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COMMUNITY BOARD NO. 2, MANHATTAN

3 WASHINGTON SQUARE VILLAGE

NEW YORK, NY 10012-1899

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Greenwich Village ♦ Little Italy ♦ SoHo ♦ NoHo ♦ Hudson Square ♦ Chinatown ♦ Gansevoort Market

COMMUNITY BOARD 2 APPLICATION FOR A LIQUOR LICENSE

Please fill out this questionnaire and return to the Community Board 2 office by fax or mail to arrive at least **5 business days** before the Committee meeting. In addition, bring **10 copies plus supporting material requested** to the SLA committee meeting.

Failure to complete and return the questionnaire and supporting materials on time will result in your item being removed from the agenda.

Failure to provide a completed questionnaire or failure to present before CB2 will result in notifying the State Liquor Authority (SLA) of your noncompliance with the community review process.

If you need to reschedule, please notify the Community Board 2 office no later than the Friday prior to the following months meeting. Speak to Florence Arenas at the Board Office. **A maximum of 1 layover request** will be granted per application. **Failure to reappear without notification will result in a recommendation to deny this application.**

The following supporting materials are **required** for this application:

1. A list of all other licensed premises within 500 ft. of this location including Beer and Wine.
2. Floor plans of the premise, including all tables and chairs and kitchen lay out to be licensed. Please also include any schematics for sidewalk café, backyard garden space and/or rooftop areas if applicable.
3. Provide any plans filed or to be filed with the Buildings Department.
4. Proposed menu, if applicable.
5. Certificate of Occupancy or Letter of No Objection for the premises.
6. Letter of Understanding or Letter of Intent from the Landlord.
7. Provide proof of community outreach with signatures or letters from Residential Tenants at location and from surrounding buildings. (i.e. a letter from the neighborhood block association or petition in support.)
8. A copy of your NYS Liquor Authority application as it will be submitted to the SLA. (excluding financial information)

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s):
TALEA Beer, Inc. _____

Trade name (DBA):
TALEA Beer Co _____

Premises address:
102 Christopher Street, New York, NY 10014 _____

Cross Streets and other addresses used for building/premise:
Bleecker St, Bedford St, no other addresses used for premise _____

CONTACT INFORMATION:

Principal(s) Name(s):
LeAnn Darland, Tara Hankinson _____

Office or Home Address: [REDACTED] _____

City, State, Zip: [REDACTED] _____

Telephone #: [REDACTED] email : [REDACTED] _____

Landlord Name / Contact:
Michael Del Shah _____

Landlord's Telephone and Fax: _____

NAMES OF ALL PRINCIPAL(s): NAMES / LOCATIONS OF PAST / CURRENT LICENSES HELD

LeAnn Darland, Tara Hankinson TALEA Beer Co: 87 Richardson St, Brooklyn, NY 11211

LeAnn Darland, Tara Hankinson TALEA Cobble Hill 61 Bergen St, Brooklyn, NY 11201

LeAnn Darland, Tara Hankinson TALEA Grand Central 200 Park Ave, New York, NY 10166

Briefly describe the proposed operation (i.e. "We are a family restaurant that will focus on..."):

We are NYC's only female-founded brewery and are excited to open a taproom in the West Village! We plan to be open throughout the day and serve as a beautiful space for the community to work and gather.

We have a highly rotational menu and are known for our beer flights, but will also offer coffee, pastries, and light bites.

We are family friendly and will offer a variety of experiences (ceramics classes, sip & script, kids singalongs) for the community.

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.)

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

Rag & Bone retail store

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: _____

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:

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: 5 Year Built : 1920

Describe neighboring buildings:

110 Christopher is residential, 98 Christopher is mixed use with a wine store in retail.

Zoning Designation: R6

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: 588 / 54

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

(if yes, have all exterior changes or changes governed by the Landmarks Preservation Commission (LPC) been approved by the LPC? yes no, please explain : in progress - no plans to change exterior

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 sidewalk and street seating

What is the proposed Occupancy? 74

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 or fewer

If yes, what is the use group for the premises? Use Group 6

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 N/A

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: (only new branding)

INTERIOR OF PREMISES:

What is the total licensed square footage of the premises? 2,615

If more than one floor, please specify square footage by floors: 1561 ground, 1054 cellar

If there is a sidewalk café, rear yard, rooftop, or outside space, what is the square footage of the area?
sidewalk cafe: 30' of frontage, 2' deep .

