



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.**

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
 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: FULL Liquor License Is location currently licensed? Yes No

If alteration, describe nature of alteration: transfer of an existing license

Previous or current use of the location: BAR

Corporation and trade name of current/previous license: 447 East 13th Street Corp dba Phoenix

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: Brenda Breathnach 255 Fieldston T. Apt 6J, BRONX, NY 10471
Kathleen Hughes 11 Maple Place, Yonkers, NY 10704

Trade name (DBA): THE PHOENIX

Premises address: 447 East 13th Street, New York NY 10009

Between what streets: on 13th Street between Av. A and Av. I



PREMISES:

Type of building and number of floors: Commercial / Residential 5 Floors

Prior use of premises: 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: There is a small yard in back building

Does premises have a valid Certificate of Occupancy and all appropriate permits? Yes No

Do you plan to apply for Public Assembly permit? Yes No

Zoning designation: _____ Maximum number of persons that can legally occupy the premises? 74 Number of tables? 2 Number of seats at tables? _____

BARS:

How many *stand-up bars/ bar seats are located on the premises (and how many seats)? One bar counter

How many service bars? NONE (30 TALL CHAIRS)

Describe all bars (length, shape and location): 20 FEET BAR

Any food counters? Yes No If Yes, describe: _____

* A stand up bar 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 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 There is no Food served at Present but I will be putting in a Food preparation area at the end of bar counter

PROPOSED METHOD OF OPERATION:

What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.) Tavern / Cafe style

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)

MON, TUE, WED, THUR, FRI, SAT, AND SUN FROM 4PM - 4AM

Will the business employ a manager? Yes No

How many employees? 3/4

Will there be security personnel? Yes No (If Yes, how many?) ONE TO Check ID's

Do you have or plan to install French doors, accordion doors, or windows? none of these

Will there be TV's? Yes No (If Yes, how many?) 2

Will premises have music? Yes No Poetry Reading, Table Quiz.

If Yes, what type of music? Explain in detail: Traditional Music Session, Singer Songwriter

Type of music/entertainment: Live musician Live DJ Juke box Tapes/CDs
Volume level: Background (quiet) Entertainment level NOT LOUD LOUD

Do you have or plan to install sound-proofing? Please describe your sound system: Putting in Suspending Ceiling with Layers of Sheet Rock and Sound Blocking Product

Will you host promoted events, scheduled performances or 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? Yes No

Has this corporation or any principal been licensed previously? Yes No

If yes, please indicate name of establishment: Dr. Gilberts Cafe 6115 Broadway Bronx

Address: NY 10471 Community Board # 8

Dates: JAN 2003 to Jan 2009

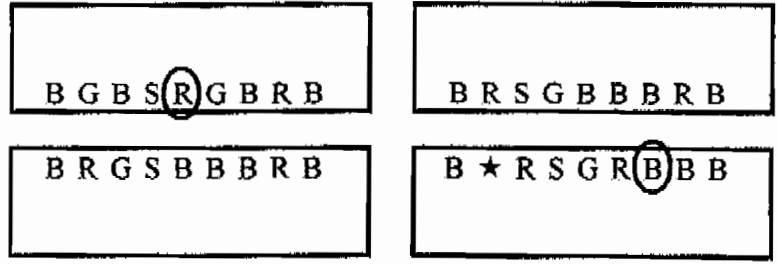
Also AFFAIR ON EIGHTH 35 West 8th Street NY 10011 JAN 2010 - Sept 2010 #2

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 [★]. Use the letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.

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

Example:



How many licensed establishments are within 1 block? ON 13th Street between Av. A And Av. I (4)

How many licensed establishments are within 500 feet? _____

How many within 500 feet are On-Premises (OP) liquor licenses? _____

Revised: April 2011 I have draw up a map of the street one block each way from the Phonex at 447 East 13th Street

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.

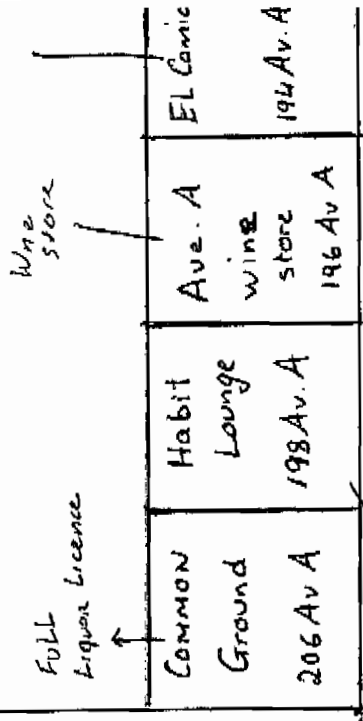
INFORMATION REGARDING NEARBY LOCATIONS:

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 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.

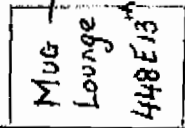
FULL
Liquor
Licence



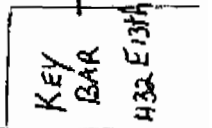
AVE A

FULL
Liquor
Licence

FULL
Liquor
Licence

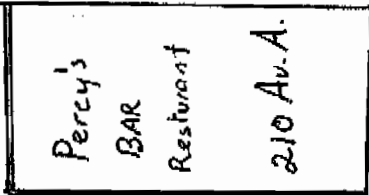


FULL
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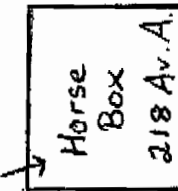


13th Street

13th Street

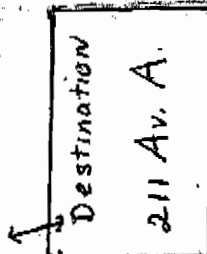


FULL Liquor Licence



AVE A

FULL Liquor Licence



Drop of Service 213 Av. A

FULL Liquor Licence

MEXICAN DELI (BEER) 215 Av A

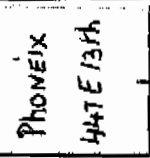
BEER

Gourmet DELI (BEER) 217 Av A

BEER

Planet Rose KARAOKE 219 Av A

FULL Liquor Licence



FULL
Liquor
Licence