

## 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:    Drew liquor license   Drew li			
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: BEER&WINE Is location currently licensed? ✓ Yes □ No			
If alteration, describe nature of alteration: BEERE WINE BACKYARD USAGE			
Previous or current use of the location: [NSIDZ ON LY			
Previous or current use of the location:			
APPLICANT:  Name of applicant and all principals: PRINTER BZYON D NY INC			
Trade name (DBA): PRIMZ& BZYOND  Premise address and cross streets: 90 F 10 TU ST NY NY 1003			
PREMISE:  Type of building and number of floors: Commercial Ath Fl.			

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Any outside area or sidewalk care 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 D No
Indoor Certificate of Occupancy 65 Outdoor Certificate of Occupancy
- · · · · · · · · · · · · · · · · · · ·
Do you plan to apply for Public Assembly permit?   Yes No
Zoning designation (using our website):
Is this premise wheel chair accessible? To Yes To No
PROPOSED METHOD OF OPERATION:
What type of establishment will this be (i.e.: restaurant, bar, performance space, club, hotel)?  RESTAURATT
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) MON-TUZ: 5pm-10 pm  WED-SUN: LLINCH: 12-3 pm DINNER 5-11 pm
Number of tables? Number of seats at tables? 40
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): TOTAL 25 FT / LINEAR
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)
ls food available for sale?  Yes No If yes, describe type of food and submit a menu
What are the hours kitchen will be open? MON TUE 5-10 PM WZD-SUN 12-3pm 25-11 Pr
Will a manager or principal always be on site? ₩ Yes □ No If yes, which?
How many employees will there be? $(C-)2$

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Do you have or plan to install Trench 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 No (If Yes, how many?)			
Will premise have music? Yes No  If Yes, what type of music? Live musician DJ DJ DJ Juke box Tapes/CDs/iPod  If other type, please describe			
			What will be the music volume? Background (quiet) La 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?			
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.  OPERATE LIMITER HOUR			
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: PRIMELBZYOND NY INC			
Address: 90 F OTH ST NY NY 10003 Community Board # 3			
Dates of operation: July 2011			
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			
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Does any principal have other businesses in this area?  Yes No If Yes, please give trade name			
and describe type of business			
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.

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## LOCATION:

How many licensed establishments are within 1 block?	_3
How many licensed establishments are within 500 feet?	150+ more
Is premise within a 500 foot radius of 3 or more establishments w	ith OP licenses? Yes No
How many On-Premise (OP) liquor licenses are within 500 feet?	15
Is premise within 200 feet of any school or place of worship? 🗖 Ye	s M No
If there is a school or place of worship within 200 feet of your prer	nise on the same block, submit a
block plot diagram or area map showing its location in proximity t	
distance and name and address of the school or house of worship.	

## **COMMUNITY OUTREACH:**

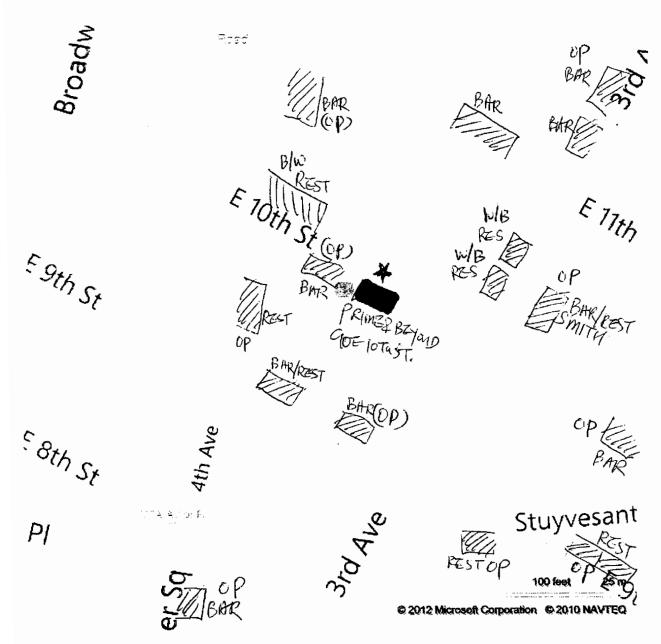
If there are block associations, neighborhood or tenant associations in the immediate vicinity of your location, you must contact them. Please attach proof (copies of letters and poster) that you have advised these groups of your application with sufficient time for them to respond to your notice. You may contact the Community Board at info@cb3manhattan.org 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).



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PRIMER BEYOUD NY INC. 90E 10TH ST NY NY 10003