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# THE CITY OF NEW YORK MANHATTAN COMMUNITY BOARD 3

59 East 4th Street - New York, NY 10003  
Phone: (212) 533-5300 - Fax: (212) 533-3659  
www.cb3manhattan.org - info@cb3manhattan.org

Gigi Li, Board Chair

Susan Stetzer, District Manager

## Community Board 3 Liquor License Application Questionnaire

Please bring the following items to the meeting:

**NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.**

- Photographs of the inside and outside of the premise.
- Schematics, floor plans or architectural drawings of the inside of the premise.
- A proposed food and or drink menu.
- Petition in support of proposed business or change in business with signatures from residential tenants at location and in buildings adjacent to, across the street from and behind proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar. (petition provided)
- Notice of proposed business to block or tenant association if one exists. E-mail the CB3 office at info@cb3manhattan.org to find block associations. This must be done promptly so that there is sufficient time to meet with residents if necessary.
- Photographs of proof of conspicuous posting of meeting with newspaper showing date.
- If applicant has been or is licensed anywhere in City, letter from applicable community board indicating history of complaints and other comments.

Check which you are applying for:

- new liquor license       alteration of an existing liquor license       corporate change

Check if either of these apply:

- sale of assets       upgrade (change of class) of an existing liquor license

Today's Date: \_\_\_\_\_

If applying for sale of assets, you must bring letter from current owner confirming that you are buying business or have the seller come with you to the meeting.

Type of license: On Premises      Is location currently licensed?  Yes  No

If alteration, describe nature of alteration: \_\_\_\_\_

Previous or current use of the location: Tavern

Corporation and trade name of current license: Jerwas Tavern Inc. d/b/a Swirl + CO.

**APPLICANT:**

Premise address: 75 St Marks Place

Cross streets: First and Second

Name of applicant and all principals: 75 St Mark Place LLC  
Robert J. Ehrlich

Trade name (DBA): \_\_\_\_\_

**PREMISE:**

Type of building and number of floors: 4 Story brick

Will any outside area or sidewalk cafe be used for the sale or consumption of alcoholic beverages?  
(includes roof & yard)  Yes  No If Yes, describe and show on diagram: \_\_\_\_\_

Does premise have a valid Certificate of Occupancy and all appropriate permits, including certificate of occupancy for back or side yard intended for commercial use?  Yes  No

Indoor Certificate of Occupancy 74 Outdoor Certificate of Occupancy N/A  
(fill in maximum NUMBER of people permitted) letter of no objection

Do you plan to apply for Public Assembly permit?  Yes  No

Zoning designation (check zoning using map: <http://gis.nyc.gov/doitt/nycitymap/> - please give specific zoning designation, such as R8 or C2):

R 8 B

Is this premise wheel chair accessible?  Yes  No

**PROPOSED METHOD OF OPERATION:**

What type of establishment will this be (i.e.: restaurant, bar, performance space, club, hotel)?

tavern

Will any other business besides food or alcohol service be conducted at premise?  Yes  No

If yes, please describe what type: \_\_\_\_\_

What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space)

11 AM - 4 AM Monday - Saturday

12 PM - 4 AM Sunday

Number of tables? 11 Number of seats at tables? 47

How many stand-up bars/ bar seats are located on the premise? One

(A stand up bar is any bar or counter (whether with seating or not) over which a patron can order, pay for and receive an alcoholic beverage)

Describe all bars (length, shape and location): 14' 3 1/2" x 9' 7" rounded front Right

Any food counters?  Yes  No If Yes, describe: \_\_\_\_\_

Does premise have a full kitchen?  Yes  No?

Does it have a food preparation area?  Yes  No (If any, show on diagram)

Is food available for sale?  Yes  No If yes, describe type of food and submit a menu

local regional menu.

What are the hours kitchen will be open? All hours of operation

Will a manager or principal always be on site?  Yes  No If yes, which? Either one

How many employees will there be? 5-7

Do you have or plan to install  French doors  accordion doors or  windows?

Will you agree to close any doors and windows at 10:00 P.M. every night?  Yes  No

Will there be TVs/monitors?  Yes  No (If Yes, how many?) T.B.O.

Will premise have music?  Yes  No

If Yes, what type of music?  Live musician  Dj  Juke box  Tapes/CDs/iPod

If other type, please describe \_\_\_\_\_

What will be the music volume?  Background (quiet)  Entertainment level

Please describe your sound system: Ipod generated small speakers

Will you host promoted events, scheduled performances or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed? NO

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans. (person will be designated to insure that the sidewalk is free of people congregating)

Will there be security personnel?  Yes  No (If Yes, how many and when) 1-2

How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans. Music will be low key and background, premises are very well insulated.

Do you  have or  plan to install sound-proofing?

**APPLICANT HISTORY:**

Has this corporation or any principal been licensed previously?  Yes  No

If yes, please indicate name of establishment: \_\_\_\_\_

Address: See attached Community Board # \_\_\_\_\_

Dates of operation: \_\_\_\_\_

If you answered "Yes" to the above question, please provide a letter from the community board indicating history of complaints or other comments. N/A

Has any principal had work experience similar to the proposed business?  Yes  No If Yes, please attach explanation of experience or resume. N/A

Does any principal have other businesses in this area?  Yes  No If Yes, please give trade name and describe type of business \_\_\_\_\_

Has any principal had SLA reports or action within the past 3 years?  Yes  No If Yes, attach list of violations and dates of violations and outcomes, if any.

Attach a separate diagram that indicates the location (**name and address**) and total number of establishments selling/serving beer, wine (B/W) or liquor (OP) for 2 blocks in each direction. Please indicate whether establishments have On-Premise (OP) licenses. Please label streets and avenues and identify your location. Use letters to indicate Bar, Restaurant, etc. The diagram must be submitted with the questionnaire to the Community Board before the meeting.

