

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 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: