

THE CITY OF NEW YORK
 MANHATTAN COMMUNITY BOARD NO. 3
 59 East 4th Street - New York, NY 10003
 Phone: (212) 533-5300 - Fax: (212) 533-3659
 www.cb3manhattan.org - info@cb3manhattan.org

Dominic Pisciotta, Board Chair

Susan Stetzer, District Manager

Community Board 3 Liquor License Application Questionnaire

Please bring the following items to the meeting:

NOTE: ALL ITEMS MUST BE SUBMITTED FOR APPLICATION TO BE CONSIDERED.

- Photographs of the inside and outside of the premise;
- Schematics, floor plans or architectural drawings of the inside of the premise;
- A proposed food and or drink menu;
- Petition in support of proposed business or change in business with signatures from residential tenants at location and in buildings adjacent to, across the street from and behind your proposed location. Petition must give proposed hours and method of operation. For example: restaurant, sports bar, combination restaurant/bar.
- Letter of notice of proposed business to block, tenant or neighborhood association if one exists. E-mail the CB3 office at **info@cb3manhattan.org** for help to find block associations.
- Photographs of proof of conspicuous posting of meeting with newspaper showing date.
- If applicant has been or is licensed anywhere in City, letter from applicable community board indicating history of complaints and other comments

Check which you are applying for:

- | | |
|---|--|
| <input checked="" type="checkbox"/> new liquor license | <input type="checkbox"/> upgrade of an existing liquor license |
| <input type="checkbox"/> alteration of an existing liquor license | <input checked="" type="checkbox"/> sale of assets transfer |
| <input checked="" type="checkbox"/> corporate change | |

If applying for transfer, you must bring letter from current owner confirming that you are buying business or have the seller come with you to the meeting.

Type of license: QP Is location currently licensed? Yes No

If alteration, describe nature of alteration: _____

Previous or current use of the location: Current On Premises Tavern

Corporation and trade name of current license: Ysan Corp dba The Cock

APPLICANT:

Name of applicant and all principals: 29 Red Rooster LLC, Allan Mannarelli

Trade name (DBA): The Cock

Premise address and cross streets: 29 Second Avenue, New York, New York, btwn 1st and 2nd St.

PREMISE:

Type of building and number of floors: Mixed Use 4 story

Any outside area or sidewalk cafe used for the sale or consumption of alcoholic beverages?

(includes roof & yard) Yes No If Yes, describe and show on diagram: _____

Does premise have a valid Certificate of Occupancy and all appropriate permits, including certificate of occupancy of back or side yard intended for commercial use? Yes No

Indoor Certificate of Occupancy 200 Outdoor Certificate of Occupancy _____

Do you plan to apply for Public Assembly permit? Yes No PA Permit existing

Zoning designation (using our website): _____

Is this premise wheel chair accessible? Yes No

PROPOSED METHOD OF OPERATION:

What type of establishment will this be (i.e.: restaurant, bar, performance space, club, hotel)?

Bar

Will any other business besides food or alcohol service be conducted at premise? Yes No

If yes, please describe what type: _____

What are the proposed days/hours of operation? (Specify days and hours each day and hours of outdoor space) 7 days, 10 - 4 am

Number of tables? 0 Number of seats at tables? na

How many stand-up bars/ bar seats are located on the premise? 1, no seats

(A **stand up bar** is any bar or counter (whether with seating or not) over which a patron can order, pay for and receive an alcoholic beverage)

Describe all bars (length, shape and location): C shaped, 22' x 5'

Any food counters? Yes No If Yes, describe: _____

Does premise have a full kitchen Yes No?

Does it have a food preparation area? Yes No (If any, show on diagram)

Is food available for sale? Yes No If yes, describe type of food and submit a menu

Tuck Shop Menu

What are the hours kitchen will be open? na

Will a manager or principal always be on site? Yes No If yes, which? Managing Employee

How many employees will there be? 2-4

Do you have or plan to install French doors accordion doors or windows? No

Will you agree to close any doors and windows at 10:00 P.M. every night? Yes No

Will there be TVs/monitors? Yes No (If Yes, how many?) _____

Will premise have music? Yes No

If Yes, what type of music? Live musician DJ Juke box Tapes/CDs/iPod

If other type, please describe _____

What will be the music volume? Background (quiet) Entertainment level

Please describe your sound system: Powered Speakers - Premises is fully sound-proofed

Will you host promoted events, scheduled performances or any event at which a cover fee is charged? If Yes, what type of events or performances are proposed? Yes. Various DJs and theme nights.

How do you plan to manage vehicular traffic and crowds on the sidewalk caused by your establishment? Please attach plans. As current: 2 licensed security personnel every night patrol and control all patrons

Will there be security personnel? Yes No (If Yes, how many and when) _____

2 licensed security personnel each night. -- we attend 9th Pct. meetings monthly

How do you plan to manage noise inside and outside your business so neighbors will not be affected? Please attach plans. We have been at this location since July 2005 and will continue as currently successful: Full Box within Box isolated walls soundproofed

Do you have or plan to install sound-proofing?

APPLICANT HISTORY:

Has this corporation or any principal been licensed previously? Yes No

If yes, please indicate name of establishment: Drop Off Service, The Cock,

Address: 211 Ave A, 29 Second Ave. Community Board # 3

Dates of operation: Drop off Service and Cock are current since 2005

If you answered "Yes" to the above question, please provide a letter from the community board indicating history of complaints or other comments.

