

BROOKLYN COMMUNITY BOARD NO. 8
RENEWAL LIQUOR LICENSE APPLICATION INFORMATION FORM

1. Principal Applicant Name(s) [not corporation name] _____

2. Corporation Name _____

3. Address of establishment (include cross streets): _____

4. Name of Establishment (DBA) _____

5. Type of license: Wine only ___ Beer only ___ Beer/Wine ___ Full liquor license/spirits ___

6. Type of establishment: Bar ___ Restaurant ___ Bar/Restaurant ___ Café ___ Lounge ___ Cabaret ___

7. Proposed Days and Hours of operation (Answer for each day. Mark an X if establishment will not open a certain day):

SUN	MON	TUES	WED	THURS	FRI	SAT
___ AM PM	___ AM PM	___ AM PM	___ AM PM	___ AM PM	___ AM PM	___ AM PM
TO	TO	TO	TO	TO	TO	TO
___ AM PM	___ AM PM	___ AM PM	___ AM PM	___ AM PM	___ AM PM	___ AM PM

8. **MUSIC** - Check all that apply

Live Amplified ___ Live Acoustic ___ DJ ___ Videos ___ Jukebox ___ Karaoke ___ Background ___

Other (*please explain*): _____

9. Soundproofing? Yes ___ No ___ Please detail: _____

10. Have there been any complaints/issues with your establishment over the past 12 months? No ___ Yes ___

Please explain _____

11. How long have you been in your current location? ___ years ___ months

12. Is this a transfer license request? No ___ Yes ___ Please explain: _____

13. Since obtaining your initial license, have there been any operational changes? No ___ Yes ___

If yes, describe the changes. (Include hours, service, occupancy, ownership, clientele, alterations—including sidewalk cafes, and other relevant info)

14. **Public Interest:** Proximity to nearest school/day care center? _____

Proximity to nearest church/house of worship? _____