



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

CB3 Liquor License Application Questionnaire: Corporate Change

What is the percentage of the corporate change? 100

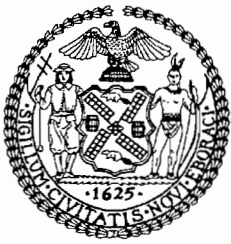
Name of partner leaving the corporation? Nicole Fontanella

Name of partner joining the corporation? Alexander Adame & Paul
Frazier

What will be position of new partner regarding day-to-day operations? Full Time Managers

What other licensed businesses has the partner been associated with? NONE

Will the business name be maintained? Yes



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David McWater, Board Chair

Susan Stetzer, District Manager

Liquor License Application Questionnaire

Please fill out this form and return to the Community Board office by fax or mail to arrive at least **10 business days** before the SLA & Economic Development Committee meeting. Bring supporting material requested to the meeting. Failure to complete and return this form on time will result in your agenda item being placed at the end of the agenda.

For maximum public notification of your application, display the enclosed posters in a visible location on the outside of your establishment and adjacent buildings for **7 days** prior to the meeting. Bring a picture as proof of the posting.

Check which you are applying for: A new liquor license An upgrade of an existing liquor license
 An alteration of an existing liquor license A transfer of an existing liquor license

If alteration, describe nature of alteration: _____

Previous use of the location: _____

Please bring the following items to the meeting:

- 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;
- Petition signatures from residents in surrounding buildings and letter from block association if applicable;
- A copy of your SLA application [excluding financial and personal information].

Name of corporation: Nikkimax Enterprises LLC DBA: Nikki's closet
Address: 75 Orchard Street Cross streets: B/n Broome & Grand Streets
Applicant's name on SLA documents: Nikkimax Enterprises LLC
Applicant's address: 75 Orchard Street, New York, New York
Telephone: ---- E-mail: _____

Type of establishment: Grocery store Liquor store Hotel Other
 Bar Restaurant Wholesaler Clothing store

Premises layout: Number of floors 2 Total square footage Approx. 1800 sf Usable square footage Approx. 1100 sf

Building structure: Do you have or plan to install French doors, accordion doors, or windows? NO

What type of liquor license? On-Premises license Restaurant Beer/Wine (RW) Other
 Off-Premises license (Retail) Tavern Beer/Wine (TW)

Hours of operation (indicate if different for week/weekend and for sidewalk or back yard):
7 days per week - Sat 10:00 a.m. - 1:30 a.m.; Sun 10:00 a.m. - midnight
Mon - Wed Noon - midnight; Thurs/Fri. Noon - 1:30 a.m.

Do you plan to use outdoor space other than a sidewalk café? Yes No

Do you plan to apply for a sidewalk café permit? Yes No

Do you have, as of right, backyard usage as part of your lease? Yes No

Type of music/entertainment: Live musician Live DJ Juke box Tapes/CDs
Volume level: Background (quiet) Entertainment level

Will you host promoted events or any event at which a cover fee is charged? NO

Do you have or plan to have security? **Not Necessary**

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment?

Yes No **If "Yes" please attach plans. Not Necessary**

Do you have or plan to install sound-proofing? Please describe your sound system: No current plans

Is this establishment wheel chair accessible? Yes No **If "Yes" please attach photo.**

Premises capacity:

Seating capacity inside Tables: 4 Chairs: 20 Bar stools: 9
~~Seating capacity sidewalk Tables: _____ Chairs: _____ Bar stools: _____~~
~~Seating capacity backyard tables: _____ Chairs: _____ Bar stools: _____~~
Totals _____

What is the Certificate of Occupancy permitted capacity? 10

Do you intend to apply for a Public Assembly permit of an amended C of O? Yes No

Has this corporation or any principal been licensed previously? Yes No

If yes, please indicate name of establishment: _____

Address: _____ Community Board #: _____

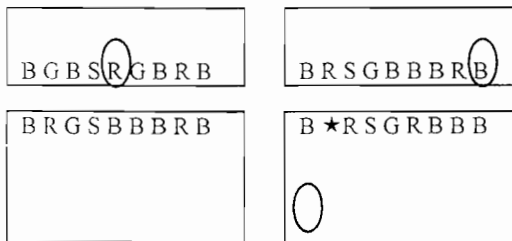
Cross street: _____ Dates: _____

If you answered "Yes" to the above question, please provide a letter of record indicating history of complaints or other comments from the community board in which your establishment is/was located if located in NYC.

Using the schematic below as an example, attach a separate similar schematic that indicates the location and total number of establishments selling/serving beer, wine (B/W) or liquor(OP) for 2 block in each direction. Please indicate whether establishments have On-Premises (OP) licenses by circling the letter on schematic. Please label streets and avenues and identify your location near the middle of the diagram and indicate it with a [★]. Use the letters to indicate **B**ar, **R**estaurant, etc.

