted at premise?   Yes   No  If yes, please describe what type:  What are the proposed days/hours of operation? (Specify days and hours each day and hours of
Will any other business besides food or alcohol service be conducted at premise?   Yes   No  If yes, please describe what type:  What are the proposed days/hours of operation? (Specify days and hours each day and hours of
Will any other business besides food or alcohol service be conducted at premise?   Who If yes, please describe what type:  What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space)   MONDAY thru thursday 4 fm To 12 Am  Friday + Saturday 4 fm To 2 Am Sunday 11 Am To 12 Am
Will any other business besides food or alcohol service be conducted at premise?   What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space)   Monday they thursday 4 fm To 12 Am  Friday + Saturday 4 fm To 2 Am Sunday 11 Am  Number of tables?  Number of seats at tables?
Will any other business besides food or alcohol service be conducted at premise?  What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space)  MONDAY thru thursday 4 fm To 12 Am  Friday + Saturday 4 fm To 2 Am Sunday 11 Am To 12 Am  Number of tables?  Number of seats at tables?  How many stand-up bars/ bar seats are located on the premise?  5
Will any other business besides food or alcohol service be conducted at premise?   What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space)   MONDAY thru thursday 4 fm To 12 Am  Friday + Saturday 4 fm To 2 Am Sunday 11 Am To 12 Am  Number of tables?  Number of seats at tables?  How many stand-up bars/ bar seats are located on the premise?  [A stand up bar is any bar or counter (whether with seating or not) over which a patron can order,
Will any other business besides food or alcohol service be conducted at premise?   What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space)   MONDAY Third thursday 4 fm TO 12 Am  Third y t Saturday 4 fm To 2 Am Sunday 11 Am To 12 Am  Number of tables? Number of seats at tables?  How many stand-up bars/ bar seats are located on the premise?   [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)
