

# MANHATTAN COMMUNITY BOARD FIVE

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## 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):**

- |  |   |
|--|---|
| <input type="checkbox"/> New liquor license                    | <input type="checkbox"/> Upgrade of existing liquor license |
| <input type="checkbox"/> Catering liquor license               | <input type="checkbox"/> Renewal of existing liquor license |
| <input type="checkbox"/> Alteration of existing liquor license | <input type="checkbox"/> Hotel liquor license               |
| <input type="checkbox"/> 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:**

Restaurant

Bar

Club

**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 Capacity Rooftop Tables: Chairs: Bar Stools:

Seating Totals:

**Kitchen (please check one):**

No Kitchen

Partial Kitchen

Full Kitchen

Menu – please describe, and/or attach sample:

**Dancing:**

Yes

No

If yes, will there be a designated area for dancing? Please 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, 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  Streaming music/digital files  CDs/Tapes/LPs  
 Live DJ  Karaoke  
 Juke Box  Other  None

**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: