

Liquor License Application
Community Board One Questionnaire
Revised 8/2019

Any information provided herein is superseded by that described, **if different, in the final stipulation sheet that will be agreed upon by the applicant and the Licensing & Permits Committee of Manhattan Community Board 1.**

Section 1: General Information

<p>Type of application (check one):</p> <ul style="list-style-type: none"><input type="checkbox"/> New<input type="checkbox"/> Transfer<input type="checkbox"/> Alteration<input type="checkbox"/> Renewal<input type="checkbox"/> Other	<p>Type of proposed establishment (checkone):</p> <table style="width: 100%; border: none;"><tr><td style="width: 50%;"><input type="checkbox"/> Restaurant</td><td style="width: 50%;"><input type="checkbox"/> Bar</td></tr><tr><td><input type="checkbox"/> Nightclub</td><td><input type="checkbox"/> Tavern</td></tr><tr><td><input type="checkbox"/> Kiosk</td><td><input type="checkbox"/> Other</td></tr><tr><td><input type="checkbox"/> Catering</td><td></td></tr><tr><td><input type="checkbox"/> Banquet Hall</td><td></td></tr><tr><td><input type="checkbox"/> Sports Bar</td><td></td></tr><tr><td><input type="checkbox"/> Club</td><td></td></tr><tr><td><input type="checkbox"/> Adult Entertainment</td><td></td></tr><tr><td><input type="checkbox"/> Hotel</td><td></td></tr></table>	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Bar	<input type="checkbox"/> Nightclub	<input type="checkbox"/> Tavern	<input type="checkbox"/> Kiosk	<input type="checkbox"/> Other	<input type="checkbox"/> Catering		<input type="checkbox"/> Banquet Hall		<input type="checkbox"/> Sports Bar		<input type="checkbox"/> Club		<input type="checkbox"/> Adult Entertainment		<input type="checkbox"/> Hotel	
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<p>Seeking license to sell (check all that apply): <input type="checkbox"/> Beer <input type="checkbox"/> Wine <input type="checkbox"/> Liquor</p> <p><input type="checkbox"/> All of the Above <input type="checkbox"/> Other</p> <p>To be sold: <input type="checkbox"/> Off-premise <input type="checkbox"/> On-premise</p>																			

Applicant Name:

(d/b/a) Name of establishment:

If this is a **transfer**, what was the previous application?

...previous establishment name?

Address of establishment:

Cross streets of establishment:

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Are there any buildings with a primary function as a school, church, synagogue or other places of worship within 200 feet of this establishment?

Yes No

Are there three or more other establishments with on-premises liquor licenses within 500 feet of this establishment?

Yes No

If yes, please attach a list of establishments and distances.

(Please note the SLA proximity mapping report is for informational purposes only and is not a legal document)

Input description of establishment:

Are premises within a hotel? Yes No

How many rooms? _____ How many Floors? _____

Is there a restaurant in the building(s) housing the proposed hotel?

How many residential units are there *within* the property?

Approximately how many residential buildings are there *neighboring* or *across the street from* the property? _____

What is the zoning designation of the property in question?

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Section 2: Size and capacity of establishment

Establishment

Total square footage: _____

Public Assembly Capacity: _____

	Total Square Footage	# of Tables	# of Seats
Dining Area			
Bar Area			
Kitchen Area			

Number of stand-up bars*:

Number of service bars:

Describe all bars (length, shape, and location):

Any food counters? Yes

No If Yes, please describe:

Which floor(s) will the establishment be on?

Which floor(s) are you applying to license?

List use of each floor:

Is there interior access to any other floor(s) that will not be part of the licensed premises?

Yes

No

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If Yes, list floor(s) and means of access to each floor(s) (ie stairs, elevator, etc):

State what the area is zoned for:

Residential Business Mixed

Will the basement or any other floor(s) be used for storage of alcoholic beverages?

If Yes, does any other person/entity have access to this area?

Will patrons have access to any unlicensed outdoor areas of your building?

Do you intend to license a terrace, rooftop, or other outdoor space?

Do you intend to have rooftop dining?

If Yes, what hours will you serve liquor?

Type of Building and # of floors:

	<i>Weekdays (Sun-Thurs)</i>	<i>Weekends (Fri. & Sat)</i>
Hours of Operation:	<hr/>	<hr/>
Food Service Hours:	<hr/>	<hr/>
Bar Service Hours:	<hr/>	<hr/>

I understand this to mean that all patrons will be cleared from the establishment at the specified hour.

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Section 3

If Alteration, please include relevant measurements such as change in an area, seating, bar length.

If Application is a Corporate Change, please attach a list of the current and proposed principals.

If Application is a Removal, attach a statement of your current and proposed address(es) with a reason for relocation.

