



Community Board 8 Manhattan
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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: _____