

Community Board 8M Sidewalk Café Questionnaire

Name of Applicant Contact phone number	_____	
Name of Corporation Name of Establishment (d/b/a) Operator/GM	_____ _____ _____	
Address & Description of Premises <i>Circle one:</i>	_____ Café Enclosed / Unenclosed/ Small Unenclosed Years at this location _____ Sq. Feet. _____ Tables _____ Chairs _____ New _____ Renewal _____ Transfer _____ Alteration _____ Other _____	
List of owners/operators: 1. 2. 3.	Silent Partners? YES / NO _____ _____ _____	
Hours of operation (entire establishment):	Weekdays/Weeknights: From _____ To _____ Weekends: From _____ To _____	
Hours of operation (sidewalk café):	MON-THURS Day: From _____ To _____ Evening: From _____ To _____ FRI-SAT: Day: From _____ To _____ Evening: From _____ To _____ SUN: Day: From _____ To _____ Evening: From _____ To _____	
Percentage of food/drinks:	Estimated percentage of sales. Food _____ % Drinks _____ %	
Music to be played	Live _____ piped _____ loud YES / NO Soundproofing YES / NO	
Will there be bicycle delivery:	Yes _____ No _____	If yes will bicycles comply with the law: Yes _____ No _____
Other establishments associated with: 1. 2. 3.	Those in CB8 district first. _____ _____ _____	
Name and Phone # of references: 1. 2.	CB8 reserves the right to contact these references. _____ _____ _____	
Any known complaints:	_____	
Items to submit with application: Plans of establishment Pictures of establishment SLA application Menu of establishment/Other relevant info	Please supply the following items and any other items you think will help us decide. _____ _____ _____ _____	

New Policy: Community Board 8 will disapprove the application of any establishment which participates in "bar crawls".

Submitted by _____ Official Capacity _____