



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 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. You can find community groups and contact information on the CB 3 website: http://www.nyc.gov/html/mancb3/html/sla/community_groups.shtml
 - 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: 3/26/14

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.

Is location currently licensed? Yes No Type of license: OP

If alteration, describe nature of alteration: Name + Menu change

Previous or current use of the location: Restaurant

Corporation and trade name of current license: Project 6, LLC Tiny Farts

APPLICANT:

Premise address: 167 Orchard Street

Cross streets: Stanton + Orchard

Name of applicant and all principals: Rds Shamlian, David Moon

Trade name (DBA): The Derby

PREMISE:

Type of building and number of floors: Mixed use / Commercial 2 Floors

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: Outdoor sidewalk

Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? Yes No What is maximum NUMBER of people permitted? 150 ppl.

Do you plan to apply for Public Assembly permit? Yes No N/A -> we have a PA.

What is the zoning designation (check zoning using map: <http://gis.nyc.gov/doitt/nycitymap/> - please give specific zoning designation, such as R8 or C2): A-2

PROPOSED METHOD OF OPERATION:

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) Mon - Thurs. 5pm - 2am (unless special event on holiday)
Fri 5pm - 4am Sat 11am - 4am Sun 11am - 2am (unless special event on holiday)

Number of tables? 50 Number of seats at tables? _____

How many stand-up bars/ bar seats are located on the premise? 2 bars / 20 seats
(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 (1 up stairs + 11 down) 15' x 8'

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? opened until midnight on 2am

Will a manager or principal always be on site? Yes No If yes, which? Managers

How many employees will there be? 15

Do you have or plan to install French doors accordion doors or windows?

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 DJ, downloads only on weekends or special events
 What will be the music volume? Background (quiet) Entertainment level
 Please describe your sound system: speakers, amp, ipod

Will you host any promoted events, scheduled performances or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed and how often? _____
no cover charges

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans. (Please do not answer "we do not anticipate congestion.")

Will there be security personnel? Yes No (If Yes, how many and when) on weekends
Door to check IDs

How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans. we want have loud music.

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: Pat Baby, Spitzers corner, Los Feliz
 Address: 126 Ludlow Street Community Board # 3 Spitzershaus
 Dates of operation: from 2005?

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. Pat Baby, Spitzers, Los Feliz

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? 11²How many On-Premise (OP) liquor licenses are within 500 feet? 10²Is premise within 200 feet of any school or place of worship? Yes No**COMMUNITY OUTREACH:**

