

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____ Number of bathrooms _____		
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	_____		
Notarized affidavit agreeing to CB8's stipulations	_____		
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 _____