



**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: BEER/WINE Is location currently licensed?  Yes  No

If alteration, describe nature of alteration: \_\_\_\_\_

Previous or current use of the location: CAFE/RESTAURANT

Corporation and trade name of current/previous license: NA

A.O. Cafe and Restaurant, LLC

**APPLICANT:**

Name of applicant and all principals: FRANK OPRAMOLLA

Trade name (DBA): Cornerstone CAFE

Premises address: 17 AVE B New York New York 10009

Between what streets: E 2nd / E 3rd

**PREMISES:**

Type of building and number of floors: Mixed use / 4 story

Prior use of premises: FRENCH CAFE

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: NA

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: C7 Maximum number of persons that can legally occupy the premises? 75 Number of tables? 17 Number of seats at tables? 2

**BARS:**

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

How many service bars? NA

Describe all bars (length, shape and location): NA

Any food counters?  Yes  No If Yes, describe: RETAIL Counter with CASH Register

\* 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 Breakfast Brunch / Lunch / Dinner

**PROPOSED METHOD OF OPERATION:**

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

Will any other business besides food or alcohol service be conducted at said premises?  Yes  No

If yes, details: NA

What are the proposed days/hours of operation? (Specify days and hours each day) SUN 8AM-11PM MON 8AM-11PM TUES 8AM-11PM WED 8AM-11PM THURS 8AM-11PM FRI 8AM-11PM - SAT 8AM-11PM

Will the business employ a manager?  Yes  No

How many employees? 8

Will there be security personnel?  Yes  No (If Yes, how many?) NA

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?) NA

Will premises have music?  Yes  No

If Yes, what type of music? Explain in detail: QUIET BACKGROUND MUSIC

Type of music/entertainment:  Live musician  Live DJ  Juke box  Tapes/CDs

Volume level:  Background (quiet)  Entertainment level

Do you  have or  plan to install sound-proofing? Please describe your sound system: CD / IPAD  
TWO SMALL SPEAKERS IN THE CORNERS OF THE ROOM ON THE WALL

Will you host  promoted events,  scheduled performances or  any event at which a cover fee is charged?

NO

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: NA

Address: NA Community Board # NA

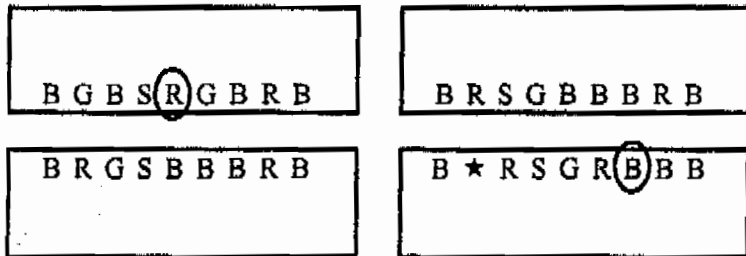
Dates: NA

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

Example:



How many licensed establishments are within 1 block? 8

How many licensed establishments are within 500 feet? 10

How many within 500 feet are On-Premises (OP) liquor licenses? 7

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](mailto: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.

EAST 2ND

AVE B

EAST 3RD

EAST 4TH

Poco 33 (B) OP	Stigmond Pretzels 29 BW	JPIE HANDS 25 (B) OP	Billy Hummers 25 (B) OP	Comid Stone CASE 17 ★
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EASTSIDE Gourmet Deli 53	MAY 51 (R) BW
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Discovery Wines (W)
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ZAITZFF 18 (R) OP	CROOKLY AIE 28 (B) OP	BENS Deli 32	MARKAS 34 (B) OP
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REFAIDE 50 (R) OP	EAST Dining FINEST Deli 50
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LATES JOINT (B) OP
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