

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.

Fatablish as a Li	formatte.	
Establishment Information Name of Company:		
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Name of Establish	ment:	
Address (Include C	ross Streets):	
Type of Application		
New: F	Renewal: Corporate Change:	
Removal:	Class Change:	
Application Due Da	ate:	
Method of Operat	ion	
Establishment with	nin 200 Feet of:	
Place of Worship:	School:	
Will Your Establish	ment Have:	
Live Music:	Recorded Music: Dancing:	
Hours of Operation	າ:	
Monday – Wednes	sday: 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:	Fixed: If fixed, Yes: Storage Inside: _ Winter Yes: If so, is Yes: Front V If so, w From: _ Planter Corpor Adding Removi Changii Yes:	
Substantial Alterations	Changir	
Adding or Deleting Space:	Yes:	
Yes: No:	Are all	
Reducing Visibility	Yes:	
Yes: No:	Compla	
Relocating the Entrance:	Since th	
Yes: No:	any:	
Enlarging or Relocating Bar	311 cor	
Yes: No:		
Installing a Stage	Building	
Yes: No:	If so, pl	
Installing a Dance Floor		
Yes: No:		
Building Legal Use		
LNO:	I, the o	
CO: Group Number:	accurat	
Sidewalk Café Information	Name:	
Enclosed: Unenclosed:	Title:	
Small Unenclosed:	Date:	
Number of Tables and Chairs		
Tables: Chairs:	Signatu	
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: 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: