

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

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. 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: Sale of assets Upgrade (change of class) of an existing liquor license Today's Date: Today's Date:
Today's Date: January 22 2015
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-fremises (17,00) Is location currently licensed? Yes I No
If alteration, describe nature of alteration:
Previous or current use of the location: Restautant (Beet + wine
Corporation and trade name of current license: High seyko corp. dba Guayoyo
APPLICANT: Premise address: 67 1ct Ave MY, NY 10003 Cross streets: 4th Street Name of applicant and all principals: MASA NOBU 15H 1/4 URA
Trade name (DBA):
Revised: August 2012 Page 1 of 5

Type of building and number of floors: 55tory - stone front w [785]
Type of building and number of hoors.
Will any outside area or sidewalk case 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)?
Restaurant & Bar
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
outdoor space) 7 Pays M, 5-11 T, 12~11 W, 12-12 Th 12~12
F. 12-1 Sat. 11-1 Sun 11-11 No. out door space
10
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)
Describe all bars (length, shape and location): L - Shaped (OX)
Any food counters? Yes No If Yes, describe:

Does premise have a full kitchen Y 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 kitchen will be open? 12 MON to 12 MIDNIGHT	
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 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	
If Yes, what type of music? Live musician D D D Juke box Tapes/CDs/iPod	
If other type, please describe BACKGROUND MUSIC	
What will be the music volume? Background (quiet) LEntertainment level	
Please describe your sound system: TVNER + 2 Speakers	_
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?	_
The state of the s	_
How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans. \mathcal{N}	
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 have or plan to install sound-proofing? NO Not required	
APPLICANT HISTORY:	
Has this corporation or any principal been licensed previously? ☐ Yes ☐ No	
If yes, please indicate name of establishment: High Seyho BBA Guayoyo	_
Address: 67 1st Ave NY. NY. 10083 Community Board # 3	_
Dates of operation: December 2009	_
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 D No If Yes, please	e
attach explanation of experience or resume.	
Revised: August 2012 Page 3 of	<u> </u>

	Does any principal have other businesses in this area? No If Yes, please give trade name and describe type of business
	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.
/	LOCATION:
ĺ	LOCATION: How many licensed establishments are within 1 block?
/	How many licensed establishments are within 1 block?
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	How many licensed establishments are within 1 block? 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?
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	How many licensed establishments are within 1 block? 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 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
	How many licensed establishments are within 1 block? 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?

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).

Revised: August 2012 Page 4 of 5

ATTENTION RESIDENTS & NEIGHBORS

High Seyho, Co, Gnayoyo Restaura	nn t
Company/DBA Name and Contact Number for Questions	
Plans to open a	
	lease choose)
Bar/Restaurant/Club/Grocery/Liquor Store/Wholesaler, Please indicate if there will be a Sidewalk Café or Backyard Garden	
at the following location	
67 (st Ave NY, NY 10003	
Street Number and Street Name	
This establishment is seeking a license to se	erve
Beer & Wine or Beer/Wine & Liquor	
Beer & Wine or Beer/Wine & Liquor	
There will be an opportunity for public comm	ent on
Monday, February 11, 2013 at 6:30pm JASA/Green Residence at 200 East 5th Stre (at corner of Bowery)	eet

Applicant Contact Information

At COMMUNITY BOARD 3
SLA & DCA Licensing Committee Meeting
info@cb3manhattan.org - www.cb3manhattan.org