Will any other business besides food or alcohol service be conducted at premise?   What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space)   MONDAY thru thursday 4 fm To 12 Am  Friday + Saturday 4 fm To 2 Am Sunday 11 Am To 12 Am  Number of tables?  Number of seats at tables?  How many stand-up bars/ bar seats are located on the premise?  [A stand up bar is any bar or counter (whether with seating or not) over which a patron can order,

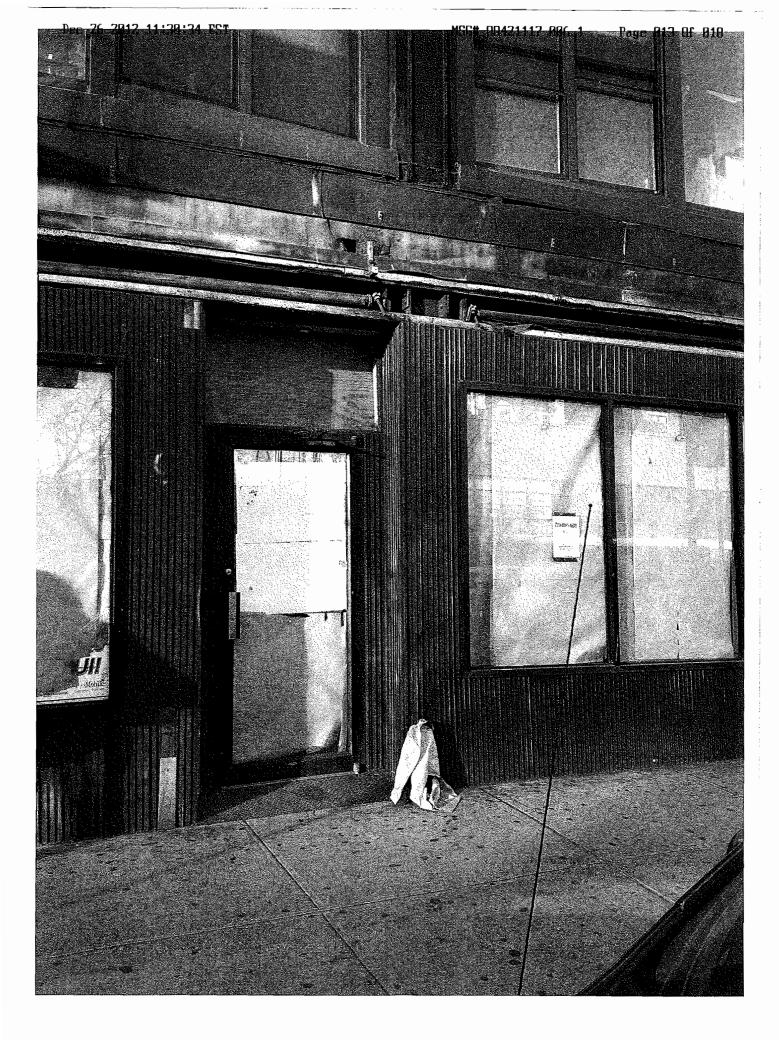
Does premise have a full kitchen   Yes □ No?  Does it have a food preparation area?  Yes □ No (If any, show on diagram)			
Is food available for sale? Yes No If yes, describe type of food and submit a menu			
LOTIN American Dinsum 1 small plates / PINTXOS 1 monto	<u> </u>		
What are the hours kitchen will be open? Samt as hours of oferation			
Will a manager or principal always be on site? Yes \( \sigma\) No If yes, which? \( \sigma\) manager or principal always be on site?	r		
How many employees will there be? 4 TO 5			
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? Tyes W No (If Yes, how many?)			
Will premise have music?   ✓ Yes □ No			
If Yes, what type of music? □ Live musician □ DJ □ Juke box ◘ Tapes/CDs/iPod			
If other type, please describe			
What will be the music volume? ☑ Background (quiet) ☐ Entertainment level			
Please describe your sound system: AMP ance MUSIC / 505e			
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?			
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)			
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.			

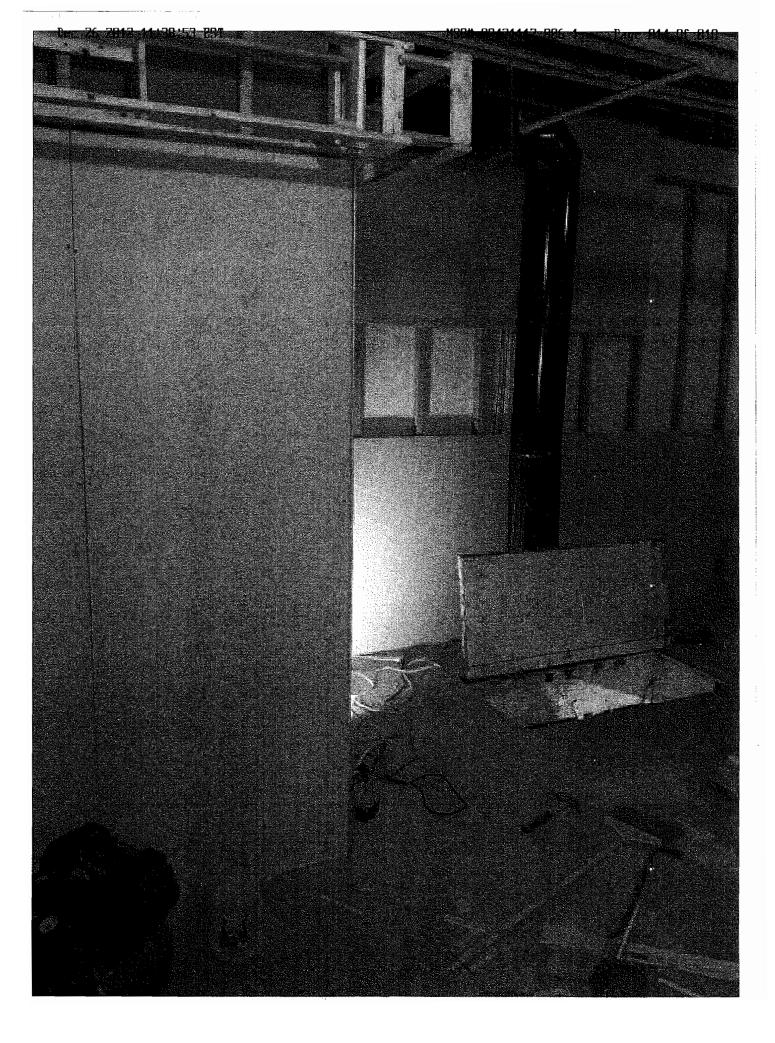
Does any principal have other businesses in this area?   Yes M No If Yes, please give trade name
and describe type of business
Has any principal had SLA reports or action within the past 3 years?   Yes No If Yes, attach list
of violations and dates of violations and outcomes, if any.