Has any principal had work experience similar to the proposed business? Yes No If Yes, please attach explanation of experience or resume. Current businesses since 2005

Does any principal have other businesses in this area? Yes No If Yes, please give trade name and describe type of business Drop Off Service, 211 Avenue A, New York, NY 10003

Has any principal had SLA reports or action within the past 3 years? Yes No If Yes, attach list of violations and dates of violations and outcomes, if any.

Attach a separate diagram that indicates the location (**name and address**) and total number of establishments selling/serving beer, wine (B/W) or liquor (OP) for 2 blocks in each direction. Please indicate whether establishments have On-Premise (OP) licenses. Please label streets and avenues and identify your location. Use letters to indicate **Bar, Restaurant, etc.** The diagram must be submitted with the questionnaire to the Community Board before the meeting.

LOCATION:

How many licensed establishments are within 1 block? 7

How many licensed establishments are within 500 feet? 10

Is premise within a 500 foot radius of 3 or more establishments with OP licenses? Yes No

How many On-Premise (OP) liquor licenses are within 500 feet? 7

Is premise within 200 feet of any school or place of worship? Yes No

If there is a school or place of worship within 200 feet of your premise on the same block, submit a block plot diagram or area map showing its location in proximity to your premise and indicate the distance and name and address of the school or house of worship.

COMMUNITY OUTREACH:

If there are block associations, neighborhood or tenant associations in the immediate vicinity of your location, you must contact them. **Please attach proof (copies of letters and poster) that you have advised these groups of your application with sufficient time for them to respond to your notice.** You may contact the Community Board at info@cb3manhattan.org for any contact information that is on file.

Petitions should clearly state the name, address, license for which you are applying, and the hours and method of operation of your establishment at the top of each page. (Attach additional sheets of paper as necessary).

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CONTACT INFORMATION

Applicant's telephone number: 212 677 0004 / 917 653 0495 Email: redhooska@gmail.com
Contact Name: Ravi Sharma

Attorney Representative Other _____

Telephone number: 917 450 5042 Email: ravi@sharma.law.com

Please provide contact information for residents and the Community Board and confirm that if complaints are made, you will act immediately to resolve any problems.

Contact person: Mrs Mon, wed, fri, sat - Nisham Phone: 917 653 0495

Address: Sec, sun, tue, thur Madan Johnson 9-7

Email: redhooska@gmail.com

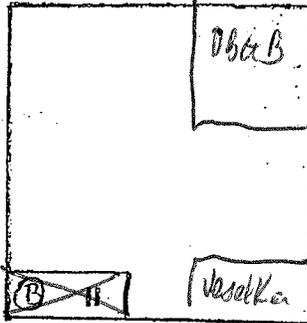
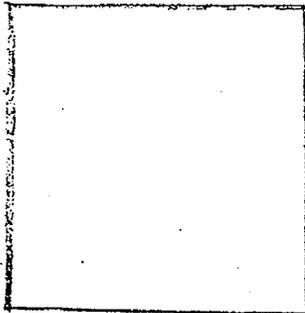
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

Name: A. Mangillo aym811@gmail.com

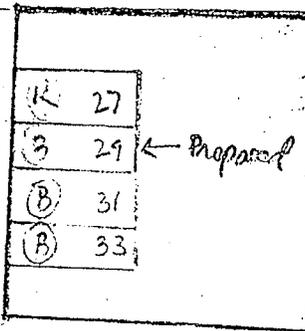
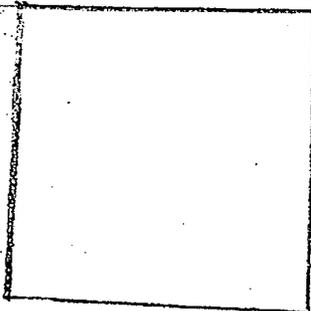
Signature: [Signature] Date: 6.1.12

29 Second Avenue

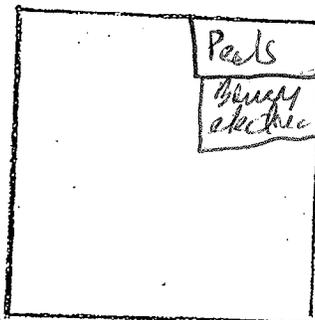
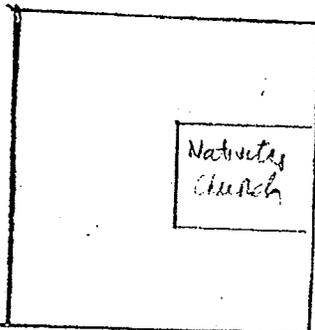
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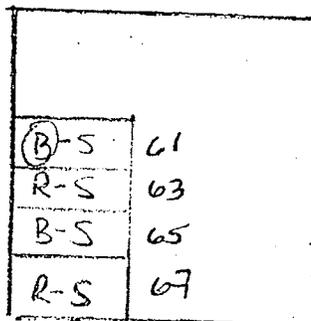
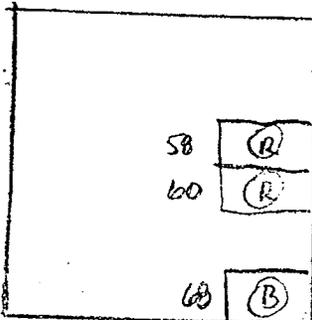
1st St



2nd St



3rd St



4th St

29 Second Avenue

Diagram

