

THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003 Phone (212) 533-5300

www.cb3manhattan.org - info@cb3manhattan.org

Alysha Lewis-Coleman, Board Chair

Revised: July 2018

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

Please bring the following items to the meeting:

[18] [18] [18] [18] [18] [18] [18] [18]									
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.shtm									
Proof of conspicuous posting of notices at the site for 7 days prior to the meeting (please									
include newspaper with date in photo or a timestamped photo).									
Check which you are applying for:									
new liquor license									
Check if either of these apply: □ sale of assets □ upgrade (change of class) of an existing liquor license									
in safe of assets in upgrade (change of class) of an existing induor itemse									
Today's Date:									
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? Type of license:									
If alteration, describe nature of alteration									
Previous or current use of the location: Cafe Store									
Corporation and trade name of current license:									
corporation and trade name of current needse.									
APPLICANT:									
Premise address: 190 Orchard Street									
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Name of applicant and all principals: Da Hud Me									
Trade name (DBA): Naw Territories									

Does premise have alvalid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? No What is maximum NUMBER of people permitted? Oo you plan to apply for Public Assembly permit? Yes_PNO 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): C4 - 4A PROPOSED METHOD OF OPERATION: Will any other business besides food or alcohol service be conducted at premise? Yes No f yes, please describe what type: What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) Number of tables? 4	Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? Includes roof & yard)	PREMISE:	ing the second of the second o
Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? (includes roof & yard)	Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? Includes roof & yard)	'ype of building and number of floors: 1 11 11 12 12 12 12 12 12 12 12 12 12 1	* (31.1)
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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? 🗗 Background (quiet) 🗖 Entertainment level
Please describe your sound system:
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.
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.") It will be resolution only and we achise customers to
Will there be security personnel? 🗷 Yes 🗖 No (If Yes, how many and when)
1 From sorving to closing
How do you plan to manage noise inside and outside your business so neighbors will not be
affected? Please attach plans.
Do you have sound proofing installed? Yes No
If not, do you plan to install sound-proofing? Yes No
APPLICANT HISTORY:
Has this corporation or any principal been licensed previously? 🗖 Yes 🛱 No
If yes, please indicate name of establishment:
Address: Community Board #
Dates of operation:
Has any principal had work experience similar to the proposed business? Yes \(\bar{\text{N}} \) Yes \(\bar{\text{U}} \) No If Yes, please
attach explanation of experience or resume. Worked with high end environment to cotter and many crown control of experience or resume.
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.

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L	OCATION:		6 SH 1			·			
Н	ow many licens	ed establis	hments are w	ithin	1 block?	7_			
Н	ow many On-Pr	emise (OP) liquor licens	es are	e within 5	00 feet?_	_38		
Is	premise withir	200 feet o	f any school (r plac	ce of wors	ship? 🗖 Ye	s 🛱 No		
								·	
	OMMUNITY OL		oard wahaita	to fin	d blook o	aa alahati am	ا بالأمالية علام والمارة		
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oı	ıt to community	groups. A	lso use provi	ded p	etitions. v	vhich clear	lv state th	ie name.	address.
lic	ense for which	you are ap	plying, and th	e hou	rs and mo	ethod of or	peration o	f vour es	tablishment at
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1.	🗖 I will opera								
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	operation <u>OR</u>	□ I have le	ss than full-s	ervice	kitchen k	out will ser	ve food al	l hours o	of operation.
2.	□ I will close								
	amplified sou		ig, including	ut no	t limited	to DJs, live	music and	d live no	nmusical
	performances						- 11 f gr	, King of the	
3.	□ I will not ha								
	charged, 🗖 sc	heduled pe	rformances, I	J moi	re than	DJs / pr	omoted e	vents pe	r, 🗖 more
	thanpriv								
4.	□ I will play a	mbient rec	orded backgr	ound	music on	ly.			.
5.	🛛 I will not ap	ply for an	alteration to t	he me	ethod of o	peration o	r for any p	ohysical	alterations of
	any nature wi	thout first (coming before	e CB ₃	•	al philip			
6.	□ I will not se	ek a chang	e in class to a	fullo	n-premise	e liquor lic	ense with	out first	obtaining
	approval from	СВ 3.			,	· · · · · · · · · · · · · · · · · · ·			
7.	□ I will not pa	rticipate in	pub crawls	r hav	e party bi	ises come	to my esta	ablishme	ent.
8,	□ I will not ha	ve a happy	hour or drin	k spec	! rials with	or withou	t time rest	rictions	OR 🗖 I will
	have happy ho					7. 4			
9,	□ I will not ha	ve wait lin	es outside. 🗖	Lwill	have a sta	aff nerson	resnonsih	le for en	suring no
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10.	☑ Residents n	nav contact	the manager	/own	er at the r	i iumber be	low. Anv	complaii	nts will be
	addressed imn								
	to minimize m						ti i		1:

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Petition to Support Proposed Liquor License 26 /2017 The following undersigned residents of the area support the issuance of the following liquor license (indicate premises Liquor Literal the type of license such as full-liquor or beer-wine) _ to the following applicant/establishment (company and/or trade name) New Term torne Don Lord New York, N Address of premises: This business will be a: (circle) Restaurant Other: The hours of operation will be: Fris Sat: 5=00pm 4=00am Mon ~ Thurs: 5:00Pm-2:00am PLEASE NOTE: Signatures should be from residents of building, adjoining buildings, and within 2-block area. Cun: t200pm - 2:00 am Other information regarding the license: Name Signature Address and Apt # (required) 199 orchard St, AP+50 Wilholas Tremoglio Eric Peralta 193 orchard StAP+ #3 189 ordnowd St 45N Paria Pines