

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:

	E: ALL I LEMS MUST BE SUBMIT LED FUR AFFLICATION TO BE CONSIDERED.
묫	Photographs of the inside and outside of the premise;
<u> </u>	Schematics, floor plans or architectural drawings of the inside of the premise;
[Z]:	A proposed food and or drink menu;
 [3]	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.
덪	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
Chec	k which you are applying for: In new liquor license In alteration of an existing liquor license In corporate change In upgrade of an existing liquor license In sale of assets
buyi	plying for transfer, you must bring letter from current owner confirming that you are ing business or have the seller come with you to the meeting. The seller come with you to the meeting. The seller come with you to the meeting.
buyi Type	of license: Is location currently licensed? Yes No
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Type If alt Prev Corp	Is location currently licensed? Yes No eration, describe nature of alteration: four or current use of the location: foration and trade name of current license: LICANT: e of applicant and all principals: Happy Garden Palace Inc.
Type If alt Prev Corp	ing business or have the seller come with you to the meeting. of license: Is location currently licensed? □ Yes □ No eration, describe nature of alteration: ious or current use of the location: oration and trade name of current license:
buyi Type If alt Prev Corp Nam Trace Pren	Is location currently licensed? Yes No eration, describe nature of alteration: ious or current use of the location: oration and trade name of current license: LICANT: e of applicant and all principals: Happy Garden Palace Inc. Happy Garden Palace License (DBA): Happy Garden Palace Inise address and cross streets: 54 East Broadway, New York, NY 10002
buying Type If alto Prevo Corp Name Trade Prevo	Is location currently licensed? Yes No eration, describe nature of alteration: four or current use of the location: foration and trade name of current license: LICANT: e of applicant and all principals: Happy Garden Palace Inc.

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 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 48 Outdoor Certificate of Occupancy 0
Do you plan to apply for Public Assembly permit? ☐ Yes ☑ No
Zoning designation (using our website): C6-1G
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)? restaurant
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) 9A-2A seven days a week
Number of tables? 8 Number of seats at tables? 48
How many stand-up bars/bar seats are located on the premise? 0
(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):
Any food counters? D Yes A No If Yes, describe:
Does premise have a full kitchen ☑ Yes ☐ No?
Does it have a food preparation area? 🖼 Yes 🗖 No (If any, show on diagram)
Is food available for sale? 🖫 Yes 🗆 No. If yes, describe type of food and submit a menu. Chinese
What are the hours kitchen will be open? 9A-2A seven days a week
Will a manager or principal always be on site? ☑ Yes ☐ No If yes, which?
How many employees will there be? $3-5$

Do you have or plan to install \square French doors \square accordion doors or \square windows? n/a Will you agree to close any doors and windows at 10:00 P.M. every night? \square Yes \square No
Will there be TVs/monitors? ■ Yes □ No (If Yes, how many?) 1
Will premise have music? ■ Yes ■ No
If Yes, what type of music? Live musician D J D Juke box Tapes/CDs/iPod
If other type, please describe
What will be the music volume? 🛮 Background (quiet) 🗖 Entertainment level
Please describe your sound system:
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?no
How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans.
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.
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: Community Board #
Dates of operation:
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 🗷 No. If Yes, please give trade name
and describe type of business
Has any principal had SLA reports or action within the past 3 years? 🗖 Yes 🖪 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 establishments selling/serving beer, wine (B/W) or liquor (OP) for Z 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.

LOCATION:

How many licensed establishments are within 1 block? 4
How many licensed establishments are within 500 feet? 4
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? 1
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. no

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 bours and method of operation of your establishment at the top of each page. (Attach additional sheets of paper as necessary).

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