Attach a separate diagram that indicates the location <b>(name and address)</b> 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 <b>Bar</b> , <b>Restaurant</b> , etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.
How many licensed establishments are within 1 block?  How many licensed establishments are within 500 feet?
now many incensed establishments are within 300 feet:
Is premise within a 500 foot radius of 3 or more establishments with OP licenses? The Yes I 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.

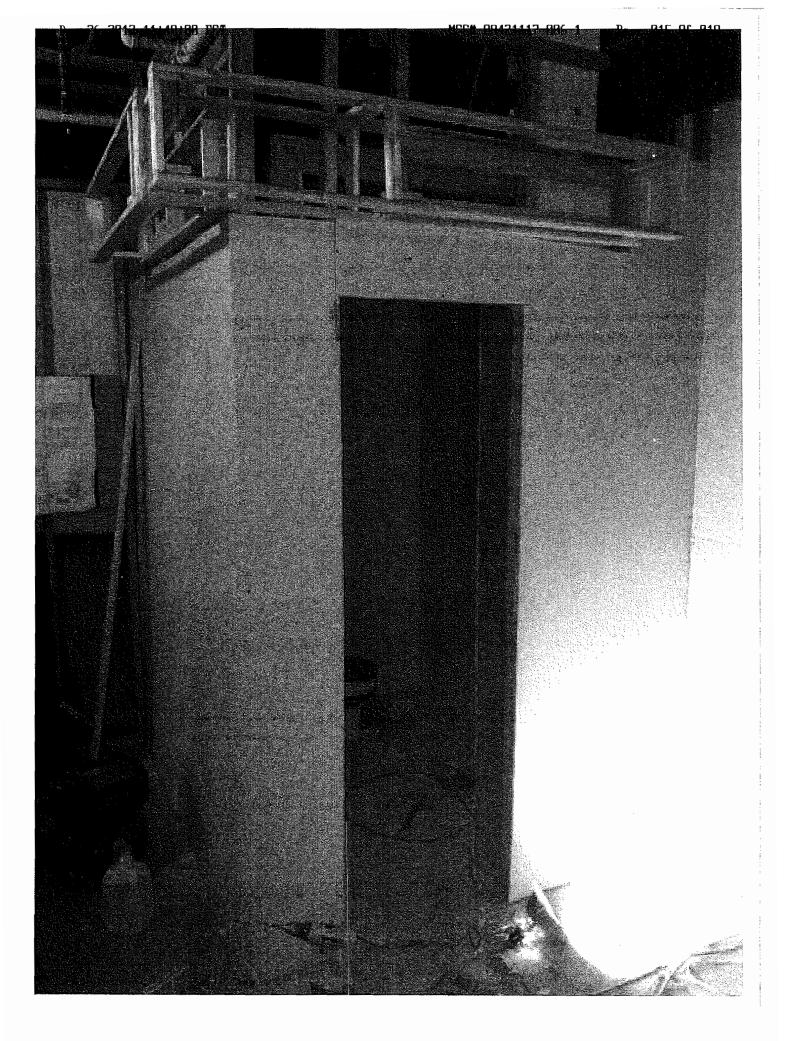
## COMMUNITY OUTREACH:

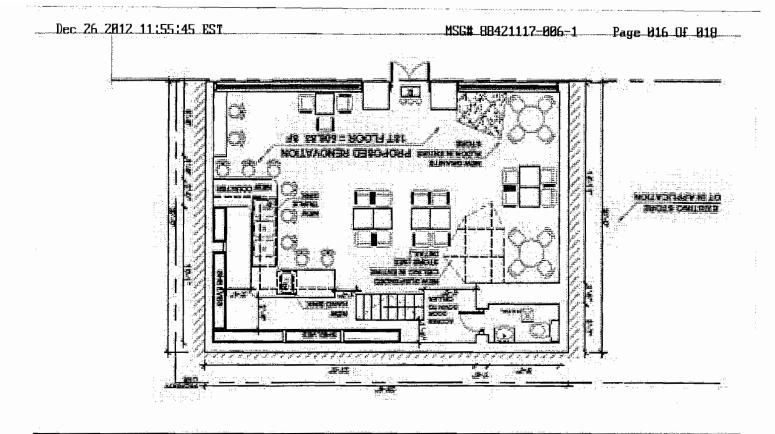
If there are block associations or tenant associations in the immediate vicinity of your location, you must contact them. Please attach proof (copies of letters and poster) that you have advised these groups of your application with sufficient time for them to respond to your notice. You may contact the Community Board at info@cb3manhattan.org for any contact information.

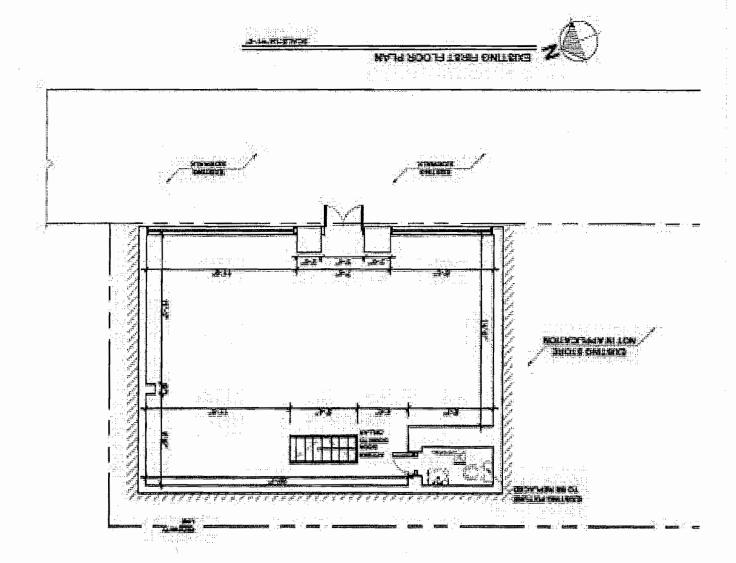
Please use provided petitions, which clearly state the name, address, license for which you are applying, and the hours and method of operation of your establishment at the top of each page. (Attach additional sheets of paper as necessary).











Petition to Support Proposed Liquor License				
The following undersigned <u>residents</u> of the area support the issuance of the following liquor license (indicate				
the type of license such as full-liquor or beer-wine) Will A Bell				
to the following applicant/establishment (company and/or trade name) PUPLIA ON ESSEX				
Address of premises: 131 ESSEX ST. NY NY 10002				
	Other:			
The hours of operation will be:  4 Pu - 13 Am Non - +	hort 11 Am - Dan Froday + Sat.			
PLEASE NOTE: Signatures should be from residents of build	V			
Other information regarding the license:				
Name Signature	Address			
PABLO VARGAS ( ) DO 10	20-96 STANTON.			
Hassain And	56 Stantons			
John William Schir	500 136 orchard			
0050511	1340r4A			
Manuel R. Jour	1290rcHard			
7770	138 Orchord 94			
STANKELLE STA	235 Eldridge ST NY, NY 10002			
Thomas Hall	151 Allen Street 1000 Z 157 orchand			