

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/communitygroups/community group listings.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: June 6, 2014
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? A Yes D No Type of license: <u>Restaurant wine</u>
Previous or current use of the location:
Corporation and trade name of current license:
APPLICANT: Premise address: 18 2n2 AUE pt 101 10003 Cross streets: 4m + 5th Name of applicant and all principals: Mehenni Zebentost
Trade name (DBA):

PREMISE:

Type of building and number of floors: MX22, 5 Floors

Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? (includes roof & yard) \square Yes \square No If Yes, describe and show on diagram: $\underline{Side uselk}$ and $\underline{Side uselk}$.

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? ______ 4

Do you plan to apply for Public Assembly permit? Yes No What is the zoning designation (check zoning using map: <u>http://gis.nyc.gov/doitt/nycitymap/</u> please give specific zoning designation, such as R8 or C2):

PROPOSED METHOD OF OPERATION:

Will any other business besides food or alcohol service be conducted at premise?
Yes X 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) (Lem to 10:30 Sn 120m 11:00 mon The
12pm to 11:30pm Fuit Set
Number of tables? 24 Number of seats at tables?
How many stand-up bars/ bar seats are located on the premise? 1 bar 12 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): _ C Share Scr 25ft (ong
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? 12pm - Illem Mon - Set Illem - 10pm S-n
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 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 _______

What will be the music volume? A Background (quiet) Entertainment level Please describe your sound system: <u>Shall</u> Hose Steakers, Not Planer

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?

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) ______

How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans. We are a respectent on the prover had a noise issue since offening in 2005 Do you a have or a 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:	Second AUE Sandwich Shap		
Address: 78 72 ALE NY NY	Community Board #		
Dates of operation: 2005 - Present			

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? \square Yes \square No If Yes, please attach explanation of experience or resume. He has complete Listics Since 2005

Does any principal have other businesses in this area?
Yes Value 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? The 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 On-Premise (OP) liquor licenses are within 500 feet?

Is 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).

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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?
- □ 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 I 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.

NONTRY & Seend Avenue NYC 1003 BAR FRONT OF Revourant 8 YEATS Ц П IABM AS Beek 100

Petition to Support Proposed Liquor License

Date:	
The following undersigned <u>residents</u> of the area the type of license such as full-liquor or beer-wh	support the issuance of the following liquor license (indicate
Fu	
	any and/or trade name)
Address of premises:	
Photo S. A. Harrison M. Sana M.	staurant) Other:

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

Other information regarding the license:

Name	Signature	Address
MIRSAT ANDOLIC		87E4ST 2A. 10003
Fernando Nixiwei Flores	278 E. 7M NYC 1009	07-451 24.70003
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SCOTT HOLIOMB	1 Attal	121 ORCHARD ST AVIA
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Christie Ehlort Ballard Calle Jonathan Cabrera Hassan, Stah Imran Khan Milly Goldon Jonny Smithstein Kelly Polignano Gillian Diforto	Date:	Petition to Support Proposed Lie	quor License
Address of premises: This business will be a: (circle) Bar (Mestaurants) Other: The bours of operation will be: PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area. Other information regarding the license: Name Signature Address: NARW COMER Signature (address) Signature (address) NARW COMER (address) (a	The following undersigned re the type of license such as full		
Address of premices: This business will be a: (circle) Bar (Restaurant) Other: The hours of operation will be: PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area. Other information regarding the license: Name PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area. Other information regarding the license: Name PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area. Other information regarding the license: Name PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area. Other information regarding the license: Name PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area. Other information regarding the license: Name PLEASE NOTE: Signatures should be from residents of building. Address MARW (DIMER Address NATALE GIMEN State Circle State Circle Sta	to the following applicant/esta	blishment (company and (me)	
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PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area. Other information regarding the license: Manae Planae Kirk MARW COMHAR Arvine Carr NATALE GOMEN Greven O'Hare Christie Ehlort Barlaro Caffe Janae Nich Maran Khan Imran Khan	This business will be a: (circle)	Bar (Restaurant) Other:	
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