



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 Wednesday before the meeting:

- ☐ 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:
<https://www1.nyc.gov/site/manhattancb3/resources/community-groups.page>
(this is not required but strongly suggested if a relevant group exists)
- ☐ 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: 9/2/2025

Is location currently licensed? ☒ Yes ☐ No Type of license: OP-LIQUOR/RESTAURANT

If alteration, describe nature of alteration: _____

Previous or current use of the location: RESTAURANT

Corporation and trade name of current license: THY TEAM INC DBA CHINATO

APPLICANT:

Premise address: 108 STANTON ST., NEW YORK, NY 10002

Cross streets: Ludlow and Essex streets

Name of applicant and all principals: Gao Hospitality LLC / Mark Gao

Trade name (DBA): Chinato

PREMISE:

Type of building and number of floors: mixed use, 6 floors

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

☒ Yes ☐ No What is maximum NUMBER of people permitted ⁷⁴

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):

Zoning: C4-4A Commercial Overlay: None Zoning Map #: 12c

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) SUNDAY, MONDAY, TUESDAY, WEDNESDAY - 5 PM (OR EARLIER) TO 12 AM (LATEST) THURSDAY, FRIDAY, SATURDAY - 5 PM (OR EARLIER) TO 1 AM (LATEST). THESE ARE SAME AS SELLER'S HRS

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

If yes, please describe what type:

Number of indoor tables? 10 Total number of indoor seats? 24

How many stand-up bars/bar seats are located on the premise (number, length, and location) _____
1 STAND UP BAR/4 SEATS, GROUND FLOOR, 10' IN LENGTH

(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 _____
MIXTURE OF AMERICAN AND ASIAN FOODS, APPETIZERS, ENTREES, SALADS

What are the hours the kitchen will be open? FOOD AVAILABLE ALL HOURS OF OPERATION AS REQUIRED BY LIQOR LAW

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

How many employees will there be? ⁸

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 ☐ DJs ☒ Streaming services/playlists

If other type, please describe

What will be the music volume? ☒ Background (conversational) ☐ Entertainment (live music venue level) Please describe your sound system: BLUETOOTH SPEAKERS

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

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.") owner monitors.

We do not anticipate congestion is a perfectly adequate answer given dba, menu remaining same.

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. owner will be hands on operator and vigilant enforcer of liquor laws, cb stips, noise mitigation

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:

Not at this time. Applicant is aware of the separate process, rules, notice requirements if that changes.

APPLICANT HISTORY:

Has this corporation or any principal been licensed for sale of alcohol 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 ☒ 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 _____

Applicant has bartended at Puttery, Finance446 W 14th St, New York, NY 1001406. no prior ownership exp.

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 **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? 20

How many On-Premise (OP) liquor licenses are within 500 feet? 15

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 _____,

☒ 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:

Mon 5p-12a; Tue 5p-12a; Wed 5p-12a; Thu 5p-1a; Fri 5p-1a; Sat 5p-1a; Sun 5p-12a. (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 8 private parties per _____ year (family or corporate events)
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 8p.
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: Mark Gao

