



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:

NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.

- Photographs of the inside and outside of the premise;
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:

- new liquor license
alteration of an existing liquor license
corporate change
upgrade of an existing liquor license
sale of assets

If applying for transfer, you must bring letter from current owner confirming that you are buying business or have the seller come with you to the meeting.

Type of license: Liquor, Wine & Beer (OP 252) Is location currently licensed? Yes No

If alteration, describe nature of alteration: Front Portion of Premises is currently licensed

Previous or current use of the location: Bar & Office

Corporation and trade name of current license: Rivington Wine & Cheese Inc. dba St. Jerome's

APPLICANT:

Name of applicant and all principals: Elliot Carlson & Burak Erhan on behalf of an entity to be determined

Principals: Elliot Carlson, Burak Erhan

Trade name (DBA): to be determined

Premise address and cross streets: 155 Rivington St., New York, NY 10002

PREMISE:

Type of building and number of floors: Commercial building with 4 floors

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 \*LNO currently in effect\*  
Indoor Certificate of Occupancy \*LNO\* \_\_\_\_\_ Outdoor Certificate of Occupancy N/A

Do you plan to apply for Public Assembly permit?  Yes  No  
Zoning designation (using our website): R7A

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)?  
Cocktail bar and American Tapas 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) 5 pm - 4 am, Sunday - Saturday

Number of tables? 10 Number of seats at tables? 35-40

How many stand-up bars/ bar seats are located on the premise? 2 bar with approx. 12 seats at the front bar and approx. 30 at the back bar

(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): 1 L Shaped bar to the front of the premises (seats approx. 12);  
1 rectangular bar to the back of the premises (seats approx. 30)

Any food counters?  Yes  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

What are the hours kitchen will be open? 5 pm - 2 am

Will a manager or principal always be on site?  Yes  No If yes, which? \_\_\_\_\_

How many employees will there be? 8-10 employees

Do you have or plan to install  French doors  accordion doors or  windows? No, none of these.

Will you agree to close any doors and windows at 10:00 P.M. every night?  Yes  No

Will there be TVs/monitors?  Yes  No (If Yes, how many?) \_\_\_\_\_

Will premise have music?  Yes  No

If Yes, what type of music?  Live musician  DJ  Juke box  Tapes/CDs/iPod

If other type, please describe Mostly ambient music, sometimes there will be a DJ.

What will be the music volume?  Background (quiet)  Entertainment level

Please describe your sound system: basic sound system, ipod with stereo

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) \_\_\_\_\_  
2 security personnel will be on duty on the weekends

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?

\*Sound-proofing is already installed in the front space, the windows in the back room will be reinforced\*

**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. \*see attached bios\*

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 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.

