

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 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:  $\square$  new liquor license  $\square$  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 Full Liquor Is location currently licensed? ☒ Yes ☐ No If alteration, describe nature of alteration: Not applicable Previous or current use of the location: Restaurant Corporation and trade name of current/previous license: Resto Leon Inc. dba Resto Leon 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: Ducks Eatery EV LLC William Horowitz and Julie Horowitz Trade name (DBA): Ducks Eatery Premises address: 351 East 12th Street Between what streets: First and Second Avenues

PREMISES:
Type of building and number of floors: Five story residental and commercial building with cellar
Prior use of premises: Restaurant since 1999
Any outside area or sidewalk cafe used for the sale or consumption of alcoholic beverages? (includes roof &
yard) Yes Do If Yes, describe and show on diagram: A sidewalk cafe with 8 tables and 24 seats
Does premises have a valid Certificate of Occupancy and all appropriate permits?   Yes No*  Applicant will apply for a Letter of No Objection from the DOB  Do you plan to apply for Public Assembly permit?
Do you plan to apply for Public Assembly permit?
Zoning designation: C1-5 \ R7A
the premises? 67 Number of tables? 19 Number of seats at tables? 50
BARS:
How many *stand-up bars/ bar seats are located on the premises (and how many seats)? One / 11 bar stools
How many service bars? One
Describe all bars (length, shape and location): L-Shaped Stand-Up 10'6"x17"x3-8" and Straight Service Bar 6'-6"x25"
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 The menu will have
French fare in addition to Vietnamese and Creole cuisine.
PROPOSED METHOD OF OPERATION:
What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.) Ducks Eatery is planning to
open a small late night French Bistro type restaurant offering guests a casual relaxed atmosphere.
Will any other business besides food or alcohol service be conducted at said premises?   Yes  No
If yes, details: Not applicable
What are the proposed days/hours of operation? (Specify days and hours each day)
Will the business employ a manager? ☐ Yes ☐ No
How many employees? Six to Eight (a shift will be from four to five employees)
Will there be security personnel? ☐ Yes ☐ No (If Yes, how many?)
Do you □ have or □ plan to install ☒ French doors,*□ accordion doors, or □ windows? □ none of these *Already installed at premises Will there be TV's? □ Yes ☒ No (If Yes, how many?)

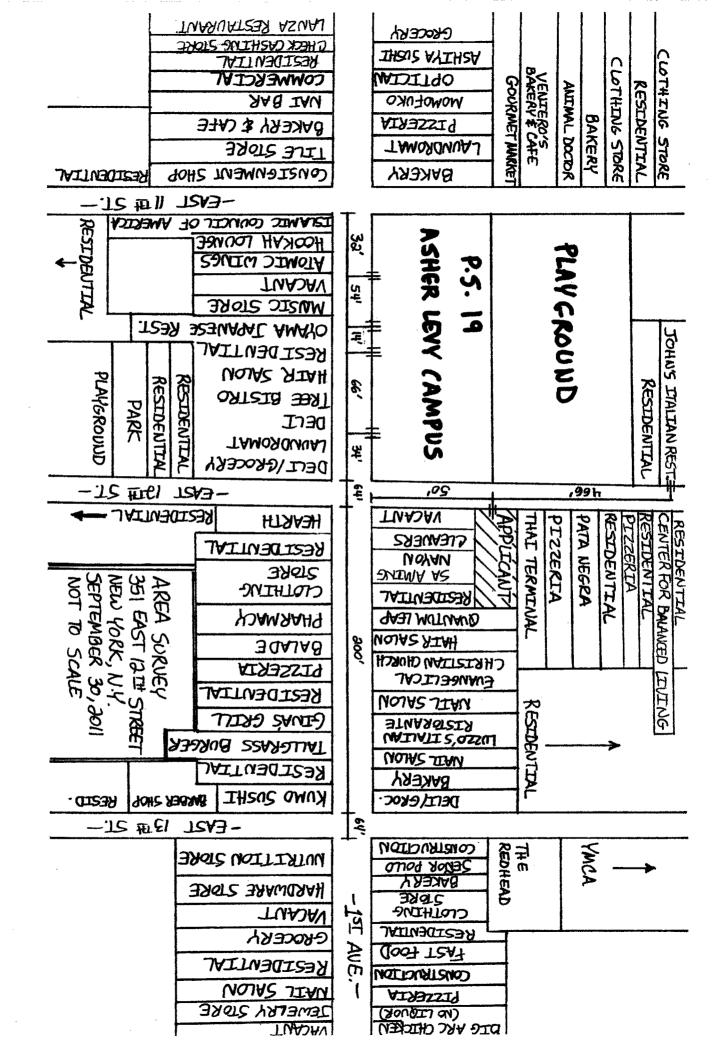
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Will premises have music? ■ Yes ■ No		
If Yes, what type of music? Explain in detail: Jazz	-	
Type of music/entertainment:  Volume level:  □ Live musician □ Live □ Background (quiet)□ Enter		
Do you 🖾 have or 🗖 plan to install sound-proofing? Please descri	be your sound	system:
Description to be provided	,	
Will you host $\square$ promoted events, $\square$ scheduled performances or $\square$	any event at v	which a cover fee is charged?
Do you have plans to manage or address vehicular traffic and crow establishment?		e sidewalk caused by your
Is this establishment wheel chair accessible?	Yes Yes	□ No
Has this corporation or any principal been licensed previously?	☐ Yes	₩ No
If yes, please indicate name of establishment:		
Address:	Communit	y Board #
Dates:		
If you answered "Yes" to the above question, please provide a letter history of complaints or other comments.  Using the diagram below as an example, attach a separate similar of address) and total number of establishments selling/serving beer, we each direction. Please indicate whether establishments have On-Prediagram. Please label streets and avenues and identify your location indicate it with a [*]. Use the letters to indicate Bar, Restaurant, equestionnaire to the Community Board before the meeting.	liagram that ind wine (B/W) or it emises (OP) lid on near the mid etc. The diagra	dicates the location (name and liquor (OP) for 2 blocks in censes by circling the letter on dle of the diagram and m must be submitted with the
Bar (B)       Hotel       Restaurant (R)         OPB/W       HL       OPB/W		Sidewalk Café (S) OPB/W
Example:		
BGBSRGBRB BRSGBBBRB  BRGSBBBRB B * RSGRBBB		
How many licensed establishments are within 1 block? Four		
How many licensed establishments are within 500 feet? Four		
How many within 500 feet are On-Premises (OP) liquor licenses?	Four	

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 a 500 foot radius of three or more establishmen	nts with OP licer	ıse. 🖄 Yes	□ No
Premises is within 200 feet of any school or place of worship?	☑ Yes*	□ No	
*Grandfathered to existing license			
If there is a school place of worship within 200 feet of your premi	ises on the same	block, submit	a block plot
diagram or area map showing its location in proximity to your app	plicant premises	(8 1/2" x 11")	and indicate th
distance and name and address			



## RE: 351 EAST 12世 STREET

- 1. LANZA RESTAURANT- 168 1 T AVENUE 464'
- 2. VENIEROS 342 EAST 11TH STREET- 318'
- 3. JOHN'S ITALIAN RESTAURANT-302 EAST 12TH STREET-466
- 4. THE REDHEAD 349 EAST 13TH STREET 265'