

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 bring the following items to the meeting:

Schematics, floor plans or architectural drawings of the inside of the premise; A proposed food and or drink menu; Petition in support of proposed business or change in business with signatures from residential tenants at location and in buildings adjacent to, across the street from and behind your proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar. Letter of notice of proposed business to block, tenant or neighborhood association if one exists. E-mail the CB3 office at info@cb3manhattan.org for help to find block associations. Photographs of proof of conspicuous posting of meeting with newspaper showing date. If applicant has been or is licensed anywhere in City, letter from applicable community board indicating history of complaints and other comments Check which you are applying for: In each in the community of an existing liquor license upgrade of an existing liquor license upgrade of an existing liquor license sale of assets In applying for transfer, you must bring letter from current owner confirming that you are putying business or have the seller come with you to the meeting. Previous or current use of the location:	NOT:	E: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED. Photographs of the inside and outside of the premise;
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See liquor license upgrade of an existing liquor license alteration of an existing liquor license sale of assets	0	If applicant has been or is licensed anywhere in City, letter from applicable community board
Type of license:	Chec	■ new liquor license ■ upgrade of an existing liquor license ■ alteration of an existing liquor license ■ sale of assets
Previous or current use of the location: Corporation and trade name of current license: APPLICANT: Name of applicant and all principals: Violity, LLC - See Attached Schedule Trade name (DBA): BATBURGER Premise address and cross streets: 171 Ave A 10-11	buyi	ing business or have the seller come with you to the meeting.
APPLICANT: Name of applicant and all principals: Violity, LLC - See Attached Schedule Trade name (DBA): BAVBURGER Premise address and cross streets: 171 Ave A [U-1]	If alt	eration, describe nature of alteration:
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Premise address and cross streets: 171 Ave A [U-1]	Trad	le name (DBA): BADBURGER
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,	Pren	nise address and cross streets: 171 Ave A 10-11
PREMISE:	Pren	nise address and cross streets: 171 Ave A [U-1]
Type of building and number of floors: MAXXIA 1) Te 5 Store	DDC	MICE.
Type of bulluling and number of hoofs. When the second of	DDC	

Do you have or plan to install French doors accordion doors or windows?
Will you agree to close any doors and windows at 10:00 P.M. every night? ☐ Yes ☐ No
Will there be TVs/monitors? Yes \(\text{No (If Yes, how many?)} \(Cossently 1, poss 4 more
Will premise have music? ▼ Yes □ No
If Yes, what type of music? Live musician \(\mathbb{I}\) DI \(\mathbb{I}\) Juke box \(\mathbb{I}\) Tapes/CDs/iPod
If other type, please describe Usually Jukebox or IPOD - but reserving all right
What will be the music volume? 🗖 Background (quiet) 🗖 Entertainment level
Please describe your sound system: Jikehox, leciples
Will you host promoted events, scheduled performances or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed?
How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans. There will not be any Traffic caused by 0)
Will there be security personnel? ☐ Yes No (If Yes, how many and when)
How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans. Spent Over \$70,000 on Sound Plant Do you have or plan to install sound-proofing?
APPLICANT HISTORY:
Has this corporation or any principal been licensed previously? Yes 🗖 No
If yes, please indicate name of establishment:
Address: 99 Ave 4 Community Board # 3
Dates of operation: Oct 2009 - Procent
If you answered "Yes" to the above question, please provide a letter from the community
board indicating history of complaints or other comments.
Has any principal had work experience similar to the proposed business? Yes 🗖 No If Yes, please
attach explanation of experience or resume.
Does any principal have other businesses in this area? Yes D No If Yes, please give trade name
and describe type of business Civition of
Does any principal have other businesses in this area? Yes \(\bigcap \) No If Yes, please give trade name and describe type of business \(\bigcap \) \(\bigcap \) \(\bigcap \) Has any principal had SLA reports or action within the past 3 years? \(\bigcap \) Yes \(\bigcap \) No If Yes, attach list
of violations and dates of violations and outcomes, if any.
Attach a separate diagram that indicates the location (name and address) and total number of

Attach a separate 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-Premise (OP) licenses. Please label streets and avenues and identify your location. Use letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.

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: RAKYARD
Does premise have a valid Certificate of Occupancy and all appropriate permits, including certificate of occupancy of back or side yard intended for commercial use? Yes No Indoor Certificate of Occupancy Outdoor Certificate of Occupancy
outdoor dertificate of occupancy
Do you plan to apply for Public Assembly permit? ☐ Yes ☐ No
Zoning designation (using our website):
Is this premise wheel chair accessible? Yes • No
PROPOSED METHOD OF OPERATION:
What type of establishment will this be (i.e.: restaurant, bar, performance space, club, hotel)?
Will any other business besides food or alcohol service be conducted at premise? ☐ Yes ☒ No
If yes, please describe what type:
What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) 24/7 inside, 1100 Am - 10100 Pm Outside - weather permitting Number of tables? 32 in 5 out Number of seats at tables? 64 in 20 out
How many stand-up bars/ bar seats are located on the premise?
(A stand up bar is any bar or counter (whether with seating or not) over which a patron can order,
pay for and receive an alcoholic beverage)
Describe all bars (length, shape and location): 6,5 teet long by 5 teet once
Any food counters? Yes \(\mathbb{O}\) No If Yes, describe: \(\sum_{\text{ame}} \alpha_{\text{5}} \) \(\text{15}\) \(\text{15}\)
Does premise have a full kitchen Yes No?
Does it have a food preparation area? Yes D No (If any, show on diagram)
Is food available for sale? Yes No lf yes, describe type of food and submit a menu
What are the hours kitchen will be open? 24/7
Will a manager or principal always be on site? Yes \(\omega\) No If yes, which? Mac. or Winting
How many employees will there be?

LOCATION:	
How many licensed establishments are within 1 block?	
How many licensed establishments are within 500 feet?	
Is premise within a 500 foot radius of 3 or more establishments with OP licenses? Yes No	
How many On-Premise (OP) liquor licenses are within 500 feet?	
Is premise within 200 feet of any school or place of worship? Yes No	
If there is a school or place of worship within 200 feet of your premise on the same block, submit a	
block plot diagram or area map showing its location in proximity to your premise and indicate the	
distance and name and address of the school or house of worship. (ight across st- Periods	tal Churc

COMMUNITY OUTREACH:

If there are block associations, neighborhood 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 with sufficient time for them to respond to your notice. You may contact the Community Board at info@cb3manhattan.org for any contact information that is on file.

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).