Phone Number: (516) 232-3348



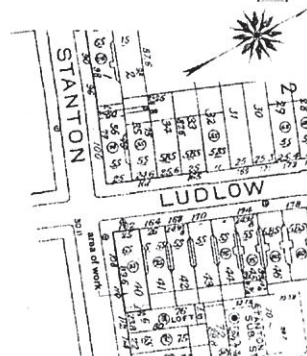
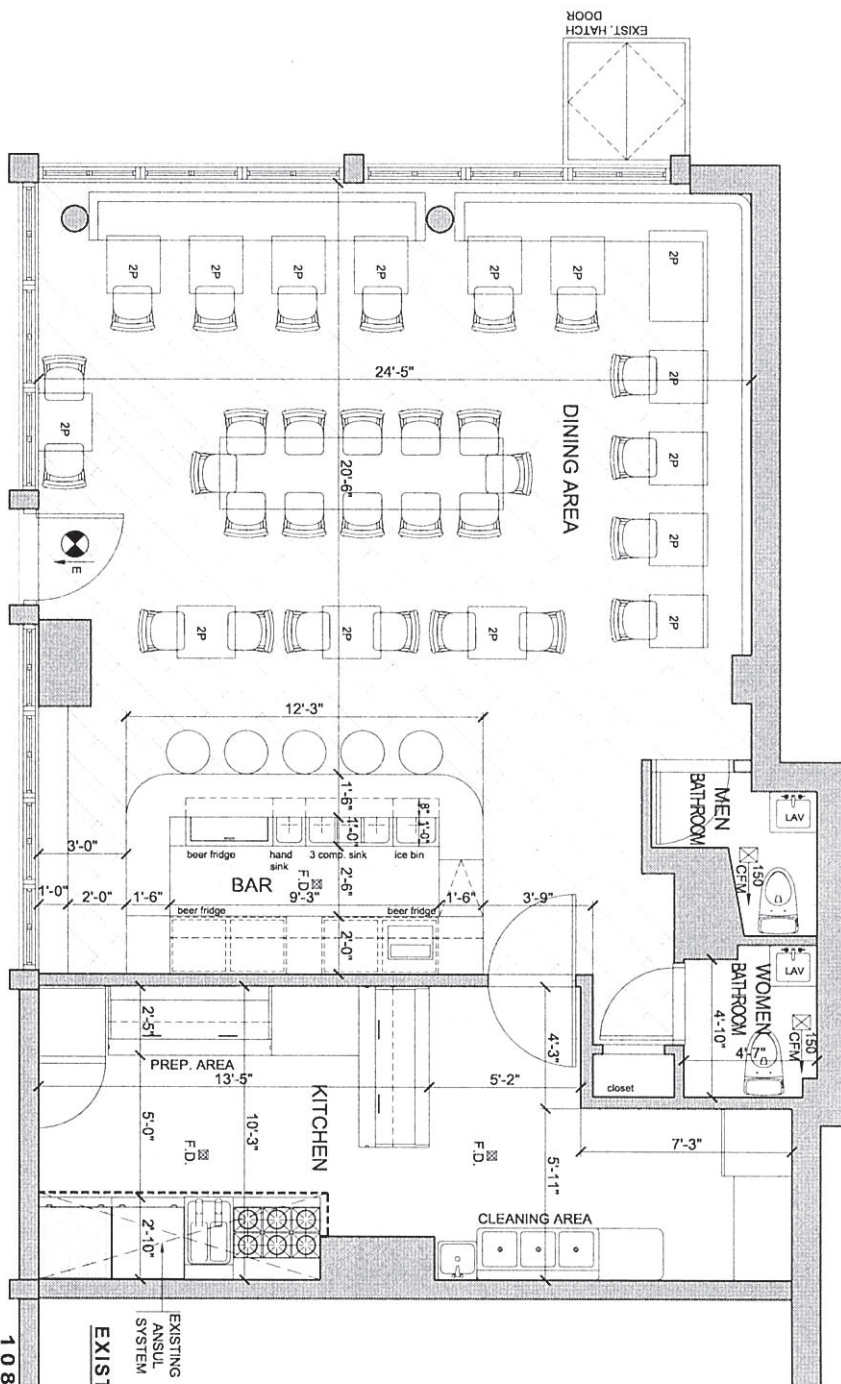
108 STANTON STREET,
EXIST. EATING & DRINKING ESTABLISHMENT
NEW YORK, N Y C

SK2
April 4th, 2014

LUDLOW STREET

1ST FLOOR PLAN
SCALE: N.T.S.

STANTON STREET



EXISTING EATING AND DRINKING
ESTABLISHMENT

EXIST. USE GROUP 6
108 STANTON STREET
BLOCK: 412

LOT: 40
ZONING: C4-4A MAP: 12c

GROSS AREA: 1,057.7 S.F.

