



THE CITY OF NEW YORK  
 MANHATTAN COMMUNITY BOARD NO. 3

24

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

**Community Board 3 Liquor License Application Questionnaire**

Please complete and return (**with requested diagram**) to the Community Board office by fax or mail to arrive at least **10 business days** before the Committee meeting. In addition, bring **6 copies (double sided) plus supporting material requested to the meeting**. Failure to complete and return this form on time will result in your item being placed at the end of the agenda. **Application must be complete to be heard, including petitions and all items on check list below. Use N/A for answer if appropriate.**

Conspicuously display the enclosed posters on the outside of your establishment for **7 days** prior to the meeting. Bring a photo with a newspaper showing date as proof of the posting.

Check which you are applying for:  new liquor license  upgrade of an existing liquor license  
 alteration of an existing liquor license  transfer of an existing liquor license

Type of license: OP

If alteration, describe nature of alteration: COSMETIC

Previous or current use of the location: FOOD SERVICE RESTAURANT

Is any license under the ABC Law now in effect for this location?  Yes  No

Corporation and trade name of current/previous license: TRIM CASTLE CORP / THE PARTNERS FOOD CORP

Will any other business besides food or alcohol service be conducted at said premises?  Yes  No

If yes, details: \_\_\_\_\_

**Please bring the following items to the meeting:**

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

- Photographs of the inside and outside of your establishment;
  - Schematics/floor plans of the inside of your establishment;
  - If a restaurant, please include a proposed menu (including drink menu);
  - Petition in support of proposed business or change in business with signatures from residential tenants at location and in surrounding buildings and also letter from block association if one exists. E-mail the CB office at [info@cb3manhattan.org](mailto:info@cb3manhattan.org) for help to find block associations. Petition must give proposed hours and method of operations. For example: restaurant, sports bar, combination restaurant/bar.
- Petitions are required and application will not be heard without petitions.**
- Photographs of proof of conspicuous posting with newspaper showing date.

**APPLICANT:**

Name of applicant and all principals: THOMAS O'BRYEN  
ANDY KAUS

Trade name (DBA): COOPERS CRAFT KITCHEN

**PREMISES:**

Type of building and number of floors: MIXED USE 5 Floor

Prior use of premises: FOOD SERVICE RESTAURANT

Any outside area or sidewalk cafe used for the sale or consumption of alcoholic beverages? (includes roof & yard)  Yes  No If Yes, describe and show on diagram: ENCLOSED SIDEWALK CAFE

Does premises have a valid Certificate of Occupancy and all appropriate permits?  Yes  No

Do you plan to apply for Public Assembly permit?  Yes  No

Zoning designation: MIXED USE Maximum number of persons that can legally occupy the premises? 75 Number of tables? 30 Number of seats at tables? 2

**BARS:**

How many \*stand-up bars/ bar seats are located on the premises (and how many seats)? 1 9 SEAT

How many service bars? 0

Describe all bars (length, shape and location): 12'

Any food counters?  Yes  No If Yes, describe: FOOD COUNTER FOOD SERVICE COUNTER BUS STATION

\* A **stand up bar** is any bar or counter (whether seating or not) over which a member of the public can order, pay for and receive an alcoholic beverage.

**KITCHEN:**

Does premises have a kitchen or food preparation area?  Yes (If any, show on diagram)  No

Is food available for sale?  Yes  No If yes, describe type of food and submit a menu

**PROPOSED METHOD OF OPERATION:**

What type of establishment will this be? (i.e.: restaurant, tavern, sports bar, etc.) FOOD SERVICE RESTAURANT

What are the proposed days/hours of operation? (Specify days and hours each day) 7 DAYS 11am 4am

Will the business employ a manager?  Yes  No

How many employees? 6

Will there be security personnel?  Yes  No (If Yes, how many?) \_\_\_\_\_

Do you  have or  plan to install  French doors,  accordion doors, or  windows?  none of these

Will there be Hookah pipes?  Yes  No Will there be TV's?  Yes  No (If Yes, how many?) \_\_\_\_\_

Will premises have music?  Yes  No

If Yes, what type of music? Explain in detail: BACK GROUND

Type of music/entertainment:  Live musician  Live DJ  Juke box  Tapes/CDs

Volume level:  Background (quiet)  Entertainment level

Do you  have or  plan to install sound-proofing? Please describe your sound system: BACK GROUND  
1-901

Will you host  promoted events,  scheduled performances or  any event at which a cover fee is charged?

