

# Brooklyn Community Board 8 – New

Complete this form as you intend to operate.

## Principal applicant 1

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Principal applicant 2

Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

## Business

Corporation name \_\_\_\_\_

Trade Name/DBA \_\_\_\_\_

Address of premises \_\_\_\_\_

Establishment type \_\_\_\_\_

(If you are a CATERING FACILITY or a PRIVATE EVENT SPACE, please also complete the very last page)

License requested     Beer and Cider     Wine, Beer, Cider     Liquor, Wine, Beer, Cider

## Method of Operations (check all that apply)

Seasonal Establishment     Juke Box     Disc Jockey     Recorded Music     Karaoke

Live Music (give details i.e., rock bands, acoustic, jazz, etc.) \_\_\_\_\_

Patron Dancing     Employee Dancing     Exotic Dancing     Topless Entertainment

Video/Arcade games     Third Party Promoters     Security Personnel

Other (Please specify) \_\_\_\_\_

## Indoor service area

Number of Tables \_\_\_\_\_    Number of Seats at tables \_\_\_\_\_    Number of Bars \_\_\_\_\_    Seats at Bars \_\_\_\_\_

Maximum patron capacity \_\_\_\_\_

**Hours of service as per your liquor license:**

Intended hours of service (if different)

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

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

**Will you have any outdoor service?  Yes  No**

*If no, please skip this section and go to Music, Sound, and Entertainment*

If yes, complete a section for each of your outdoor areas, whether or not food and drink will be served.

**Outdoor service area 1**

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

Dimensions of space (length x width) \_\_\_\_\_ Square footage of space \_\_\_\_\_

Number of Tables \_\_\_\_\_ Number of Seats at tables \_\_\_\_\_ Number of Bars \_\_\_\_\_ Seats at Bars \_\_\_\_\_

Maximum patron capacity \_\_\_\_\_ Hours of Operation:

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

What are your noise attenuation measures? \_\_\_\_\_

**Outdoor service area 2 (if applicable)**

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

Dimensions of space (length x width) \_\_\_\_\_ Square footage of space \_\_\_\_\_

Number of Tables \_\_\_\_\_ Number of Seats at tables \_\_\_\_\_ Number of Bars \_\_\_\_\_ Seats at Bars \_\_\_\_\_

Maximum patron capacity \_\_\_\_\_ Hours of Operation:

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

What are your noise attenuation measures? \_\_\_\_\_

**Outdoor service area 3 (if applicable)**

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

Dimensions of space (length x width) \_\_\_\_\_ Square footage of space \_\_\_\_\_

Number of Tables \_\_\_\_\_ Number of Seats at tables \_\_\_\_\_ Number of Bars \_\_\_\_\_ Seats at Bars \_\_\_\_\_

Maximum patron capacity \_\_\_\_\_ Hours of Operation:

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

What are your noise attenuation measures? \_\_\_\_\_

## Music, Sound, and Entertainment

**Will there be any entertainment options** (e.g., karaoke, comedy, sports games with sound, musicians, etc.)

YES       NO

If yes, please specify any and all entertainment options.

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**Will there be an amplified sound?**       YES       NO

If yes, please list speakers, sound bars, noise producing objects (detail quantity, wattage, and location, e.g: 1000 watts, ceiling- or wall-mounted, etc.)

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**Will you have any soundproofing?**       YES       NO

If yes, please detail the type, placement, and level of soundproofing.

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## Staff and security

Number of employees \_\_\_\_\_ Please specify type and number:

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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 that 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 name (printed) \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**CATERING FACILITIES and PRIVATE EVENT SPACES only:**

What is the earliest an event can begin and the latest one can end?

Start: \_\_\_\_\_AM PM End: \_\_\_\_\_AM PM

Is the bar space seated or walk-up? \_\_\_\_\_

If seated, how many seats? \_\_\_\_\_

What are the maximum number of tables that can be accommodated in the space  
(based on the largest event legally allowable in your space)? \_\_\_\_\_

Maximum number of seats at tables? \_\_\_\_\_

What is the total maximum capacity of the space (seated and standing) as designated by the FDNY? \_\_\_\_\_

What is the maximum capacity you will allow for your events? \_\_\_\_\_