- 1- Applicant Name NICOLA MARZOVILLA
- 2- Establishment Name (Corporate & DBA) ND TRIBECA INC D/B/A NONNA DORA TRIBECA
- Address for Proposed License
 <u>200 CHURCH STREET, NEW YORK, NY 10013</u>
- 4- Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor/OP

7.1 Type of application ■New □Alteration □Change in Method of Operation, □Corporate Change, □Class Change

5- Proposed Days/Hours of Operation

Mon - Thurs 11am-12am Fri - Sat 11am - 1am Sun 11am-10pm

4.1 What floor(s) is the establishment on? Ground floor & Basement

6- Square Footage of Location 2320-Ground Floor, 832- Mezzi, 560 Basement

7- Method of Operations (bar restaurant, Catering, etc)

Bar restaurant

8- Outdoor Seating? 🗵 Sidewalk 🗆 Roadbed 🗆 Rooftop, 🗅 Terrace, or 🗆 other outside

8.1 Do you intend to apply for DOT Outdoor dining permit? $\textcircled{\sc end}$ Yes \circ No

9- Type of Music?
□ Live □ Recorded □ DJ

10- Volume of Music?
Background
Other
(no sound from events, performances or music will be heard outside the premises or by neighbors)

11- Where will the kitchen exhaust system vent to? Roof

12- Applicant's Previous Licensed Establishments and Addresses

Valdome Inc d/b/a ITrulli Restaurant 122 E. 27th Street New York, NY 10016

Manhattan Community Board 1 Liquor License Stipulations
I, Nicola Marzovilla, as a qualified representative of ND Tribeca Inc.
located at <u>200 Church St., NY, NY 10007</u> , New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their on-premises liquor license
 (1) My requested hours of operation are <u>11am12ε</u> Monday – Thursday, <u>11am1ar</u>Friday – Saturday, <u>11am1C</u> Sunday (1.a) CB approved hours of operation <u>11a-12a</u> Monday – Thursday, <u>11a-1a</u> Friday – Saturday, <u>11a-10p</u>Sunday (1 understand this to mean that all patrons will be cleared from the establishment at the specified hour).
(2) I will operate a full-service, (please describe type of establishment): restaurant
(3) I will install soundproofing (please describe type) existing
(please describe location)
(4) I will have: DJs Yes No Live Music Yes No Recorded Music Yes No Dancing Yes No Promoted events Yes No Cover events Yes No Scheduled performances Yes No
(5) Volume of music, events, performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music.
(6) I will close all doors and windows byMon- Thur,Fri - SatSun.
✓ I will not have open doors or windows.
(7) I will have delivery of regular supplies, goods and services during the hours of 9-2pm
(8) I will have garbage collected during the hours of 9pm-12am
(9) I will employ a doorman/security personnel on the following days and hours: <u>n/a</u>
(10) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. \square
(11) 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. \square
 (12) I will not apply for a sidewalk café license until at least a year after beginning operation. Yes No
(13) I will conspicuously post this stipulation form beside my liquor license inside of my business. \square
 (14) I confirm that I have <u>no</u> violations from previous establishments for which I have served as a principal. (15) I will (additionally): add to the premises noise absorbing measures, and will employ a sound engineer to real any future sound issues.
(16) Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisi the above-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.
Name: Nicola Marzovilla Phone Number: 917.669.7372
Alternate Contact: Maria Murphy Phone Number: 914.548.0393
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

A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment designed to hold 75 persons or more

Name of Establishment: ND Tribeca Inc., Nonna Dora Tribeca

Address: 200 Church Street, New York, NY 10013

(1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will make sure that noise including sound and bass vibrations cannot be heard outside of the premises of my establishment.

(2) I will take the steps outlined in the resolution and in the traffic plan to manage vehicular and pedestrian activity.

(3) I will follow and abide by the conditions set forth in the resolution regarding garbage disposal and collection. Garbage will be collected on the follows days and hours: between 9pm and 12am

(4) I will have delivery of any event supplies, goods and services during the hours of 9am to 2 pm

(5) Lighting that affects the security of the community and quality of life of nearby residents must be considered, and must be appropriately lit while not attracting unsavory elements (e.g. rodents, flies, mold, hazardous substances, etc.)

