



**WHAT TYPE(S) OF LICENSE(S) ARE YOU APPLYING FOR ( MARK ALL THAT APPLY):**

a new liquor license (  Restaurant  Tavern / On premise liquor  Other )

an UPGRADE of an existing Liquor License

an ALTERATION of an existing Liquor License

a TRANSFER of an existing Liquor License

a HOTEL Liquor License

a DCA CABARET License

a CATERING / CABARET Liquor License

a BEER and WINE License

a RENEWAL of an existing Liquor License

an OFF-PREMISE License (retail)

OTHER : \_\_\_\_\_

If upgrade, alteration, or transfer, please describe specific nature of changes:  
(Please include physical or operational changes including hours, services, occupancy, ownership, etc.)

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If this is for a new application, please list previous use of location for the last 5 years:

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Is any license under the ABC Law currently active at this location?  yes  no

If yes, what is the name of current / previous licensee, license # and expiration date: \_\_\_\_\_

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Have any other licenses under the ABC Law been in effect in the last 10 years at this location?  
 yes  no

If yes, please list DBA names and dates of operation:

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**PREMISES:**

By what right does the applicant have possession of the premises?

Own  Lease  Sub-lease  Binding Contract to acquire real property  other: \_\_\_\_\_

Type of Building:  Residential  Commercial  Mixed (Res/Com)  Other: \_\_\_\_\_

Number of floor: 1 Year Built : \_\_\_\_\_

Describe neighboring buildings: stores

Zoning Designation: Store

Zoning Overlay or Special Designation (applicable) Commercial

Block and Lot Number: 59/1 15

Does the premise occupy more than one building, zoning lot, tax lot or more than one floor?  yes  no

Is the premise located in a historic district?  yes  no I dont know

(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC?  yes  no, please explain : none

Will any outside area or sidewalk café be used for the sale or consumption of alcoholic beverages? (including sidewalk, roof and yard space)  no  yes : explain \_\_\_\_\_

What is the proposed Occupancy? \_\_\_\_\_

Does the premise currently have a valid Certificate of Occupancy (C of O) and all appropriate permits?

no  yes

If yes, what is the maximum occupancy for the premises? 74

If yes, what is the use group for the premises? restaurant

If yes, is proposed occupancy permitted?  yes  no, explain : \_\_\_\_\_

If your occupancy is 75 or greater, do you plan to apply for Public Assembly permit?  yes  no

Do you plan to file for changes to the Certificate of Occupancy?  yes  no  
(if yes, please provide copy of application to the NYC DOB)

Will the façade or signage be changed from what currently exist at the premise?  no  yes

(if yes, please describe: \_\_\_\_\_

**INTERIOR OF PREMISES:**

What is the total licensed square footage of the premises? 850 sf

If more than one floor, please specify square footage by floors: on/ly one floor

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?  
\_\_\_\_\_

If more than one floor, what is the access between floors? \_\_\_\_\_

How many entrances are there? 1 How many exits? 1 How many bathrooms? 2

Is there access to other parts of the building?  no \_\_\_\_\_ yes, explain: \_\_\_\_\_

**OVERALL SEATING INFORMATION:**

Total number of tables? 24 Total table seats? 50

Total number of bars? 8 Total bar seats? 8

Total number of "other" seats? 0 please explain: \_\_\_\_\_

Total OVERALL number of seats in Premises: 58

**BARS:**

How many \*stand-up bars / bar seats are being applied for on the premises? Bars \_\_\_\_\_ Seats \_\_\_\_\_

How many service bars are being applied for on the premises? None

Any food counters?  no  yes, describe: MEXICAN

**For Alterations and Upgrades:**

Please describe all current and existing bars / bar seats and specific changes: \_\_\_\_\_  
\_\_\_\_\_

\* 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 food and alcoholic beverages.

**PROPOSED METHOD OF OPERATION:**

What type of establishment will this be? (check all that apply)

Bar  Bar & Food  Restaurant  Club/ Cabaret  Hotel  Other: \_\_\_\_\_

What are the Hours of Operation?

Sunday: Monday: Tuesday: Wednesday: Thursday: Friday: Saturday:

11 to 12 11 to 12 11 to 12 11 to 12 11 to 4am 11 to 4am 11 to 4am

Will the business employ a manager? \_\_\_ no  yes, name / experience if known : not hired yet

Will there be security personnel?  no \_\_\_ yes( if yes, what nights and how many?) \_\_\_\_\_

Do you have or plan to install French doors, accordion doors or windows that open?  no \_\_\_ yes

If yes, please describe : \_\_\_\_\_

Will you have TV's ?  no  yes ( how many? ) 1

Type of MUSIC / ENTERTAINMENT:  Live Music \_\_\_ Live DJ \_\_\_ Juke Box  Ipod / CDs \_\_\_ none

Expected Volume level: \_\_\_ Background (quiet) \_\_\_ Entertainment level \_\_\_ Amplified Music  
(check all that apply)

Do you have or plan to install soundproofing?  no \_\_\_ yes

IF YES, will you be using a professional sound engineer? NO

Please describe your sound system and sound proofing: \_\_\_\_\_

Will you be permitting:  promoted events  scheduled performances  outside promoters

any events at which a cover fee is charged? Some times private parties

Do you have plans to manage or address vehicular traffic and crowd control on the sidewalk caused by your establishment? \_\_\_ no  yes ( if yes, please attach plans) I will stop crowds from

gathering on street and making noise  
Will you be utilizing \_\_\_ ropes \_\_\_ movable barriers \_\_\_ other outside equipment (describe) NO

Are your premises within 200 feet of any school, church or place of worship?  no \_\_\_ yes

**If there is a school, church or place of worship within 200 feet of your premises or on the same block, please submit a block plot diagram or area map showing its' location in proximity to your applicant premises ( no larger than 8 1/2 " x 11").**

Indicate the distance in feet from the proposed premise:

Name of School / Church: no church no school

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

Name of School / Church: No church No school

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

Name of School / Church: \_\_\_\_\_

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

Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: Halima Sadia Phone: \_\_\_\_\_

Address: [REDACTED]

Email: [REDACTED]

Application submitted on behalf of the applicant by:

\_\_\_\_\_  
Signature

Print or Type Name Halima Sadia

Title owner

Thank you for your cooperation. Please return this questionnaire along with the other required documents as soon as you can. This will expedite your application and avoid any unnecessary delays. Use additional pages if necessary.



Community Board 2, Manhattan  
SLA Licensing Committee  
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