

THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

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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: 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: WINE & BEED Is location currently licensed? ■Yes ■ No If alteration, describe nature of alteration: Nove Previous or current use of the location: Restaurant Corporation and trade name of current license: $\bigcirc \ \ \ \bigcirc \ \ \ \bigcirc$ APPLICANT: Premise address: Name of applicant and all principals: OXO WING

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PREMISE:
PREMISE: Type of building and number of floors: <u>Lasi dantial Commercial Tournhouse</u> (5)
Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages?
(includes roof & yard) Tyes to 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 Letter of No OBS Attacked
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? Ves I No
PROPOSED METHOD OF OPERATION:
What type of establishment will this be (i.e.: restaurant, bar, performance space, club, hotel)?
SUNDAY //A4 +6 12 AM, friday & SATURDAY 11 AM +6 3 AM Monday through thursday - 11 am +0 12 am Will any other business besides food or alcohol service be conducted at premise? Yes \ No
Monday through thursday - 11 am to 12am
If yes, please describe what type:
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What are the proposed days/hours of operation? (Specify days and hours each day and hours of
What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) Mon - thu 3pm to 12 gm, Sun 2pm - Money
What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) Mon - thu 3pm to 12am, Sun 2pm - llow Lryday 2pm - 3am, Sat 2pm - 3am
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outdoor space) Mon - thu 3pm to 12am, Sun 2pm - Mong Eriday 2pm - 3am, Sat 2pm - 3am Number of tables? Number of seats at tables?
outdoor space) Mon - thu 3pm to 12am, Sun 2pm - Mong Lriday 2pm - 3am, Sat 2pm - 3am Number of tables?
Outdoor space) Mon - thu 3pm to 12am, Sun 2pm - Mon - Lriday 2pm - 3am, Sat 2pm - 3am, Sun 2pm - Mon - Mumber of tables? 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,
Number of tables? Number of tables? Number of seats at tables?
What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) Man — Thu 3pm to 12 am. Sup 2pm — More Private 2pm — 3am. Sat 2pm — 3am. Number of tables?

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Does premise have a full kitchen Yes No?
Does it have a food preparation area? Yes \(\bar{\text{\sigma}}\) Yo (If any, show on diagram)
Is food available for sale? Yes \textstyle No If yes, describe type of food and submit a menu
Meditarana tapas
What are the hours kitchen will be open? During Mera fice hours
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? Tyes 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) Lentertainment level
Please describe your sound system: 1 Augh - 2 Speckers
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 □ have 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: Dao Wine Corp
Address: 181 ESSEY NFC/NY 1000 Community Board # 3
If yes, please indicate name of establishment: DSO Wine Corp. Address: 181 ESSEY NFC/NV 10002—Community Board # 3 Dates of operation: 7 day
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

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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.
LOCATION:
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?
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

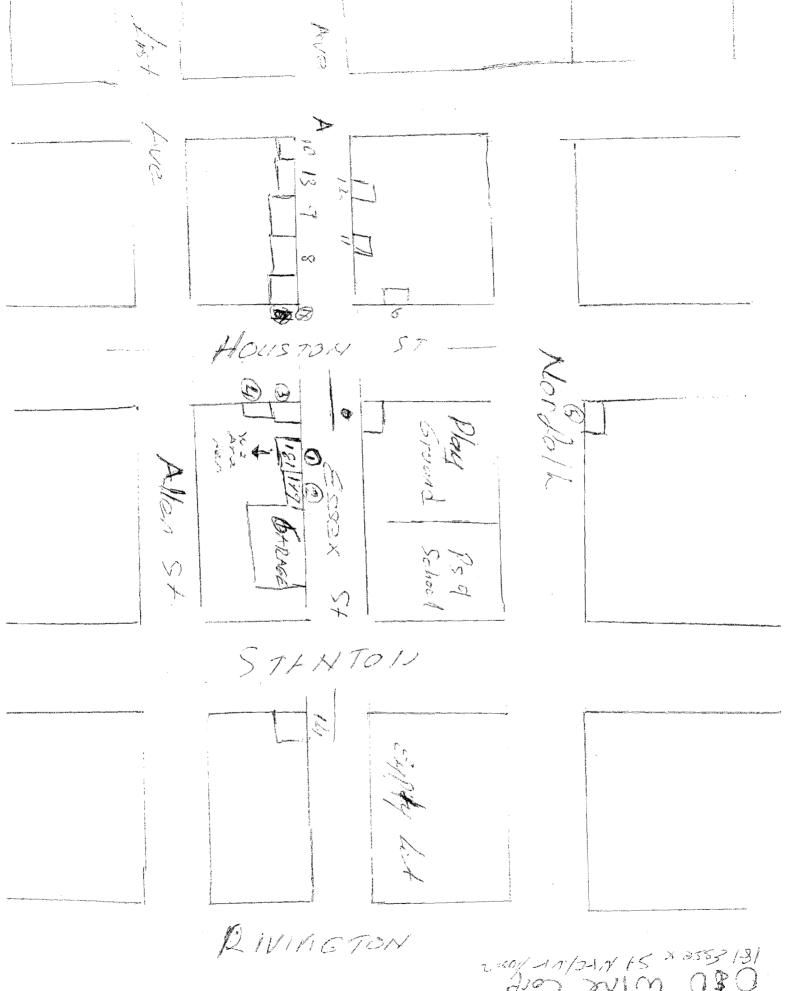
COMMUNITY OUTREACH:

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.

distance and name and address of the school or house of worship.

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).

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1-181 Essex street BAR CHEVERLE W/B 2-179 Essex strul MADRICA W/B 3-215 Howston str ELEMENT NIGHT CLUB O/P 4-217 Howdon the Mercury Louise O/P 5-247 Housdon EXP. REMIERY DINER 0/8 OPEN HOISE BASE E/P 6- 244 HOUSTON WDTT & BOLTON 0/P 7-5 pm A. 018 3- 7 AVV A LIBORM 0/8 ELLP 7 9 ALG A OIT 2A BPA 0-25 1-16-OP 1 KELLY SPORT 12 AVE A Sports Boo KELLY) 010 2-DOUBLE DOWN 14 AVER DOWNIE DOWN 0/8 Yeerba Buena 3-21 pvv n 1161 ESSEX ST. W/B EL AMANECEA

> (181 Essex Street) 0\$0 WINE COTT BAR CHEVERE