



Matthew S. Washington  
**Chair**

George Sarkissian  
**District Manager**

## COMMUNITY BOARD ELEVEN

BOROUGH OF MANHATTAN  
1664 PARK AVENUE  
NEW YORK, NEW YORK 10035  
TEL: (212) 831-8929/30  
FAX: (212) 369-3571  
[www.cb11m.org](http://www.cb11m.org)

Dear Applicants, Lawyers, Architects, and others who represent liquor license applicants,

Community Board 11 has received your notification of an application for a new, renewal, transfer, upgrade, or alteration liquor license. The enclosed questionnaire and your liquor license application must be received by the Community Board at the above-listed address within 15 days of receipt of this mailing.

In understanding Community Board 11's request for information please adhere to the following:

1. All application questionnaire forms must be completed in their entirety.
2. Depending on your status, your business may need to present to the SLA Subcommittee for a thorough review of your application questionnaire and SLA application. SLA Subcommittee meetings are held on the first Wednesday of each month. In preparation for this meeting please provide:
  - a. **1 copy** of your original SLA application
  - b. **5 copies** of your completed CB11 application questionnaire
  - c. **5 copies** of circulated petitions and proof of conspicuous posting of Community Board 11 notices at the site for **2 days** prior to the meeting as well as a posting photo with newspaper with date to validate date of postings.
3. The office must be informed of withdrawals 2 days prior to the SLA Subcommittee meeting. Notice must be in writing by fax, e-mail, or letter to the Chair of the SLA Subcommittee. Any notices received after that will not be able to be processed by the SLA Subcommittee. Withdrawn applications will not be automatically rolled over to the following month's committee agenda.
4. All applications will be treated as new licenses unless they specifically note otherwise, such as transfer, alteration, etc. This specification is necessary to process your application correctly.

Businesses that do not adhere to the previous instructions will result in a vote to deny the application due to failure to respond to the requests of the Community Board.

Your cooperation is very much appreciated. If you have any further questions, please do not hesitate to call the Community Board 11 office.

## Community Board 11 Liquor License Application Questionnaire

**Application Questionnaire Instructions:** Please complete and return to the Community Board office by mail, fax, or email within 15 days of receipt of this mailing. If requested to present to the SLA Subcommittee, please bring 5 copies plus supporting material requested to the meeting. Failure to complete and return this form on time will result in agenda recommendation to reject the application due to failure to respond to the request of the Community Board.

**Public Notification Instructions:** If requested to present to the SLA Subcommittee, you must make copies and display the enclosed posters within 200 feet of your establishment for 2 days prior to the SLA Subcommittee meeting (first Wednesday of the month). *You must include a poster with a newspaper with date in photo to validate date of postings.*

<b>Applicant:</b>		<b>Establishment:</b>	
Business Information	License: (check one)	<input type="checkbox"/> New	<input type="checkbox"/> Renewal
		<input type="checkbox"/> Upgrade	<input type="checkbox"/> Alteration
		<input type="checkbox"/> Transfer	
	Type of License:	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Bar
		<input type="checkbox"/> Tavern	<input type="checkbox"/> Concession
		<input type="checkbox"/> Café	<input type="checkbox"/> Deli/Grocery
	<input type="checkbox"/> Other:		
Has this corporation or any principal been licensed previously?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is any license under the ABC Law now in effect for this location?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Premise Address:		Mailing Address (if different):	
Telephone #: (      )		Email:	
Representative Information	Contact Name:		Office Address:
	Relationship: <input type="checkbox"/> Owner <input type="checkbox"/> Attorney		
	<input type="checkbox"/> Other:		
	Telephone: (      )		
Email:			
Premise Information	Type of Building:		Prior Use of Premise:
	# of Floors:	Maximum # of persons that can legally occupy the premises:	# of Years at Premise:
	Will any business besides food or alcohol service be conducted at premise? If "Yes," please explain:		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Any outside area or sidewalk café used for the sale or consumption of alcoholic beverages (includes roof and yard)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Does the premise have a valid Certificate of Occupancy and all appropriate permits?		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Do you plan to apply for a Public Assembly Permit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Community Board 11 Liquor License Application Questionnaire**

<b>Method of Operation</b>	Proposed days/ hours of operation:	<input type="checkbox"/> M : to :	<input type="checkbox"/> T : to :	<input type="checkbox"/> W : to :	<input type="checkbox"/> Th : to :	<input type="checkbox"/> F : to :	<input type="checkbox"/> S : to :	<input type="checkbox"/> Su : to :
	Number of Employees: (how many local?)	Security Personnel: How many?			<input type="checkbox"/> Yes <input type="checkbox"/> No			
	Music:	<input type="checkbox"/> Yes <input type="checkbox"/> No			Wheel Chair Accessible: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>200 &amp; 500 Foot Rule</b>	Is your premise within 200 feet of any school, church, or place of worship? <input type="checkbox"/> Yes <input type="checkbox"/> No							
	Name of Church/School:							
	Church/School Address:				Church/School Contact:			
					Telephone Number: (     )			
					Email:			
	Name of Church/School:							
	Church/School Address:				Church/School Contact:			
					Telephone Number: (     )			
					Email:			
	Name of Church/School:							
	Church/School Address:				Church/School Contact:			
					Telephone Number: (     )			
				Email:				
<b>Certification</b>	I hereby certify that the information provided in this questionnaire is truthful and accurate based upon my personal belief. <span style="float: right;"><input type="checkbox"/> Agree</span>							
	Name:				Signature:			
	Date:							

**Community Board Notes:**

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# ATTENTION RESIDENTS & NEIGHBORS

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Company Name and Contact Number for Questions

PLANS TO OPEN A

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

AT THE FOLLOWING LOCATION

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Street Number and Street Name

THIS ESTABLISHMENT IS SEEKING A LICENSE TO SERVE

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Beer & Wine or Beer/Wine & Liquor

THERE WILL BE AN OPPORTUNITY FOR PUBLIC COMMENT ON

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Date/Time/Location

AT COMMUNITY BOARD 11's  
ECONOMIC DEVELOPMENT COMMITTEE MEETING

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