

ALL SECTIONS MUST BE COMPLETED IN ORDER TO APPROVE YOUR RENEWAL

1. Licensed Premises Information

Is your licensed premises closed?  YES  NO

If yes, is your license in safekeeping with the Authority?  YES  NO

If yes, do you wish for your license to remain in Safekeeping at Renewal?  YES  NO

If yes to any of the above, submit a statement giving the reason that the license is in Safekeeping and the date that is planned for the premises to re-open. Please be aware that licenses cannot remain in Safekeeping for an indefinite period of time.

Licensed Premises Name: Judex Enterprises Inc. License Serial #: 1024266

Trade Name (if applicable): PANGEA

Federal Employer Identification Number: [REDACTED]

1a. Method of Operation: The following questions must be answered by all On-Premises license holders, including beer, beer & wine, or beer, wine & liquor

Section 109 of the ABC Law requires a statement to be submitted indicating the type of establishment operated at the premises.

If you hold an on-premises license, please select the method of operation from the following list:

- Restaurant  Catering Establishment  Club (i.e., Fraternal Org)  Ball Park/Stadium/Arena  Cabaret  Bed & Breakfast
- Bar/Tavern  Adult Entertainment  Night Club/Dance Club  Country Club/ Golf Course  Hotel  Sports Bar

If dancing is permitted at the premises, who is be permitted to dance?  Patrons  Employees  Both  Not Applicable

If dancing is permitted, is there exotic dancing (i.e.pole dancing, lap dancing, etc.)?  YES  NO  Not Applicable

Is there topless entertainment at the premises?  YES  NO

Please list any condition(s) or stipulation(s) associated with your current license that were agreed to with the local Municipality/ Community Board or placed on your license by the Authority. Attach additional sheets if necessary.

[Empty box for listing conditions or stipulations]

1b. Address of the Licensed Premises

Licensed Premises Address: 178 SECOND AVENUE

\*Required City: NEW YORK State: NY Zip Code: 10003

County: NEW YORK Email Address: info@pangeanyc.com  
\*Required

Premises Telephone # (include area code): 212 995 0900 Contact Phone # (include area code): [REDACTED]  
\*Required

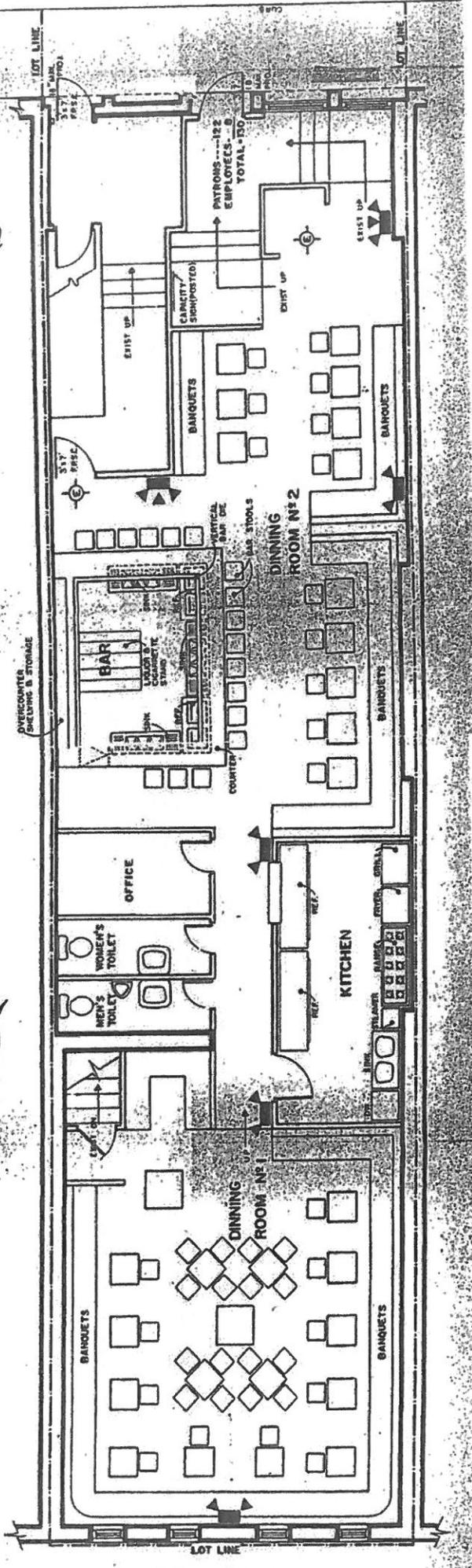
If the address your premise is know by has changed as a result of a 911 update, provide a copy of the 991 address notification form, a letter from the local municipality, or other proof of the address update.

