

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:

- 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: http://www.nyc.gov/html/mancb3/html/communitygroups/community_group_listings.shtml
- 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 licer	ıse	□ corporate change	
Check if either of these apply: ☐ sale of assets	□ upgrade (c	hange of class) of an exis	sting lic	uor license	
Today's Date:					
If applying for sale of assets are buying business or have				confirming that you	
Is location currently licensed?	□ Yes 🛮 No	Type of license:			
If alteration, describe nature of alteration: Removal of wooden front doors, bathroom location and adding a kitchen.					
Previous or current use of the		talub			
Corporation and trade name of current license:					
APPLICANT:					
Premise address: 112 Rivingto	n Street, New Yo	ork NY 10002			
Cross streets: Essex St. & Ludlo					
Name of applicant and all prin					
Trade name (DBA): LESFLO En	terprise				

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PREMISE:					
Type of building and number of floors: Multifamily with 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:					
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? 272					
Do you plan to apply for Public Assembly permit? ■ Yes ■ No					
What is the zoning designation (check zoning using map: http://gis.nyc.gov/doitt/nycitymap/ -					
please give specific zoning designation, such as R8 or C2): Zoning:C4-4A					
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: Community Outreach and Programing					
What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) M-F 10am - 4am					
Number of tables? 23 - 25 Total number of seats? 50 - 60					
How many stand-up bars/ bar seats are located on the premise? 2 bars 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): approximately 15ft on 1st fl. & 8ft in the cellar					
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? ■ Yes No If yes, describe type of food and submit a menu					
What are the hours kitchen will be open? 11am - 10pm					
Will a manager or principal always be on site? ■ Yes ■ No If yes, which?					
How many employees will there be? 12 - 15					
Do you have or plan to install ■ French doors ■ accordion doors or ■ windows?					
Will there be TVs/monitors? ■ Yes ■ No (If Yes, how many?) 10					
Will premise have music? ■ Yes ■ No					

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If Yes, what type of music? □ Live musician ☑ DJ ☑ Juke box ☑ Tapes/CDs/iPod
If other type, please describe
What will be the music volume? \blacksquare Background (quiet) \blacksquare Entertainment level
Please describe your sound system: Mids & Highs for main ground floor & Mids, Highs & Lows for cellar
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 proposed and how often?
I will not host any event, promoted event or scheduled performances in which a cover fee is charged.
How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans. (Please do not answer "we do not anticipate congestion.")
Will there be security personnel? ■ Yes ■ No (If Yes, how many and when)
6-8 security personnel Monday - Thursday anywhere from 2-4 and Friday-Saturday 6-8
How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans.
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? ■ Yes ■ No
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 business? \blacksquare Yes \blacksquare 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 LESFLO Security Group - Security & Entertainment
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 **B**ar, **R**estaurant, 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?
How many On-Premise (OP) liquor licenses are within 500 feet? $\underline{\ \ \ }$ 36 liquor licenses within five hundred 500 feet
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.
1. I will operate a full-service restaurant, specifically a (type of restaurant), with a kitchen open and serving food during all hours of

- _______, with a kitchen open and serving food during all hours of operation <u>OR</u> 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 3 DJs / promoted events per month more than 3 private parties per month .
- 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. \blacksquare I will not have a happy hour or drink specials with or without time restrictions OR \blacksquare I will have happy hour and it will end by OR \blacksquare I.
- 9. I will not have wait lines outside. I will have a staff person responsible for ensuring no loitering, noise or crowds outside.
- 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 to minimize my establishment's impact on my neighbors.

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ATTENTION RESIDENTS & NEIGHBORS

Company/DBA Name and Contact Number for Questions

Plans to open a

(Please choose) Bar/Restaurant/Club and indicate if there will be a Sidewalk Café or Backyard Garden

at the following location

Building Number and Street Name (Address)

This establishment is seeking a license to serve

Beer & Wine or Beer/Wine & Liquor

There will be an opportunity for public comment on

Monday, July 16, 2018 at 6:30pm Public Hotel, Sophia Room, 17th Floor 215 Chrystie Street (btwn Houston & Stanton Sts)

Date/Time/Location

Applicant Contact Information

At COMMUNITY BOARD 3 SLA & DCA Licensing Committee Meeting info@cb3manhattan.org - www.cb3manhattan.org

ATTENTION RESIDENTS & NEIGHBORS

第3社區居民 請注意

公司名字(Company) and/和 聯繫人的資料 (Contact Info)

Plans to open a (以上的店主想要在第3社區申請生意相關牌照擴展生意)

(請選擇/please choose)

酒吧(Bar)/餐館 (Restaurant) 戶外咖啡 (Sidewalk Café) or 或者 後院花園咖啡(Backyard Use)

Address/生意地址

seeking a license to serve(以上的店主想要請以下相關酒牌照)

(請選擇/please choose)

啤酒和酒牌照(Beer & Wine) or/或者 啤酒牌照 (Beer) or/或者 酒和烈酒牌照 (Wine & Liquor)

Public meeting for comments

第3社區的居民有權利提出自己的意見和建議.

(CB3 SLA & DCA Committee Meeting)

曼哈頓第3社區委員會 酒牌和紐約市消費局有關小商業牌照委員會

Monday, July 16, 2018 at 6:30pm Public Hotel, Sophia Room, 17th Floor 215 Chrystie Street (btwn Houston & Stanton Sts)

時間 (Time) 和地點 (Location)

info@cb3manhattan.org - www.cb3manhattan.org

NEIGHBORING RESIDENTS VECINOS DE LA COMUNIDAD

Company Name/ Contact Info

Nombre de la Compañía/el teléfono de contacto

Plans to open a:

Planifique abrir un/una:

(Please choose) Bar/Restaurant sidewalk café/backyard use

(Favor de escoger) una Barra/un Restaurante un café de acera o un patio de atrás

address dirección

Seeking a license to serve

En buscada de una licencia para servir:

Beer & Wine or Beer/Wine & Liquor

Cerveza y vino o cerveza/vino y bebidas alcohólicas

Public meeting for comments

Reunión público para comentarios

Monday, July 16, 2018 at 6:30pm Public Hotel, Sophia Room, 17th Floor 215 Chrystie Street (btwn Houston & Stanton Sts)

At COMMUNITY BOARD 3
SLA & DCA Licensing
Committee Meeting

En la JUNTA COMUNITARIA 3 La reunión del Comité de Licencias del SLA y del DCA

info@cb3manhattan.org - www.cb3manhattan.org

Petition to Support Proposed Liquor License

Date:					
The following undersigned residents	of the area support the issuance of the	following liquor license (indicate			
the type of license such as full-liquor	or beer-wine)				
	ment (company and/or trade name)				
This business will be a: (circle)					
The hours of operation will be:					
PLEASE NOTE: Signatures should be	from <u>residents</u> of building, adjoining b	uildings, and within 2-block area.			
Other information regarding the license:					
Name	Signature	Address and Apt # (required)			