

THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3 59 East 4th Street - New York, NY 10003 Phone: (212) 533-5300 - Fax: (212) 533-3659 www.cb3manhattan.org - info@cb3manhattan.org

Gigi Li, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

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 the premise.
- **D** Schematics, floor plans or architectural drawings of the inside of the premise.
- A proposed food and or drink menu.
- 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: <u>http://www.nyc.gov/html/mancb3/html/communitygroups/community group listings.shtml</u>
- Photographs of proof of conspicuous posting of meeting with newspaper showing date.
- If applicant has been or is licensed anywhere in City, letter from applicable community board indicating history of complaints and other comments.

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: ___

If applying for sale of assets, you must bring letter from current owner confirming that you are buying business or have the seller come with you to the meeting.

Is location currently licensed? ZYes D No T	ype of license: Full on fremise
If alteration, describe nature of alteration:	Downsize
Previous or current use of the location:	Lounge
Corporation and trade name of current license	: BAB GS. N.C. / RABEI

Premise address:	14-151	Ave	×	
Cross streets:	chineen "	3th and	9.EU	
Name of applicant and	d all principals:	Bassan	~ Soulibor	

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PREMISE:

Type of building and number of floors: whited use 3 floors

Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? \square Yes \square No What is maximum NUMBER of people permitted? \square \square \square

PROPOSED METHOD OF OPERATION:

What are the pro outdoor space)_	Sun -	hours of ope	ration? (Specify	y days and how $2 \alpha_{m}$,	urs each day a	nd hours	of 8 pm-	yam

Number of tables? 11 Total number of seats? U(C)

How many stand-up bars/ bar seats are located on the premise?

(A stand up bar is any bar or counter (whether with seating or not) over which a patron can order,

pay for and receive an alcoholic beverage)

Describe all bars (length, shape and location): <u>T-Shape</u>, 12 feet in the Midel be Does premise have a full kitchen ZYes DNO?

Does it have a food preparation area? Yes I No (If any, show on diagram)

Is food available for sale?, 🖾 Yes 🗖 No If yes, describe type of food and submit a menu

 What are the hours kitchen will be open?
 SQM - V20M

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

 How many employees will there be?
 6

 Do you have or plan to install I French doors I accordion doors or I windows?

 Will there be TVs/monitors?
 Yes I No (If Yes, how many?)

 Will premise have music?
 Yes I No

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If Yes, what type of music? 🗖 Live musician 🖬 DJ 🗖 Juke box 🗖 Tapes/CDs/iPod

If other type, please describe ____

What will be the music volume? D Background (quiet) D Entertainment level Please describe your sound system: Mixer, Col players and Speakers

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

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.")

Will there be security personnel? 2 Yes D No (If Yes, how many and when) Thurs-

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

Do you have sound proofing installed? ☑ Yes □ No If not, do you plan to install sound-proofing? □ Yes □ No

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously? 🗹 Yes 🗖 No

If yes, please indicate name of establishment: _______

Address: _____

Dates of operation:

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

Has any principal had work experience similar to the proposed business? If Yes I No If Yes, please attach explanation of experience or resume.

Does any principal have other businesses in this area?
Yes I No If Yes, please give trade name and describe type of business

Has any principal had SLA reports or action within the past 3 years? \Box Yes \Box 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.

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Community Board #____

LOCATION:

How many licensed establishments are within 1 block? ____

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

Is premise within 200 feet 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. 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. If agree to close any doors and windows at 10:00 P.M. every night?
- □ I will not have □ DJs, □ live music, □ promoted events, □ any event at which a cover fee is charged, □ scheduled performances, □ more than ____ DJs/ promoted events per ____, □ more than ____ private parties per _____
- 3. D I will play ambient recorded background music only.
- 4. If will not apply for an alteration to the method of operation agreed to by this stipulation without first coming before CB 3.
- 5. I will not seek a change in class to a full on-premise liquor license. Or I my business plan is to seek an upgrade at a later date.
- 6. If will not participate in pub crawls or have party buses come to my establishment.
- 7. I will not have a happy hour. Or I Happy hour will end by 10 pm
- 8. If will not have wait lines outside. There will be a staff person outside to monitor sidewalk crowds and ensure no loitering.
- 9. A Residents may contact the manager/owner at the following phone number. Any complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

ATTENTION RESIDENTS & NEIGHBORS

712-505-3468 ILC / BABEL

Company/DBA Name and Contact Number for Questions

Plans to open a

teration Down Sizino

(Please choose) Bar/Restaurant/Club and indicate if

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 on

Monday, August 17, 2015 at 6:30pm **Community Board 3 Office** 59 East 4th Street (btwn 2nd Ave & Bowery)

Date/Time/Location

AKRAM 212-505-3468

Applicant Contact Informat

At COMMUNITY BOARD 3 **SLA & DCA Licensing Committee Meeting** info@cb3manhattan.org - www.cb3manhattan.org