

Revised: April 2011

## THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD NO. 3

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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 <u>6 copies</u> (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. <u>Application must be complete to be heard, including petitions and all items on check list below. Use N/A for answer if appropriate.</u>

Conspicuously display the enclosed posters on the outside of your establishment for <b>7 days</b> prior to the meeting. Bring a photo with a newspaper showing date as proof of the posting.
Check which you are applying for: ☐ new liquor license ☐ upgrade 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 License
If alteration, describe nature of alteration:
Previous or current use of the location: Eating and Drinking Establishment with live music
Corporation and trade name of current/previous license: Mo Pitkin Holdings, LLC — Previous De License.  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: Phillip Hartman, Justin Todd Patrick, Jeremy Spector, Michael House (Corporate Entity Name To Be Determined)
Trade name (DBA): To Be Determined
Premises address: 34 Avenue A
Between what streets: 2nd and 3rd Streets

PREMISES:	
Type of building and number of floors: Mixed Use Commercial Building, 4 floors	
Prior use of premises: Eating and Drinking Establishment with live music	
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? ☑ Yes ☐ No	
Do you plan to apply for Public Assembly permit?	
"R-7-2 General Residence" AND Zoning designation: "C2-5 Local Service District" Maximum number of persons that can legally occ	иру
the premises? 73 per floor Number of tables? 18 Number of seats at tables? 52	
BARS:	
How many *stand-up bars/ bar seats are located on the premises (and how many seats)? 2 bars, 10 seats 1s	t Fl
How many service bars? none	KO 0 la
Ground Floor: 12 ft L-shaped bar along South wall in front Describe all bars (length, shape and location): 2nd Floor: 8 ft L-shaped bar along South wall	10011
Any food counters?	·····
* A <u>stand up bar</u> is any bar or counter (whether seating or not) over which a member of the public can ore pay for and receive an alcoholic beverage.	der,
KITCHEN:	
Does premises have a ☒ full kitchen or ☐ 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 Southern / BBC	<u> </u>
PROPOSED METHOD OF OPERATION:  What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.) Restaurant and Bar w/ m	ıusic
•	) No
If yes, details:	
What are the proposed days/hours of operation? (Specify days and hours each day) 7 days a week, 10am	<u> 4am</u>
Will the business employ a manager? ☐ Yes ☐ No principals will manage	
How many employees? approximately 25	
Will there be security personnel?  ☐ Yes ☐ No (If Yes, how many?) 1-2	
Do you □ have or □ plan to install □ French doors, □ accordion doors, or □ windows? □ none of thes Will there be TV's? □ Yes ☑ No (If Yes, how many?)	e

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Will premises have music?	Yes □ No		
If Yes, what type of music? Ex	plain in detail: modern compos	ition, jazz, acade	emic, and improvisation
Type of music/entertainments Volume level:			ce box
Do you A have or plan to in Ground Floor: small area stere 2nd Floor: modest public add	nstall sound-proofing? Please des eo system suitable for restaurant ress system suitable for amplifyi	cribe your sound incidental musi ng vocals over r	l system: c natural instrument acoustics
Will you host 🗖 promoted ever	nts, 🛮 scheduled performances of	r 🛚 any event at	which a cover fee is charged?
Do you have plans to manage of establishment?	or address vehicular traffic and cr	owd control on t ease attach plans.	
Is this establishment wheel cha	ir accessible?	🛚 Yes	□ No
Has this corporation or any prin	ncipal been licensed previously?	🛚 Yes	□ No
If yes, please indicate name of	establishment: Two Boots Pizza,	Mo Pitkins Hou	se of Satisfaction, Brindle Room
Address: 42 Avenue A, 34 Ave	enue A, 277 East 10th St	Communi	ty Board #_3
Dates: 6/24/1987 to present			
Using the diagram below as an <b>address</b> ) and total number of each direction. Please indicate diagram. Please label streets an indicate it with a [★]. Use the questionnaire to the Communit	example, attach a separate similar stablishments selling/serving bee whether establishments have On a venues and identify your local letters to indicate <b>B</b> ar, <b>R</b> estaurancy Board before the meeting.	ar diagram that in er, wine (B/W) or -Premises (OP) l ation near the mident, etc. The diagr	ndicates the location (name and liquor (OP) for 2 blocks in icenses by circling the letter on ddle of the diagram and am must be submitted with the
` '	Hotel Restaurant of OP_B/\(\begin{array}{cccccccccccccccccccccccccccccccccccc	• /	Sidewalk Café (S) OP B/W
Example:			
B G B S R B B R B	BRSGBBBRB  B * RSGRBBB		
How many licensed establishm	ents are within 1 block? 2		
How many licensed establishm	ents are within 500 feet? 15		
How many within 500 feet are	On-Premises (OP) liquor licenses	3? 12	

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 <a href="mailto:info@cb3manhattan.org">info@cb3manhattan.org</a> for any contact information that is on file.

## INFORMATION REGARDING NEARBY LOCATIONS:

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

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

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.

☐ Yes

X No.

