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: 8/3/2026

Is location currently licensed? ☒ Yes ☐ No Type of license: Temporary Beer & Wine Permit

If alteration, describe nature of alteration: _____

Previous or current use of the location: Vacant space

Corporation and trade name of current license: Art Laboratory Inc

APPLICANT:

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

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

Name of applicant and all principals: Beka Gelashvili

Trade name (DBA): _____

PREMISE:

Type of building and number of floors: Mixed use building, 5 floor

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 to Sunday 2 PM to 12 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: _____

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) 1 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 to Sunday 2pm to 10 pm

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? No

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 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:

_____

_____

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 **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? 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) Georgian style restaurant with wine bar 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 2 pm to 12 am; Tue 2 pm to 12 am ; Wed 2 pm to 12cam ;
   Thu 2 pm to 12 am ; Fri 2 pm to 12 am ; Sat 2 pm to 12 am ;
   Sun 2 pm to 12am . (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: during peak hours
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, ☐ dancing, ☐ 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: Beka Gelashvili

    Phone Number: 347-447-7696

ATTENTION RESIDENTS & NEIGHBORS

_____

Company/DBA Name and Contact Number for Questions

Plans to open a

_____

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

at the following location

_____

Building Number and Street Name (Address)

This establishment is seeking a license to serve

_____

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, August 10, 2026 at 6:30pm

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

see 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)

_____

Date/Time/Location

_____

Applicant Contact Information

mn03@cb.nyc.gov - www.cb3manhattan.org

ATTENTION RESIDENTS & NEIGHBORS
第 3 社區居民 請注意

_____

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**)**

_____

(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)

_____

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**)**

_____

(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, August 10, 2026 at 6:30pm
Online: https://www.zoomgov.com/j/1615486314
請參閱 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。

_____

時間 (Time) 和地點 (Location)

mn03@cb.nyc.gov - 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 buscada 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, August 10, 2026 at 6:30pm

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

consulta 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 - 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)