



**MANHATTAN COMMUNITY BOARD FIVE**

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Vikki Barbero , *Chair*

Wally Rubin, *District Manager*

**COMMUNITY BOARD FIVE**  
**PUBLIC SAFETY/QUALITY OF LIFE**  
**Liquor License Application Questionnaire**

**Name of Corporation:** \_\_\_\_\_  
**DBA:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Cross Streets:** \_\_\_\_\_

**Fill out completely or application will not be considered.**

**Forward a completed copy** of this questionnaire to the board office at **least two weeks before the Public Safety/Quality of Life committee meeting**. Failure to do so will result in Community Board Five notifying the State Liquor Authority (SLA) **of your failure to cooperate with the community review process.**

For maximum public notification of your application, display the attached poster in a visible location on the outside of your establishment and adjacent buildings for **7 DAYS** prior to the meeting

**Have you previously filled out a questionnaire? Yes/No If yes, use this form to update only.**

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

- A renewal of an existing liquor license
- A new liquor license
- 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 catering/cabaret liquor license
- A Beer/Wine license
- An Off-Premises License (retail)
- Other: \_\_\_\_\_

**If alteration, please describe nature of alteration:**

**Previous use of the location:**

**Include the following attachments:**

- Photographs of the inside and outside of your establishment;
- Schematics/floor plans of the inside of your establishment and sidewalk café schematics (if plans include a sidewalk café) and any plans filed or to be filed with the Buildings Department;
- If a restaurant, please include a proposed menu;
- Petition signatures from residents in surrounding buildings;
- A copy of your NYS Liquor Authority application [excluding financial information].

Name of Corporation: \_\_\_\_\_

DBA: \_\_\_\_\_

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

Cross Streets: \_\_\_\_\_

Applicant's Name(s) on SLA Documents:

\_\_\_\_\_

Applicant's/Owner(s) Address (es):

\_\_\_\_\_

Telephone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Legal Firm/Contact: \_\_\_\_\_

Telephone and Fax: \_\_\_\_\_

Landlord Name /Contact: \_\_\_\_\_

Lease length and cost: \_\_\_\_\_

Telephone and Fax: \_\_\_\_\_

**Type of Establishment:**

- Grocery Store
- Liquor Store
- Wholesaler
- Bar
- Restaurant
- Club

**Is this establishment handicap accessible?**

- Yes  No

**If "Yes" please attach photo.**

**Occupancy:**

Total capacity: \_\_\_\_\_ Number of Patron Bars: \_\_\_\_\_

In bar area(s): \_\_\_\_\_ Number of Service Bars: \_\_\_\_\_

In dining room(s): \_\_\_\_\_

In waiting area(s): \_\_\_\_\_

Seating Capacity Inside	Tables: _____	Chairs: _____	Bar Stools: _____
Seating Capacity Sidewalk	Tables: _____	Chairs: _____	Bar Stools: _____
Seating Capacity Backyard	Tables: _____	Chairs: _____	Bar Stools: _____
TOTALS	_____	_____	_____

**Floor Plan:**

Total Floor area: \_\_\_\_\_sq.ft.

# of floors: \_\_\_\_\_

# of bars: \_\_\_\_\_

# of entrances: \_\_\_\_\_

# of exits: \_\_\_\_\_

**Cabaret:**

Existing?: \_\_\_\_\_

If no, will you file and when?: \_\_\_\_\_

**Kitchen:**

- No kitchen
- Partial kitchen
- Full kitchen
- Menu, describe: \_\_\_\_\_

**Special Events:**

Private parties or promotional events? Yes/No – If yes, describe type and frequency: \_\_\_\_\_

Will outside promoters be used? Yes/No – If yes, how often?: \_\_\_\_\_

Will private security company be used? Yes/No – If yes, number of Personnel: \_\_\_\_\_

Hours of Duty: \_\_\_\_\_ Number Inside/Outside of Premises: \_\_\_\_\_

**Type of Music/Entertainment:**

- Live Musician
- Live DJ
- Juke Box
- Tapes/CDs
- Karaoke
- Other \_\_\_\_\_
- None

**Volume Level:**

- Background (Quiet)
- Entertainment Level

Do you  have or  plan to install soundproofing? Please describe your sound system:

