

# Brooklyn Community Board 8 – Alteration

Complete this form as you intend to operate moving forward. List any and all Alterations on Page 4.

## 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

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) \_\_\_\_\_

Have there been any changes since you last appeared before CB8?     Yes     No

## 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	_____	_____	_____	_____	_____	_____	_____

Do you add any/make changes to outdoor service?  Yes  No

*If so, document location and changes. If not, and your establishment does not have outdoor space, proceed to Music, Sound, and Entertainment.*

**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

**Please list and specify all entertainment options** (e.g., karaoke, comedy, sports games with sound, musicians, etc.)

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**Please list and specify all forms of amplified sound.** (e.g., speakers, microphones, televisions, sound bars, other noise producing objects)

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**Do you have soundproofing?**    YES    NO

If yes, please detail the type, placement, and level of soundproofing, as well as any changes in soundproofing since you last appeared.

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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) \_\_\_\_\_

**In this space, list all changes you are making to your establishment that requires an alteration application, methods of operation change, or a corporate change application. Use the following as an example of how to document changes. Use additional space if needed.**

Establishment seeking a Methods of Operations Change and Alteration that will include the following:

- Licensing rooftop space for alcohol and food service. Rooftop will extend the width of the building and accommodate up to 75 individuals. There will be a freestanding removable bar and DJ booth for private events.
- Adding DJ to license. A DJ will be utilized during events on Friday and Saturday evenings, some Thursdays depending on programming. A DJ will require three additional speakers at 1000 watts each, one located in each corner of the establishment. Establishment has windows that are usually open on the front until 10 PM; nights that a DJ is there, establishment will close front facing windows at 9 PM to mitigate noise spillage on the street.
- Adding licensed security personal. To accommodate heavier volume nights, two NYS certified/licensed security guards will be retained. One will be stationed at the door to check ID's and the second will walk the interior space to ensure patrons are safe.
- Adding a frozen drink machine. NYS Liquor Authority requires us to document the addition of a frozen drink machine as it creates a change in our premixing drink regimen. The machine has a capacity of 2 gallons, and will be used to serve house special rum punch.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

## 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? \_\_\_\_\_