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

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

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

OVERALL SEATING INFORMATION:

Total number of tables? 18 Total table seats? 56

Total number of bars? 1 Total bar seats? 11

Total number of "other" seats? 22 please explain : sidewalk cafe and street seating structure

Total OVERALL number of seats in Premises : 67 (indoors)

BARS:

How many * stand-up bars / bar seats are being applied for on the premises? Bars 1 Seats 11

How many service bars are being applied for on the premises? 0

Any food counters? no yes, describe : _____

For Alterations and Upgrades:

Please describe all current and existing bars / bar seats and specific changes: building the bar, will have movable stools in front

* 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:
10a to 11p 10a to 11p 10a to 11p 10a to 11p 10a to 1a 10a to 1a 10a to 1a

Will the business employ a manager? no yes, name / experience if known : at least 3-5 years of hospitality management

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?) _____

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 add sheet rock to ceilings, and will have sound absorbing material throughout the space, such as felt panels on walls, banquette upholstery, etc

Will you be permitting: promoted events scheduled performances outside promoters

any events at which a cover fee is charged? 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)

Will you be utilizing ropes movable barriers other outside equipment (describe) _____

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 ½ " x 11").

Indicate the distance in feet from the proposed premise:

Name of School / Church: _____

Address: _____ Distance: _____

Name of School / Church: _____

Address: _____ Distance: _____

Name of School / Church: _____

Address: _____ Distance: _____

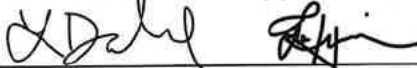
Please provide contact information for Residents / Community Board and confirm that if complaints are made you will address it immediately.

Contact Person: [Redacted] Phone: [Redacted]

Address: [Redacted]

Email : [Redacted]

Application submitted on behalf of the applicant by:



Signature

Print or Type Name LeAnn Darand and Tara Hankinson

Title Co-founders, Co-CEOs

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
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COMMUNITY BOARD 2 APPLICATION FOR A STATE LIQUOR AUTHORITY LICENSE ADDENDUM FOR OUTDOOR SEATING

For a Liquor License Application that includes any outdoor areas, please complete the following:

- Submit a diagram of outdoor seating indicating length and width of area(s) and location of all tables and chairs. Include all obstructions (trees, fire hydrants, proximity to bus stops, bike racks, signs, etc.).
- Submit photos of the premises where the sidewalk café and/or roadbed will be located. Required photos show one frontal, one left and one right side view of proposed sidewalk café and/or roadbed.
 - Photos must show complete sidewalk and/or roadway area where sidewalk café and/or roadbed will be including views to curb and neighboring properties.
 - For rear yard, show photos of yard and surrounding area, including upper view of adjacent buildings.

Name of Applicant: TALEA Beer, Inc.

Address of Premises: 102 Christopher St

Sidewalk café will have no more than (If premises is located on a corner please indicate for both streets):

3 tables and 8 seats on Christopher Street
 tables and seats on Street

Hours of sidewalk café: 10am to 10pm .

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): tree/planter on sidewalk

Roadbed will have no more than (If premises is located on a corner please indicate for both streets):

5 tables and 15 seats on Christopher Street
 tables and seats on Street

Hours of roadbed: 10am to 10pm .

Describe any obstructions (trees, fire hydrant, proximity to bus stop, etc): tree/planter on sidewalk

Rear yard will have no more than tables and seats

Hours of rear yard: to .

Does seating extend beyond the business frontage? No Yes

Will outdoor dining structures on the sidewalk be enclosed on three (3) or more sides? No Yes

Will outdoor dining structures on the roadbed be enclosed on three (3) or more sides? No Yes

Is there any outdoor music, speakers or TVs? No Yes, please describe:

Will heating elements be used? No Yes, please describe:



TASTING FLIGHTS

\$22 for four 4oz pours

Add 5th for \$5

Wintry Mix

It's freezing out there - drink these.

Cascade Effect Nitro Cream Ale

Base Layer Stout

Peppermint Mocha Stout

Plumberry Tart Deco Sour IPA

Sour & Fruity Flight

An ombré flight of fruited sours.

Concord Grape Splash Sour Ale

Pomegranate Peach Crush Gose

Peach Berry Punch Sour Ale

Plumberry Tart Deco Sour IPA

Hazy & Hoppy Flight

Hops in a range of styles.