**LOCATION:**

How many licensed establishments are within 1 block? 10

How many licensed establishments are within 500 feet? 16

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? 11

Is premise within 200 feet of any school or place of worship?  Yes  No

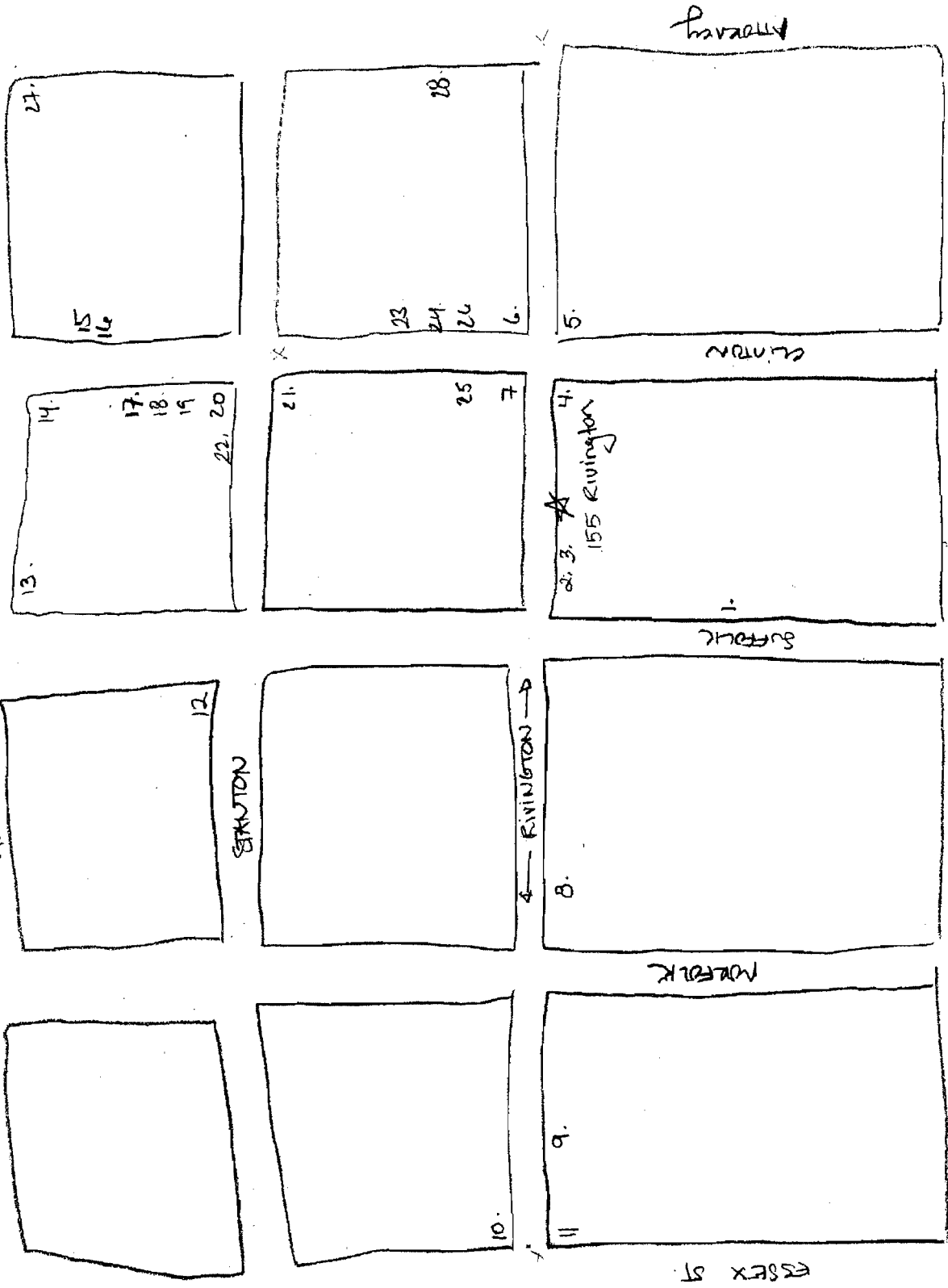
If there is a school or place of worship within 200 feet of your premise on the same block, submit a block plot diagram or area map showing its location in proximity to your premise and indicate the distance and name and address of the school or house of worship.

**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](mailto: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).

2 block AREA MAP



DELANCEY → DELANCEY

## Key for 2 block MAP

1. Antibas BISTRO, 112 SUFFOLK ST, Restaurant (B+W)
2. 151, 151 Rivington st. BAR (op)
3. Bondi ROAD, 153 Rivington st. (op) ?
4. Falai, 68 Clinton, (B+W) Rest
5. ARIAS, 76 Clinton, (op) Rest. ?
6. O'BAO, 72 Clinton (B+W) Rest.
7. San Margaro, 71 Clinton, (B+W) Rest.
8. Schillers, 131 Rivington (op) Restaurant
9. Welcome to the Johnsons, 123 Rivington (op) BAR
10. THE MAGICIAN, 118 Rivington, (op) BAR
11. THE ESSEX, 120 ESSEX ST, (op) Restaurant ?
12. Azul, 152 Stanton, (op) Restaurant
13. Local 269, 269 E. Houston, (op) BAR
14. Pinalito, 293 E Houston. (op) Restaurant
15. Clinton st. Baking Co., 4 Clinton st. (B+W)
16. One Mae Thai, 7 Clinton, (B+W)
17. Frankie Spuntino, 17 Clinton, (B+W) Restaurant
18. Cocoa bar, 21 Clinton St. (B+W) Restaurant
19. EDS Lobster BAR, 25 Clinton St (B+W) Restaurant
20. Salt BAR, 29 Clinton st, (op) BAR
21. Denny brook, 35 Clinton st, (op) BAR
22. TAPED 29 Clinton st. (op) BAR/Restaurant
23. WDSO 50 Clinton st (op) BAR.
24. Temple of Ark. 58 Clinton, (op) BAR
25. BARERAMUNDI, 67 Clinton st. (op) BAR