Mailing Address (if different than premises address)

Mailing Address: [REDACTED]

City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]

EXISTING  
178 2nd Ave  
NYC, NY



LOT LINE

LOT LINE

LOT LINE

LOT LINE

LOT LINE

LOT LINE

2. (a) State whether additional space is being added or eliminated. added
- (b) If so, give size, location and use of space. sidewalk fronting these premises
- (c) Is a building permit required in your location (City, Town, Village) Yes (Sidewalk Cafe permit)  
 (Answer "Yes" or "No")
- If answer is yes, give permit number and issuing municipality:  
 \_\_\_\_\_  
 (Number) (City, Town, Village)
- (d) If additional space is added, give name of landlord, terms of lease N/A

**Alcoholic beverages may not be kept or sold in any added space until a certificate of endorsement is issued, and such will not be issued until the licensee has obtained actual and exclusive possession of the added space.**

3. Will any entrance or exit of premises as altered be within 200' of the entrance to a school, church or synagogue or other place of worship? 3. No  
 (Answer "Yes" or "No")
4. (a) State whether there is a change in address. (If the address of the premise has changed since the last application, submit a written explanation or letter from the Post Office). 4. (a) No  
 (Answer "Yes" or "No")
- (b) If so, give eliminated address and/or additional address. (b) \_\_\_\_\_  
 (Eliminated Address)
- \_\_\_\_\_ (Additional Address)

5. TO BE ANSWERED BY ON-PREMISES LICENSEE ONLY

Seating Capacity at tables 80 <sup>Present</sup> 100 <sup>Proposed</sup> (20 on sidewalk cafe)

Total Length of Bar unchanged

This permission, as granted herein is VOID if not completed in 90 days unless the time is extended by this Authority. (Make such request in writing.) There may be no deviation from the items approved herein without written permission of this Authority.

**THE FOLLOWING CERTIFICATION MUST BE SIGNED AND DATED BY INDIVIDUAL APPLICANT AND EACH MEMBER OF PARTNERSHIP**

The undersigned, each for himself, certifies that he is the applicant above named; that he knows the contents of the above application and the statements contained therein and the same are true of his own knowledge. The undersigned also certifies that they will meet all local code requirements of the municipality in which the premises is located and obtain any necessary permits required of him in order to perform the alteration within the boundaries of the law.

DATED \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Signature of applicant or of each partner)

**THIS CERTIFICATION TO BE SIGNED AND DATED BY A CORPORATION**

Stephen Shanaghan certifies that he is President  
 (Title)

of the above named applicant corporation; that he knows the contents of the above application and the statements and answers therein; that the same are true of his knowledge; that he has been authorized, by order of the Board of Directors of said applicant corporation to make the statements and answers in this application in behalf of said applicant corporation with the same force and effect as if said corporation made such statements and answers itself. The undersigned also certifies that they will meet all local code requirements of the municipality in which the premises is located and obtain any necessary permits required of him in order to perform the alteration within the boundaries of the law.

DATED June 14, 2011  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Signature of authorized officer)

ENTRY RECORD (To be made by State Liquor Authority)				
Zone: _____	County: _____	Serial: _____	Class: _____	Deposit Date: _____ Slip No: _____
Audited By: _____				
ACTION BY LIQUOR AUTHORITY: APPROVED _____ DISAPPROVED _____ BY _____ DATE: _____				

**STATE OF NEW YORK  
LIQUOR AUTHORITY**

**APPLICATION FOR  
ON-PREMISES LIQUOR LICENSE**

*It is not necessary to employ any person, agency or organization to assist you in filing this application. Beware of persons claiming to be able to assist you in securing action on your application. The payment of money or other thing of value for the use of influence, or promise of influence in obtaining a license is a violation of law and offenders will be prosecuted.*

This application must be filed IN DUPLICATE with the LOCAL ALCOHOLIC BEVERAGE CONTROL BOARD of the county in which the premises to be licensed are located, except where the premises are located in the City of New York the application shall be filed with the New York City Alcoholic Beverage Control Board. The application must be accompanied by the following:

