

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

Community Board 3 Liquor License Application Questionnaire

Please complete and return (with requested diagram) to the Community Board office by fax or email. In addition, bring 6 copies (double sided) plus supporting material requested to the meeting. Failure to complete and return this form on time will result in your item being placed at the end of the agenda. Application must be complete to be heard, including petitions and all items on check list below. Use N/A for answer if appropriate.

appropriate.
Conspicuously display the enclosed posters on the outside of your establishment for 7 days prior to the meeting. Bring a photo with a newspaper showing date as proof of the posting.
Check which you are applying for: Inew liquor license upgrade of an existing liquor license alteration of an existing liquor license transfer of an existing liquor license
If applying for transfer, you must bring letter from current owner confirming that you are buying business.
Type of license: ON PREMISES LIQUOR Is location currently licensed? ✓ Yes □ No
If alteration, describe nature of alteration:
Previous or current use of the location: Restaurent
Corporation and trade name of current/previous license: Three Monkays Restaurant Two
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 your establishment; Schematics/floor plans of the inside of your establishment; If a restaurant, please include a proposed menu (including drink menu); Petition in support of proposed business or change in business with signatures from residential tenants at location and in surrounding buildings and also letter from block association if one exists. E-mail the CB office at info@cb3manhattan.org for help to find block associations. Petition must give proposed hours and method of operations. For example: restaurant, sports bar, combination restaurant/bar. Petitions are required and application will not be heard without petitions. Photographs of proof of conspicuous posting with newspaper showing date.
APPLICANT:
Name of applicant and all principals: YOSSI FOLER
Trade name (DBA): Three Mosskeys Restaurant INC.
Premises address: 99 Rivenaton Street, New YORK, NY 10002
Revised: April 2011

PREMISES:
Type of building and number of floors: Mixed Used Rulding with 5 Stores 4 15 A
Prior use of premises: Rostaurant
Any outside area or sidewalk cafe used for the sale or consumption of alcoholic beverages? (includes roof &
yard) Yes No If Yes, describe and show on diagram:
Does premises have a valid Certificate of Occupancy and all appropriate permits? Ves
Do you plan to apply for Public Assembly permit?
Zoning designation: Maximum number of persons that can legally occupy
the premises? /6 Number of tables? 5 Number of seats at tables? 10
BARS:
How many *stand-up bars/ bar seats are located on the premises (and how many seats)? 1 RAR WITH 5 SA
How many service bars?
Describe all bars (length, shape and location): 7' x 19' L Shape
Any food counters? Yes D No If Yes, describe:
* A <u>stand up bar</u> is any bar or counter (whether seating or not) over which a member of the public can order, pay for and receive an alcoholic beverage.
KITCHEN:
Does premises have a \square full kitchen or \square food preparation area? (If any, show on diagram)
Is food available for sale? Yes No If yes, describe type of food and submit a menu NOP
PROPOSED METHOD OF OPERATION:
What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.) Restauvaut
Will any other business besides food or alcohol service be conducted at said premises? Yes No
If yes, details:
What are the proposed days/hours of operation? (Specify days and hours each day)
Will the business employ a manager? The Yes E No
140
How many employees? NO
Will there be security personnel?
Do you have or plan to install. French doors, accordion doors, or windows? Inone of these Will there be TV's? Wes Windows, how many?)
Revised: April 2011

Will premises have music? Yes	s 🗅 No	
If Yes, what type of music? Explain	in detail: Dack gro	our d
Type of music/entertainment: Volume level:	☐ Live musician ☐ Live l ☐ Background (quiet)☐ Enter	
Do you have or plan to install	sound-proofing? Please describe	e your sound system:
Will you host \square promoted events, \square $\not\vdash \!$	scheduled performances or 🔾 :	any event at which a cover fee is charged?
Do you have plans to manage or add establishment?	Iress yehicular traffic and crowd Mo If "Yes" please	control on the sidewalk caused by your attach plans.
Is this establishment wheel chair acc	essible?	□ Yes 🖫 No
Has this corporation or any principa		Yes ONo
If yes, please indicate name of estab		
Address: 99 Rivington	Street NY NY 1000	2-Community Board #
Dates: August QOD	8	
If you answered "Yes" to the above history of complaints or other comm	,	from the community board indicating
address) and total number of establicach direction. Please indicate whet diagram. Please label streets and av	shments selling/serving beer, wither establishments have On-Presenues and identify your location as to indicate <u>Bar</u> , <u>Restaurant</u> , etc.	agram that indicates the location (name and ine (B/W) or liquor (OP) for 2 blocks in mises (OP) licenses by circling the letter on a near the middle of the diagram and c. The diagram must be submitted with the
Bar (B) Hotel OP	Restaurant (R) OP <u>5</u> B/W	Sidewalk Café (S) OPB/W
Example:		
BGBS(R)GBRB	BRSGBBBRB	
BRGSBBBRB	B * R S G R B B B	
<u> </u>		_
How many licensed establishments	are within 1 block?	0
How many licensed establishments a		0

Revised: April 2011

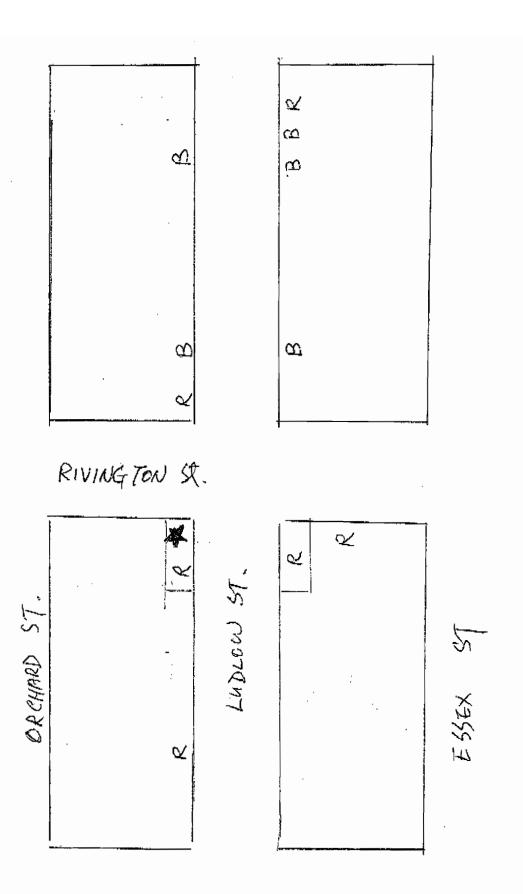
If there are block associations or tenant associations in the immediate vicinity of your location, you must contact them. Please attach proof (copies of letters and poster) that you have advised these groups of your application. Petitions should clearly state the name, address, license for which you 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). You may contact the Community Board at info@cb3manhattan.org for any contact information that is on file.

INFORMATION REGARDING NEARBY LOCATIONS:

Premises is within a 500 foot radius of three or more establishments with OP license. Yes No

Premises is within 200 feet of any school or place of worship? Yes You

If there is a school place of worship within 200 feet of your premises on the same block, submit a block plot diagram or area map showing its location in proximity to your applicant premises (8 1/2" x 11") and indicate the distance and name and address.



Three Monkeys Restaurant In 99 Rivington Street, DY, NY 10002