

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

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

2. Corporation Name

3. Address of establishment (including 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. Is there a separate bar space? Yes ___ No ___ If so, how many seats at bar? ___

8. Any tables/booths? Yes ___ No ___ How many total seats in establishment space? ___

9. Maximum capacity as designated by the New York City Fire Department? ___

10. Are there any residences in the same building as the establishment? Yes ___ No ___ *(If yes, please note that you are required by the Community Board to notify them of your intent, and also to obtain a letter of support for your venture.)*

11. 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

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

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

Other *(please explain)*: _____

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

14. How many people will be employed (including security)? ___ Hired locally? Yes ___ No ___ Maybe ___

15. What security measures will be in place? (Describe in detail)

16. Are you in compliance with the 200 foot rule? Yes ___ No ___

If no, please explain _____

17. Are you in compliance with the 500 foot rule? Yes ___ No ___

If no, please explain _____

18. Has this corporation or any principal previously obtained a liquor license in NYC? Yes____ No____

18b. If yes, indicate operating name of establishment_____

18c. Address _____

18d. Community Board _____ 18e. Cross Streets _____

Please note: Written documentation from the host Community Board office of your previous establishment listing history of complaints or any other comments must be supplied to Community Board No. 8.

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

1. Principal Applicant(s) 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? _____

15. Has this corporation or any principal previously obtained a liquor license in NYC? Yes_____ No_____

15b. If yes, indicate operating name of establishment_____

15c. Address_____

15d. Cross Streets_____ 15e. Community Board _____

Please note: Written documentation from the host Community Board office of your previous establishment listing history of complaints or any other comments must be supplied to Community Board No. 8.

**At Community Board 8 Economic Development Committee Meeting
Held at the Center for Nursing and Rehabilitation - 727 Classon Avenue, Brooklyn,
N.Y. (Second Tuesday of the Month)**

Please call 718-467-5620 for further information