Pick Me Up Hazy IPA

Sun Up Hazy IPA

Secret Password Hazy DIPA

Marine Layer West Coast IPA

SOUR BEERS

CONCORD GRAPE SPLASH Sour Ale, 5% Adult Welch's Grape Juice; Brewed with Concord Grapes, pink Himalayan sea salt	9
POMEGRANATE PEACH CRUSH Gose, 5.2% Pomegranate juice, Peach Snapple, rainbow sherbet; Brewed with sea salt	11
PEACH BERRY PUNCH Sour Ale, 6% Peach icee with notes of strawberry hard candy; Brewed with peach, strawberry, pink guava	10
PLUMBERRY TART DECO* Sour IPA, 7.5% Sugar plums, blackberry danish; Brewed with plum, blackberry, passion fruit	11

HAZY BEERS & IPAS

PICK ME UP Hazy IPA, 6.5% Fresh pineapple, OJ, Dole fruit Cup; Brewed with Citra, Cashmere, Cascade	9
SUN UP* Hazy IPA, 6.5% Pineapple push pop, mango smoothie; Brewed with Mosaic, Idaho 7	9
MARINE LAYER West Coast IPA, 7.2% Bright citrus, pine, green berries; Brewed with Strata, Centennial	9
SECRET PASSWORD Hazy DIPA, 8.0% Ripe papaya, lime zest, kinda dank; Brewed with Citra, Centennial	10

LIGHT BEERS

AL DENTE Italian-Style Pilsner, 5% Jasmine, toast, honey, herbs; Brewed with Tettnang, Saphir, Hersbrucker	9
CASCADE EFFECT Nitro Cream Ale, 5.2% Honeysuckle, sourdough bread, white peppercorn; Brewed with Cascade	9
WEEKENDER Lemon Cardamom Lager, 5.4% Lemon balm, chai tea, fresh baked morning bun	9

DARK BEERS

BASE LAYER Stout, 5.2% Dark chocolate, dried cherries, espresso	9
CHOCOLATE OAT* Stout, 5.5% Bittersweet chocolate, caramelized brown sugar, toffee	10
PEPPERMINT MOCHA Stout, 7.5% York Peppermint Pattie, candy cane, mocha latte; Brewed with coffee, cacao nibs, peppermint	10

NON-ALCOHOLIC DRAFT

HOP WATER Seltzer, 0% Fizzy, citrusy, fresh; conditioned on citra hops	4
N/A FESTIE Marzen, <0.5% Caramel, toffee, a hint of plum and spice; dealcoholized by distillation	9
N/A PEACH BERRY PUNCH Sour Ale, <0.5% Brewed with peach, strawberry, and pink guava; dealcoholized by distillation	10
N/A MARINE LAYER West Coast IPA, <0.5% Fresh pine, pumpkinnickel toast; dealcoholized by distillation	9

* contains lactose (dairy)

All prices subject to sales tax. Automatic 20% gratuity added to parties of 6 or more

SNACKS & PLATES

Gluten-free crackers available upon request.

SPICY NUTS | 3

Cajun-spiced peanuts

SPICY PICKLES | 3

Horseradish pickle chips *GF

GREEK OLIVE MIX | 5

Kalamata, Mt. Athos, Mt. Pelion blond & black, Gordal, Nafplion *GF

NUTELLA & PRETZELS | 7

"Splits" hard pretzels, graham crackers, Nutella, Maldon sea salt

BAVARIAN PRETZEL | 14

10" soft pretzel, whole grain mustard, spicy pickle chips
+ Hall's Beer Cheese or Nutella (or both!) | 4 each

Heads up! Our pretzels are fresh out of the oven, so we appreciate your patience. Trust us, they're worth the wait.

THE MEDITERRANEAN | 16

Hummus, baked pita, carrots, olives, dried fruit

THE PETITE CHEESE PLATE | 18

Morbier, Camembert, quince jam, Marcona almonds, spicy pickle chips, crackers

CHEESE & CHARCUTERIE BOARD | 38

Tickler cheddar, Morbier, Camembert, prosciutto, Brooklyn cured soppressata, dried fruit, crackers

**GF = Gluten Free. Items may be produced in a non-gluten-free facility*

WINES & CIDERS *GF

ROSÉ CIDER Wölffer Estate, 6.9% *Draft*
Crisp apple, wildflowers, refreshing acidity

