

**Liquor License Application**  
*Community Board One Questionnaire*

Type of application (check one):  New                      Renewal Transfer                  Alteration Other	Type of proposed establishment (check one):  Restaurant                                  Bar Nightclub                                      Tavern Kiosk    Other Catering or Banquet Hall
Seeking license to sell (check all that apply):    Beer                  Wine                  Liquor	
To be sold:    Off-premise                      On-premise	

Applicant Name:  
(d/b/a) Name of establishment: \_\_\_\_\_

If this is a *transfer*, what was the previous application? \_\_\_\_\_  
 ...previous establishment name? \_\_\_\_\_

Address of establishment: \_\_\_\_\_  
 New York, New York \_\_\_\_\_

Cross streets of establishment: \_\_\_\_\_

Are there any buildings used primarily as schools, churches, synagogues 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 establishments and distances.

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

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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**Public Notice**

It is required that you take one or more of the following steps – including the first one listed below - at least 5 days prior to your meeting with a CB1 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 and 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).
  - Petition** of neighbors in favor of the project (see sample on page 7).
  - Meeting** with a coop board and/or building management.
  - Advertisements** of the Community Board public meeting in local papers.
  - Mailings** you have sent or distributed to neighbors.
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**Size and capacity of establishment:**

Total square footage: \_\_\_\_\_

Public assembly capacity: \_\_\_\_\_

Dining Area

Bar Area

Kitchen Area

Total square footage: \_\_\_\_\_

Total square footage: \_\_\_\_\_

Total square footage: \_\_\_\_\_

# of tables: \_\_\_\_\_

# of tables: \_\_\_\_\_

\_\_\_\_\_

#seats: \_\_\_\_\_

#seats: \_\_\_\_\_

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:

**Further Licensing:**

Do you intend to apply for a cabaret license?      Yes      No

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

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	<i>Weekdays (Sun-Thurs)</i>	<i>Weekends (Fri. &amp; Sat)</i>
<b>Hours of Operation:</b>		
<b>Food Service Hours:</b>		
<b>Bar Service Hours:</b>		
<b>Final Closing Hours:</b>		

**Music:**

Will there be music?                      Yes                      No

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

Live                      Recorded                      DJ

What volume of music? (Check all that apply)

Background                      Other: \_\_\_\_\_

(If it could 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? \_\_\_\_\_

Type of sound equipment: \_\_\_\_\_

Size and number of speakers and amperage: \_\_\_\_\_

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? \_\_\_\_\_

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? \_\_\_\_\_

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Indicate if you will engage (circle all that apply):      Outside promoters  
Independent DJ's  
Security personnel  
None of the above

What type of security and crowd control will you employ?

Do you intend to have backyard dining?                      Yes                      No  
If Yes, what hours will you serve liquor? \_\_\_\_\_

Do you intend to have rooftop dining?                      Yes                      No  
If Yes, what hours will you serve liquor? \_\_\_\_\_

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

**Background information:**

Corporate name: \_\_\_\_\_

Corporate address: \_\_\_\_\_

Phone number:

Name(s) and address 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Phone:

Cell:


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

Who will manage the establishment?

Previous related experience of the manager:

Have you signed a lease for the space?            Yes            No

Finally, please submit the following additional items:

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

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:            *Check Box*  

**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

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SUBJECT: [ADDRESS]  
Application for [type of liquor license application]  
[Type of Establishment]  
[Applicant name] d/b/a [Establishment name]  
[Proposed hours of operation]

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  
1 Centre Street  
Room 2202A-North  
(Please bring photo ID)

Any member of the public interested in learning more about these applications 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 [man01@cb.nyc.gov](mailto:man01@cb.nyc.gov) with any questions or comments. CB 1 website [www.nyc.gov/html/mancb1](http://www.nyc.gov/html/mancb1)

We, the undersigned residents of the area, support the issuance of an on-premises \_\_\_\_\_  
\_\_\_\_\_ (please indicate type of license) license to the following applicant/establishment:

Address of premises: \_\_\_\_\_

The business will be a  restaurant  tavern-restaurant  other: \_\_\_\_\_

The hours of operation will be \_\_\_\_\_ Weekdays (Sun. – Thurs.)  
\_\_\_\_\_ Weekends (Fri. & Sat.)

PLEASE NOTE: signatures should be from residents of buildings, adjoining buildings, and within 2-block area of property in question.

NAME	SIGNATURE	ADDRESS
_____	_____	_____
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