

## 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

## Sidewalk Café License Application Questionnaire

## Fill out completely or application will not be considered.

**Bring 6 copies (double sided)** of this questionnaire to the SLA & DCA Licensing Committee meeting to be considered. Otherwise the Committee will write to the DCA notifying the agency of your failure to cooperate with the community review process. This application must also be completed and returned to the Community Board office as soon as possible.

For maximum public notification of your application, display the enclosed poster in a visible location on the outside of your establishment and adjacent buildings for **7 DAYS** prior to the meeting

Check which you are applying for:	plying for:  ☐ a new sidewalk café license for an ☐ enclosed ☐ unenclosed café. ☐ an alteration of an existing sidewalk license ☐ a renewal of an existing sidewalk license					
When you return this form, you mu  ☐ Photographs of the inside and ☐ Schematics/floor plans of the i ☐ Petition signatures from reside	outside of your es nside of your esta	tablishment blishment and sidewalk café	schematics			
Name of Corporation: Kossars	& Beyond LLC	DBA:	Kossar's			
Address: 367 Grand Street, New	wYork, NY 1000	)2C	ross Streets: Norfolk & Essex Stree	ts		
Applicant's Name on DCA Docume	nts: Yasmin I	Kuhn & Marom Unger				
Applicant's Address:100 W 31s	t St, #30D, New	York, NY 10001				
Telephone: 631-514-9353		E-Mail:rayas:	3443@yahoo.com			
Describe nature of alteration, if app	licable:					
Is this establishment handicap acces	ssible?	Yes □ No	If "Yes" please attach photo.			
Hours of Operation (indicate if diffe	rent for sidewalk	or back yard):6am - 6	pm daily			
Seating Capacity Sidewalk Ta	ables: <u>5</u> ables: <u>8</u> ables: <u>n/a</u> <u>13</u>		Bar Stools: n/a Bar Stools: n/a Bar Stools: n/a			
Has this corporation or any princip	al been licensed <sub>l</sub>	previously?	No			
If yes, please indicate name of establish	shment:					
Address:		Community Board #:				
Crass Straat			Datas			

How many sidewalk cafe of sidewalk cafés within		Please use the schem	atic below to indicate the loc	ation and total number
	A			
	v			
	E			
	STREET			
location for community which clearly state the	nity Board website to find blood outreach. Applicants are endename, address, license for when p of each page. (Attach addition	couraged to reach out to clich you are applying, and	community groups. Also us I the hours and method of o	se provided petitions,
We ask that you provide offending condition.	contact information for resider	nts and that if complaints a	re made, you act immediately	y to resolve the
Contact Person:	Yasmin Kuhn			
Phone Number:	631-514-9353			
Address:100 Wes	st 31st Street, New York, N	ew York 10001		
Name:				
Signature:		Date:		