If Application is Class Change, please attach a statement dealing our current license type and your proposed license type

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Section 4

Will there be music? Yes No

If yes, what type of music? (Check all that apply)

Live Recorded DJ Jukebox

What volume of music? (Check all that apply)

Background *(If checked, the applicant has agreed to abide by the CBI definition of background music, such that no sound from events, performances or music will be heard outside the premises or by neighbors)*

Other:

If Other, please describe, if not, skip question.

Will you have TVs or monitors? Yes No

If so, how many?

(If it can be heard outside, or by neighbors, it is not background music.)

Will there be non-musical entertainment? Yes No

If yes, what type of non-musical entertainment?

Will the premises permit dancing? Yes No

If Yes, and are located in NYC, do you have a Cabaret permit issued by the city of New York?

Yes No

Type of sound equipment:

Size and number of speakers and amperage:

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Where will the speakers be installed?

Will you utilize subwoofers?

Yes No

Type of sound proofing to be used:

Will the windows be open or closed?

Open Closed

If open, what hours?

Indicate if you will engage (check all that apply):

- Outside promoters
- Independent DJ's
- Security personnel
- None of the above

What type of security and crowd control will you employ?

Will new kitchen exhaust equipment be installed?

Yes No

What type of kitchen exhaust system will be used?

Where will the kitchen exhaust system vent to?

Where will the air conditioning system be placed?

What is the tonnage of the air conditioning system?

What will the decibel level of the air conditioning system be?

At what times of the day or night will you have any type of deliveries?

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Do you plan to have bicycle delivery personnel? Yes No

If Yes, will you guarantee to inform them of Department of Transportation bicycle rules?

Yes No

Have you signed a lease for the space? Yes No

Section 5: Further Licensing

Do you intend to apply for a sidewalk café license? Yes No

Do you intend to have rooftop dining? Yes No

If Yes, what hours will you serve liquor?

If applying for an on-premise license does the premises have a valid certificate of occupancy and all appropriate permits? Yes No

Are the premises to be licensed divided in any way, by a public or private passageway, etc, over which the applicant does not have exclusive possession and control?

Yes No

Will you require any other permits to operate your establishment at this location? When will you have them?

Finally, please submit the following additional items:

- The latest copy of your menu
- Your floor plan
- Certificate of Occupancy

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Public Notice

It is required that you take the following steps at least 15 days prior to your meeting with the CB1 Licensing & Permits Committee to demonstrate good-faith efforts to notify your neighbors of your intention to open this establishment. Please check what you have done and attach evidence:

REQUIRED: Post flyers giving public notice of the Community Board meeting including date, location and details of your application, at eye level on your property door and in other locations on the block where the establishment will be located (see sample notice on page 7 and provide photographs as evidence).

In addition, complete one or more of these additional steps:

- Petition** of neighbors in favor of the project (see sample on page 13).
- Meeting** with a coop board and/or building management.
- Mailings** you have sent or distributed to neighbors.

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Section 6: Corporate Background information

Corporate name:

Corporate address:

Previous or existing corporate name(s) and d/b/a:

Who will manage the establishment?

Previous related experience of the manager:

Name(s) of all principals:

Have any of the principals been previously licensed by the SLA? Yes No

If yes indicate name(s) and address of other establishments:

Were there any violations on previous establishments for which you served as a principal? If so, please list type, date and which establishment:

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Name(s) and phone number(s) of manager(s) to call in case there are problems:

Phone:

Cell:

Corporate Phone number:

Name(s) and address of all principals:

I will not apply to the SLA for an alteration to the method of operation or the hours of operation without first notifying the community board.

This page must be printed, signed and scanned back into PDF form so we have a hand-written signature.

Signature of Principal

Date

Printed Name of Principal

Date

Signature of Presenter (if different from Principal)

Date

Printed Name of Presenter (if different from Principal)

We recommend that you attend the community board meeting at which the full board will vote on your liquor license application.

PUBLIC MEETING

NOTICE FOR LIQUOR LICENSE APPLICATION

SUBJECT: [ADDRESS]

Application for [type of liquor license application] [Type of Establishment] [Applicant name] d/b/a [Establishment name] [Proposed hours of operation] for all licensed area such as [List Licensed Areas]

There will be an opportunity for public comment at the following Community Board Meeting:

DATE: [Day of the week], [Month, Day, Year] TIME: [Time]

LOCATION: Manhattan Community Board 1

[Address of Licensing & Permits Committee Meeting]
(Please bring photo ID)

Any member of the public interested in learning more about this application or in expressing their opinion about it is urged to attend this meeting. Please contact Community Board 1 at (212) 669-7970 or via email at approvals@cb.nyc.gov with any questions or comments.

CB 1 website www.nyc.gov/html/mancb1

A summary of this application is available from CB1 upon request.

