



THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD NO. 3

59 East 4th Street - New York, NY 10003

Phone: (212) 533-5300 - Fax: (212) 533-3659

www.cb3manhattan.org - info@cb3manhattan.org

Dominic Pisciotto, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

Please complete and return (with requested diagram) to the Community Board office by fax or email. In addition, bring 6 copies (double sided) plus supporting material requested to the meeting. Failure to complete and return this form on time will result in your item being placed at the end of the agenda. Application must be complete to be heard, including petitions and all items on check list below. Use N/A for answer if appropriate.

Conspicuously display the enclosed posters on the outside of your establishment for 7 days prior to the meeting. Bring a photo with a newspaper showing date as proof of the posting.

Check which you are applying for: ☐ new liquor license ☐ upgrade of an existing liquor license
☒ alteration of an existing liquor license ☐ transfer of an existing liquor license

If applying for transfer, you must bring letter from current owner confirming that you are buying business.

Type of license: on-premises liquor Is location currently licensed? ☒ Yes ☐ No

If alteration, describe nature of alteration: replace dining tables + chairs with coffee tables + couches

Previous or current use of the location: restaurant / bar

Corporation and trade name of current/previous license: LES DEVELOPMENT LLC

Please bring the following items to the meeting:

D B I A LE LUPANAR

NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.

- ☐ Photographs of the inside and outside of your establishment;
 - ☐ Schematics/floor plans of the inside of your establishment;
 - ☐ If a restaurant, please include a proposed menu (including drink menu);
 - ☐ Petition in support of proposed business or change in business with signatures from residential tenants at location and in surrounding buildings and also letter from block association if one exists. E-mail the CB office at info@cb3manhattan.org for help to find block associations. Petition must give proposed hours and method of operations. For example: restaurant, sports bar, combination restaurant/bar.
- Petitions are required and application will not be heard without petitions.
- ☐ Photographs of proof of conspicuous posting with newspaper showing date.

APPLICANT:

Name of applicant and all principals: LES DEVELOPMENT LLC
KIETER CHAN (principal)

Trade name (DBA): LE LUPANAR

Premises address: 103 ESSEX ST. NYC, NY 10009

Between what streets: RIVINGTON AND D'ANCHAU

PREMISES:Type of building and number of floors: TENEMENT - 5 FLOORSPrior use of premises: RESTAURANT BARAny outside area or sidewalk cafe used for the sale or consumption of alcoholic beverages? (includes roof & yard) ☐ Yes ☒ No If Yes, describe and show on diagram: _____Does premises have a valid Certificate of Occupancy and all appropriate permits? ☒ Yes ☐ NoDo you plan to apply for Public Assembly permit? ☐ Yes ☒ NoZoning designation: mixed use Maximum number of persons that can legally occupy the premises? 74 Number of tables? 10 Number of seats at tables? 60**BARS:**How many *stand-up bars/ bar seats are located on the premises (and how many seats)? 1

How many service bars? _____

Describe all bars (length, shape and location): 15' angleAny food counters? ☐ Yes ☒ No If Yes, describe: _____* A stand up bar is any bar or counter (whether seating or not) over which a member of the public can order, pay for and receive an alcoholic beverage.**KITCHEN:**Does premises have a ☒ full kitchen or ☐ food preparation area? (If any, show on diagram)Is food available for sale? ☒ Yes ☐ No If yes, describe type of food and submit a menu _____**PROPOSED METHOD OF OPERATION:**

What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.) _____

Tapas LoungeWill any other business besides food or alcohol service be conducted at said premises? ☐ Yes ☒ No

If yes, details: _____

What are the proposed days/hours of operation? (Specify days and hours each day) _____

Sunday: noon-midnight Mon-Tues 4pm-1am Wed-Sat 4pm-4amWill the business employ a manager? ☒ Yes ☐ NoHow many employees? 6-8Will there be security personnel? ☒ Yes ☐ No (If Yes, how many?) 3-4Do you ☒ have or ☐ plan to install ☐ French doors, ☐ accordion doors, or ☐ windows? ☒ None of theseWill there be TV's? ☒ Yes ☐ No (If Yes, how many?) 2

Will premises have music? ☒ Yes ☐ No

If Yes, what type of music? Explain in detail: LIVE DJ Fri + Sat 11PM-3AM

Type of music/entertainment: ☐ Live musician ☒ Live DJ ☐ Juke box ☒ Tapes/CDs
Volume level: ☒ Background (quiet) ☒ Entertainment level

Do you ☒ have or ☐ plan to install sound-proofing? Please describe your sound system: JBL Speakers

Will you host ☐ promoted events, ☐ scheduled performances or ☐ any event at which a cover fee is charged? NO

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? ☐ Yes ☒ No If "Yes" please attach plans.

Is this establishment wheel chair accessible? ☒ Yes ☐ No

Has this corporation or any principal been licensed previously? ☒ Yes ☐ No

If yes, please indicate name of establishment: LES DEVELOPMENT

Address: 103 ESSEX Community Board # 3

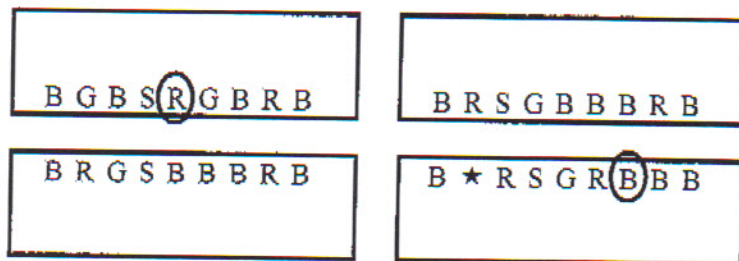
Dates: APRIL 2011

If you answered "Yes" to the above question, please provide a letter from the community board indicating history of complaints or other comments.

Using the diagram below as an example, attach a separate similar 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-Premises (OP) licenses by circling the letter on diagram. Please label streets and avenues and identify your location near the middle of the diagram and indicate it with a [★]. Use the letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.

| | | | |
|----------------|--------|----------------|-------------------|
| Bar (B) | Hotel | Restaurant (R) | Sidewalk Café (S) |
| OP ___ B/W ___ | HL ___ | OP ___ B/W ___ | OP ___ B/W ___ |

Example:



How many licensed establishments are within 1 block? _____

How many licensed establishments are within 500 feet? _____

How many within 500 feet are On-Premises (OP) liquor licenses? _____

If there are block associations or tenant associations in the immediate vicinity of your location, you must contact them. **Please attach proof (copies of letters and poster) that you have advised these groups of your application. Petitions should 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). You may contact the Community Board at info@cb3manhattan.org for any contact information that is on file.

INFORMATION REGARDING NEARBY LOCATIONS:

Premises is within a 500 foot radius of three or more establishments with OP license. ☒ Yes ☐ No

Premises is within 200 feet of any school or place of worship? ☐ Yes ☒ No

If there is a school place of worship within 200 feet of your premises on the same block, submit a block plot diagram or area map showing its location in proximity to your applicant premises (8 1/2" x 11") and indicate the distance and name and address.