



MANHATTAN COMMUNITY BOARD FIVE

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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.



NOTICE

PUBLIC HEARING

DATE: _____ Time: _____

Location: _____

Subject:

****Go to cb5.org for updates and more info****

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DO NOT REMOVE UNTIL _____