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment?  Yes  No If "Yes" please attach plans.

Is this establishment wheel chair accessible?  Yes  No

Has this corporation or any principal been licensed previously?  Yes  No

If yes, please indicate name of establishment: DEMPSEYS PUB

Address: 61 2nd Ave NYC Community Board # 3

Dates: 1992 TO PRESENT

If you answered "Yes" to the above question, please provide a letter of record indicating history of complaints or other comments from the community board in which your establishment is/was located if located in NYC.

Using the diagram below as an example, attach a separate similar 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-Premises (OP) licenses by circling the letter on diagram. Please label streets and avenues and identify your location near the middle of the diagram and indicate it with a [\*]. Use the letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board 10 business days before the meeting.

Bar (B) Grocery (G) Restaurant (R) Cabaret (C) Sidewalk Café (S)  
OP \_\_\_ B/W \_\_\_ B/W \_\_\_ OP \_\_\_ B/W \_\_\_ OP \_\_\_ B/W \_\_\_ OP \_\_\_ B/W \_\_\_

Example:



How many licensed establishments are within 1 block? 4  
How many licensed establishments are within 500 feet? 8  
How many of these are On-Premises (OP) liquor licenses? 4

If there are block associations, merchant associations, 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. 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). You may contact the Community Board office for any contact information that is on file.

**INFORMATION REGARDING NEARBY LOCATIONS:**

- Premises is not within a 500 foot radius of three or more establishments selling liquor for on-premises consumption.
- Premises is within a 500 foot radius of three or more establishments selling liquor for on-premises consumption.

Are your premises within 200 feet of any school, church or place of worship?  Yes  No

If there is a school, church or place of worship within 200 feet of your premises or on the same block, submit a block plot diagram or area map showing its location in proximity to your applicant premises (8 1/2" x 11").

Indicate the distance in feet from the proposed premises. Attach additional sheets if necessary.

Name of church/school: \_\_\_\_\_

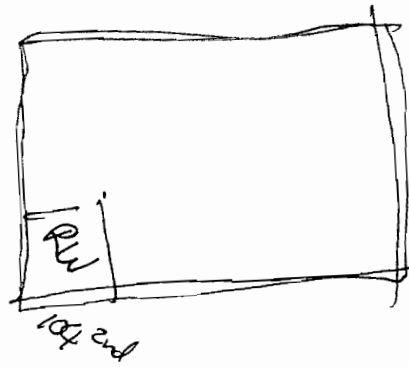
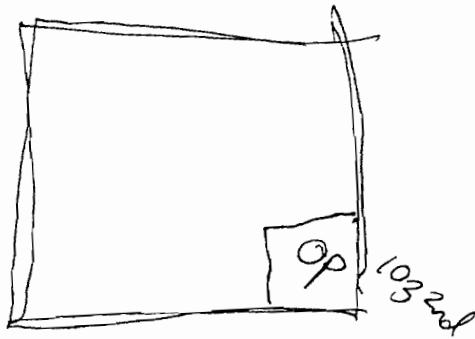
Address: \_\_\_\_\_ Distance: \_\_\_\_\_

Name of church/school: \_\_\_\_\_

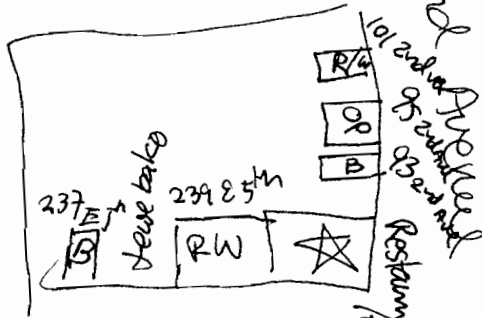
Address: \_\_\_\_\_ Distance: \_\_\_\_\_

Name of church/school: \_\_\_\_\_

Address: \_\_\_\_\_ Distance: \_\_\_\_\_



6th Street



5th Street