TOTAL NO. OF OCCUPANTS BASED
ON SEATING LAYOUT:
49 PATRONS + 5 EMPLOYEES
= 54 OCCUPANTS

Residential building

Allen Street

Empty store

restaurant

restaurant

Orchard Street

restaurant

Grocery store

Grocery store

Empty store

store

Smoke shop

Ludlow Street

Hookah and smoke store

Snack store

Pizza

restaurant

Empty store

restaurant

Essex Street

Empty store

Yoga

Empty store

Tattoo store

Norfolk Street

Construction building

STANTON
STREET

Residential building

Allen Street

restaurant

restaurant

Grocery store

Pizza

Orchard Street

restaurant

Tailor

restaurant

restaurant

Bubble Tea House

Empty store

Empty store

Liquor store

Ludlow Street



Premises to be licensed

Empty store

Empty store

restaurant

Shoe store

restaurant

Grocery store

Essex Street

Construction field

Norfolk Street

Residential building

Thy Team Inc.
DBA: Chinato
108 Stanton Street
New York, NY 10002

Menu (includes existing Chinato food menu and items below)

Appetizers – How I Met Your Mushroom, Shameless Fries, Cauliflower Bites, Garden Salad, Charcuterie Board

Entrees – Ming River Clams, Buffy the Chicken Slayer, Fresh off the Chicken, Gleeful Chicken Sandwich, Steak Frites

Dessert – Breaking Bad Rice Pudding



Crispy Cauliflower Bites - \$14

Ingredients - Cauliflower, egg, panko & spices (salt, pepper, onion and garlic powder), corn starch, buffalo sauce, celery, ranch



Steak Frites - \$34

Ingredients – 8 oz sirloin, salt, pepper, chimichurri, fries, ketchup



Garden Salad - \$18

Ingredients – lettuce mix, cucumber, carrot, orange slices, grape tomato, mozzarella, vinaigrette



Charcuterie Board - \$33

Ingredients – Manchego, Goat cheese, gouda, prosciutto, salami, sausage, grapes, crackers

BAR FOOD

MING RIVER CLAMS

Baijiu, Garlic,
Cream

\$26



CRAZY RICH SHRIMPS

Coconut, Chili,
Peanuts

\$24

BUFFY THE CHICKEN SLAYER

Strawberry,
Pineapple,
Osmanthus

\$27



HOW I MET YOUR MUSHROOM

Cumin, Onion,
Fennel

\$16

SHAMELESS FRIES

Curry, Cumin,
Pepper

\$18



BREAKING BAD RICE PUDDING

Black Rice,
Coconut, Mango

\$12

APPLICATION FOR ALCOHOLIC BEVERAGE CONTROL RETAIL LICENSE (ON PREMISES)

It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.

1. APPLICANT

Name of Applicant:

(e.g., Sole Proprietor, Partnership, Corporation, LLC, LLP, LP, etc.)

GAO HOSPITALITY LLC

Trade Name(DBA): (see instructions) ** must be provided if premises will be called by any name other than as listed in the "Name of Applicant"

CHINATO

Premises Street Address: 108 STANTON ST

City: NEW YORK

, NY

Zip Code: 10002

County: NEW YORK

Telephone Number of Premises (include area code):

Mailing Address (if different than above):

City:

State:

Zip Code:

E-mail address (required):

MARKGAO24@GMAIL.COM

Business Website:

2. CONTACT (if different than applicant)

Name of Contact: JOHN SPRINGER

☐ Attorney

☐ Representative

☐ Contact Person

Office Address: PO BOX 497

City: PORT JEFFERSON

State: NY

Zip Code: 11777

Telephone Number of Office (include area code):

(631) 331-3334

E-mail address (required):

JOHN@NYBARGUY.COM

3. For SEASONAL licenses only (select license date range):

to:

4. Number of ADDITIONAL BARS (if any):

5. Which season will the add bars operate:

6. Federal Tax ID Number:

392180463

7. Certificate of Authority to Collect NYS Sales Tax:

392180463

[OFFICE USE ONLY]

