

## 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

Alysha Lewis-Coleman, Board Chair

Susan Stetzer, District Manager

## **Community Board 3 Liquor License Application Questionnaire**

Please bring the following items to the meeting:

NOTE: A	LL 1	<b>ITEMS</b>	MUST	BE	SUBMI	TTED	<b>FOR</b>	APP	LICAT	ΓΙΟN	TO	BE	CON	SIDE	RED

- ☑ 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 proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar. (petition provided)
- Notice of proposed business to block or tenant association if one exists. You can find community groups and contact information on the CB 3 website: <a href="http://www.nyc.gov/html/mancb3/html/communitygroups/community\_group\_listings.shtml">http://www.nyc.gov/html/mancb3/html/communitygroups/community\_group\_listings.shtml</a>
- ☑ 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  ■ new liquor license		of an existing liquor lic	ense	□ corporate change		
Check if either of these apply:   ✓ sale of assets	□ upgrade (change of class) of an existing liquor license					
Today's Date: January 29th, 2018						
If applying for sale of assets, are buying business or have	•	_		confirming that you		
Is location currently licensed?	ĭ Yes □ No	Type of license: Full Li	quor			
If alteration, describe nature of	f alteration: _					
Previous or current use of the location: German Restaurant & Beer Garden						
Corporation and trade name of current license: Biergarten America (Loreley)						
•						
APPLICANT:	treet					
Premise address: 7 Rivington S						
Cross streets: Between Bowery						
Name of applicant and all prin Rivington Beer Garden LLC	cipals: Doug J	acobson, Phil Jacobson				
Trade name (DBA): Loreley						

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PREMISE:					
Type of building and number of floors: Mixed Use Apartment Building, Restaurant 2 Floors, Total 5 Floors					
Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages? (includes roof & yard)   Yes  No If Yes, describe and show on diagram: Outdoor Patio / Backyard					
Does premise have a valid Certificate of Occupancy and all appropriate permits, including for any back or side yard use? ■ Yes ■ No What is maximum NUMBER of people permitted? 178					
Do you plan to apply for Public Assembly permit? ■ Yes ■ No					
What is the zoning designation (check zoning using map: <a href="http://gis.nyc.gov/doitt/nycitymap/">http://gis.nyc.gov/doitt/nycitymap/</a> - please give specific zoning designation, such as R8 or C2):  C6-1					
PROPOSED METHOD OF OPERATION:  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-Wed 12pm-2am, Thurs-Fri 12pm-4am, Saturday 10am-4am, Sunday 10am-2am, Holiday Weekends Sunday 4am, Outdoor Patio Everyday Opening Time - 12 Midnight					
Number of tables? 21 Total number of seats? 98					
How many stand-up bars/ bar seats are located on the premise? 2 Bars / 15 Seats  (A <b>stand up bar</b> 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): Main Bar, 15' L Shape, Party Room 6' Square Shape  Does premise have a full kitchen   Yes □ No?					
Does it have a food preparation area?  \(\begin{align*} \text{ Yes } \begin{align*} \text{No (If any, show on diagram)} \end{align*}  Is food available for sale?  \(\begin{align*} \text{Yes } \begin{align*} No If yes, describe type of food and submit a menu German / American Food					
What are the hours kitchen will be open? Mon-Wed 12pm-2am, Thurs-Fri 12pm-4am, Saturday 10am-4am, Sunday 10am-2am, Holiday Weekends Sunday 4am, Will a manager or principal always be on site? ✓ Yes ✓ No If yes, which? Both- Principal is manager How many employees will there be? 25-30					
Do you have or plan to install ☐ French doors ☐ accordion doors or ☒ windows?  Will there be TVs/monitors? ☐ Yes ☐ No (If Yes, how many?) Indoors Only, 10 TV's, 3 Projectors					

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Will premise have music? ■ Yes ■ No

If Yes, what type of music? $\square$ Live musician $\square$ DJ $\square$ Juke box $\square$	Tapes/CDs/iPod				
If other type, please describe					
What will be the music volume? $\blacksquare$ Background (quiet) $\blacksquare$ Enter					
Please describe your sound system: iPod 2 Speakers Bar, 3 Speakers Dining, 2 Speakers Party Room					
Will you host any promoted events, scheduled performances or	any event at which a cover fee is				
charged? If Yes, what type of events or performances are propo	sed and how often? No				
How do you plan to manage vehicular traffic and crowds on the establishment? Please attach plans. (Please do not answer "we					
Will there be security personnel? ■ Yes ■ No (If Yes, how many 1-2 People	and when) Thursday - Saturday				
How do you plan to manage noise inside and outside your busin affected? Please attach plans.	ess so neighbors will not be				
Do you have sound proofing installed? ■ Yes ■ No					
If not, do you plan to install sound-proofing? □ Yes ☑ No					
APPLICANT HISTORY:					
Has this corporation or any principal been licensed previously?					
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 $% \left\{ \mathbf{n}_{i}^{\mathbf{n}}\right\} =\mathbf{n}_{i}^{\mathbf{n}}$	business? 🛮 Yes 🗖 No If Yes, please				
attach explanation of experience or resume.					
Does any principal have other businesses in this area? $\blacksquare$ Yes $\blacksquare$	No If Yes, please give trade name				
and describe type of business					
Has any principal had SLA reports or action within the past 3 ye	ars? 🗖 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 an	d address) and total number of				

Please indicate whether establishments have On-Premise (OP) licenses. Please label streets and avenues and identify your location. Use letters to indicate **B**ar, **R**estaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.

establishments selling/serving beer, wine (B/W) or liquor (OP) for 2 blocks in each direction.

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LOCATION:
How many licensed establishments are within 1 block? 2
How many On-Premise (OP) liquor licenses are within 500 feet? 5
Is premise within 200 feet of any school or place of worship? ■ Yes ■ No
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. Also use provided petitions, which 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).

We are including the following questions to be able to prepare stipulations and have the meeting be faster and more efficient. Please answer per your business plan; do not plan to negotiate at the meeting.

пе	jouute ut the meeting.
1.	☑ I will operate a full-service restaurant, specifically a (type of restaurant) German Food  German Food  , with a kitchen open and serving food during all hours of operation OR I have less than full-service kitchen but will serve food all hours of operation.
2.	☑ I will close any front or rear façade doors and windows at 10:00 P.M. every night or when amplified sound is playing, including but not limited to DJs, live music and live nonmusical performances.
3.	■ I will not have ■ DJs, ■ live music, ■ promoted events, ■ any event at which a cover fee is charged, ■ scheduled performances, ■ more than DJs / promoted events per, ■ more than $\underline{^{20}}$ private parties per $\underline{^{\text{year}}}$ .
4.	☑ I will play ambient recorded background music only.
5.	■ I will not apply for an alteration to the method of operation or for any physical alterations of any nature without first coming before CB 3.
6.	■ I will not seek a change in class to a full on-premise liquor license without first obtaining approval from CB 3.
7.	☑ I will not participate in pub crawls or have party buses come to my establishment.
8.	□ I will not have a happy hour or drink specials with or without time restrictions $OR$ □ I will have happy hour and it will end by $OR$ $OR$ $OR$ $OR$ $OR$ $OR$ $OR$ $OR$
9.	☑ I will not have wait lines outside. ☑ I will have a staff person responsible for ensuring no

loitering, noise or crowds outside.

to minimize my establishment's impact on my neighbors.

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10. 
Residents may contact the manager/owner at the number below. Any complaints will be

addressed immediately. I will revisit the above-stated method of operation if necessary in order