THE CITY OF NEW YORK
MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003
Phone (212) 533-5300
www.cb3manhattan.org - mn03@cb.nyc.gov

Andrea Gordillo, Board Chair — Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.
The following items and questionnaire package are due by date listed in email invite:

- ☒ Schematics, floor plans or architectural drawings of the inside of the premise.
- ☒ A proposed food and or drink menu.

The following items are due by noon Friday before the meeting:

?ENDING ☒ 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)

PENDING ☒ 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: https://www1.nyc.gov/site/manhattancb3/resources/community-groups.page (this is not required but strongly suggested if a relevant group exists)

?ENDING ☒ 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 ☐ 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: 8/28/2024

Is location currently licensed? ☐ Yes ☒ No Type of license: Beer, wine , & liquor

If alteration, describe nature of alteration: N/A

Previous or current use of the location: N/A

Corporation and trade name of current license: N/A

APPLICANT:

Premise address: 299 South St. , Pier 36 New York, NY 10002

Cross streets: Clinton St. and Rutgers St.

Name of applicant and all principals: NY Harbor Sights LLC
Keith Apman and Eva Lee

Trade name (DBA): NY Harbor Sights

PREMISE:

Type of building and number of floors: 2 decks on a vessel

Does premise have a valid Certificate of Occupancy, including for any back/side yard or roof use? N/A – VESSEL

☒ Yes ☐ No What is maximum NUMBER of people permitted 150

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): C2 - commercial vessel on water for tours

PROPOSED METHOD OF OPERATION:

What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space, if applicable) Available for tours 7 days a week from 10 AM to 12 AM (On the rare occasion boat is chartered for event, 10 AM - 2 AM)

Will any other business besides food or alcohol service be conducted at premise, i.e., retail? ☐ Yes ☒ No

If yes, please describe what type: N/A

Number of indoor tables? 6 Total number of indoor seats? 30

How many stand-up bars/bar seats are located on the premise (number, length, and location) 1 bar

(*A **stand-up bar** is any bar or counter -with seating or not- where you can order, pay for, and receive alcohol)*

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 Finger foods available, particularly hot dogs, nachos, beef patties, taquitos , mozzerella sticks.

What are the hours the kitchen will be open? Food available for purchase during all hours of operation.

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

How many employees will there be? 12 employees

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

Will there be TVs/monitors? ☐ Yes ☒ No (If Yes, how many?) N/A

Will premise have music? ☒ Yes ☐ No

If Yes, what type of music? ☒ Live musician ☒ DJs ☒ Streaming services/playlists

If other type, please describe (On the rare occasion of charter DJ/live band permitted)

What will be the music volume? ☒ Background (conversational) ☒ Entertainment (live music venue level) Please describe your sound system: Built in speakers for light music

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 promoted events, scheduled performances, or any event at which a cover fee is charged. N/A.

If promoted events, please explain the nature in which you plan to promote? Social media / online ads / outside promoters? N/A

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.") 1 ground security guard to assist patrons on/off board. Attached plans to follow.

Will there be security personnel? ☒ Yes ☐ No (If Yes, how many and when) 1 ground security guard to assist patrons on/off board. More security to be hired on rare occasion of charter.

How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans. Limited volume venue on water.

Is sound proofing installed? ☐ Yes ☒ No

If not, do you plan to install sound proofing? ☐ Yes ☒ No

Are there current plans to use the Open Restaurants program for the sale or consumption of alcoholic beverages outdoors? *(includes roof & yard)* ☐ Yes ☒ No If Yes, describe and show on diagram: N/A

APPLICANT HISTORY:

Has this corporation or any principal been licensed for sale of alcohol previously? ☐ Yes ☒ No

If yes, please indicate name of establishment: N/A

Address: N/A Community Board # N/A

Dates of operation: N/A

Has any principal had work experience similar to the proposed business? ☒ Yes ☐ No If Yes, please attach explanation of experience or resume. Note: failure to disclose previous experience or information hampers the ability to evaluate this application.

