

# MANHATTAN COMMUNITY BOARD FIVE

---

Vikki Barbero, Chair

450 Seventh Avenue, Suite 2109  
New York, NY 10123-2199  
212.465.0907 f-212.465.1628

Wally Rubin, District Manager

## CB5 - PUBLIC SAFETY/QUALITY OF LIFE Liquor License Application Questionnaire

Name of Corporation:

d.b.a.

Address of Premises:

Cross Streets:

Please fill out this questionnaire completely and submit to the Board office no later than *two weeks* prior to the next scheduled **Public Safety/Quality of Life** committee meeting. Please check [www.cb5.org/calendar](http://www.cb5.org/calendar) for most current information.

To assure proper public notification, the **Notice of Meeting** appended to the end of this questionnaire *must* be posted on the application premises, as well as the four corners of the intersection nearest the premises. Also, notices must be given to all residential buildings on the block on which the premises is located.

Please list addresses to which notices were given.

What you are applying for? (check all that apply):

New liquor license

Upgrade of existing liquor license

Catering/cabaret liquor license

Renewal of existing liquor license

Alteration of existing liquor license

Hotel liquor license

Other

If alteration/other, please describe nature and indicate if outdoor space is included.

**Include the following attachments:**

- o Photographs of the inside and outside of your establishment
- o Schematics/floor plans of the inside of your establishment and sidewalk café schematics, if applicable;

**Name of Corporation:**

DBA

Address of Proposed Operation

Cross Streets:

**Applicant's Name(s) on SLA Documents**

Applicant/Owner Address:

Telephone:

E-Mail:

**Legal Firm/Representative Contact**

Phone and Fax:

**Landlord Name and Contact:**

Phone and Fax:

Lease length and cost:

**Type of Establishment:**

Grocery Store          Bar          Club  
Restaurant          Liquor Store

**Is this establishment wheelchair accessible? If "Yes" please attach photo of access.**

Yes          No

**Floor Plan:**

Total Floor area: sq.ft.

# of floors:

# of bars:

# of entrances:

# of exits:

**Occupancy:**

Total capacity: Number of Patron Bars:

In bar area(s): Number of Service Bars

In dining room(s):

Seating Capacity Inside Tables: Chairs: Bar Stools:

Seating Capacity Sidewalk Tables: Chairs: Bar Stools:

Seating Capacity Backyard Tables: Chairs: Bar Stools:

Seating Totals:

**Kitchen (please check one):**

No Kitchen

Partial Kitchen

Full Kitchen

Menu – please describe:

**Cabaret:**

Existing license?

Yes

No

If no, will you file and, if so, when?

**Special Events:**

Private parties or promotional events?

Yes

No

If yes, describe type and frequency:

Will outside promoters be used?

Yes

No

If yes, please state how often?

Will private security company be used?

Yes                      No

If yes, please list name.

Hours of duty:

Number inside/outside of premises

**Type of Music/Entertainment:**

Live Musician	Tapes/CDs	None
Live DJ	Karaoke	
Juke Box	Other	

**Volume Level:**

Background (Quiet)  
Entertainment Level

Do you have soundproofing?

Yes                      No

Do you plan on installing soundproofing?

Yes                      No

If yes, please describe your sound system.

**Admission:**

Cover charge, if any:

Minimum age, if any:

Dress code, if any:

**Sidewalk Café:**

Do you have plans to apply for a permit?

Yes                      No

If yes, when will you apply?

**Patron Use of Outdoor Areas:**

Do you use/plan to use any of the following?

Backyard

Deck/Terrace

Roof

If yes, please describe planned usage:

**Hours of Operation** (please indicate hours of operation for both indoor and outdoor space, even if hours are the same):

*Indoor:*

Mon

Tue

Wed

Thu

Fri

Sat

Sun

*Outdoor:*

Mon

Tue

Wed

Thu

Fri

Sat

Sun

**Primary Zoning:**

Residential

Mixed (Res/Com)

Commercial/Office

Other, please describe:

**Adjacent Building(s):**

Residential

Commercial/Office

Mixed (Res/Com)

Other, please describe

**Certificate of Occupancy:**

Does building have a C of O?

Yes

No

If yes, is proposed occupancy permitted?

Yes

No

**Exterior Conditions (please circle any that apply and briefly describe):**

French Doors/Large Windows  
Do they open?      Yes      No

Extended doorway

Lighting/Sound

Façade alteration, including signage

**Local Notification:**

What organizations/community groups have you notified regarding your application?

**Has this corporation or any principal been licensed previously?**

Yes      No

If yes, please indicate names(s) and location(s) of establishment(s):

**Questionnaire completed by:**

Name (owner/applicant):

Signature:      (Typed name serves as signature.)

Date:



# NOTICE

# PUBLIC HEARING

DATE: \_\_\_\_\_ Time: \_\_\_\_\_

Location: \_\_\_\_\_

Subject:

## MANHATTAN COMMUNITY BOARD FIVE

450 Seventh Avenue, Suite 2109, New York, NY 10123

212.465.0907

[www.cb5.org](http://www.cb5.org)

Do not remove until: \_\_\_\_\_

