

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

<u>Community Board 3 Liquor License Application Questionnaire</u>

Please bring the following items to the meeting:

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

- **D** Photographs of the inside and outside of the premise;
- **D** Schematics, floor plans or architectural drawings of the inside of the premise;
- **D** 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.
- **D** 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 licensesale 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: <u>On Peemise</u> Is location currently licensed? □ Yes ☑ No

If alteration, describe nature of alteration:

Previous or current use of the location: VACANT 6 years

Corporation and trade name of current license:_

AFFLICANT:		V MCC.	1 I	
Name of applicant and all p	rincipals: PAT	rick MCLAR	-Thy	
Bruce	Caufiela	3	-	_
Trade name (DBA):	Nevada	Smiths		(
Premise address and cross	streets:/00	Third Hve	$-12+13^{+}$	n Streets

PREMISE:

Type of building and number of floors: <u>mixed</u> 8 Floors

Any outside area or sidewalk cafe used for the sale or consumption of alcoholic beverages? *(includes roof & yard)* Uses Vo. 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? \Box Yes \Box No Indoor Certificate of Occupancy <u>pending</u> Outdoor Certificate of Occupancy <u>NA</u>				
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)? BAR + 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) $10:00 \text{ m} - 4:00 \text{ m} - 1 \text{ day s}$				
Number of tables? Number of seats at tables?				
How many stand-up bars/ bar seats are located on the premise? 3				
(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? 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? \square Yes \square No If yes, describe type of food and submit a menu All hours of operation				
all lange of accentain				
What are the hours kitchen will be open? <u>All hours of operation</u>				
What are the hours kitchen will be open? <u>All hours of operation</u> Will a manager or principal always be on site? Z Yes D No If yes, which?				

Will there be security personnel? 🗹 Yes 🗖 No (If Yes, how many and when)
How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans.
-
charged? If Yes, what type of events or performances are proposed? No except Corporate event or private party
charged? If Yes, what type of events or performances are proposed? <u>No except</u>
Will you host promoted events, scheduled performances or any event at which a cover fee is
Please describe your sound system:
If other type, please describe What will be the music volume? 🗹 Background (quiet) 🗹 Entertainment level
If other type, please describe
If Yes, what type of music? Live musician DJ JUke box Tapes/CDs/iPod
Will premise have music? 🗹 Yes 🗖 No
Will there be TVs/monitors? ☑ Yes □ No (If Yes, how many?)2O
Will you agree to close any doors and windows at 10:00 P.M. every night? 🗹 Yes 🗖 No
Do you have or plan to install 🗹 French doors 🗖 accordion doors or 🗖 windows?

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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:

APPLICANT HISTORY:				
Has this corporation or any principal been licensed previously? 🗹 Yes 🗖 No 🔪				
If yes, please indicate name of establishment: <u>NevADA</u> Smiths				
Address: <u>74 Thied Avenue</u> Community Board # <u>3</u>				
Dates of operation: 7 days 10-4 Am				
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 <u>NevADA</u> Smiths				
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.

The following undersigned residents of the area support the issuance of an on-premises

RERA/WINN/LIQUANIcense to the following applicant/establishment:

(Please indicate type of license)

THIRD BURNUR 100 Address of premises_ (circle one) other RBST Pur MANT (bar) This business will be a restaurant The hours of operation will be 40.M. 20 OAM

PLEASE NOTE: signatures should be from residents of building, adjoining buildings, and within 2-block area. Any other information:

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Name Signature Address 92,3KD AVE ,NY Muhammad Zishar A'shan N:110003 CAT PRINKA 103 3ED AVE Nicholas van Holterweim NY 10003 106 3rd ave Ny 10003 HARRY BAROULAILIS Harry Baroula 104 3PD AVENUE And y Pirsousis 99 3rd Ave. gn Third Fre Yuko Nog William Wong 83 Third Arr 77 thisd Ad. and and SARBUIT SINGH 55 3rd ALL Repecta Snuth 50-3-0 Ave Charles (stodo-De Cois 64 Third Ale Jatnuer Hernig SYESIT.

LOCATION:

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).

CONTACT INFORMATION
Applicant's telephone number: <u>917-402-1510</u> Email: <u>TRFLYNNJCOG</u> mail. com Contact Name: <u>Terrence</u> FLYNN
Contact Name: Terrence FLYNN
Attorney 🗖 Representative 🗖 Other
Telephone number: 118-945-1000 Email: TRFYNNIE @ gmail.cm
Please provide contact information for residents and the Community Board and confirm that if
complaints are made, you will act immediately to resolve any problems.
Contact person: PATTY MCCAethy Phone: 917-402-1510
Contact person: PATTY MCCARTHY Phone: 917-402-1510 Address: 89 PRINCETON STREET WILLISTON PARK NY Email: PATTY @ NEVADASMITHS. NET
Email: PATTY@ NevADASMiths. Net
) —
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Name: _____

Signature:	_ Date:
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Revised: December 2011