Does any principal have other businesses in this area? ☐ Yes ☒ No If Yes, please give trade name, address and describe the business N/A

Has any principal had SLA reports or action within the past 5 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? 0

How many On-Premise (OP) liquor licenses are within 500 feet? 0

Is the premise within 200 feet on the same street 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, but it is not required. 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. My license type is: ☐ beer & cider ☐ wine, beer & cider ☒ liquor, wine, beer & cider
2. ☐ I will operate a full-service restaurant, specifically a (type of restaurant) _____ restaurant, or

   ☒ I will operate a commercial tour vessel,

   ☐ with a kitchen open and serving food during all hours of operation OR ☒ with less than a full-service kitchen but serving food during all hours of operation OR ☐ Other _____
3. My hours of operation will be: (2AM RETURN TO DOCK FOR RARE CHARTERED EVENTS)
   Mon 10 AM - 12 AM; Tue 10 AM - 12 AM; Wed 10 AM - 12 AM;
   Thu 10 AM - 12 AM; Fri 10 AM - 12 AM; Sat 10 AM - 12 AM;
   Sun 10 AM - 12 AM. (I understand opening is "no later than" specified opening hour, and all patrons are to be cleared from business at specified closing hour.)
4. ☐ I will not use outdoor space for commercial use (including Open Restaurants) OR

   ☐ I will close all outdoor dining allowed under the temporary Open Restaurants program and any other subsequent uses by 10:00 P.M. all days and not have any speakers or TV monitors outdoors
5. ☒ I will employ a doorman/security personnel: _____
6. ☐ I will install soundproofing, _____

7. ☐ 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, or during unamplified performances or televised sports.

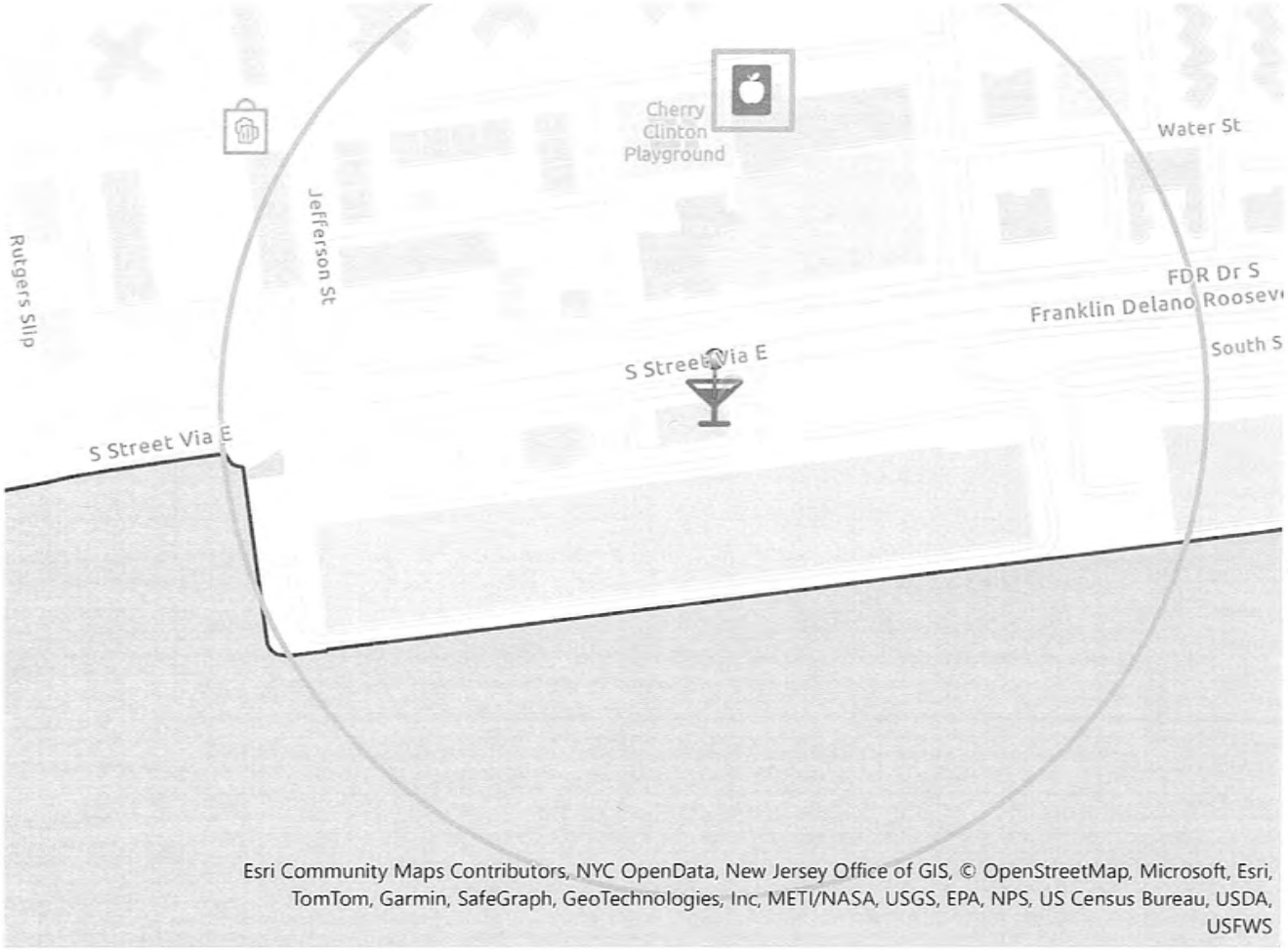
☐ I will have a closed fixed façade with no open doors or windows except my entrance door, which will close by 10:00 P.M. or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances, or during unamplified performances or televised sports.

