

Community Board 8 Liquor License Questionnaire

Name of Applicant Contact phone number	_____	
Name of Corporation Name of Establishment (d/b/a) Operator/GM	_____	
Address and Description of Premises:	_____	
	Restaurant___ Bar/Pub___ Café___ Night Club___	Approximate Sq. Feet. _____ Tables _____ Chairs _____
Application type:	New___ Renewal___ Transfer___ Alteration___ Other_____	
License for:	Liquor___ Wine___ Beer___	
List of owners/operators:	Silent Partners? YES / NO	
1.	_____	
2.	_____	
3.	_____	
Hours of operation:	MON – THURS: From _____ To _____ FRI – SAT: From _____ To _____ SUN: From _____ To _____	
Percentage of food/drinks:	Estimated percentage of sales. Food ___ % Drinks ___ %	
Number of people served:	At Bar _____ At Tables _____ Other _____	
Type of music to be played:	Live ___ piped ___ loud YES / NO Soundproofing YES / NO	
Will there be bicycle delivery:	Yes _____ No _____	If Yes, will bicycles comply with the law? Yes _____ No _____
Other establishments associated with:	Those in CB8 district first.	
1.	_____	
2.	_____	
3.	_____	
Name and Phone # of references:	CB8 reserves the right to contact these references.	
1.	_____	
2.	_____	
Any known complaints:	_____	
Items to be submitted with application:	Please supply the following items and any other items you think will help us decide.	
Plans of establishment	_____	
Pictures of establishment	_____	
Affidavit agreeing not to use electric bikes for deliveries	_____	
Menu for establishment/Other relevant info	_____	

New Policy: Community Board 8 will disapprove the application of any establishment which participates in “bar crawls” and/or uses electric bikes.

Submitted by _____ Official Capacity _____