

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: License for:	New____ Renewal____ Transfer____ Alteration____ Other____ Liquor____ Wine____ Beer____			
List of owners/operators: 1. 2. 3.	Silent Partners? YES / NO <hr/> <hr/> <hr/>			
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: 1. 2. 3.	Those in CB8 district first. <hr/> <hr/> <hr/>			
Name and Phone # of references: 1. 2.	CB8 reserves the right to contact these references. <hr/> <hr/> <hr/>			
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 _____