



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:

| Photographs of the insic Schematics, floor plans of A proposed food and or Petition in support of presidential tenants at log your proposed location. | de and outside of the premise, or architectural drawings of the inside of the premise. drink menu. roposed business or change in business with signatures from exation and in buildings adjacent to, across the street from and. Petition must give proposed hours and method of operation. orts bar, combination restaurant/bar. (petition provided) | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| ■ Letter of notice of propo | osed business to block or tenant association if one exists. E-ma | il the |
| | manhattan.org for help to find block associations. | |
| If applicant has been or | f conspicuous posting of meeting with newspaper showing date is licensed anywhere in City, letter from applicable community mplaints and other comments. | |
| Check which you are applying new liquor license | g for: alteration of an existing liquor license corporate cl | hange |
| Check if either of these apply: | upgrade (change of class) of an existing liquor license | |
| Today's Date: March | 3, 2013 | |
| are buying business or have | s, you must bring letter from current owner confirming the ethe seller come with you to the meeting. | • |
| Type of license: Kestai | urant Wine Is location currently licensed? DY | 'es EX 19 60 |
| If alteration, describe nature o | of alteration: | |
| Previous or current use of the | e location: | |
| Corporation and trade name of | of current license: | |
| APPLICANT: Premise address: 123 F | Allen Street | *************************************** |
| Cross streets: | | |
| Name of applicant and all prin | ncipals: Antler Dispensery Inc k; Scott Garry | |
| | | |
| Trade name (DBA): A M | ntler | |
| Revised: August 2012 | Pag | e 1 of 5 |

| PREMISE: |
|-------------------------------------------------------------------------------------------------------------------------------------------|
| Type of building and number of floors: 5 8tory brick |
| Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? |
| (includes roof & yard) Tyes 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? Wes II No. |
| Indoor Certificate of Occupancy Outdoor Certificate of Occupancy JK |
| (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): C4-4A |
| ls 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)? Wine par |
| 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 days - 10:00 am - 2:00 am |
| Number of tables? 5 Number of seats at tables? 17 |
| 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): Shaped 20' × 6' Trout Left Any food counters? • Yes • No If Yes, describe: |
| Any food counters? Yes No If Yes, describe: |
| |
| Page 2 of 5 |

| How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans. Small **Short** | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|
| APPLICANT HISTORY: Has this corporation or any principal been licensed previously? A Yes No If yes, please indicate name of establishment: See attacked: 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? A Yes No If Yes, please | |
| 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: See attacked. Address: Community Board # Dates of operation: Community Board # If you answered "Yes" to the above question, please provide a letter from the community board indicating history of complaints or other comments. | |
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| | |
| affected? Please attach plans. | |
| | |
| want will be expensible for Will there be security personnel? □ Yes No (If Yes, how many and when) | , 5 to |
| How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans. | : 1 aurel |
| charged? If Yes, what type of events or performances are proposed? | |
| Will you host promoted events, scheduled performances or any event at which a cover fee is | |
| Please describe your sound system: | |
| What will be the music volume? Background (quiet) 🗖 Entertainment level | |
| If other type, please describe Tool Computer | |
| If Yes, what type of music? Live musician DJ Juke box Tapes/CDs/iPod | |
| Will premise have music? ♣Yes □ No | |
| Will there be TVs/monitors? ☐ Yes ♠No (If Yes, how many?) | |
| Will you agree to close any doors and windows at 10:00 P.M. every night? W Yes D No | |
| Do you have or plan to install □ French doors □ accordion doors or □ windows? | |
| How many employees will there be? 5-6 | |
| - Will a foallaber of procinal always of ob sire? Livias Li No. It vas Which? | |
| Will a manager or principal always be on site? □Yes □ No If yes, which? | |
| What are the hours kitchen will be open? Xo wikhin one how of closing | |
| What are the hours kitchen will be open? Xo within one has at closure | |
| 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? Yo wikkin one have the closure. | |

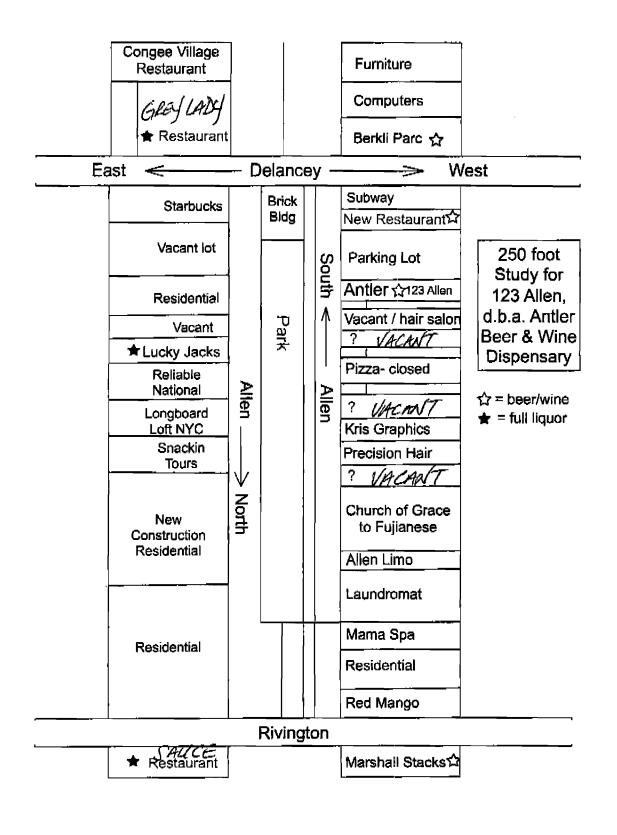
| Does any principal have other businesses in this area? Yes No If Yes, please give trade name |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 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? See attached |
| 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 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.

page. (Attach additional sheets of paper as necessary).

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

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Rider to Personal Questionnaire of James Hendrick

#5c.

575 Pub on Second Avenue Inc. – 575 2nd Avenue, New York, New York – sh/off/dir – 2004 – CB-# 6

55 Stone Rest Inc - 83 Pearl Street, New York, New York - sh/off/dir - 2007 - CB # 1

JTP Restaurant Corp - 712 3rd Avenue, New York, New York - sh/off/dir - 2010 - CB # 6.

J & T Animals Inc - 295 3rd Avenue, New York, New York - sh/off/dir - 1996 - CB # 6 ·