Glass | Bottle

12 | -

Citrus, well-balanced, kiss of peach, fresh finish

COREY CREEK COQUILLAGE, CHARDONNAY Bedell, NY, 11.7%
Crisp, clean, hints of the seashore, one of a kind wine

16 | 58

COREY CREEK, MERLOT Bedell, NY, 11%
Light, fruit forward, aromatic, smooth

16 | 58

BEDELL, MALBEC Bedell, NY, 13%
Juicy, enticing, dark berry fruit, silky

15 | 58

BEDELL, ROSÉ, Bedell, NY, 11% *Draft*
Strawberry, lychee, savory minerality

14 | -

SPARKLING WHITE RGNY, NY, 11.5%

15 | 58

NON-ALCOHOLIC

AL'S Non-alcoholic Lager

6

RUBY Hibiscus Water

4

STRAWBERRY LEMONADE

4.5

KOMBUCHA BKE *Draft*

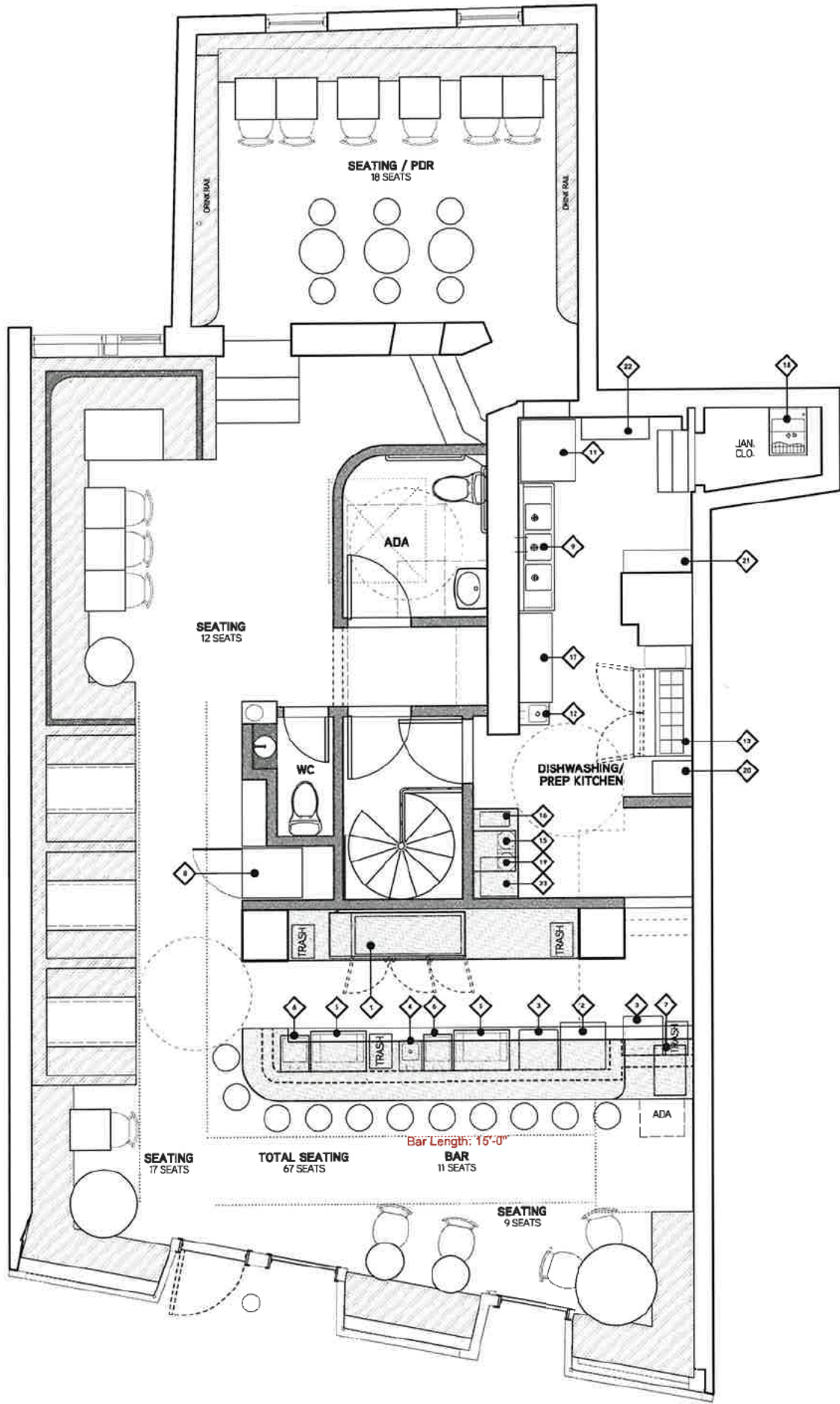
7

COCONUT WATER Vita Coco

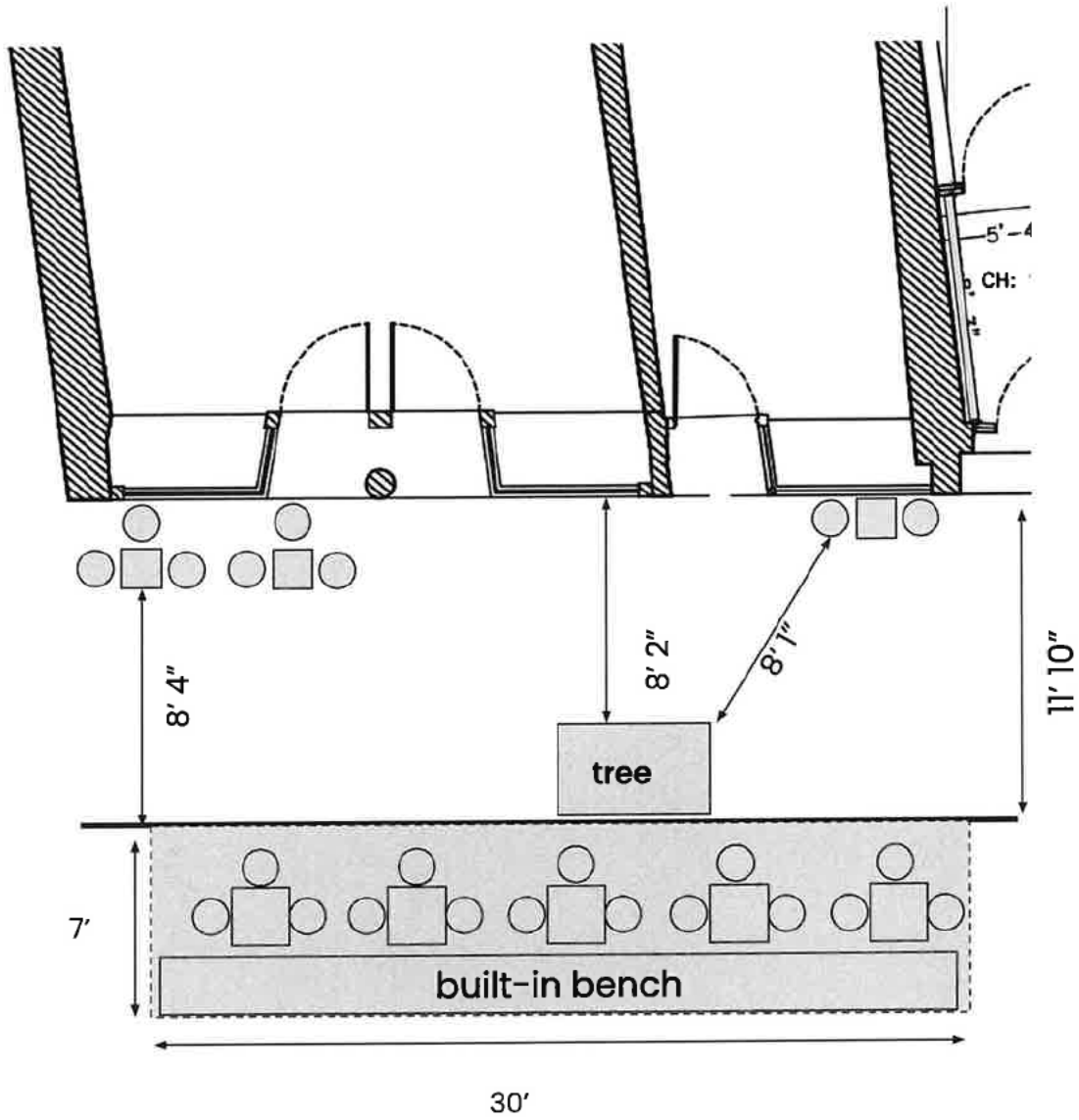
4

SPARKLING WATER Saratoga Springs 12oz | 28oz

3.5 | 6



BUILDING



Planter dimensions (from edge of curb): 66.5" x 44"
Sidewalk cafe tables: 18" x 18"
Street seating tables: 24" x 24"

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

ESTABLISHMENT QUESTIONNAIRE

In this section you must describe the premises to be licensed. Answer ALL questions completely. Please do not answer "see attached" to any question. Any incomplete answer may delay or prevent the processing of the application.

