



# CB11M

## EAST HARLEM

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Chair

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District Manager

### Manhattan Community Board 11 Liquor License Application Questionnaire (rev. Dec. 2022)

Please return the completed questionnaire to the board office no less than 7 days prior to the Licenses & Permits Committee meeting. Failure to return this form on time will result in a recommendation to reject the application due to noncompliance with board procedures.

**Applicant / Licensee Name:** \_\_\_\_\_

If this corporation or any of its principals is/are currently or have previously been licensed, please attach a list of the establishments, including trade names and addresses.

**Trade Name (DBA), if any:** \_\_\_\_\_

**License Serial #, if applicable:** \_\_\_\_\_

**Application type:**

- New\*\*
- New & Temporary Retail Permit\*\*
- Renewal
- Alteration\*\*
- Class Change
- Method of Operation\*\*
- Corporate Change

**License type:**

- Beer & Cider
- Wine, Beer & Cider
- Liquor, Wine, Beer & Cider

**Type of Business:**

- Restaurant
- Bar
- Tavern
- Concession
- Café
- Deli/Grocery
- Other: \_\_\_\_\_

\*\* Please attach:

- Schematics, floor plans or architectural drawings of the premise
- A proposed food and or drink menu

PREMISE INFORMATION

**Premise Address:** \_\_\_\_\_

**Mailing Address (if different):** \_\_\_\_\_

**Telephone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Type of Building:** \_\_\_\_\_ **Prior Use of Premises:** \_\_\_\_\_

**# of Floors for this establishment:** \_\_\_\_\_ **# Years at Premise:** \_\_\_\_\_

**What is the zoning designation (ex: R8 or C2) for this premises?** \_\_\_\_\_

check zoning here: <http://gis.nyc.gov/doitt/nycitymap/>

**Will any business besides food or alcohol service be conducted at premise?**

- Yes Please explain: \_\_\_\_\_  
 No

**Does the building have a valid Certificate of Occupancy, including for any back/side yard or roof use?**

- Yes (submit copy of certificate)  
 No. (attach copy of Letter of Objection)

**Does this premises have a Place of Assembly Certificate of Operation (PACO)?**

- Yes. (submit copy of certificate)  
 No

**Is the premises Wheelchair Accessible?**

- Yes  
 No

**What is the maximum # of persons that can legally occupy the premises: \_\_\_\_\_**

PROPOSED METHOD OF OPERATION

**Proposed days/hours of operation:**

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
: TO :	: TO :	: TO :	: TO :	: TO :	: TO :	: TO :

**Number of indoor tables? \_\_\_\_\_ Total number of indoor seats? \_\_\_\_\_**  
**How many stand-up bars/bar seats are located on the premise (number, length, location)?**

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**If any outside area will be used for the sale or consumption of alcoholic beverages at this premises, please indicate the type and seating capacity:**

- Sidewalk Cafe                       Rear Yard                       Rooftop/Other

# of tables \_\_\_\_\_ # of tables \_\_\_\_\_ # of tables \_\_\_\_\_  
# of seats \_\_\_\_\_ # of seats \_\_\_\_\_ # of seats \_\_\_\_\_

**# of Employees (total): \_\_\_\_\_**

**# of Employees residing in East Harlem: \_\_\_\_\_**

**Will this premises employ Security Personnel?**

- Yes How many and when? \_\_\_\_\_  
 No

**AMPLIFIED SOUND / NOISE MITIGATION**

**If the premises will have amplified music, please indicate the type(s):**

- DJs
- Live music
- Background music, low volume
- Streaming services/playlists, jukebox, Other \_\_\_\_\_
- None

**Is soundproofing installed in the premises?**

- Yes
- No     If not, do you plan to install soundproofing?
  - Yes
  - No

**How do you plan to manage noise inside and outside your business so neighbors will not be affected?**

Please attach the noise mitigation plan.

\_\_\_\_\_

**200 & 500 FOOT RULES**

**Is your premise within 200 feet of any school, church, or place of worship?**

- Yes
- No

**Church/School Name:** \_\_\_\_\_

**Church/School Address:** \_\_\_\_\_

**Have you notified this Church/School about your license application?**

- Yes
- No

**Is your premise within a 500 feet radius of other establishments with on-premises liquor licenses?**

- Yes
- No

**Establishment #1 Name and Address:** \_\_\_\_\_

**Establishment #2 Name and Address:** \_\_\_\_\_

**REPRESENTATIVE INFORMATION / CERTIFICATION**

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

**Telephone #:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Relationship:**

- Owner
- Attorney
- Other:

**I hereby certify that the information provided above is truthful and accurate based on my personal belief.**

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