



Community Board 8 Manhattan
505 Park Avenue, Suite 620
New York, New York 10022
(212) 758-4340
Info@CB8m.com

Street Life Applicant Information

Community Board 8 Manhattan’s mission is to protect the safety, health and well-being of our residents, and support the well managed businesses in our community. Do not leave unanswered questions, answer all or note N/A. **This form must be filed electronically. All relevant diagrams and photos must be included.**

Establishment Information

Name of Company:

Name of Establishment: _____

Address (Include Cross Streets): _____

Type of Application:

New: _____ Renewal: _____ Corporate Change: _____

Removal: _____ Class Change: _____

Application Due Date:

Method of Operation

Establishment within 200 Feet of:

Place of Worship: _____ School: _____

Will Your Establishment Have:

Live Music: _____ Recorded Music: _____ Dancing: _____

Hours of Operation:

Monday – Wednesday: From: _____ To: _____

Thursday: From: _____ To: _____

Friday: From: _____ To: _____

Saturday: From: _____ To: _____

Sunday: From: _____ To: _____

Type of Liquor Sold:

Liquor: _____ Wine: _____ Beer: _____ Cider: _____

Type of Business:

Restaurant: _____ Nightclub: _____ Tavern: _____

Will Establishment have more than 75 People

Yes: _____ No : _____

If yes, please provide a copy of the PA.

Use of Rear Yard/Outdoor Space:

Yes: _____ No: _____

Food Delivery

Yes: _____ No: _____

Third Party Food Delivery

Yes: _____ No: _____

If so, Which Providers:

Substantial Alterations

Adding or Deleting Space:

Yes: _____ No: _____

Reducing Visibility

Yes: _____ No: _____

Relocating the Entrance:

Yes: _____ No: _____

Enlarging or Relocating Bar

Yes: _____ No: _____

Installing a Stage

Yes: _____ No: _____

Installing a Dance Floor

Yes: _____ No: _____

Building Legal Use

LNO: _____

CO: _____

Group Number: _____

Sidewalk Café Information

Enclosed: _____ Unenclosed: _____

Small Unenclosed: _____

Number of Tables and Chairs

Tables: _____ Chairs: _____

Awning: Yes: _____ No: _____

Fixed: _____ Retractable: _____

If fixed, is it inspected by a Professional?

Yes: _____ No: _____

Storage of Tables and Chairs:

Inside: _____ Outside: _____

Winter Storm Enclosure:

Yes: _____ No: _____

If so, is it in compliance with the Building Code?

Yes: _____ No: _____

Front Windows Operable: Yes: _____ No: _____

If so, what time are they open?

From: _____ To: _____

Planters: _____ Barriers: _____ Other Structure: _____

Corporate Change

Adding an Officer: Yes: _____ No: _____

Removing an Officer: Yes: _____ No: _____

Changing 80% or more of Officers:

Yes: _____ No: _____

Changing 80% or more of Stock Corp.:

Yes: _____ No: _____

Are all corporation members on the application?

Yes: _____ No: _____

Complaints and Violations

Since the last application was filed, has the establishment received any:

311 complaints: Yes: _____ No: _____

Building Violations: Yes: _____ No: _____

If so, please explain: _____

I, the owner or manager, affirm that the above information is accurate and true.

Name:

Title:

Date:

Signature: