Valerie De La Rosa, *Chair*
Eugene Yoo, *First Vice Chair*
Donna Raftery, *Second Vice Chair*
Mark Diller, *District Manager*

Antony Wong, *Treasurer*
Emma Smith, *Secretary*
Brian Pape, *Assistant Secretary*

COMMUNITY BOARD NO. 2, MANHATTAN
3 WASHINGTON SQUARE VILLAGE
NEW YORK, NY 10012-1899
www.manhattancb2.org
P: 212-979-2272 F: 212-254-5102 E: info@manhattancb2.org
Greenwich Village ❖ Little Italy ❖ SoHo ❖ NoHo ❖ Hudson Square ❖ Chinatown ❖ Gansevoort Market

COMMUNITY BOARD 2 APPLICATION FOR A LIQUOR LICENSE

Please fill out this questionnaire, including the date, and return to the Community Board 2 office by email to arrive **no later than the month's due date** which can be found on CB2 Manhattan's website (https://cbmanhattan.cityofnewyork.us/cb2/resources/sla-questionnaire/). When meetings return to in person, please also provide an additional 5 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 scheduled 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 (including Beer and Wine) within 500 ft. of this location.
2. If the license being applied for is subject to the 500 ft. rule, please provide a copy of the public interest statement that will be submitted to the SLA.
3. Floor plans of the premise, clearly indicating the location of all entrances and exits, windows, bars, tables and chairs, patron and employee bathroom(s) and kitchen layout to be licensed. Please include seat and table counts on the plans for each area. If **outdoor seating of any kind** is included in the application please download and complete **CB2 SLA's Addendum for Outdoor Seating**. For any multi-floor, multi-room or hotel applications, please provide detailed plans for each floor and/or separate areas to be included in the licensed premises that are clearly labeled.
4. Proposed menu with general price ranges, if applicable.
5. Certificate of Occupancy or Letter of No Objection for the premises showing that the proposed use is permitted, including specific use of all outdoor areas within the property line.
6. If unable to show the proposed use is permitted, including for outdoor areas within the property line, please provide a detailed explanation for how the proposed use sought will be permitted and please provide any plans filed or to be filed with the Buildings Department.
7. Letter of Understanding or Letter of Intent from the Landlord.

8. Provide proof of community outreach to area block associations and immediately impacted residents in the building and surrounding area to notify them of your pending application and Community Board meeting information. Copies of any mailings to, and signatures or letters from Residential Tenants at location and from surrounding buildings may be submitted with home address and contact information. (i.e. a letter from the neighborhood block association or petition in support with home address and contact information.)
9. A copy of your NYS Liquor Authority application as it will be submitted to the SLA (excluding financial information).
10. If this is for a **Corporate Change**, please provide the **Current Approved Corporate Set-Up and the Proposed Corporate Set-Up** along with existing executed stipulations with CB2 if applicable.
11. If this is for any type of **Alteration Application**, please provide detailed information regarding the current situation and the proposed changes outlined as an addendum. If adding or subtracting space, please provide current and proposed diagrams.
12. If this application is for a **Change in Method of Operation**, please provide the current method of operation and the proposed changes in method of operation as an addendum.

Meeting Date: _____

APPLICANT INFORMATION:

Name of applicant(s):

_____

Trade name (DBA):

_____

Premises address:

_____

Cross Streets and other addresses used for building/premise:

_____

CONTACT INFORMATION:

Principal(s) Name(s):

_____

Office or Home Address: _____

City, State, Zip: _____

Telephone #: _____ email : _____

Landlord Name / Contact:

_____

Landlord's Telephone and Fax: _____

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

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

_____

_____

_____

_____

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:

_____

_____

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: _____ Year Built : _____

Describe neighboring buildings:
_____

Zoning Designation: _____

Zoning Overlay or Special Designation (applicable) _____

Block and Lot Number: _____ / _____

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 : _____

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? _____

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

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? _____

If more than one floor, please specify square footage by floors: _____

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? _____ How many exits? _____ How many bathrooms ? _____

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

OVERALL SEATING INFORMATION:

Total number of tables? _____ Total table seats? _____

Total number of bars? _____ Total bar seats? _____

Total number of "other" seats? _____ please explain : _____

Total OVERALL number of seats in Premises : _____

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? _____

Any food counters? ___ no ___ yes, describe : _____

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:

___ to ___ ___ to ___ ___ to ___ ___ to ___ ___ to ___ ___ to ___ ___ to ___

Will the business employ a manager? ___ no ___ yes, name / experience if known : _____

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? _____

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? ___ 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: _____ Phone: _____

Address: _____

Email : _____

Application submitted on
behalf of the applicant by:

_____
Signature

Print or Type Name_____

Title_____

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 Donna Raftery, Chair