

THE CITY OF NEW YORK

MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003 Phone (212) 533-5300 www.cb3manhattan.org - info@cb3manhattan.org

Jamie Rogers, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

	Today's Date:	_							
	<u>APPLICANT</u>								
1.	. Name of applicant and principle(s):								
2.	Premise address:								
	Cross streets:								
	Trade name (DBA):								
5.	Check which you are applying to: New liquor licence Alteration of an existing license Sale of as	sets							
6.	6. If alteration, describe nature of alteration:								
7.	. Is location currently licensed? Yes No								
8.	3- Type of license:	 							
9.	Previous or current use of the location:								
10.	Corporation and trade name of current location:								
11.	. Type of building and number of floors:								
12.	Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? Yes No 12a. What is the permitted occupancy indoors and outdoors?								
13.	Do you plan to apply for Public Assembly permit? Yes No								
14.	What is the zoning designation (check zoning usingmap: http://gis.nyc.gov/doitt/nycitymap/ -please give specific zoning designation, such as R8 or C2):								
15.	. How many licensed establishmentsare within 1 block?								
16.	. How many On-Premise (OP) liquor licenses are within 500 feet?								
17.	Is premise within 200 feet of any school or place of worship? Yes No								
	PROPOSED METHOD OF OPERATION								
18.	Describe your method of operation:								
19.									
20.	If yes, please describe what type:	 							
21.	What are the proposed days/hours of operation (specify days/hours each day and hours of outdoor space	if applicable:							
	22 . Total number of table: 23 . Total number of seats	3:							

24.	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 alcholic beverage.)								
25.	Describe all bars (length, shape, and location):								
26.	Does premise have a full kitchen? Yes No								
27.	What are the hours kitchen will be open?								
28.	What type of food is available for sale?								
	Will a manager or principal always be on site? Yes No If yes, which?								
30.	How many employees will there be?								
31.	Do you have or plan to install French doors accordion doors or windows?								
32.	Will there be TVs/monitors? Yes No (If Yes, how many?)								
33. W	7ill premise have music? Yes No 33a. If Yes, what type of music? Live Music Juke box								
	DJ Tapes/CDs/iPod								
34.	If other type, please describe:								
35.	What will be the music volume? Background (quiet) Entertainment level								
36.	Please describe your sound system:								
37.	Will you host any promoted events, scheduled performances or any event at which a cover fee is charged? Yes No								
38.	If Yes, what type of events or performances are proposed and how often?								
	Iow do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment?								
	Will there be security personnel? Yes No 40a. If Yes, how many and when?								
	How do you plan to manage noise inside and outside your business so neighbors will not be affected?								
42. D	to you have sound proofing installed? Yes No 43. If not, do you plan to install sound-proofing? Yes No								
	APPLICANT HISTORY								
44.	Has this corporation or any principal been licensed previously? Yes No <i>If yes</i> , please indicate name of establishment(s):								
45.	Address: 47. Community Board #								
46.	Dates of operation:								
	Has any principal had work experience similar to the proposed business? Yes No <i>If yes</i> , explanation of experience or resume.								
48.	Does any principal have other businesses in this area? Yes No <i>If yes</i> , give trade name and describe type of business:								
49.	Has any principal had SLA reports or action within the past 3 years? Yes No <i>If yes</i> , attach list of violations and dates of violations and outcomes.								

COMMUNITY OUTREACH

Please see the Community Board website to find block associations or tenant associations in the immediate vicinity of your location for community outreach. Applicants are encouraged to reach out to community groups.



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		Ü	•		nity Board 3 Liquor L	icense Stipulat	ions for Admi		•	O
, _	S	ONG	LAN	Qu	, as a qualifie	ed representat	ive of	Broome Hos	spitality Corp	,
oca	ted a	at	249 Bi		t					ations:
1.	⊠ ⊠	l will o	perate a	full-service	restaurant, specificall ood every night durin	y a (type of re	staurant)	sian Frad	Restaura	<u>rt</u>
2.			-	ion will be:	,	•				
	•		•		:Tue //:000m า/	1:30 PM : W	ed 11:000un	~ 11:30PM	:	
	Thu	11:00	omn	11:30 DM;	;Tue <u> :000m </u>	2: boam; Sat_	11:000m~	<i>12:000un</i> ; Su	n 11:00am	~11:30 pm
(I uı	nder	stand o	pening is	no later tha	an specified opening l	nour & all patr	ons are to be c	leared from bu	siness at speci	fied closing hour)
3.	X	l will	not use o	utdoor spac	e for commercial use					
4.		I will o	perate n	ny sidewalk (café no later than					
5.		☐ I will employ a doorman/security personnel on the following days:								
6.		I will i	nstall sou	ındproofing,				,		
7.	at 1 play	.0:00 P. /ing, in	M. every	night or whou not not limite	r façade doors and wi en amplified sound is ed to DJs, live music a	i	windows exce or when ampl	ept my entranc	e door will clos playing, includi	o open doors or se by 10:00 P.M. ng but not limited ormances.
8.					usic, 🗵 promoted ev DJs/ promoted e					
9.	X	I will p	olay ambi	ient recorde	d background music o	only.				
10.		I will not apply for an alteration to the method of operation or for any physical alterations of any nature without first oming before CB 3.								
11.		l will r	ot seek a	a change in o	class to a full on-prem	nise liquor licer	se without firs	t obtaining app	proval from CB	3.
12.	X	I will r	not partic	ipate in pub	crawls or have party	buses come to	my establishr	nent.		
13.	X	l will r	not have	unlimited dr	ink specials, including	g boozy brunch	es, with food.			
14.		I will r		a happy hou	r or drink specials wit	th or without t	ime limitations	s <u>OR</u> □ I will ha	ve happy hour	and it will
15.	X	I will r	not have	wait lines oเ	ıtside. 🗖 I will have a	staff person re	esponsible for	ensuring no loi	tering, noise o	r crowds outside.
16.	X	l will d	conspicuo	ously post th	is stipulation form be	eside my liquor	license inside	of my business	i.	
17.					manager/owner at the domain of operation if necestal the design of the d					
Nar	me: _						Phone Num	ber:		
18.		will:								· · · · · · · · · · · · · · · · · · ·
Sign	ned	Son	g H	<u>lan</u>	n provided above is t RU AUGUST		ccurate based	8/1	SENVI ZHADO	
Swo	orn t	o this _	ч	day of	AUGUST	_ 2017	1	Notary Intary Publ	Public State of	New York

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Qualified in Queens County My Commission Expires Nov 13, 2018