DATE FILED:

SERIAL #:

Approved ☐

Disapproved ☐

License Board Member

Date

| OFFICE USE ONLY | | |
|--------------------------------|-------------------------------|------------|
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

8. TO BE FILLED IN ONLY BY SOLE PROPRIETOR OR PARTNERS (attach additional sheets if necessary)

| | | | |
|----------------------------|-----------|--------------------|---------------|
| Name of Individual/Partner | Residence | Social Security #: | Date of Birth |
| | | | |
| Name of Individual/Partner | Residence | Social Security #: | Date of Birth |
| | | | |
| Name of Individual/Partner | Residence | Social Security #: | Date of Birth |
| | | | |
| Name of Individual/Partner | Residence | Social Security #: | Date of Birth |
| | | | |

9. TO BE FILLED IN ONLY BY CORPORATION OR LLC/LLP APPLICANTS (attach additional sheets if necessary)

Please list the names and addresses of Principals (Stockholders, Officers, Directors, LLC Members/Managers, LLP Partners)

| | | |
|-------------------|--|--------------------|
| Name of Principal | Residence | Social Security #: |
| MARK GAO | xxxxxxx NEW HYDE PARK, NY 11040 | |
| Title | No. of Shares if Corporation OR % of ownership if LLC or Partnership | Date of Birth |
| LLC MEMBER | 100% | |
| Name of Principal | Residence | Social Security #: |
| | | |
| Title | No. of Shares if Corporation OR % of ownership if LLC or Partnership | Date of Birth |
| | | |
| Name of Principal | Residence | Social Security #: |
| | | |
| Title | No. of Shares if Corporation OR % of ownership if LLC or Partnership | Date of Birth |
| | | |
| Name of Principal | Residence | Social Security #: |
| | | |
| Title | No. of Shares if Corporation OR % of ownership if LLC or Partnership | Date of Birth |
| | | |

Note:

***If 10 or less shareholders,** list all stockholders, officers, directors, LLC members and LLC managers, if any. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for all.

***If more than 10 shareholders,** list all shareholders owning 10% or more of any class of its shares. Also, include any officers, directors, shareholders, LLC members, LLC managers and trustees. Provide Personal Questionnaires, proof of citizenship, copy of photo identification, original photo and fingerprints for those individuals. Provide a listing of all other shareholders owning less than 10% interest. Include their name, home address, social security number, date of birth, shares or percentage of ownership, title, citizenship and any statutory disqualifications.

***Not-For-Profit Corporations,** list all principal officers and any director/trustee who is compensated on the license. Trustees/ Directors who are not compensated do not need to submit a Personal Questionnaire or fingerprints. However, the applicant must submit a list with the name and address of each such individual along with a statement that each such individual is eligible to hold a license. Applicants that have filed for a Club License only need to list a single individual as the Alcoholic Beverage Control Officer.

RIGHT TO PREMISES

1. RIGHT TO PREMISES

1a. By what right does the applicant have possession of the premises?

- ☐ Own
 ☒ Lease
 ☐ Sub-Lease
 ☐ Binding contract to acquire real property
 ☐ Written intent to lease
☐ Other (explain):

If leasing, the lease must run for the full term of the license period or at least be renewable to cover the full term. Month to month leases or month to month renewal terms are not acceptable. The tenant name on the lease must match the applicant name exactly.

1b. Do the terms of the lease or other arrangement require the applicant to provide any consideration based on a percentage of the receipts of the business? ☐ Yes ☒ No

If YES, please list the section/page of the lease this information can be found:

2. OTHER INTERESTED PARTIES

Does or will anyone other than the applicant/principals share on a percentage basis or in any way in the receipts, losses or deficiencies of the business to any extent whatsoever?