Helpful Hint: Drawing your diagram and reviewing your photographs may assist you in completing this section. See sample diagrams at the end of this application.

1. Zoning

1a. State what the area is zoned for:
(e.g., Residential, Business, Mixed etc.)

1b. Does the premises have a **VALID CERTIFICATE OF OCCUPANCY** and **ALL** appropriate permits?

Yes No Pending

2. Premises

2a. Describe the type of building in which the premises will be located.

2b. Is or has the building/proposed premises been known by any other address?

Yes No

If YES, please specify:

If the address was changed due to a 911 update or other government action, please include documentation for the change.

2c. Is there currently an active license or has there ever been a license to traffic in alcoholic beverages at this location?

Currently Licensed Previously Licensed Never Licensed Do Not Know

Name of Licensee:

License Serial Number:

2d. Are there any disciplinary actions pending against the applicant, current licensee or prior licensee?

Yes No Do Not Know N/A

Any pending disciplinary action may delay a determination on this application or result in the disapproval.

2e. If the proposed premises has never been licensed, what was the prior use?

2f. Is any other floor or area of the building currently licensed?

Yes No

Name of Licensee:

License Serial Number:

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

3. Premises (interior):

3a. List the total number of floors of the business establishment to be licensed, including the basement:

3b. List the floor(s) where the proposed premises will be located:
(e.g., basement, ground floor, 2nd & 3rd floor, etc.)

3c. Where is the alcohol stored?

3d. Is there interior access to any other floor(s) or area(s) that will not be part of the premises to be licensed?
If yes, show the means of access on the interior diagram(s). Yes No

3e. Are the premises to be licensed divided in any way, by a public or private passageway, over which the applicant does not have exclusive possession and control?
(e.g., hallway, stairwells, common areas, etc.) Yes No

If YES, describe:

3f. How many public restrooms? If less than two (2) public restrooms, you must request a waiver of the two (2) restroom rule in writing. Please show restrooms on diagram.

3g. List the maximum occupancy of the premises: 3h. Number of tables?
(indoors)

3i. Number of seats at tables? 3j. Number of seats at bar or counter?

4. Bars:

4a. How many customer bars are located on the premises?
(a customer bar is where patrons may order, purchase or receive alcoholic beverages)

4b. How many service bars? (a service bar is for wait staff use exclusively)

4c. Describe each bar in the fields below:

Bar 1

Bar Type:

Length:

Shape:

Location:

Bar 2

Bar Type:

Length:

Shape:

Location:

Bar 3

Bar Type:

Length:

Shape:

Location:

Attach additional sheets if there are more than 3 bars.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date _____

5. Kitchen:

5a. Does the premises have a full kitchen? Yes No

If NO, does the premises have a food preparation area? Yes No

Show Kitchen or Food Prep Area on the Interior Diagram

NOTE: FOOD MUST BE AVAILABLE FOR SALE DURING ALL HOURS OF OPERATION; SUBMIT A MENU

5b. Is a chef/cook employed at the premises? Yes No

If YES, please list hours of day chef/cook will devote to the premises:

6. Hotel or Bed & Breakfast:

6a. How many floors?

6b. How many guest rooms?

6c. For Hotels Only: Is there a public restaurant on the hotel premises? Yes No

7. Outdoor Areas:

7a. Are there any outside areas used for the sale or consumption of alcohol? Yes No

Note: will participate in Open Restaurants

7b. If YES, what is the outside occupancy?

7c. Check all types that apply:
(there must be direct access from the interior of the premises to any outdoor area(s) that you wish to license. Show access on diagram)

- | | | | | |
|---|-------------------------------|----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Sidewalk Cafe | <input type="checkbox"/> Deck | <input type="checkbox"/> Patio | <input type="checkbox"/> Porch | <input type="checkbox"/> Gazebo |
| <input type="checkbox"/> Rooftop | <input type="checkbox"/> Yard | <input type="checkbox"/> Balcony | <input type="checkbox"/> Pavilion | <input type="checkbox"/> Tent |
| <input type="checkbox"/> Other (describe): <input style="width: 600px;" type="text"/> | | | | |

7d. Is the outdoor area(s) divided by any public or private passageway or area that the applicant does not have exclusive control? Yes No

If YES, how is it divided?