#### LOCATION:

How many licensed establishments are within 1 block? see attached

How many licensed establishments are within 500 feet? \_\_\_\_\_

Is premise within a 500 foot radius of 3 or more establishments with OP licenses?  Yes  No

How many On-Premise (OP) liquor licenses are within 500 feet? \_\_\_\_\_

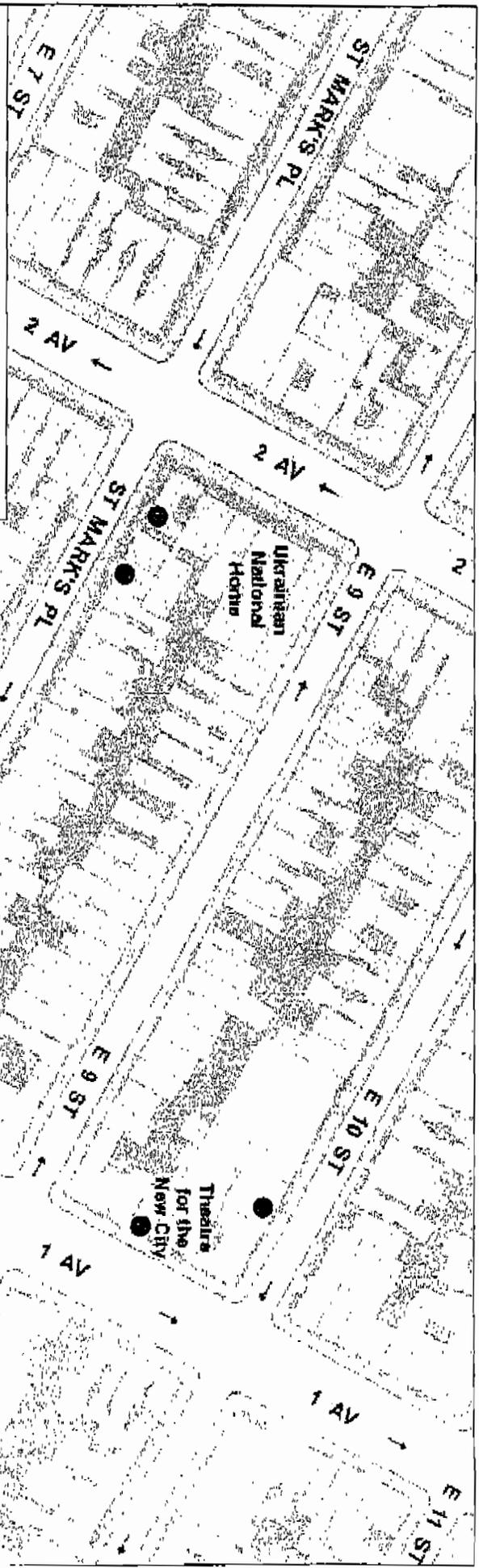
Is premise within 200 feet of any school or place of worship?  Yes  No

If there is a school or place of worship within 200 feet of your premise on the same block, submit a block plot diagram or area map showing its location in proximity to your premise and indicate the distance and name and address of the school or house of worship.

#### COMMUNITY OUTREACH:

If there are block associations or tenant associations in the immediate vicinity of your location, you must contact them. Contact the CB 3 office at [info@cb3manhattan.org](mailto:info@cb3manhattan.org) to find block and tenant associations. **Please attach proof (copies of letters or email and poster) that you have advised these groups of your application with sufficient time for them to respond to your notice.**

**Please use provided petitions, which clearly state the name, address, license for which you are applying, and the hours and method of operation of your establishment at the top of each page. (Attach additional sheets of paper as necessary).**



FIVE HUNDRED (500) FOOT AREA PLAN

APPLICANT: Robert Demko

07/2/2012

TRADE NAME (DEAN)	ADDRESS
TBD	75 St Marks Pl, NY, NY 10003

NAME	ADDRESS	DIST (FT)
1 Ugly Kitchen	103 1st Ave, NY, NY 10003	458
2 Mabeika	111 1st Ave, NY, NY 10003	387
3 WOOD FUSED	115 1st Ave, NY, NY 10003	284
4 Dek Seed's Restaurant	119 1st Ave, NY, NY 10003	243
5 International Bar	120 1/2 1st Ave, NY, NY 10009	306
6 Lunasa Bar & Restaurant	126 1st Ave, NY, NY 10009	282
7 V Bar	132 1st Ave, NY, NY 10009	228
8 Simcoe Harsh Bar Cafe	134 1st Ave, NY, NY 10009	212
9 Scarsd Lounge	138 1st Ave, NY, NY 10003	153
10 Spunky and David's	140 1st Ave, NY, NY 10003	230
11 Coyne Ugly	153 1st Ave, NY, NY 10003	347
12 Deles BBQ	132 2nd Ave, NY, NY 10003	500
13 Big Bar	71 E 7th St, NY, NY 10003	282
14 Blue & Gold Tavern	79 E 7th St, NY, NY 10003	298
15 Krystal's Cafe 81	81 E 7th St, NY, NY 10003	288
16 Company	242 E 10th St, NY, NY 10003	424
17 Cafe Olan	41 St Marks Pl, NY, NY 10003	424
18 St Olan's Church	62 St Marks Pl, NY, NY 10003	178
19 La Paipa	77 St Marks Pl, NY, NY 10003	21
20 Typicon Lounge	79 St Marks Pl, NY, NY 10003	53
21 Wilson Renaissance Tavern	80 St Marks Pl, NY, NY 10003	78
22 Cafe Lagador	101 St Marks Pl, NY, NY 10003	436

