### Principal applicant 1

**Name** ______________________________

**Phone** ______________________________

**Email** ______________________________

### Principal applicant 2

**Name** ______________________________

**Phone** ______________________________

**Email** ______________________________

### Business

**Corporation name**

________________________________

________________________________

**DBA**

________________________________

________________________________

**Address of premises**

________________________________

**Establishment type**

- □ Restaurant/bar
- □ Night club
- □ Catering hall

**License requested**

- □ Beer and cider
- □ Wine, beer, cider
- □ Liquor, wine, beer, cider

### Indoor service area

**Tables** ________________  **Seats at tables** ________________

**Bars** ________________  **Seats at bars** ________________

**Maximum patron capacity** ________________

### Maximum hours of service

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<th></th>
<th>Sun</th>
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### Noise attenuation measures

__________________________________________________________

### Outdoor service area 1 (if applicable)

**Location**

- □ Patio or deck
- □ Rooftop
- □ Garden/grounds
- □ Freestanding covered structure
- □ Sidewalk café
- □ Other (specify)  ______________________________________

**Size** ________________ ft. W x ________________ ft. D

**Tables** ________________  **Seats at tables** ________________

**Bars** ________________  **Seats at bars** ________________

**Maximum patron capacity** ________________
### Maximum hours of service

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Noise attenuation measures

_______________________________

### Outdoor service area 2 (if applicable)

- **Location**
  - □ Patio or deck
  - □ Rooftop
  - □ Garden/grounds
  - □ Freestanding covered structure
  - □ Sidewalk café
  - □ Other (specify)

- **Size**
  - _______ ft. W x _______ ft. D

- **Tables**
  - ____________
  - Seats at tables

- **Bars**
  - ____________
  - Seats at bars

- **Maximum patron capacity**
  - ____________

### Maximum hours of service

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Noise attenuation measures

_______________________________

### Music and sound

- **Amplified sound**

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<tr>
<th>Location</th>
<th>Number of speakers</th>
<th>Wattage</th>
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<td>Sound system 1</td>
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<tr>
<td>Sound system 2</td>
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<tr>
<td>Sound system 3</td>
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</table>

- **Live entertainment will be offered**
  - □ Yes
  - □ No
Staff and security

Number of service employees  ___________
Number of security personnel  ___________
Other security measures  ___________________________________________________

Neighbors

Number of residences in building where premises is located  _________________
Number of residences in buildings adjacent to premises (left, right and rear)  _________________

Applicant certification

I hereby certify all information provided on this form and in other materials submitted to Community Board 8 with my application is correct and accurate. I agree that any of the information I have provided may be incorporated into the terms of any liquor license that may be issued to me by the State of New York at the request of Community Board 8. In the event the information I have provided herein varies from that which I submit to the New York State Liquor Authority, I understand that Community Board 8 may revoke its statement of support, if any, reject my future application for renewal, and take other action as it may deem necessary.

Principal signature  ____________________________
Principal name  ____________________________
Date  ____________________________