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THE CITY OF NEW YORK  
MANHATTAN COMMUNITY BOARD SIX  
866 UNITED NATIONS PLAZA, SUITE 308  
NEW YORK, NY 10017

**Business Affairs and Street Activities Committee**

**NEW LIQUOR LICENSE QUESTIONNAIRE**

License applying for:  NEW  RENEWAL  ALTERATION  TRANSFER  
 CORPORATE CHANGE

Corporatename \_\_\_\_\_

DBA \_\_\_\_\_

AddressofPremises \_\_\_\_\_

Name and Contact information for Attorney or representative (if applicable): \_\_\_\_\_

Liquor License Serial # if applicable: \_\_\_\_\_

1. License Type (check all appropriate boxes):  On Premises  Hotel Liquor  
 Additional Bar  Restaurant Wine  Other (Please Specify) \_\_\_\_\_

2. Type of Business:  Restaurant  Bar  Hotel  Club  Lounge  Deli  Other (Please specify) \_\_\_\_\_

3. Hours of operation (please specify days and times):

MON \_\_\_\_\_ TUE \_\_\_\_\_ WED \_\_\_\_\_ THU \_\_\_\_\_ FRI \_\_\_\_\_ SAT \_\_\_\_\_ SUN \_\_\_\_\_

4. Please name ALL Principals/Partners (including silent partners and investors) associated with this license. If LLC, LLP or any other corporate entity is listed all persons associated with the corporate entity must be specified:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What other establishments are currently owned or have been owned/ invested in or managed by any of the partners/investors/owners etc. specified in your application

Applicant \_\_\_\_\_  
Location and Address \_\_\_\_\_ Years in Operation? \_\_\_\_\_

Applicant \_\_\_\_\_  
Location and Address \_\_\_\_\_ Years in Operation? \_\_\_\_\_

Applicant \_\_\_\_\_  
Location and Address \_\_\_\_\_ Years in Operation? \_\_\_\_\_

6. Have any of your principals, owners or investors had any past or present licenses revoked by SLA?  Yes  No

7. Have any or your principals or investors specified in question had any violations served to you by the SLA?  Yes  No

8. Have any or your principals or investors specified had any violations (at any time) served to you and/ or disciplinary actions taken against you by other city agencies including but not limited to: Fire Department/Police department/Department of Buildings/ Department of Health/Department of Environmental Protection/ Department of Consumer Affairs?

Yes  No

If so please specify and explain:

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VENUE:

9. Capacity of interior: \_\_\_\_\_ Capacity of exterior (if applicable) \_\_\_\_\_

10. Patrons' use of outdoor area (if applicable)  Backyard  Deck  Terrace  Roof

11. Are you planning to apply for a sidewalk café?  Yes  No

Please note: Sidewalk Cafés require a separate license to serve alcohol and applications for sidewalk cafes are considered individually with a separate application.

12. During warmer months will doors/windows be opened or removed?  Yes  No

Closing Hours of Doors and Windows? Weekdays \_\_\_\_\_ Weekends \_\_\_\_\_

9. Does establishment comply with Certificate of Occupancy including capacity restrictions of any outdoor area(s)?  Yes  No

10. Is this establishment located within a residential building?  Yes  No

11. Does your establishment have soundproofing in place or do you intend to sound proof in any capacity?  Yes  No

12. Will manager always be on site?  Yes  No

13. Will your establishment be using a security/doorperson?  Yes  No

14. Will you have a full kitchen?  Yes  No

15. Is this venue wheelchair accessible?  Yes  No

16. Music:  Yes  No

If so please specify:  DJ  Pre-Recorded  Live

16. Do you have a Public Assembly Permit?  Yes  No

17. Do you have a Cabaret license?  Yes  No

18. Will you be having any live performances?  Yes  No

19. If yes, what kind?  Music  Theater  Comedy  Other (Please specify) \_\_\_\_\_

20. Do you have a staging or waiting area?  Yes  No

21. If you have a waiting/staging area, how many people can it accommodate? \_\_\_\_\_

22. Will you be renting your space out at any point for private parties?  Yes  No

If so please describe:

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23. Do you intend to use outside promoters/party organizers to facilitate particular evenings (including private parties) at your establishment?  Yes  No

If so please describe:

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24. Is a 200/500-foot hearing required?  Yes  No

**If Yes, Please Attach:**

(a) Drawings or photos of geographic relationship to schools and/or places of worship.

**(b)Public Interest Statement**

**ALTERATIONS (For Alteration Application):**

**Please describe alteration?**

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**Why are you making this alteration?**

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**Any change of name or principals/partners or investors since you first applied for a license?  Yes  No**

**Will any take place once alteration is performed?  Yes  No**

**If yes, please name all new principals and investors.**

**[NOTE: If LLC, LLP or corporate entity, all persons must be named.]**

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**Is there any change of use of method of operation that has or will take place since you last**

**If so please describe**

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**If there are plans, please bring them with you to the BASA committee meeting.**