



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: 03/31/2026

Is location currently licensed?  Yes  No    Type of license: \_\_\_\_\_

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

Previous or current use of the location: Vacant space

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

**APPLICANT:**

Premise address: 40 Avenue B, New York NY, 10009

Cross streets: Between East 3rd Street & East 4th Street

Name of applicant and all principals: Beka Gelashvili

Trade name (DBA): Art Laboratory (wine bar)

**PREMISE:**

Type of building and number of floors: Mixed-use building, multiple 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 80

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

R7A-C1-5

**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) Monday-Sunday 12pm-2am

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? 25 Total number of indoor seats? 65

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

One bar counter, 13 feet long

(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 \_\_\_\_\_

Georgian-style food including cheese boards and Adjarian khachapuri boards

What are the hours the kitchen will be open? Monday-Sunday 12pm-10pm

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

How many employees will there be? 6-9

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: \_\_\_\_\_

Professionally installed 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? \_\_\_\_\_

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

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.") \_\_\_\_\_

**We will actively manage guest flow to prevent congestion.**

Will there be security personnel?  Yes  No (If Yes, how many and when) \_\_\_\_\_

**1-2 staff during peak hours**

How do you plan to manage noise inside and outside your business so neighbors will not be affected?

Please attach plans. **Music will remain at low background levels.**

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:

**We plan to apply for outdoor seating under the Open Restaurants program.**

**All outdoor service will end by 10:00 PM daily.**

#### **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 \_\_\_\_\_

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? 6

How many On-Premise (OP) liquor licenses are within 500 feet? 13

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 Georgian-style restaurant with wine bar,

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 12pm-2am; Tue 12pm-2am; Wed 12pm-2am;  
 Thu 12pm-2am; Fri 12pm-2am; Sat 12pm-2am;  
 Sun 12pm-2am. (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: Yes – during peak hours
- 6.  I will install soundproofing, I will install soundproofing if necessary

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 occasional DJ at low background volume
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: Beka Gelashvili

Phone Number: 3474477696

# **ATTENTION RESIDENTS & NEIGHBORS**

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**Company/DBA Name and Contact Number for Questions**

**Plans to open a**

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**(Please choose) Bar/Restaurant/Club and indicate if there will be a Sidewalk Café or Backyard Garden**

**at the following location**

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**Building Number and Street Name (Address)**

**This establishment is seeking a license to serve**

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**Beer & Wine or Beer/Wine & Liquor**

**There will be an opportunity for public comment at the  
CB 3 SLA Licensing & Outdoor Dining Committee Meeting on**

**Monday, April 13, 2026 at 6:30pm**

**Online: <https://www.zoomgov.com/j/1615486314>**

**see [www.cb3manhattan.org](http://www.cb3manhattan.org) for meeting details**

**This is a Hybrid Meeting. Members of the public can attend by Zoom or in-person. Limited seating available to first 15 at Community Board 3 Office at 59 East 4th Street (btwn 2nd Ave and Bowery)**

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**Date/Time/Location**

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**Applicant Contact Information**

**[mn03@cb.nyc.gov](mailto:mn03@cb.nyc.gov) - [www.cb3manhattan.org](http://www.cb3manhattan.org)**

# ATTENTION RESIDENTS & NEIGHBORS

## 第 3 社區居民 請注意

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公司名字 (Company) and/和 聯繫人的資料 (Contact Info)

Plans to open a (以上的店主想要在第 3 社區申請生意相關牌照擴展生意)

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(請選擇/please choose) 酒吧 (Bar)/餐館 (Restaurant)  
戶外咖啡 (Sidewalk Café) or 或者  
後院花園咖啡 (Backyard Use)

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Address/生意地址

seeking a license to serve (以上的店主想要請以下相關酒牌照)

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(請選擇/please choose) 啤酒和酒牌照 (Beer & Wine) or/或者  
啤酒牌照 (Beer) or/或者  
酒和烈酒牌照 (Wine & Liquor)

### Public meeting for comments

第 3 社區的居民有權利提出自己的意見和建議。

### (CB 3 SLA Licensing & Outdoor Dining Committee Meeting)

曼哈頓第 3 社區委員會  
酒類執照與戶外用餐委員會

Monday, April 13, 2026 at 6:30pm

Online: <https://www.zoomgov.com/j/1615486314>

請參閱 [www.cb3manhattan.org](http://www.cb3manhattan.org) 以了解會議詳情

這是混合式會議。公眾可通過 Zoom 或親自參加。社區委員會 3 號辦公室（位於東四街 59 號，介於第二大道和鮑威里街之間）提供有限座位，前 15 名到場者可入座。

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時間 (Time) 和地點 (Location)

[mn03@cb.nyc.gov](mailto:mn03@cb.nyc.gov) - [www.cb3manhattan.org](http://www.cb3manhattan.org)

# NEIGHBORING RESIDENTS VECINOS DE LA COMUNIDAD

Company Name/Contact Info

Nombre de la Compañía/el teléfono de contacto

Plans to open a:

Planifique abrir un/una:

(Please choose) Bar/Restaurant  
sidewalk café/backyard use

(Favor de escoger) una Barra/un Restaurante  
un café de acera o un patio de atrás

address

dirección

Seeking a license to serve

En búsqueda de una  
licencia para servir:

Beer & Wine or Beer/Wine & Liquor

Cerveza y vino o cerveza/vino y bebidas alcohólicas

Public meeting  
for comments

Reunión público  
para comentarios

Monday, April 13, 2026 at 6:30pm

Online: <https://www.zoomgov.com/j/1615486314>

consulta [www.cb3manhattan.org](http://www.cb3manhattan.org) para detalles de la reunión

Esta es una reunión híbrida. El público puede asistir por Zoom o en persona. Hay asientos limitados disponibles para las primeras 15 personas en la Oficina del Consejo Comunitario 3, ubicada en 59 East 4th Street (entre la 2da Ave y Bowery).

At Community Board 3  
SLA Licensing & Outdoor Dining  
Committee Meeting

En la Junta Comunitaria 3  
Reunión del Comité de Licencias  
el SLA y de Comidas al Aire Libre

[mn03@cb.nyc.gov](mailto:mn03@cb.nyc.gov) - [www.cb3manhattan.org](http://www.cb3manhattan.org)

**Petition to Support Proposed Liquor License**

Date: \_\_\_\_\_

The following undersigned residents of the area support the following liquor license (indicate the type of license such as full-liquor or beer-wine) \_\_\_\_\_

\_\_\_\_\_

to the following applicant/establishment (company and/or trade name) \_\_\_\_\_

\_\_\_\_\_

Address of premises: \_\_\_\_\_

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-blocks on the same street.

Other information regarding the license:

Name	Signature	Address and Apt # (required)