Bar (B)	Grocery (G)	Restaurant (R)	Cabaret (C)	Sidewalk Café (S)
OP ___ B/W ___	B/W ___	OP ___ B/W ___	OP ___ B/W ___	OP ___ B/W ___

EXAMPLE:



How many licensed establishments are within 1 block? _____

How many licensed establishments are within 500 feet? _____

How many of these are On-Premises (OP) licenses? _____

If there are block associations, merchant associations, or tenant associations in the immediate vicinity of your location, you must contact them. **Please attach proof (copy of letter or 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)

Please provide contact information for residents/Community Board and confirm that if complaints are made, you will act immediately to resolve any problems.

ON-PREMISES ESTABLISHMENT QUESTIONNAIRE

All applicants, EXCEPT for grocery and drug store beer, must complete Section G.

1. NEIGHBORHOOD:

Type of neighborhood:

- Residential
 Business
 Shopping Mall

2. PREMISES (exterior):

a. Type of building and number of floors:
 (Example: Detached, multi unit, shopping mall, etc.)

6 story brick

b. Has premises been known by any other address?
 If YES, please specify:

 YES NO

c. Has premises been previously licensed for the sale of
 alcoholic beverages?

 YES NO

d. What was prior use of premises:

vacant for years

e. Any outside area or sidewalk café used for the sale or
 consumption of alcoholic beverages? (includes roof & yard)
 If YES, describe and show on diagram:

 YES NO

f. If applying for an on-premises license does premises have a valid
CERTIFICATE OF OCCUPANCY and **ALL** appropriate permits?

 YES NO

**SUBMIT A COPY OF THE CERTIFICATE OF OCCUPANCY OR
 A LETTER FROM MUNICIPALITY STATING NONE IS NEEDED.**

g. Are the premises to be licensed divided in any way, by a
 public or private passageway, etc., over which the applicant
 does not have exclusive possession and control?
 If YES, describe:

 YES NO

3. PREMISES (interior):

a. On what floor(s) are the premises to be located:
 How many room(s) on each floor?

Ground floor & Basement

b. Use of rooms?

GF - 3 ; BSMT - 5

c. If more than one floor, what is the access between floors?

GF - Sales floor, Foyer, Cafe
 Bsmt - food prep, sales floor, studio, 2 bathrooms
 interior stairway

d. How many bathrooms? _____

2

e. Location of bathrooms? (include on diagram)

Basement

On-Premises Establishment Questionnaire

Section G

f. What is the maximum number of persons that can legally occupy the premises?

35

g. Number of tables?

4

h. Number of seats at tables?

20

i. Is the interior view unobstructed throughout?

yes

If not, state reason:

n/a

j. Any openings to other parts of the building? If YES, describe:

YES

NO

4. BARS:

a. How many *stand-up bars are located on the premises?

one

b. How many *service bars*?

none Front Left

c. Describe all bars (length, shape and location):

15' irregular Front Left

d. Any food counters? If YES, describe:

YES

NO

*See instructions, page II for definition of stand-up and service bars.

5. KITCHEN:

a. Does premises have a kitchen or food preparation area? (If any, show on diagram).

YES

NO

b. Is food available for sale?

YES

NO

If yes, describe type of food and SUBMIT A MENU.

6. HOTEL:

a. Type of Hotel:

N/A

- Transient
- Apartment
- Summer

b. Is there a restaurant in the building(s) housing the proposed hotel?

YES

NO

c. How many floors?

d. How many rooms?

e. How many mini bars?

PROPOSED METHOD OF OPERATION

All applicants for a license to sell alcoholic beverages must complete Section H.

1. What type of establishment will this be? (i.e.: restaurant, tavern, disco, etc.) Boutique & Cafe

2. Will premises have music? [X] YES [] NO
If YES, what type of music? Explain in detail: Background only

3. Will premises permit dancing? [] YES [X] NO
3a. If YES, describe:

4. What are the proposed days/hours of operation? (Specify days and hours each day)
Mon - Wed - Noon - Midnight
Thurs & Fri Noon - 1:30 a.m.
Saturday 10:00 a.m. - 1:30 a.m.
Sunday 10:00 a.m. - Midnight

5. Will the business employ a manager? If YES, see question 6. [X] YES [] NO

6. Name(s) of manager(s)? Nikki Fontanella
(Manager(s) MUST complete a personal questionnaire Prior to employment.)

7. How many employees? 1 Owner/Mgr, 1 Cashier, 1 Waiter

8. Will there be security personnel? (If YES, how many?) [] YES [X] NO

9. Will applicant engage in internet sale of alcoholic beverages? [] YES [X] NO
If YES, describe: