



**BLEECKER AREA MERCHANTS' & RESIDENTS' ASSOCIATION**  
**217 Thompson Street, Box #337, NY NY 10012**

**Merchant Chair** *Sam Jacobs* **Resident Chair** *Shelly Warwick* **Secretary** *Mark Fiedler*  
**Treasurer** *Russell Blount*

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**Website:** [www.bamranyc.org](http://www.bamranyc.org)

**QUESTIONNAIRE FOR LIQUOR OR  
BEER & WINE LICENSE APPLICANTS**

Company name: \_\_\_\_\_  
If using a DBA, ("Doing Business As") Name: \_\_\_\_\_  
Location of proposed business: \_\_\_\_\_  
\_\_\_\_\_

Number of Partners? \_\_\_\_\_

Names of Managing Partners? Include names, phone numbers and hours they can be reached in case of a problem and whether they be on premises during all operating hours:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If presenter to BAMRA is different from managing partner, what relation do they have to the company?

\_\_\_\_\_  
\_\_\_\_\_

Type of License sought:  Beer & Wine or  Full Liquor

Have you submitted an application to the SLA Committee of Community Board 2 Manhattan?  Yes or  No

What is the proposed Certificate of Occupancy? Provide the number of occupants and attach drawings/plans if available.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Public Assembly permits (number of attendees): \_\_\_\_\_

Concept & Program Descriptions (Live music, DJ, background/internal play lists, TV/Sports Programming, etc):

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Will you be providing food service?  Yes or  No If yes, provide the following:

Anticipated proportion of food sales to bar sales: \_\_\_\_\_% food / \_\_\_\_\_% bar

Type of food to be served: \_\_\_\_\_

Hours of food sales: **Mon:** \_\_\_\_\_ - \_\_\_\_\_ **Tues:** \_\_\_\_\_ - \_\_\_\_\_ **Wed:** \_\_\_\_\_ - \_\_\_\_\_

**Thurs:** \_\_\_\_\_ - \_\_\_\_\_ **Fri:** \_\_\_\_\_ - \_\_\_\_\_ **Sat:** \_\_\_\_\_ - \_\_\_\_\_ **Sun:** \_\_\_\_\_ - \_\_\_\_\_

Will you be providing security inside and outside?  Yes or  No

If Yes, please state whether an independent provider or internal security staff will be used and describe security plans:

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Provide the number of guards anticipated on a nightly basis if applicable:

Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thurs: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_ Sun: \_\_\_\_\_

Will the patrons be videotaped on-premises?  Yes or  No

If so, describe where: \_\_\_\_\_

Will you be using a promoter or multiple promoters?  Yes or  No

If so, what controls will you use with them?

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Provide details of any soundproofing measures you plan to implement during construction and/or operationally:

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What signage do you expect to use - illuminated or non-illuminated? Attach drawings and note if it will block or shine into any residential apartments. If it does, what efforts have you undertaken to mitigate this? Include written agreements. \_\_\_\_\_

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Does the premises owner intends to facilitate signage installation?  Yes or  No  
Please attach any written agreements. Note: if the owner doesn't comply, the burden will fall on the applicant.

Hours of Operation - please include overall as well as kitchen open and closing times.

**Mon** overall: \_\_\_-\_\_\_ / kitchen: \_\_\_-\_\_\_    **Tues** overall: \_\_\_-\_\_\_ / kitchen: \_\_\_-\_\_\_  
**Wed** overall: \_\_\_-\_\_\_ / kitchen: \_\_\_-\_\_\_    **Thur** overall: \_\_\_-\_\_\_ / kitchen: \_\_\_-\_\_\_  
**Fri** overall: \_\_\_-\_\_\_ / kitchen: \_\_\_-\_\_\_    **Sat** overall: \_\_\_-\_\_\_ / kitchen: \_\_\_-\_\_\_  
**Sun** overall: \_\_\_-\_\_\_ / kitchen: \_\_\_-\_\_\_

Hours during which you plan to keep open any windows, doors or other apertures though which sound may reach outside:

**Mon:** \_\_\_-\_\_\_    **Tues:** \_\_\_-\_\_\_    **Wed:** \_\_\_-\_\_\_    **Thurs:** \_\_\_-\_\_\_    **Fri:** \_\_\_-\_\_\_  
**Sat:** \_\_\_-\_\_\_    **Sun:** \_\_\_-\_\_\_

Please state any soundproofing measures in place or which you intend to take:

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Does your company intend to apply for additional operation licenses such as Sidewalk Café or Cabaret?  Yes or  No    If yes, please specify: \_\_\_\_\_

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Do you have any other businesses in our community or elsewhere?  Yes or  No  
How much time do you expect to stay at this location? \_\_\_\_\_

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Does your location have or plan to have outdoor seating?  Yes or  No  
If so, what hours do you plan to operate outdoor seating areas?

**Mon:** \_\_\_-\_\_\_    **Tues:** \_\_\_-\_\_\_    **Wed:** \_\_\_-\_\_\_    **Thurs:** \_\_\_-\_\_\_  
**Fri:** \_\_\_-\_\_\_    **Sat:** \_\_\_-\_\_\_    **Sun:** \_\_\_-\_\_\_

Do you expect long lines that might clog pedestrian lanes? (Please take any seating into account.)  Yes or  No

If you anticipate any lines of patrons waiting to enter your facility, please explain how you plan to control the traffic:

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Have you contacted any residents at your proposed location?  Yes or  No

Have you contacted any block associations in the area?  Yes or  No

If yes, please state which associations. If no, please explain why not or plans to do so:

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Do you have any references from you other businesses in this or any other community board districts?  Yes or  No

Please list any other community organizations you have had dealings with:

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BAMRA is a community organization that strives to create a partnership between merchants and residents of our area. If any conflict comes up between you and the residents of the area, will you agree to have us intercede?  Yes or  No

Are you interested in becoming a merchant member of BAMRA in order to foster good relationships between you and the community?  Yes or  No

Additional comments or provisions you'd like us to know about:

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Date: \_\_\_\_\_, 20\_\_\_\_

Bleecker Area Merchants' and Residents' Association (BAMRA)

Applicant:

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By: \_\_\_\_\_  
Print name:

By: \_\_\_\_\_  
Print name:

Title:  
\_\_\_\_\_

Title:  
\_\_\_\_\_