8. I will not have ☐ DJs, ☐ live music, ☒ third-party promoted events, ☐ any event at which a cover fee is charged, ☐ scheduled performances, ☐ more than _____ DJs per _____, ☐ more than _____ private parties per _____

9. ☐ I will play ambient recorded background music only.
10. ☒ 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.
11. ☐ I will not seek a change in class to a full on-premises liquor license without first obtaining approval from CB 3.
12. ☒ I will not participate in pub crawls or have party buses come to my establishment.
13. ☒ I will not have unlimited drink specials, including boozy brunches, with food.
14. ☒ 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 _____.
15. ☐ I will not have wait lines outside. ☒ I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
16. ☒ I will conspicuously post this stipulation form beside my liquor license inside of my business.
17. ☒ 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.

Name: Keith Apman or Eva Lee

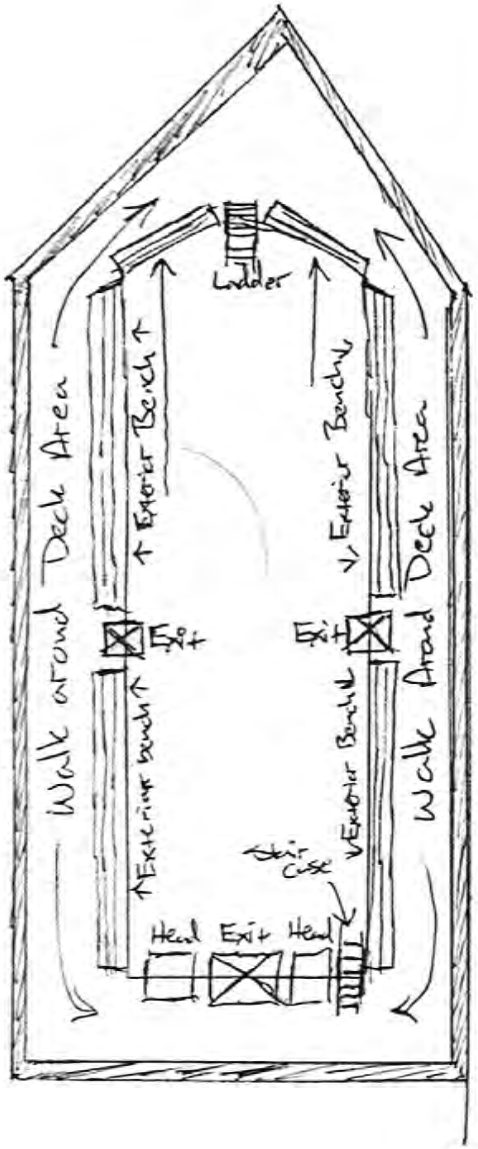
Phone Number: (347)-472-7596


Cherry
Clinton
Playground
Water St
Jefferson St
Rutgers Slip
FDR Dr S
Franklin Delano Roosev
South S
S Street Via E
S Street Via E
Esri Community Maps Contributors, NYC OpenData, New Jersey Office of GIS, © OpenStreetMap, Microsoft, Esri, TomTom, Garmin, SafeGraph, GeoTechnologies, Inc, METI/NASA, USGS, EPA, NPS, US Census Bureau, USDA, USFWS