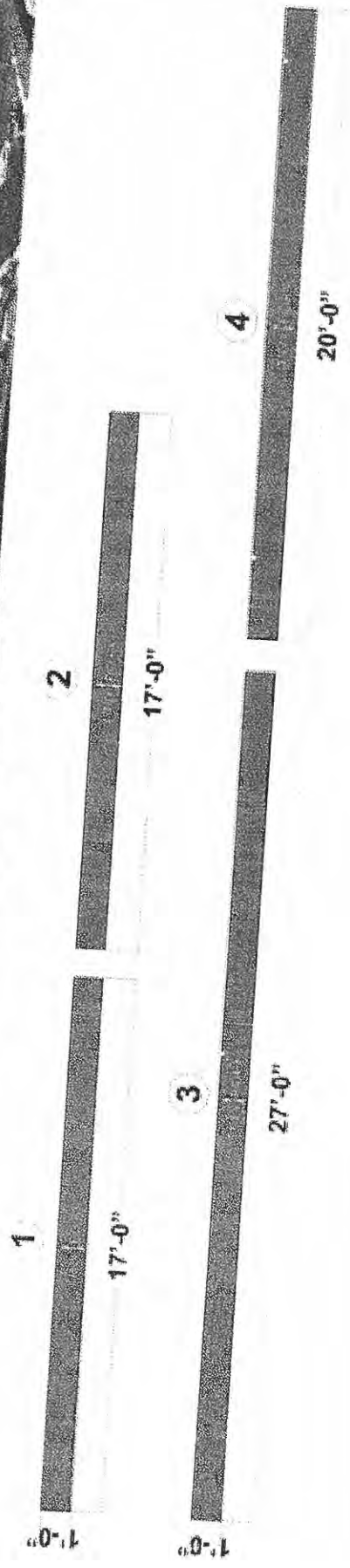
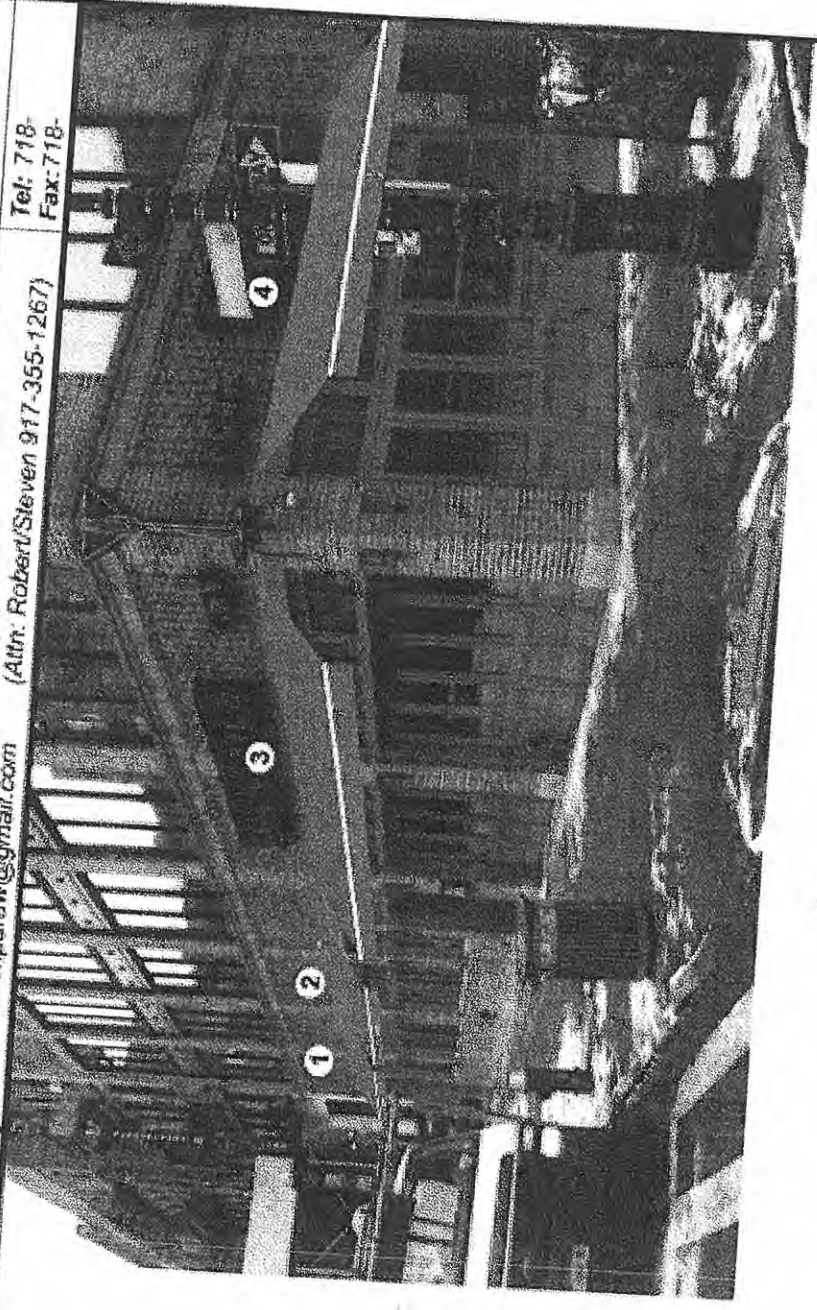
Please see the Community Board website to find block associations or tenant associations in the immediate vicinity of your location for community outreach. Applicants are encouraged to reach out to community groups. Also use provided petitions, which clearly state the name, address, license for which 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).

We are including the following questions to be able to prepare stipulations and have the meeting be faster and more efficient. Please answer per your business plan; do not plan to negotiate at the meeting.

1. I agree to close any doors and windows at 10:00 P.M. every night?
2. I will not have DJs, live music, promoted events, any event at which a cover fee is charged, scheduled performances, more than ___ DJs/ promoted events per ___, more than ___ private parties per ___
3. I will play ambient recorded background music only.
4. I will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.
5. I will not seek a change in class to a full on-premise liquor license. Or my business plan is to seek an upgrade at a later date.
6. I will not participate in pub crawls or have party buses come to my establishment.
7. I will not have a happy hour. Or Happy hour will end by _____.
8. I will not have wait lines outside. There will be a staff person outside to monitor sidewalk crowds and ensure no loitering.
9. Residents may contact the manager/owner at the following phone number. Any complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Date: March 04, 2014 Path: 20140317iny For\retractable awnings.cdr
 Address: 167 Orchard Street New York, NY
 email: mpdraw@gmail.com (Attn: Robert/Steven 917-355-1267)

Tel: 718-
 Fax: 718-



ATTENTION RESIDENTS & NEIGHBORS

Project 6, LLC
Company/DBA Name and Contact Number for Questions

Plans to open a

Restaurant
(Please choose) Bar/Restaurant/Club and indicate if there will be a Sidewalk Café or Backyard Garden

at the following location

167 Orchard Street
Building Number and Street Name (Address)

This establishment is seeking a license to serve

Beer / Wine + Liquor
Beer & Wine or Beer/Wine & Liquor

There will be an opportunity for public comment on

**Community Board 3 Office
59 East 4th Street (btwn 2nd Ave & Bowery)**

Date/Time/Location

212-777-8649
Applicant Contact Information

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

Petition to Support Proposed Liquor License

Date: 3/26/14

The following undersigned residents of the area support the issuance of the following liquor license (indicate the type of license such as full-liquor or beer-wine) on premise

to the following applicant/establishment (company and/or trade name) Project 6, LLC
The Derby

Address of premises: 167 Orchard Street

This business will be a: (circle) Bar Restaurant Other: _____

The hours of operation will be:
11am-4am on weekends -> until 2am weekdays unless special event or holiday

PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area.

Other information regarding the license:

Name	Signature	Address