MANHATTAN COMMUNITY BOARD 1 Liquor License Application Questionnaire Summary Revised 8/2019

1-	Applicant Name
2-	Establishment Name (Corporate & DBA)
3-	Address for Proposed License
4-	Proposed Days/Hours of Operation
	4.1 What floor(s) is the establishment on?
	4.2 Any rooftop, terrace, or other outside usage?
5-	Square Footage of Location
6-	Method of Operations (bar restaurant, Catering, etc)
7-	Type of License (Full liquor/OP, beer and wine, etc.)
	7.1 Type of application (New, Alteration, Change in Method of Operation, Corporate Change, Class Change)
8-	Sidewalk Café? Yes/No
9-	Type of Music? ☐ Live ☐ Recorded ☐ DJ
10-	Volume of Music? Background (no sound from events, performances or music will be heard outside the premises or by neighbors)
	☐ Other
11.	Where will the kitchen exhaust system vent to?
12-	· Applicant's Previous Licensed Establishments and Addresses

This Liquor License Application Questionnaire Summary will be made available to the public one week prior to the Licensing and Permits Committee meeting. Any information provided herein is superseded by that described in the final stipulation sheet that will be agreed upon by the applicant and the Licensing and Permits Committee of Community Board 1.