



Revised: April 2011

## 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) plus supporting material requested to the meeting</u>, 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 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: Restaurant wine Is location currently licensed? - Yes M No If alteration, describe nature of alteration: Previous or current use of the location: Karaoke Bar Corporation and trade name of current/previous license: 6 St. Marks Inc 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): D 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: 6 St. Marks Inc; Ae Sook Choi. Sun Chul Lim Trade name (DBA): T.B.D Premises address: 6 St. Marks Place Floors 2, 3, 4

Between what streets: Cooper Square: Second Avenue

PREMISES:				
Type of building and number of floors: 4 Story brick				
Prior use of premises: Karaoke 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? X Yes				
Do you plan to apply for Public Assembly permit?				
Zoning designation: Maximum number of persons that can legally occupy				
the premises? 80 Number of tables? 20 Number of seats at tables? 168				
BARS:				
How many *stand-up bars/ bar seats are located on the premises (and how many seats)? \\ \frac{1 5 \tau \0 - \p}{2}				
How many service bars?				
How many service bars?  On P  Describe all bars (length, shape and location): Approx 20' x 3' 5traight 2nd funt  Any food counters?  Yes No If Yes, describe: Approx 10' x 2 1 shape 3-1 feet				
* 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 A full kitchen or I 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  Kocean Coisine				
PROPOSED METHOD OF OPERATION:				
What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.) Restaurant				
Karaoke Lounge				
Will any other business besides food or alcohol service be conducted at said premises? Yes				
If yes, details: Kalaoke				
What are the proposed days/hours of operation? (Specify days and hours each day) SUN 11:00 AM - 12:30 AM				
MON-THURS 11:00 AM - 2:00 AM : Fri Set 11:00 AM - 3:30 AM				
Will the business employ a manager?  Yes  No				
How many employees? 5-7				
Will there be security personnel? XYes . No (If Yes, how many?) 2				
Do you have or plan to install French doors, accordion doors, or windows? In none of these Will there be TV's? Yes You (If Yes, how many?)				

Revised: April 2011

Will premises have music? ► Yes □ No				
If Yes, what type of music? Explain in detail: Karco Le				
Type of music/entertainment:				
Do you □ have or □ plan to install sound-proofing? Please describe your sound system:				
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				
Has this corporation or any principal been licensed previously?   Yes   No				
If yes, please indicate name of establishment: 11812 Broadway Inc (2)54 East Ent. Inc				
If yes, please indicate name of establishment: 11812 Broadway Inc (2)54 East Ent. Inc  Address: 196 Orchard St, NY, NY (2) 54 E 13 87, NY. Community Board # 3/2				
Dates: 2010; 2011				
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)           OPB/W         OPB/W         OPB/W				
Example:				
BGBSRGBBBRB B * RSGRBBB				
see attached				
How many licensed establishments are within 1 block?				
How many licensed establishments are within 500 feet?				
How many within 500 feet are On-Premises (OP) liquor licenses?				

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 establishm	ents with OP lice	ense. 🛘 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.				