1. CERTIFIED CHECK, BANK OFFICERS' CHECK or DRAFT, or MONEY ORDER for the required fee, payable to the order of the State Liquor Authority.
2. REQUIRED BOND, in the penal sum of \$1000, issued by any qualified surety company authorized to execute such bonds in the State of New York.
3. (a) PERSONAL QUESTIONNAIRE, properly filled out in duplicate on Form Q-12 for each person set forth in questions No. 19 or 20.  
(b) SUPPLEMENTAL PERSONAL QUESTIONNAIRE (Form Q-12a) in duplicate for the spouse of each person set forth in question 19 or 20 when applicable.
4. STATEMENT OF FINANCES, properly filled out, IN DUPLICATE, on Form 65F, and signed by the persons executing this application.
5. CERTIFICATE OF SERVICES, properly filled out, IN DUPLICATE, on Form LB-33.
6. PHOTOGRAPHS, IN DUPLICATE, at least 5x7 inches in size, taken not more than one month prior to the time the application is filed, (a) of exterior of premises, and (b) of interior of premises. (All photographs submitted must have endorsed on the reverse side thereof the name and address of the applicant and the date when the photographs were taken).
7. APPLICANT IDENTIFICATION RECORD (Form Q-11) and fingerprints affixed for each person set forth in question #19 and #20 herein, together with a check (need not be certified) or money order made payable to the Division of Criminal Justice Services in the amount of \$10 for each Form Q-11 submitted.
8. Diagram or sketch, drawn to scale, of the premises sought to be licensed (IN DUPLICATE).

ALL QUESTIONS MUST BE ANSWERED IN BOXES BELOW. (If more space is needed, attach rider.)  
Any false answer or statement made by the applicant constitutes perjury and will subject any license issued hereunder to revocation.

The applicant hereby applies for an ON-PREMISES LIQUOR LICENSE to sell LIQUOR, WINE, CIDER and BEER at retail to be consumed on the premises.

Full name of applicant. (If partnership, name all partners) <b>JUDEX ENTERPRISES INC.</b>		Trade name or other names under which applicant will do business <b>SPAGHETTERIA</b>	
Street address of premises to be licensed <b>178 Second Avenue</b>		Post office address of premises <b>Same</b>	
City, town or village—State Code <b>New York 10009</b>	County <b>New York</b>	City, town or village—Zip Code	Telephone No.
Between what streets or avenues. (If outside city limits and not known by a house number, specify location in relation to nearest intersecting road or highway.) <b>11th and 12th Streets</b>			
Name of owner of building in which the premises to be licensed are located <b>C.L. Realty Co.</b>		Address of owner of building <b>805 Third Avenue, N.Y.N.Y.</b>	

1. Type of premises (check one)  
 a. Restaurant.  
 b. Sale of food or beverage (other than restaurant; includes tavern, cocktail lounge).  
 c. Legitimate theater.  
 d. Other adult entertainment or recreational facility (specify \_\_\_\_\_).

2. (a) Does applicant occupy said premises under a written lease?  (b) If so, state name and address of the immediate lessor, the date of the lease and the date of expiration thereof.  (c) If not, state nature, extent and duration of applicant's right to possession of said premises.  (d) Do the terms of such lease or other arrangement require payment by the applicant of any consideration based on a percentage of the receipts of the business?  (e) If so, state percentage and give details.	Yes or no	Date of lease	Date of expiration
	2. (a) <b>Yes</b>	(b) <b>5/8/86</b>	<b>5/9/96</b>
	Name and address of the immediate lessor <b>See Statement Annexed</b>		
	Nature, extent and duration of right to occupancy (c)		
	Yes or No	Percentage and details (e)	
	(d) <b>NO</b>		
3. (a) Are premises located within 200 feet of a building occupied exclusively as a school, church, synagogue or other place of worship, which is located on the same street or avenue?  (b) If so, state since what date said premises have been continuously licensed under the Alcoholic Beverage Control Law for the on-premises sale of liquor.	Yes or No		
	3. (a) <b>NO</b>		
	Date		
	(b)		
4. Are said premises located in a district created under any zoning law, which restricts the maintenance of the instant business at the premises to be licensed?	Yes or No		
	4. <b>NO</b>		
5. Do said premises comply with all applicable building, fire and health laws, ordinances and regulations?	Yes or No		
	5. <b>YES</b>		
6. (a) Has an appropriate board of health permit been issued for said premises by the local authorities?  (b) If so, state number thereof, date of issuance, and by whom issued. (If none is required, attach letter to such effect from appropriate local	Yes or No	<b>Will be issued prior to opening</b>	
	6. (a)		
	Permit Number	Date issued and by whom issued	