☐ Yes ☒ No

If YES, please state the names and addresses of such persons, the nature and percent of their share and date acquired.

| Name | Address | Nature of interest | Date Acquired |
|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
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| | | |
|--------------------------------|-------------------------------|------------|
| OFFICE USE ONLY | | |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

LANDLORD IDENTIFICATION INFORMATION

In order to obtain the most accurate information this form should be completed by the Landlord. This form must be completed and submitted regardless of whether the property owner is a third party landlord or the applicant.

1. Name of Landlord (*as it appears on lease and deed*):

2. Landlord Mailing Address

Street Address:

City:

State:

Zip Code:

3. Telephone Number of Landlord:

4. Landlord Principals (ALL landlord principals must be disclosed below)

Name

Address (if different than Landlord's mailing address above)

Name

Address (if different than Landlord's mailing address above)

Name

Address (if different than Landlord's mailing address above)

Name

Address (if different than Landlord's mailing address above)

5. Are any persons listed on this Landlord Identification Form currently or previously licensed under the ABC Law?

☐ Yes ☐ No

Serial Number

Licensee Name

Serial Number

Licensee Name

Serial Number

Licensee Name

6. Are any persons listed on this form police officers?

☐ Yes ☐ No

If yes, list names below:

Name

Name

7. List number of years real property has been owned or legally controlled by the landlord:

| | | |
|--------------------------------|-------------------------------|------------|
| OFFICE USE ONLY | | |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date _____ |

500 FOOT LAW STATEMENT

Applicants for on premises liquor licenses must complete this section (*Not required for on premises beer or wine applicants*)

If the location is subject to the 500 Foot Law, and no other exception applies, the license cannot be issued unless the State Liquor Authority makes an affirmative finding that it is in the public interest to issue the license.

The provisions of Section 64, 64-a, 64-b, 64-c and 64-d of the ABC Law require the Authority to consult with the municipality or community board prior to granting a license for **ANY ON PREMISES LIQUOR ESTABLISHMENTS** where such premises is located within a 500 foot radius of three or more on premises liquor establishments and the population of the municipality is 20,000 or more. The Authority is further required to conduct a public hearing, upon notice to the applicant and the municipality or the community board.

The Proposed Premises (*check the appropriate box below*):

- ☐ IS NOT WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS HOLDING ON PREMISES LIQUOR LICENSES.
- ☒ IS WITHIN A 500 FOOT RADIUS OF THREE OR MORE ESTABLISHMENTS SELLING LIQUOR FOR ON PREMISES CONSUMPTION. (IF SO, YOU MUST COMPLETE THE WRITTEN STATEMENT BELOW AND SUBMIT THE NAMES AND ADDRESSES OF THE ESTABLISHMENTS WITHIN THE 500 FOOT RADIUS, *UNLESS THE PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.*)
- ☐ NOT APPLICABLE - PREMISES HAS BEEN CONTINUOUSLY LICENSED ON OR PRIOR TO NOVEMBER 1, 1993.
- ☐ NOT APPLICABLE - POPULATION OF CITY, TOWN OR VILLAGE IS UNDER 20,000
- ☒ NOT APPLICABLE - BEER, WINE AND CIDER ONLY

IMPORTANT:

YOU MUST PROVIDE THE NAMES OF ALL ON PREMISES LIQUOR ESTABLISHMENTS LOCATED WITHIN A 500 FOOT RADIUS OF THE PROPOSED PREMISES

For assistance, use the "GIS Maps - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If a premises is within a 500 foot radius of three or more establishments holding on premises liquor licenses and has not been continuously licensed since November 1, 1993 and the population is over 20,000 you must **ATTACH A WRITTEN STATEMENT EXPLAINING IN DETAIL WHY YOU BELIEVE ISSUANCE OF THE LICENSE WOULD BE IN THE PUBLIC INTEREST.**

FAILURE TO SUBMIT THIS INFORMATION MAY RESULT IN DISAPPROVAL OF THE LICENSE APPLICATION.

