

Community Board 12 Manhattan Licensing Committee

Applicant Questionnaire Form

(Please print clearly!)

	Establishment Information
Establishment Name	
Trade Name	
Type of Establishment	
Type of License & License #	
Establishment Full Address	
Business Phone #	
Business Email Address	
Type of Food	
	Owner / representative Information
Owner / Rep full Names	
Owner / Rep Phone #'s	
Owner / Rep Email addresses	
	Type of Application (check all that apply)
New	Yes / No
Renewal	Yes / No
Alteration	Yes / No
Corporate Change	Yes / No
Class Change	Yes / No
Removal	Yes / No
	Type of Alcohol Sold (check all that apply)
Beer & Cider	Yes / No
Wine, Beer & Cider	Yes / No
Liquor, Wine & Beer & Cider	Yes / No
Other (please specify)	
	Locations of Other Licenses
How Many On-Premise (OP) Liquor Licenses Are Within 500 feet of This Premise?	
Is This Premise Within 200 feet of Any School or Place of Worship?	Yes / No
	Method of Operation (check all that apply)
Juke Box	Yes / No
DJ	Yes / No
iPod / Internet / Recorded	Yes / No
Karaoke	Yes / No
Live Music	Yes / No
Sound Limiter Installed on All Associated Equipment	Yes / No
Space "effectively" Sound Proofed	Yes / No
Third Party Promoters & Regulations	Yes / No
NYS Registered Security Personnel	Yes / No

If Yes, How Many	
Security Camera / How Many?	Yes / No
Does / Will This Business Operate in Compliance With All Applicable NYC / NYS Agency Codes & Regulations	Yes / No
Are All Current / Previous Alterations in Compliance With All Applicable NYC / NYS Agency Codes & Regulations	Yes / No
	Licensed Outdoor Area (check all that apply)
Patio or Deck Rooftop	Yes / No
Garden / Ground	Yes / No
Freestanding Covered Structure	Yes / No
Enclosed Sidewalk Café	Yes / No
Unenclosed Sidewalk Café	Yes / No
	Hours of Operations
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	
	Space Capacity & Tables / Chairs Totals
Total Space Capacity / Number of Persons Permitted by Law	
Total Number of Employees	
Total Number of Tables / Chairs Indoors	
Total Number of Tables / Chairs Outdoor	
Total Number of Bar Stools	
	Compliance History SLA / DEP
How Many SLA Violations Has This Establishment Previously Been Charged With	
What is The Total (\$) Value of SLA Fines This Establishment Has Received to Date Since Receipt of Renewal of The License	
Are There Any Pending SLA Charges Against This Establishment	
How Many DEP / Noise Complaints Has This Establishment Received Since Receipt or Renewal of License	

By my signature, I confirm that the information stated by me in this application is true

Printed name _____ Title _____

Signature _____ Date ____/____/____