<p>7. (a) Is any dancing, music or entertainment provided at any time whatsoever for guests or customers on the premises?                  (b) If so, has applicant obtained a license or permit therefor from the local authorities? (If none is required, attach letter to such effect from local sheriff or chief of police, as the case may be.)</p>	<p>Yes or no                  7. (a) See Statement Annexed                  Yes or No                  (b)</p>
<p>8. (a) Will any other business of any kind be carried on in said premises?                  (b) If so, give details.</p>	<p>Yes or No                  8. (a) NO                  Details                  (b)</p>
<p>9. (a) Is any bar, counter or similar contrivance maintained in said premises, at which alcoholic beverages will be sold?                  (b) If so, give exact location and length, measured along the outside edge and including return.</p>	<p>Yes or No                  9. (a) YES                  Location Length                  (b) RIGHTSIDE 12x14x12</p>
<p>10. (a) Is any license, under the Alcoholic Beverage Control Law, now in effect for the premises for which this application is filed, or for any part of the building containing the same?                  (b) If so, state full name of licensee and license number.</p>	<p>Yes or No                  10. (a) NO                  Name of licensee                  (b)                  License number</p>
<p>11. (a) Was an application for any license or permit under the alcoholic beverage control laws of this state or country or of any other state or country ever previously made by the applicant or (if a partnership) any of the partners or (if a corporation) any officer, director or stockholder, or by any corporation in which the applicant, any partner or any officer, director or stockholder was an officer, director or stockholder?                  (b) If so, state name of such applicant, address of premises, date of filing of application and disposition thereof. Give license number if license or permit was issued.                  (c) Has such license or permit ever been revoked, cancelled, suspended or otherwise involuntarily terminated or has any other penalty been imposed in connection therewith at any time?                  (d) If so, what action was taken, and date thereof.</p>	<p>Yes or No                  11. (a) YES                  Name of applicant                  (b) See Statement Annexed                  Address of premises (Street, City, Town or Village, State or Country)                  Date filed, Disposition, and License Number, if any                  Yes or No                  (c) NO                  Action and date (Add Rider if more space is needed)                  (d)</p>
<p>12. (a) Has the applicant or (if partnership) any of the partners or (if a corporation) any of the officers, directors, or stockholders, or any agent or employee of the applicant, ever been CONVICTED (including pleas of guilty or suspended sentences) of any felony or of any other crime or offense of any kind except traffic infractions?                  (b) If so, state date of conviction, crime or offense involved, and name of person convicted. In each case a CERTIFICATE OF DISPOSITION or a CERTIFICATE OF CONVICTION by the Court Clerk must be attached.</p>	<p>Yes or No                  12. (a) NO                  Crime or offense Date                  (b)                  Name of person convicted</p>
<p>13. (a) Are there any arrests, indictments or summonses (except for traffic infractions) PENDING against the applicant or (if a partnership) any of the partners or (if a corporation) any of the officers, directors or stockholders, or any agent or employee of the applicant?                  (b) If so, state date thereof, crime or offense involved and name of each defendant.</p>	<p>Yes or No                  13. (a) NO                  Crime or offense Date                  (b)                  Name of defendant</p>
<p>14. (a) Has any person not an applicant herein, or, if a corporate applicant, any person not an officer, director or stockholder of such corporation any interest, financial, proprietary or other, direct or indirect, in the premises or in the business to be licensed, or has made any loan to the applicant for said business or has any lien or mortgage on the fixtures in the business?                  (b) If so, set forth the names and addresses of such persons, the nature of the interest and the date acquired.</p>	<p>Yes or No                  (a)                  Name                  (b) NO                  Address                  Nature of interest Date acquired</p>
<p>15. (a) State whether any person not an applicant herein, or, if a corporate applicant, any person not an officer, director or stockholder of such corporation, or any person not reported in Question 14 above, shares or will share on a percentage basis or in any way in the receipts, losses or deficiencies of the business, to any extent whatsoever other than by fixed salary.</p>	<p>Yes or No                  15. (a) NO                  Name                  (b)</p>