



# THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003

Phone (212) 533-5300

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Alysha Lewis-Coleman, 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.
- ☐ 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](http://www.nyc.gov/html/mancb3/html/communitygroups/community_group_listings.shtml)

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: 9-28-2020

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: \_\_\_\_\_

If alteration, describe nature of alteration: \_\_\_\_\_

Previous or current use of the location: \_\_\_\_\_

Corporation and trade name of current license: \_\_\_\_\_

### APPLICANT:

Premise address: 25 AVENUE B

Cross streets: BETWEEN 2ND + 3RD

Name of applicant and all principals: 25B Group Rest AVE

Trade name (DBA): EASTPOINT

**PREMISE:**

Type of building and number of floors: Single story Commercial Building - one floor only

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: Covid Cafe  
DOT Approved

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 plus 125

1st floor Basement

Do you plan to apply for Public Assembly permit? ☐ Yes ☐ No we have!

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):  
\_\_\_\_\_

**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) Sun 12pm - 2AM, M-Th 5pm - 2AM

Fri 5pm - 4AM, Sa 12pm - 4AM

Number of tables? \_\_\_\_\_ Total number of seats? \_\_\_\_\_

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): oval shape upstairs / L shape downstairs

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

Southern tacos, salad, Burgers etc. Bar - Restaurant Inspired

What are the hours kitchen will be open? till within 1 hour of closing every night

Will a manager or principal always be on site? ☒ Yes ☐ No If yes, which? \_\_\_\_\_

How many employees will there be? As many as need with Covid

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



**LOCATION:**How many licensed establishments are within 1 block? 3How many On-Premise (OP) liquor licenses are within 500 feet? 3Is 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 will operate a full-service restaurant, specifically a (type of restaurant) \_\_\_\_\_, with a kitchen open and serving food during all hours of operation OR ☐ I have less than full-service kitchen but will serve food all hours of operation.
2. ☒ I will close any front or rear façade doors and windows at 10:00 P.M. every night or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances.
3. ☐ 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 \_\_\_\_\_.
4. ☐ I will play ambient recorded background music only.
5. ☒ I will not apply for an alteration to the method of operation or for any physical alterations of any nature without first coming before CB 3.
6. ☐ I will not seek a change in class to a full on-premise liquor license without first obtaining approval from CB 3.
7. ☐ I will not participate in pub crawls or have party buses come to my establishment.
8. ☐ I will not have a happy hour or drink specials with or without time restrictions OR ☐ I will have happy hour and it will end by \_\_\_\_\_.
9. ☐ I will not have wait lines outside. ☐ I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
10. ☒ Residents may contact the manager/owner at the number below. Any complaints will be addressed immediately. I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Sean Waters  
1-401-439-8913



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: speakers, mixer AMP, etc.

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) \_\_\_\_\_

Thurs - Sat and as necessary

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: SAME

Address: SAME Community Board # 3

Dates of operation: \_\_\_\_\_

Has any principal had work experience similar to the proposed business? ☒ Yes ☐ No If Yes, please attach explanation 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.