

## THE CITY OF NEW YORK + 1 | 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

#JASPER/PALILLO

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 A alteration of an existing liquor license utransfer 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: BULL, WINL + LITAUR ON OREM HE Is location currently licensed? WYes INO If alteration, describe nature of alteration: From Ford Compar TO STAND-UN BAN Previous or current use of the location: N A Corporation and trade name of current previous license: 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: KADLLY CENTY (ORP TAAVO SOMER Trade name (DBA): BOWERY NYC. NY Premises address: BOWERY + E. 2ND GARRET Between what streets: Revised: April 2011

PREMISES:
Type of building and number of floors: BUCK - 4 5700
Prior use of premises: 10) Teman
Any outside area or sidewalk cafe used for the sale or consumption of alcoholic beyerages? (includes roof &
yard) Yes \( No If Yes, describe and show on diagram: ONDOWN CATE (5 idewalk)
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? 165 Number of tables? 15 Number of seats at tables? 106
BARS:
How many *stand-up bars/ bar seats are located on the premises (and how many seats)?
How many service bars? 1 Proposed - 97 Approx 20 straight w/10 stools
Describe all bars (length, shape and location): 10511115: 26th w 10510015 Gray No. 501 10.64.
Any food counters? Yes \ No If Yes, describe: GROUND hore _ Cffee Bac
* 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 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
LONTEMPORARY AMERICAN HOME-STYLE FOOD   DINER
PROPOSED METHOD OF OPERATION: PROBLETLY IN OPERATION.  What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.)   SNOW AND WILL BC:  A RESTAUGHNT
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)
Will the business employ a manager? Yes 🗖 No
How many employees?
Will the business employ a manager? Yes INO  How many employees? Yes INO (If Yes, how many?) I ON THE FORT PRO
Do you have or plan to install prench doors, according doors, or windows? none of these Will there be TV's? Yes No (If Yes, how many?)

Will premises have music?	🛛 Yes 🗖 No		. 0		
If Yes, what type of music? E	xplain in detail:	SPOD/LOUGUN	IR ONLY		
Type of music/entertainmen Volume leve	t: DLive mu	• •	e DJ 🔲 Ju	ike box	Ds
Do you have or plan to	install sound-proof	ing? Please descri	ibe your soun	nd system:	<del></del>
Will you host □ promoted ev	ents, 🗖 scheduled	performances or [	any event a	at which a cover fee is	charged?
Do you have plans to manage establishment?	. ,	lar traffic and crov If "Yes" pleas			y your
Is this establishment wheel cl	nair accessible?		<b>≱</b> Yes	□ No	, ,
Has this corporation or any p	rincipal been licen	sed previously?	<b>¥</b> Yes	□ No	pa
If yes, please indicate name of	of establishment:	Peers , 375	Bonery	, RADLEY C	oep: 1.0
Address: Mhl: Humans	191 Chrysties	<del>ار</del>	Commu	nity Board # 3	r ————
Dates: 2004- pount	,				
Using the diagram below as address) and total number of each direction. Please indicated agram. Please label streets indicate it with a [*]. Use to questionnaire to the Communication of the communic	an example, attach f establishments se te whether establish and avenues and the letters to indica	elling/serving beer, shments have On-lidentify your locat te <u>B</u> ar, <u>R</u> estaurant,	wine (B/W) Premises (OP ion near the r	or liquor (OP) for 2 by licenses by circling to middle of the diagram	locks in the letter on and
Bar (B) OP B/W	Hotel HL	Restaurant (I OPB/W	•	Sidewalk Café (S) OPB/W_	
Example:					
B G B S B B B R F		GBBBRB SGR(B)BB	]	• •	
				•	
How many licensed establish	hments are within	1 block?	<u>~</u>		
How many licensed establis	hments are within	500 feet?	1		
How many within 500 feet a	re On-Premises (G	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 establishme	nts with OP	license. \(\mathbb{A}\)Yes	□ No
Premises is within 200 feet of any school or place of worship?	☐ Yes	<b>≱</b> 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.

