

## 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

## Sidewalk Café License Application Questionnaire

## Fill out completely or application will not be considered.

Bring 6 copies (double sided) of this questionnaire to the SLA & DCA Licensing Committee meeting to be considered. Otherwise the Committee will write to the DCA notifying the agency of your failure to cooperate with the community review process. This application must also be completed and returned to the Community Board office as soon as possible.

For maximum public notification of your application, display the enclosed poster a in a visible location on the outside of your establishment and adjacent buildings for **7 DAYS** prior to the meeting

establishment and adjacent buildings for 7 DAYS prior to the meeting				
Check which you are applying for:	□ a new sidewalk café license for an □ enclosed □ unenclosed café.  □ an alteration of an existing sidewalk license □ a renewal of an existing sidewalk license			
When you return this form, you must in Photographs of the inside and outsing Schematics/floor plans of the inside Petition signatures from residents in	de of your establis hment c of your establishment and			
Name of Corporation: A # D W	INE CORP	dba:BA⊗_	6914-	
Address: 65 2NO A	VENUE NY, N	Cross Streets	: EAST BED & EAST	<u>44</u> 51
Applicant's Name on DCA Documents;	A &D WINE	CORP	Add Male 2017	
Applicant's Address: 65 3N	O AVE NY!	Ulf	A MARKETTON AND A STATE OF THE	
Telephone: (2/2) (353 - /	444EM8	,	of the photostate and the part of the part	
Describe nature of alteration, if applicate 12 seats to 10 tal. Is this establishment handicap accessible	5/85 and 35,5	n size of ma eats. on	E from 6 tables  1f "Yes" please attach photo.	<u>and</u>
Hours of Operation (indicate if different		M-THURS (	IPM TO MIDNIGHT	} €n +o
Scating Capacity Inside Tables Scating Capacity Sidewalk Seating Capacity Backyard TOTALS  Tables	Chairs:	Bar St Bar St Bar St	ools: UR SUN( R	I AM) In to Dozens
Has this corporation or any principal be	en licensed previously?	Yes No	. )	
If yes, please indicate name of establishme	ont: A & Z W ! !	VE CORP d	bla Wine Par	-
Address: 65 2NO AVE	NOC.	l :# Community Board	<u>#3</u>	
Cross Street: E 389 E.4th 3	5t		_ Dates: Presently	

How many sidewalk cafés are within 1 block?	Please use the schematic below to indicate the location and total number
2 v ∞	
STREET  STREET	

If there are block associations or merchant associations or tenant associations in the immediate vicinity of your location, you must contact them. Please attach proof (copy of letter or poster) that you have advised these groups of your application. Petitions should clearly state the name, address, license for which you are applying, the hours and method of operation of your establishment at the top of each page.

Attach additional sheets of paper for any additional information,