\_\_\_\_\_

**Admission:**

Cover charge, if any: \_\_\_\_\_

Minimum age, if any: \_\_\_\_\_

Dress code, if any: \_\_\_\_\_

**Sidewalk Café:**

Will you apply? Yes/No – If yes, when will you apply? \_\_\_\_\_

**Patron Use of Outdoor Areas – Do you  use or  plan to use:**

- Backyard
- Deck/Terrace
- Roof
- Other area(s), describe: \_\_\_\_\_

**Hours of Operation** (indicate if different for sidewalk or back yard):

MON	TUE	WED	THU	FRI	SAT	SUN
_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____	_____ to _____

**Primary zoning:** \_\_\_\_\_

**Building Type (Premises):**

- Residential
- Commercial/Office
- Mixed (Res./Com.)
- Other, describe: \_\_\_\_\_

**Adjacent Building(s):**

- Residential
- Commercial/Office
- Mixed (Res./Com.)
- Other, describe: \_\_\_\_\_

**Cert. of Occupancy:** Does building have a C of O? Yes/No – If YES, is proposed occupancy permitted? Y/N

**Exterior Conditions:**

- French Doors/Large Windows  that open?
- Extended doorway
- Lighting
- Façade alteration, incl. 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 name(s) of establishment(s):

\_\_\_\_\_

\_\_\_\_\_

Address(es): \_\_\_\_\_

\_\_\_\_\_

Cross Street: \_\_\_\_\_ Dates: \_\_\_\_\_ Community Board #: \_\_\_\_\_

If you answered *yes* to the above question you must obtain and provide to Board 5, with this questionnaire, a letter of record indicating history of complaints or other comments from the community board office in which your establishment is/was located if located in NYC.

Please use the schematic below to indicate the location and total number of establishments selling/serving beer, wine or liquor in your immediate vicinity and within 500 feet. Please label Streets and Avenues, situate your location near the middle of the diagram and indicate it with a [★]

Bar (B) \_\_\_\_\_ Grocery (G) \_\_\_\_\_ Restaurant (R) \_\_\_\_\_ Cabaret (C) \_\_\_\_\_ Disco/Club (D) \_\_\_\_\_ Wholesaler (W) \_\_\_\_\_ Sidewalk Café (S) \_\_\_\_\_ Residential Bldg. (RB) \_\_\_\_\_

How many sidewalk cafes are within 1 block? \_\_\_\_\_

	A V E				
	STREET				

If there are block associations or merchant associations or tenant associations in the immediate vicinity of your location, you must contact them. **Please attach proof (copy of letter or 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 for any additional information.)

Is a 500 Foot Hearing Required? \_\_\_\_\_

Plans filed or to be filed with Buildings Department? \_\_\_\_\_

**PLEASE NOTE: Alterations and transfers of liquor licenses are subject to an SLA 500 Foot Hearing.**

We ask that you provide contact information for residents and that if complaints are made, you act immediately to resolve the offending condition.

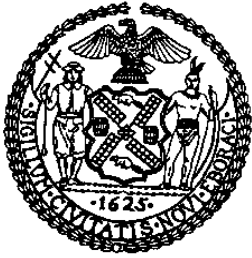
Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Questionnaire completed by: Name (owner/applicant): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please attach any relevant documentation and/or provide additional information on reverse.*



**PUBLIC NOTICE**  
**Community Board #5**  
**Meeting to Review**  
**Application for an**

License Type: \_\_\_\_\_

Name: \_\_\_\_\_

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

*Posted according to the Administrative Code of the City of New York Section 10-119.  
Please do not remove until after the Full Board Meeting.*

**COMMUNITY BOARD #5**  
**Public Safety & Quality of Life Committee**  
**Chaired by Vikki Barbero**

Date: \_\_\_\_\_

**6:00pm Prompt**

**First Alliance Church**

**127 West 26<sup>th</sup> Street, 2<sup>nd</sup> Floor**

**Buzz #3003 for building entrance**

**Agenda Item:**

Community Board Five will consider an application by \_\_\_\_\_  
\_\_\_\_\_, for a/an \_\_\_\_\_ liquor license at \_\_\_\_\_

\_\_\_\_\_  
*(Please Indicate) Bar/Restaurant/Club/Grocery/Liquor Store/Wholesaler,  
Please indicate if there will be a Sidewalk Café or Backyard Garden*

There will be an additional opportunity to comment at the regularly scheduled monthly **Full Board Meeting** on  
Thursday, \_\_\_\_\_ at 6:00 p.m., at \_\_\_\_\_

***The Public is encouraged to attend both meetings.***

For more information contact the CB5 at (212) 465-0907 or visit our website at [www.cb5.org](http://www.cb5.org)