☐ Original☐ Amended

OFFICE USE ONLY

Date

STATEMENT OF AREA PLAN

200 Foot Law

THIS QUESTION MUST BE ANSWERED BY ALL APPLICANTS REGARDLESS OF LICENSE TYPE

1. List the name, address and distance from the premises to ANY SCHOOL, CHURCH or PLACE OF WORSHIP WITHIN **300 FEET**

2. Is the premises within 200 feet of **ANY SCHOOL, CHURCH or PLACE OF WORSHIP?**
 (exclusive use as a church or place of worship will be determined by this agency)
 (please respond "YES" if ANY school, church or place of worship is within 200 feet)

☐ Yes ☒ No

3. Submit a BLOCK PLOT DIAGRAM (aerial view of the building, with nearby businesses and residences labeled) showing the location of any school, church or place of worship (8-1/2" x 11")

Indicate the distance in feet from the entrance of the proposed premises to the closest entrance of any school, church or place of worship.

Attach additional sheets if necessary.

ATTACH A STATEMENT INDICATING HOW THESE MEASUREMENTS WERE TAKEN

| | |
|---------------------------|--|
| 1. Name of church/school: | <input style="width: 90%;" type="text"/> |
| Address: | <input style="width: 90%;" type="text"/> |
| Distance: | <input style="width: 90%;" type="text"/> |
| 2. Name of church/school: | <input style="width: 90%;" type="text"/> |
| Address: | <input style="width: 90%;" type="text"/> |
| Distance: | <input style="width: 90%;" type="text"/> |
| 3. Name of church/school: | <input style="width: 90%;" type="text"/> |
| Address: | <input style="width: 90%;" type="text"/> |
| Distance: | <input style="width: 90%;" type="text"/> |

For assistance use the "GIS MAPS - LAMP" (Liquor Authority Mapping Project) system, which is available on our website.

If applying for a full liquor license (beer, wine and liquor) and the premises is within 200 feet of a school, church or place of worship, the application may be denied.

If any discrepancy in the measurements is brought to the attention of the Authority during the examination of the application, it may be necessary for the applicant to supply a certified survey showing the actual measurement from the premises to the closest school, church or place of worship.

| | |
|--------------------------------|--|
| OFFICE USE ONLY | |
| <input type="radio"/> Original | <input type="radio"/> Amended Date _____ |

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section.
See sample diagrams at the end of this application.

1. Zoning

1a. State what the area is zoned for:
 (e.g., Residential, Business, Mixed etc.)

mixed

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY**
 and **ALL** appropriate permits?

☒ Yes

☐ No

☐ Pending

2. Premises

2a. Describe the type of building in which the premises
 will be located.

2b. Is or has the building/proposed premises been known by any other address?

☐ Yes

☒ No

If YES, please specify:

If the address was changed due to a 911 update or other government action, please include documentation for the change.

2c. Is there currently an active license or has there ever been a license to traffic
 in alcoholic beverages at this location?

☒ Currently Licensed

☐ Previously Licensed

☐ Never Licensed

☐ Do Not Know

Name of Licensee:

THY TEAM INC 0340-24-125470

License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

☐ Yes

☐ No

☒ Do Not Know

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed?

☐ Yes

☒ No

Name of Licensee:

License Serial Number:

| | | |
|--------------------------------|-------------------------------|-------------|
| OFFICE USE ONLY | | |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date: _____ |

3. Premises (interior):

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?
If yes, show the means of access on the interior diagram(s).

☐ Yes ☒ No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?
(e.g., hallway, stairwells, common areas, etc.)

☒ Yes ☐ No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises: 3h. Number of tables?

3i. Number of seats at tables? 3j. Number of seats at bar or counter?

