

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:

	E: 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
	proposed location. Petition must give proposed hours and method of operation. For example:
	restaurant, sports bar, combination restaurant/bar. (petition provided)
	Notice of proposed business to block or tenant association if one exists. E-mail the CB3 office
	at info@cb3manhattan.org to find block associations. This must be done promptly so that
	there is sufficient time to meet with residents if necessary.
	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.
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	k which you are applying for:
⊔ ne	w liquor license
Chool	w liquor license apply: **CHANGE IN METHOD IF OPERATION ** **CHANGE IN METHOD IF OPERATION ** **CHANGE IN METHOD IF OPERATION **
	e of assets upgrade (change of class) of an existing liquor license
□ Sa	e of assets upgrade (change of class) of an existing fiquor ficense
Toda	y's Date:
If app	plying for sale of assets, you must bring letter from current owner confirming that you
are b	uying business or have the seller come with you to the meeting.
Tuno	
rype	of license: (1) \(\begin{align*} \lambda \text{! (2) \\ \end{align*}} \end{align*} \] Is location currently licensed? \(\begin{align*} \begin{align*} \text{! (2) \\ \end{align*}} \end{align*} \) No
If alte	eration, describe nature of alteration: CHANGE IN HOWS
If alte Previ	eration, describe nature of alteration: <u>CHANGE</u> <u>IN HOWS</u> ous or current use of the location: CAFE BAR LOWAF
If alte Previ	eration, describe nature of alteration: <u>CHANGE</u> <u>IN HOWS</u> ous or current use of the location: CAFE/BAR/LOWAF
If alte Previ	eration, describe nature of alteration: CHANGE IN HOWS
If alte Previ	eration, describe nature of alteration: <u>CHANGE</u> , <u>IN</u> HOWS ous or current use of the location: <u>CAFE BAR LOWGE</u> oration and trade name of current license: <u>SECONCI NATURE NYCLL</u> C
If alte Previ	eration, describe nature of alteration: <u>CHANGE</u> <u>IN HOWS</u> ous or current use of the location: CAFE BAR LOWAF
If alter Previous Corpe APPI	eration, describe nature of alteration: <u>CHANGE</u> , <u>IN</u> HOWS ous or current use of the location: <u>CAFE BAR LOWGE</u> oration and trade name of current license: <u>SECONCI NATURE NYCLL</u> C
If alter Previous Corporation APPI Prem	eration, describe nature of alteration: CHANGE IN HOUS ous or current use of the location: CAFE BAR LOWE oration and trade name of current license: SECONCI NATURE NYCLLC SICANT: ise address: JJA E CRICGE STEET
If alter Previous Corporation APPI Prem Cross	eration, describe nature of alteration: CHANGE IN HOUS ous or current use of the location: CAFE BAR LOWGE oration and trade name of current license: SECONCI WATURE NYCLLC SICANT: ise address: DETAILED E STREET streets: DETAILED E STREET
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PREMISE:
Type of building and number of floors: 5 Floor, MIXED USE
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 \(\mathbb{\text{N}}\) No Indoor Certificate of Occupancy \(\begin{array}{c} \begin{array}{c} \begin{array}{
(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)?
Will any other business besides food or alcohol service be conducted at premise? ☐ Yes ☐
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) 12 am welk days 10 m welk days
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'SHAPE, 10' LONG
Any food counters. No If Yes, describe: " L' SHAPE 10' LO'9

