

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 <u>6 copies (double sided)</u> 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</u> <u>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 **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:	new liquor license	upgrade of	an existing liquor license
			an existing liquor license

If applying for transfer, you must bring letter from current owner confirming that you are buying business.

Type of license:	FULL	LIQUOR		Is location	currently licensed?	🛛 Yes 🗆 No
If alteration, describ	be nature of	alteration:				
Previous or current	use of the lo	ocation:	WINE BAC			
Corporation and tra	de name of	current/previ	ous license:	FT 245	CORP	

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 <u>info@cb3manhattan.org</u> for help to find block associations. Petition must give proposed hours and method of operations. For example: restaurant, sports bar, combination restaurant/bar. <u>Petitions are required and application will not be heard without petitions.</u>
- □ Photographs of proof of conspicuous posting with newspaper showing date.

APPLICANT:

Name of applicant and	all principals: Flederick E. Twonky
	175 AVENUE CORP.
Trade name (DBA):	BAR VELOCE
Premises address:	175 SELOND AVE
Between what streets:	11 TH ST + 12 TH ST.

Revised: April 2011

PREMISES:
Type of building and number of floors: <u>COMMERCIAL / ABSIDENTINE & FROORS</u> Prior use of premises: <u>WINE BAR</u>
Prior use of premises: WINTE BAR
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?
Zoning designation: Maximum number of persons that can legally occupy
the premises? <u>90</u> Number of tables? <u>7</u> Number of seats at tables? <u>42</u>
BARS:
How many *stand-up bars/ bar seats are located on the premises (and how many seats)? / BAR 25 35455
How many service bars?
Describe all bars (length, shape and location): "U'SHAPED 38 FREES
Any food counters? 🛛 Yes 🍱 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 \Box full kitchen or \Box food preparation area? (If any, show on diagram) Is food available for sale? \Box Yes \Box No If yes, describe type of food and submit a menu $PANINI / CURED MEATS / CHEESES / SACADS $
PROPOSED METHOD OF OPERATION:
What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.) Wile BAR
Will any other business besides food or alcohol service be conducted at said premises? Yes If yes, details:
What are the proposed days/hours of operation? (Specify days and hours each day) 7 445 5 PM UNTIL 3AM
Will the business employ a manager? \Box Yes \Box No
How many employees?6
Will there be security personnel? Yes Yo (If Yes, how many?)
Do you have or plan to install French doors, accordion doors, or windows? none of these

Will there be TV's? \Box Yes \Box No (If Yes, how many?) 2Revised: April 2011

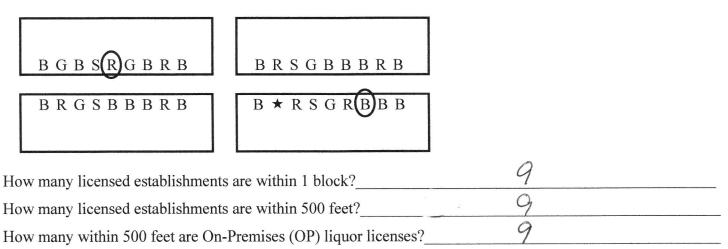
Will premises have music? Yes I No				
If Yes, what type of music? Explain in detail: SAZZ VIA IPOD				
Type of music/entertainment: Volume level:□Live musician□Live DJ□Juke box□Tapes/CDsVolume level:□Background (quiet)□Entertainment level				
Do you have or plan to install sound-proofing? Please describe your sound system: SIMPLE STEREO				
WITH & SPIEANERS				
Will you host \Box promoted events, \Box scheduled performances or \Box any event at which a cover fee is charged?				
Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? Yes No If "Yes" please attach plans.				
Is this establishment wheel chair accessible?				
Has this corporation or any principal been licensed previously?				
If yes, please indicate name of establishment: BAR VELOCE BAR CHERRA (VELOCE PIEZER				
Address: 103 FIRST AVE, 175 Stecore frommunity Board # 3				
Dates: PRESENT				

If you answered "Yes" to the above question, please provide a letter from the community board indicating history of complaints or other comments.

Using the diagram below as an example, attach a separate similar diagram that indicates the location (name and address) and total number of establishments selling/serving beer, wine (B/W) or liquor (OP) for 2 blocks in each direction. Please indicate whether establishments have On-Premises (OP) licenses by circling the letter on diagram. Please label streets and avenues and identify your location near the middle of the diagram and indicate it with a [\star]. Use the letters to indicate **B**ar, **R**estaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.

Bar (B)	Hotel	Restaurant (R)	Sidewalk Café (S)
OPB/W	HL	OPB/W	OPB/W

Example:



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.

Premises is within 200 feet of any school or place of worship? 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 ($8 \frac{1}{2} \times 11^{\circ}$) and indicate the distance and name and address.