4. Bars:

4a. How many customer bars are located on the premises?
(a customer bar is where patrons may order, purchase or receive alcoholic beverages)

4b. How many service bars? (a service bar is for wait staff use exclusively)

4c. Describe each bar in the fields below:

Bar 1

Bar Type:
Length:
Shape:
Location:

Bar 2

Bar Type:
Length:
Shape:
Location:

Bar 3

Bar Type:
Length:
Shape:
Location:

Attach additional sheets if there are more than 3 bars.

| | |
|--------------------------------|-------------------------------|
| OFFICE USE ONLY | |
| <input type="radio"/> Original | <input type="radio"/> Amended |
| Date | _____ |

5. Kitchen:

5a. Does the premises have a full kitchen? ☒ Yes ☐ No

If NO, does the premises have a food preparation area? ☐ Yes ☐ No

Show Kitchen or Food Prep Area on the Interior Diagram

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU

5b. Is a chef/cook employed at the premises? ☒ Yes ☐ No

If YES, please list hours of day chef/cook will devote to the premises:

4 pm to 11 pm daily. food meeting abcl always available when operating, as days and hours will vary

6. Hotel or Bed & Breakfast:

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises? ☐ Yes ☐ No

7. Outdoor Areas:

7a. Are there any outside areas used for the sale or consumption of alcohol? ☐ Yes ☒ No

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

- | | | | | |
|---|-------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Sidewalk Cafe | <input type="checkbox"/> Deck | <input type="checkbox"/> Patio | <input type="checkbox"/> Porch | <input type="checkbox"/> Gazebo |
| <input type="checkbox"/> Rooftop | <input type="checkbox"/> Yard | <input type="checkbox"/> Balcony | <input type="checkbox"/> Pavilion | <input type="checkbox"/> Tent |
| <input type="checkbox"/> Other (describe): <input type="text"/> | | | | |

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? ☐ Yes ☐ No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- | | | | | |
|---|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Wall | <input type="checkbox"/> Shrubbery | <input type="checkbox"/> Roping | <input type="checkbox"/> Stanchions |
| <input type="checkbox"/> Other (describe): <input type="text"/> | | | | |

7f. Is a permit required by the locality for outside area(s)? ☐ Yes ☐ No

If yes, submit a copy of the permit.

☐ Original☐ Amended

OFFICE USE ONLY

Date

PROPOSED METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises? ☐ Yes ☒ No
(If YES, please provide details on a separate sheet)

- 1a. If the premises *is not* a catering establishment, will the premises periodically close to host private events? ☒ Yes ☐ No

If YES, how frequently?

2. Will the premises have music? ☒ Yes ☐ No

2a. If YES, check all that apply: ☒ Recorded ☐ DJ ☐ Juke Box ☐ Karaoke

☐ Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):

- 2b. Will the premises use the services of an Event Promoter? ☐ Yes ☒ No

3. Will the premises permit dancing? ☐ Yes ☒ No

3a. If dancing is permitted, who will be permitted to dance? ☐ Patrons ☐ Employees for Entertainment ☐ Both

3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? ☐ Yes ☐ No

4. Will there be topless entertainment? ☐ Yes ☒ No

5. Will the business employ a manager? ☐ Yes ☒ No

5a. If NO, will principal(s) manage? ☒ Yes ☐ No

6. How many employees? (excluding principals and security personnel)

6a. If answer is "0" please provide an explanation:

| | | |
|--------------------------------|-------------------------------|------|
| OFFICE USE ONLY | | |
| <input type="radio"/> Original | <input type="radio"/> Amended | Date |

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions).
If applied for and pending, please indicate.

Workers' Compensation Carrier
Name and Policy Number:

Disability Insurance Carrier Name
and Policy Number:

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996

8. Will security personnel be used at the premises? ☐ Yes ☒ No

9a. If YES, how many?

9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

The Licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

APPLICANT WILL BE A HANDS ON OPERATOR AND VIGILANT ENFORCER OF ABCL, THE RULES OF THE AUTHORITY, CB STIPS (IF ANY) AND HIS OWN ZERO TOLERANCE POLICY CONCERNING MINORS, NARCOTICS, GAMBLING, PUBLIC INTOXICATION. SERVERS WILL BE MONITORED CLOSELY.

10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

☒ Yes ☐ No

10a. If NO, please explain:

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link:
<http://sla.ny.gov/provisions-for-county-closing-hours>