

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 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: I 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? Type Yes No If alteration, describe nature of alteration: Previous or current use of the location: restaurent 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: 6 St. Marks Restaurant LLC Trade name (DBA): Premises address: Between what streets:

PREMISES:
Type of building and number of floors: 6 Story brick
Prior use of premises: Un Kroun
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? Yes
Do you plan to apply for Public Assembly permit?
Zoning designation: C - 5-/ Maximum number of persons that can legally occupy
the premises? 50 Number of tables? 27 Number of seats at tables? 74
BARS:
How many *stand-up bars/ bar seats are located on the premises (and how many seats)?
How many service bars?
Describe all bars (length, shape and location):
Any food counters?    Yes  No If Yes, describe:
* A <u>stand up bar</u> 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: (2)
KITCHEN: (2)  Does premises have a ☑ full kitchen or □ food preparation area? (If any, show on diagram)
Is food available for sale? Yes \(\sigma\) No If yes, describe type of food and submit a menu
15 1000 divendors for said. At 100 A 100, describe type of 1000 and submit a mond
PROPOSED METHOD OF OPERATION:
What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.)
Korean Cuisine
Will any other business besides food or alcohol service be conducted at said premises?   Yes  Yes
If yes, details:
What are the proposed days/hours of operation? (Specify days and hours each day) SUN 11AM-12Am;
MON-WED MAM-IAM; Pars/Fri/Set MAM-ZAM
Will the business employ a manager? ► Yes □ No
How many employees? 10 - 12
Will there be security personnel? ☐ Yes ☐ No (If Yes, how many?)
Do you have or plan to install French doors, according doors, or windows? In none of these Will there be TV's? Yes No (If Yes, how many?)

Will premises have music? ✓Yes ☐ No			
If Yes, what type of music? Explain in detail: Anbient	Sackerone	S Music	<u>,                                     </u>
	ve DJ 💆 🗖 J	luke box 🛚 🗵	
Do you have or plan to install sound-proofing? Please descripted with Small speakers	ribe your sou	nd system:	
Will you host □ promoted events, □ scheduled performances or	any event	at which a co	ver fee is charged?
Do you have plans to manage or address vehicular traffic and crovestablishment?			
establishment? The Yes In No If "Yes" plea  ONE ENDLOYEE TO PERIODICALLY ENSURE THAT  Is this establishment wheel chair accessible?	Y Yes	□ No	REGARD AND ARE
Has this corporation or any principal been licensed previously?	☐ Yes	Ž No	
If yes, please indicate name of establishment:		<u> </u>	
Address:	Commu	nity Board #_	···
Dates:			
history of complaints or other comments.  Using the diagram below as an example, attach a separate similar address) and total number of establishments selling/serving beer, each direction. Please indicate whether establishments have On-P diagram. Please label streets and avenues and identify your locati indicate it with a [★]. Use the letters to indicate Bar, Restaurant, questionnaire to the Community Board before the meeting.	wine (B/W) remises (OP) on near the n	or liquor (OP) licenses by on iddle of the o	) for 2 blocks in circling the letter on liagram and
Bar (B)         Hotel         Restaurant (R           OPB/W	*	Sidewalk OPB	
Example:			
BGBSRGBRB BRSGBBBRB BRGSBBBRB B * RSGRBBBB			
How many licensed establishments are within I block?	SEE AT	TACHED	
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 attack 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 200 feet of any school or place of worship?

Premises is within a 500 foot radius of three or more establishments with OP license.	□ Yes	D No N [A

☐ Yes

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.