7e. How is the outdoor area(s) contained? Check all that apply and show enclosure on diagram.

- | | | | | |
|---|-------------------------------|------------------------------------|---------------------------------|-------------------------------------|
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Wall | <input type="checkbox"/> Shrubbery | <input type="checkbox"/> Roping | <input type="checkbox"/> Stanchions |
| <input type="checkbox"/> Other (describe): <input style="width: 600px;" type="text"/> | | | | |

7f. Is a permit required by the locality for outside area(s)? Yes No

If yes, submit a copy of the permit.

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

PROPOSED METHOD OF OPERATION

This form satisfies Section 110 of the ABC Law requiring that a statement be submitted indicating the type of establishment operated at the premises.

The information in this section will be the method of operation you are approved for and will be binding. Should you wish to deviate from this method of operation in any way, you must first apply for and receive permission from the Authority.

1. Will any other business of any kind be conducted in said premises? Yes No
(If YES, please provide details on a separate sheet)

1a. If the premises is *not* a catering establishment, will the premises periodically close to host private events? Yes No

If YES, how frequently?

2. Will the premises have music? Yes No

2a. If YES, check all that apply: Recorded DJ Juke Box Karaoke

Live Music (give details: e.g., rock bands, acoustic, jazz, etc.):

2b. Will the premises use the services of an Event Promoter? Yes No

3. Will the premises permit dancing? Yes No

3a. If dancing is permitted, who will be permitted to dance? Patrons Employees for Entertainment Both

3b. If dancing is permitted, will there be exotic dancing including, but not limited to, topless entertainment, pole dancing and/or lap dancing? Yes No

4. Will there be topless entertainment? Yes No

5. Will the business employ a manager? Yes No

5a. If NO, will principal(s) manage? Yes No

6. How many employees? (excluding principals and security personnel)

6a. If answer is "0" please provide an explanation:

OFFICE USE ONLY		
<input type="radio"/> Original	<input type="radio"/> Amended	Date

7. NYS Law requires businesses to carry workers' compensation and disability insurance (see instructions).
If applied for and pending, please indicate.

Workers' Compensation Carrier Name and Policy Number:

Disability Insurance Carrier Name and Policy Number:

If you are exempt from Workers' Compensation and/or Disability Benefits Insurance coverage, submit an approved Certificate of Attestation of Exemption from NYS Workers' Compensation and/or Disability Benefits Insurance Coverage from the NYS Workers' Compensation Board. The application is available on their website: <http://www.wcb.ny.gov> or you may contact them by phone at: (877) 632-4996

8. Will security personnel be used at the premises? Yes No

9a. If YES, how many?

9b. If YES, provide your **Proprietary Security Guard Employer Unique Identification Number** assigned to the business by the NYS Department of State Division of Licensing Services or the name of the security company through which the security personnel will be hired:

The licensee is responsible for assuring that hired security personnel are registered in accordance with NYS Security Guard Registration Guidelines. Please contact the NYS Department of State to obtain information.

9. Provide a detailed plan of supervision for the premises to be licensed. Clearly describe how you will maintain control and order over the licensed premises. How will you monitor alcohol sales and prevent sales to minors and sales to intoxicated persons? How will you handle unruly patrons, altercations, etc., to prevent the premises from becoming disorderly? Include additional sheets if necessary.

A principal and/or a general manager will be onsite at all times to oversee staff and operations. All staff will be trained in proper alcohol service techniques to prevent sales to minors and to visibly intoxicated persons. As the premises are small and open, the manager will be able to supervise and observe patrons and staff. In the event that patrons become unruly or an altercation ensues beyond the control of staff, the local precinct will be notified.

10. Are all responses provided in this application consistent with the information provided to the municipality or Community Board within the Standardized Notice Form for Providing 30-Day Advance Notice?

Yes No

10a. If NO, please explain:

ALCOHOLIC BEVERAGES MAY ONLY BE CONSUMED, SOLD OR GIVEN AWAY DURING THE HOURS APPROVED BY THE COUNTY WHERE THE PREMISES IS LOCATED UNLESS FURTHER RESTRICTED BY THE AUTHORITY

A list of county closing hours is available at the following link:
<http://sla.ny.gov/provisions-for-county-closing-hours>