



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

NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.

Please bring the following items to the meeting:

Photographs of the inside and outside of the premise. Schematics, floor plans or architectural drawings of the inside of the premise.		
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		
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: I sale of assets		
** * * * * * * * * * * * * * * * * * * *		
roday's Date: February 26, 2013		
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 Premises Is location currently licensed? • Yes No		
f alteration, describe nature of alteration: NA		
falteration, describe nature of alteration: NA Previous or current use of the location: Storage Space		
Corporation and trade name of current license:		
APPLICANT:		
Premise address: 177 Chrystie St, cellar level Cross streets: Grner of Chrystic: Rivington Sts		
cross streets: Corner at Chrystic: (Civington Sts		
Name of applicant and all principals: Edible Analytics LLC; Evan Bennett,		
Louis Levy, Will Jaffe, Camilla Wilson		
Frade name (DBA): Wimi's		
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PREMISE:
Type of building and number of floors: 6 Story brick
Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? (includes roof & yard) Yes Ano If Yes, describe and show on diagram:
Does premise have a valid Certificate of Occupancy and all appropriate permits, including certificat
of occupancy for back or side yard intended for commercial use? Yes No Occupancy Outdoor Certificate of Occupancy Outdoor Certificate Outdoor Certificate Outdoor Certificate Outdoor Certificate Outdoor Certificate Outdoor Certificate Outdoor Outdoor Certificate Outdoor Outdoor Outdoor Outdoor Outdoor Outdoor Outdoor Outdoo
(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)? Bay Haven
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) SUN-WED 12pm-22m Thurs-Sat 12pm-
Thurs-Sat 12pm.
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):
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
What are the hours kitchen will be open? All hours of operation
Will a manager or principal always be on site? Yes □ No If yes, which?
How many employees will there be? 3 - 6
Do you have or plan to install □ French doors □ accordion doors or □ windows? No
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 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: I po l Computer
,
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. Never premises are designed to minimise the anticipated overflow of Antonianis. Will there be security personnel? A Yes D No (If Yes, how many and when) SUN-UED-/ Mus-Sax - 2
How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans. Premises is below found
Do you D have or M 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: Pee Wee: Tyson, LLC/ Feta : Capits, LIC/Marceline
If yes, please indicate name of establishment: Pee Wee: Tyson, LLC/Feta Capis LIC/Marceline Address: 242 Mott St / 177 Chryste St Community Board # 2/2/3 LCC
Dates of operation: 10
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? Tes D No. If Yes, please give trade name
and describe type of business restaurant 177 Chryslie St ground flow
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:	4
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 establishm	nents 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 worshi	p? 🗖 Yes 🗖 No
If there is a school or place of worship within 200 feet of ye	our premise on the same block, submit a
block plot diagram or area map showing its location in pro	ximity to your premise and indicate the
distance and name and address of the school or house of w	varshin.

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).