Does premise have a full kitchen T Yes T No?
Does it have a food preparation area? Yes No (If any, show on diagram)
Is food available for sale? Yes D No If yes, describe type of food and submit a menu
What are the hours kitchen will be open?
Will a manager or principal always be on site? Tyes \(\begin{align*} \text{No If yes, which?} \(\begin{align*} \text{KISTINE \cdot John Was cluber} \)
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 🗖 DJ 🗖 Juke box 🗘 Tapes/CDs/iPod
If other type, please describe
If Yes, what type of music? Live musician D 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:
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? \mathcal{N}
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? 🚉 Ves 🗖 No
If yes, please indicate name of establishment: CHOST ART LOUNGE.
Address: 132 U Elakiage St., 1940 Community Board # Dates of operation: 2011- Oak
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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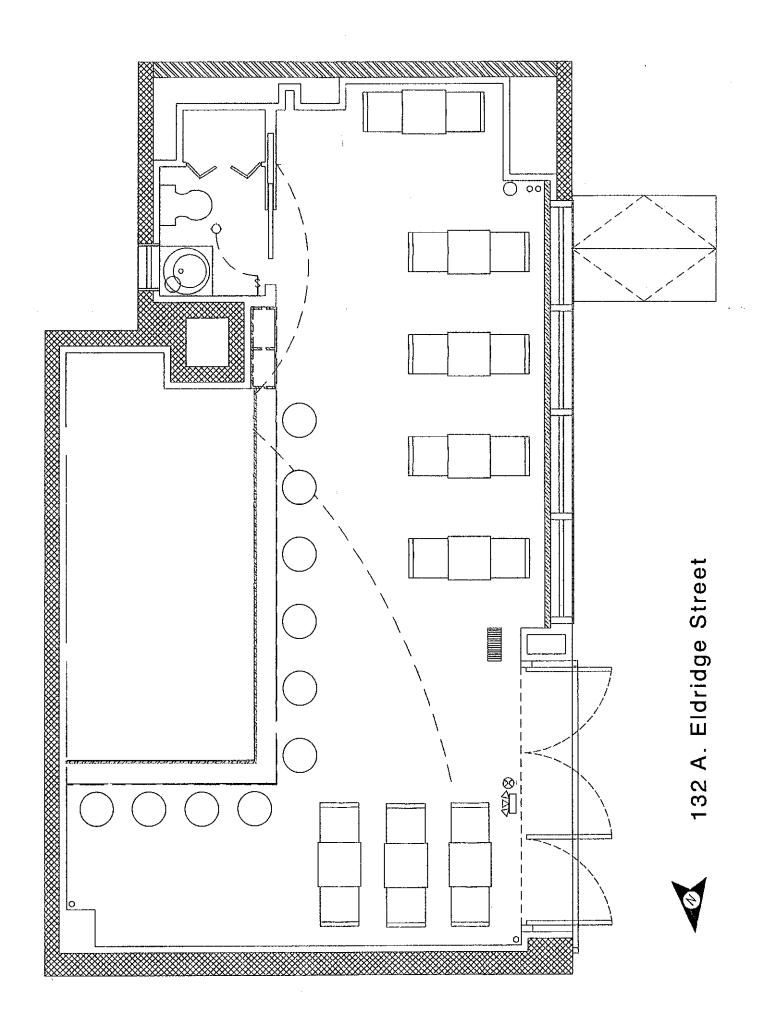
11
Does any principal have other businesses in this area? Yes No If Yes, please give trade name
and describe type of business
Has any principal had SLA reports or action within the past 3 years? ☐ Yes ☒ No If Yes, attach list
of violations and dates of violations and outcomes, if any.
Attach a separate 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 B ar, R estaurant, 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 D 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. Contact the CB 3 office at info@cb3manhattan.org to find block and tenant associations. Please attach proof (copies of letters or email and poster) that you have advised these groups of your application with sufficient time for them to respond to your notice.

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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DELANCEY STREET BROOME STREET X ---> PROPOSED PREMISE RETAIL - SIGNAGE PREP CLASSES RESTAURANT GROCERY CHURCH VACANT TEMPLE RETAIL RETAIL BAR ELDRIDGE STREET OFFICE SUPPLY STORE CAFÉ VACANT **BUILDING SUPPLY STORE** STORAGE TEMPLE VACANT **BUILDING SUPPLY STORE** GALLERY GALLERY BAKERY **DELANCEY STREET BROOME STREET**

ELIZABETH HARDWICK, R.A.

OB FORSYTH STREET, S.F.

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BLOCK LOT DIAGRAM SCALE: N/A