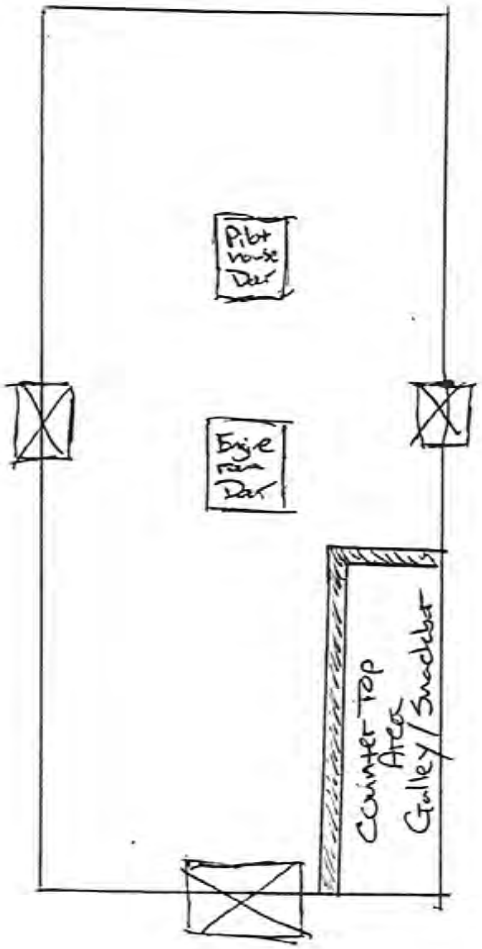
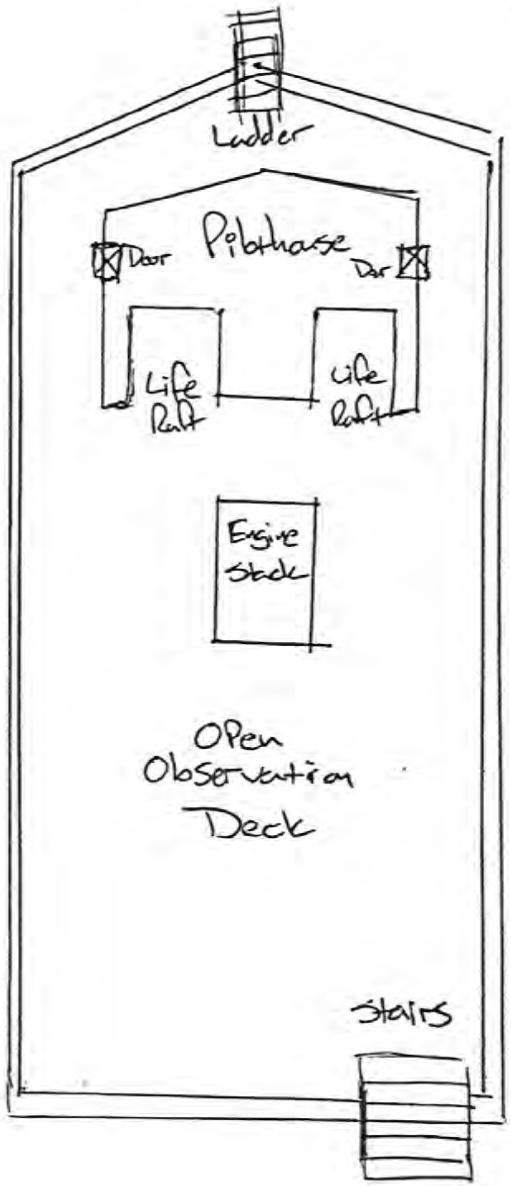
Moonlight Galley Menu

Soda:	$4.00
Water:	$3.00
Chips:	$3.00
Hot Dog on a bun:	$5.00
Fresh popcorn:	$5.00
Hot Pretzels:	$5.00
Nachos with cheese:	$5.00
Pizza slice:	$5.00
Beef Patty:	$5.00
Taquitos:	$3.00
Mozzarella Sticks:	$8.00

Main Deck Exterior



Main Deck Cabin



Top Deck