

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 Pisciotta, 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 <u>6 copies (double sided) plus supporting material requested to the meeting</u>. Failure to complete and return this form on time will result in your item being placed at the end of the agenda. <u>Application must</u> 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 o Bring a photo with a newspaper showing date	ent for 7 days prior to the meeting.		
Check which you are applying for: A new lie alteration of an existing liquo.	yisting liquor license sting liquor license		
If applying for transfer, you must bring letter business.	confirming that you are buying		
Type of license: restaurant wine	Is location currently licensed? 🖬 Yes 💆 No		
If alteration, describe nature of alteration:			
Previous or current use of the location:Cloth	ing store		
Corporation and trade name of current/previous license:	ALA		

Please bring the following items to the meeting:

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 <u>info@cb3manhattan.org</u> for help to find block associations. Petition must give proposed hours and method of operations. For example: restaurant, sports bar, combination restaurant/bar. <u>Petitions are required and application will not be heard without petitions.</u>
- Photographs of proof of conspicuous posting with newspaper showing date.

APPLICANT:

Name of applicant and all principals: The Little Kitchen Restaurant Group LLC					
Trade name (DBA): Little Muenster					
Premises address: 100 Starton Street NYC					
Between what streets: Bln Ludlow : Orchad Str					

Revised: April 2011

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PREMISES:

Type of building and number of floors: <u>Story</u> brick
Prior use of premises: <u>clathing stac</u>
Any 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? XYes INO
Do you plan to apply for Public Assembly permit?
Zoning designation: $C - 6 - 1$ Maximum number of persons that can legally occupy
the premises? 58 Number of tables? 58 Number of seats at tables?
BARS:
How many *stand-up bars/ bar seats are located on the premises (and how many seats)?
How many service bars? <u>NOR</u>
Describe all bars (length, shape and location):
Any food counters? D'Yes D No If Yes, describe: 8' Rectande Food Counter
* 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? I Yes I 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.) $\chi = 3 + 2 \omega r = 2 \pi t + $
Will any other business besides food or alcohol service be conducted at said premises? U Yes PNo
If yes, details:
What are the proposed days/hours of operation? (Specify days and hours each day) $S_{M} = 12^{100} p_{M} - 12^{10} p_{M} - 12^{1$
Will the business employ a manager? I Yes I No The det 200 and
How many employees? 7-10
Will there be security personnel? Yes No (If Yes, how many?)
Do you D have or D plan to install D French doors, D accordion doors, or D windows? If none of these Will there be TV's? D Yes No (If Yes, how many?)

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Will premises have music? Yes	D No			
If Yes, what type of music? Explain	in detail: <u>Amb</u>	ient isa	etypound music	
Type of music/entertainment: Volume level:	□ Live musician □ Liv □ Background (quiet)□ En	ve DJ 🔲 Juk tertainment leve	ebox 12 Ipul generated 1 Small Speakers	
Do you 🛛 have or 🖵 plan to install :				
not at this time				
Will you host 🗘 promoted events, 🕻	scheduled performances or t		which a cover fee is charged?	
Do you have plans to manage or add establishment?	ress vehicular traffic and crov	wd control on th se attach plans.	sidewalk caused by your Small Acighterhood location	
Is this establishment wheel chair acc	essible?	🛛 Yes	No No	
Has this corporation or any principal	been licensed previously?	🗆 Yes	₽ No	
If yes, please indicate name of establ	lishment:		· · · · · · · · · · · · · · · · · · ·	
Address:		Community Board #		
Dates:				

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 $[\star]$. Use the letters to indicate **B**ar, **R**estaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.

Bar (B)	Hotel	Restaurant (R)	Sidewalk Café (S)
OPB/W	HL	OPB/W	OPB/W

Example:

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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. \Box Yes \Box No

M No Premises is within 200 feet of any school or place of worship? □ Yes

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.

