

**BROOKLYN COMMUNITY BOARD NO. 8**  
**RENEWAL LIQUOR LICENSE APPLICATION INFORMATION FORM**  
**DATE: \_\_\_\_\_**

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

2. Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

3. Corporation Name \_\_\_\_\_

4. Address of establishment (including cross streets): \_\_\_\_\_

5. Name of Establishment (DBA) \_\_\_\_\_

6. Type of license: Wine only \_\_\_ Beer only \_\_\_ Beer/Wine \_\_\_ Full liquor license/spirits \_\_\_

7. Type of establishment: Bar \_\_\_ Restaurant \_\_\_ Bar/Restaurant \_\_\_ Café \_\_\_ Lounge \_\_\_ Tavern \_\_\_  
Night Club \_\_\_ Catering Hall \_\_\_ Other (*please explain*) \_\_\_\_\_

8. Is there a separate bar space? Yes \_\_\_ No \_\_\_ If so, how many seats at bar? \_\_\_\_\_

9. Any tables/booths? Yes \_\_\_ No \_\_\_ How many? \_\_\_\_\_

10. What is the total number of seats in establishment space? \_\_\_\_\_

11. Is there a separate outdoor space? Yes \_\_\_ No \_\_\_ Capacity of outdoor space? \_\_\_\_\_

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

<b>SUN</b>	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>	<b>SAT</b>
____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

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

Live Amplified \_\_\_ Live Acoustic \_\_\_ DJ \_\_\_ Videos \_\_\_ Jukebox \_\_\_ Karaoke \_\_\_ Background \_\_\_

Other (*please explain*): \_\_\_\_\_

14. Soundproofing? Yes \_\_\_ No \_\_\_ Please detail: \_\_\_\_\_

15. Have there been any complaints/issues with your establishment over the past 12 months? No \_\_\_ Yes \_\_\_

Please explain \_\_\_\_\_

16. How long have you been in your current location? \_\_\_ years \_\_\_ months

17. Is this a transfer license request? No \_\_\_ Yes \_\_\_ Please explain: \_\_\_\_\_

18. 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)

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**SECTION TO BE COMPLETED AT SLA & SIDEWALK CAFÉ REVIEW COMMITTEE MEETING**

Does the committee have any recommendations or stipulations for applicant? \_\_\_\_Y \_\_\_\_ N

If yes, please list:

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Does the applicant agree to the recommendations and stipulations? \_\_\_\_\_ Y \_\_\_\_\_ N

\_\_\_\_\_  
(Printed Name of Applicant/Principal Owner)

\_\_\_\_\_  
(Signature of Applicant/Principal Owner)

\_\_\_\_\_  
Date