

Brooklyn Community Board 8

Liquor License Renewal Application Information Form

Complete all applicable fields as you wish your license to be renewed. Complete highlighted sections marked "Current" if you are requesting changes to the terms of your license by providing current information from your license.

Principal applicant 1

Name _____

Phone _____

Email _____

[Current]

Name _____

Phone _____

Email _____

Principal applicant 2

Name _____

Phone _____

Email _____

[Current]

Name _____

Phone _____

Email _____

Business

Corporation name _____

[Current] _____

DBA _____

[Current] _____

Address of premises _____

Time operating in current location _____

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 _____

[Current]

Tables _____ Seats at tables _____

Bars _____ Seats at bars _____

[Current]

Bars _____ Seats at bars _____

Maximum patron capacity _____

[Current]

Maximum patron capacity _____

Maximum hours of service

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P
End	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P

[Current] Maximum hours of service

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P
End	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P

Noise attenuation measures _____

[Current] Noise attenuation measures _____

Outdoor service area 1 (if applicable)

Was this area on your last application? Yes No

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

Size _____ ft. W x _____ ft. D

[Current]

Size _____ ft. W x _____ ft. D

Tables _____ Seats at tables _____

[Current]

Tables _____ Seats at tables _____

Bars _____ Seats at bars _____

[Current]

Bars _____ Seats at bars _____

Maximum patron capacity _____

[Current]

Maximum patron capacity _____

Maximum hours of service

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P
End	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P

[Current] Maximum hours of service

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P
End	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P

Noise attenuation measures _____

[Current] Noise attenuation measures _____

Outdoor service area 2 (if applicable)

Was this area on your last application? Yes No

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

Size _____ ft. W x _____ ft. D

[Current]

Size _____ ft. W x _____ ft. D

Tables _____ Seats at tables _____

[Current]

Tables _____ Seats at tables _____

Bars _____ Seats at bars _____

[Current]

Bars _____ Seats at bars _____

Maximum patron capacity _____

[Current]
Maximum patron capacity _____

Maximum hours of service

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P
End	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P

[Current] Maximum hours of service

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Start	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P
End	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P	_____ A P

Noise attenuation measures _____

[Current] Noise attenuation measures _____

Music and sound

Amplified sound

	Location	Number of speakers	Wattage
Sound system 1	_____	_____	_____
Sound system 2	_____	_____	_____
Sound system 3	_____	_____	_____

[Current] Amplified sound

	Location	Number of speakers	Wattage
Sound system 1	_____	_____	_____
Sound system 2	_____	_____	_____
Sound system 3	_____	_____	_____

Live entertainment will be offered Yes No

[Current]
Live entertainment will be offered Yes No

Staff and security

Number of service employees _____

Number of security personnel _____

Other security measures _____

[Current]

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) _____

Other changes

Describe any operational changes implemented since last application.

Describe any operational changes planned to be implemented before next application.

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 _____