

## Manhattan Community Board 1 Liquor License Stipulations

I, \_\_\_\_\_, as a qualified representative of \_\_\_\_\_,

located at \_\_\_\_\_, New York, New York, agree to

### the following stipulations for the applicant's Method of Operation:

My hours of operation will be \_\_\_\_\_ Sunday – Thursday and \_\_\_\_\_ Friday – Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour).

I will operate a full-service restaurant, (please describe type of restaurant): \_\_\_\_\_  
\_\_\_\_\_ with full food service until \_\_\_\_\_ hour(s) before closing.

I will install soundproofing (please describe type and locations) \_\_\_\_\_  
\_\_\_\_\_

I will have: DJs Yes No Live music Yes No Promoted events Yes No  
Cover fee events Yes No Scheduled performances Yes No

I will play recorded background music only, consisting of \_\_\_\_\_  
\_\_\_\_\_ If it can be heard outside, or by neighbors, it is not background music.

I will close all doors and windows by \_\_\_\_\_ Sun-Thurs and \_\_\_\_\_ Fri-Sat.  I will not have French doors or windows.

I will employ a doorman/security personnel on the following days and hours: \_\_\_\_\_

I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.

I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying Community Board 1.

I intend to apply for a sidewalk café license. Yes No

I intend to apply for a cabaret license. Yes No

Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

I will (additionally): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Dated

Sworn to this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. Rev. 7/14