(6) I understand that I must submit a notice to the community board for a street activity permit for my licensed establishment at least 45 days in advance

(7) I understand that I must appear before the Licensing & Permits Committee if I am applying for an expansion onto municipal property and provide proof of receipt of the 30-day Standardized Notice form, a block plot diagram detailing the municipal space I am expanding to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the stipulations sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating.

(8) Cameras will be used for viewing the entrance and egress.

...

(9) I agree to follow the conditions outlined in the resolution on security oversight of the establishment to prevent noise, congestion and unruly patrons.

(10) I will (additionally):

. . .

. . .

(15) 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: NICOla Marzovilla	Phone Number: 917.669.7372		
Alternate Contact: MARIA MURPHY I hereby certify that the information provided above is		14. 548.0393 personal belief.	
	4/10/25		
Signed	Dated	SAMANTHA A. MURPHY NOTARY PUBLIC, STATE OF NEW YORK	
Sworn to this 10th day of April, 2025	Samonthat. Huysly	Registration No. 02MU6411037 Qualified in Putnam County	
,	Notary Public	Commission Expires December 31, 2028	

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These stipulations and board resolution shall supersede all other documents.

2

- 1- Applicant Name HHC FULTON RETAIL LLC, HHC LAWN GAMES LLC, THE LAWN CLUB NYC LL & CREATIVE CULINARY MANAGEMENT COMPANY LLC
- 2- Establishment Name (Corporate & DBA) Bar Snack // The Lawn Club // Snack Out
- 3- Address for Proposed License
 1 Fulton Street, New York, NY 10038
- 4- Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor/OP

7.1 Type of application
□New ©Alteration □Change in Method of Operation, □Corporate Change,
□Class Change

5- Proposed Days/Hours of Operation

Mon - Thurs	8am-2am	Fri - Sat	8am-2am	Sun	10am-1am
•				-	

4.1 What floor(s) is the establishment on? Ground Floor

- 6- Square Footage of Location 44,143 sq. ft.
- 7- Method of Operations (bar restaurant, Catering, etc)

Restaurant, Indoor Lawn Games

8- Outdoor Seating? Sidewalk C Roadbed CRooftop, CTerrace, or Sother outside

8.1 Do you intend to apply for DOT Outdoor dining permit?
Yes No N/A

- 9- Type of Music? ⊠ Live ♀ Recorded ♀ DJ
- 10- Volume of Music? 🗵 Background 🛛 🗵 Other

(no sound from events, performances or music will be heard outside the premises or by neighbors)

- 11- Where will the kitchen exhaust system vent to? West side of building
- 12- Applicant's Previous Licensed Establishments and Addresses

Several affiliated licenses through Seaport

Manhattan Community Board 1 Liquor License Stipulations HHC FULTON RETAIL LLC, HHC LAWN GAMES LLC, THE LAWN I, Math Partridge, as a qualified representative of <u>CLUB NYC LLC & CREATIVE CULINARY MANAGEMENT</u> located at <u>1 Fulton Street</u>
the following stipulations for the applicant's Method of Operation for their <u>OP Restaurant</u> license
(1) My requested hours of operation are 8am-2a Monday – Thursday, 8am-2a Friday – Saturday, 10am-4 Sunday (1.a) CB approved hours of operationMonday – Thursday,Friday – Saturday,Sunday
(I understand this to mean that all patrons will be cleared from the establishment at the specified hour).
(2) I will operate a full-service, (please describe type of establishment): <u>Restaurant/Indoor Lawn Games</u> with full food service until <u>hour(s) before closing</u> .
(3) I will install soundproofing (please describe type) One inch of K13 Sound Matting on ceiling
(please describe location)
(4) I will have: DJs Yes No Live Music Yes No Recorded Music Yes No Dancing Yes No Promoted events Yes No Cover events Yes No Scheduled performances Yes No
(5) Volume of music, events, performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music.
(6) I will close all doors and windows by $\frac{N/A}{Mon-Thur}$, $\frac{N/A}{Fri - Sat}$ $\frac{N/A}{Sun}$.
✓ I will not have open doors or windows.
(7) I will have delivery of regular supplies, goods and services during the hours of <u>6am-10pm</u>
(8) I will have garbage collected during the hours of <u>10pm-6am</u>
(9) I will employ a doorman/security personnel on the following days and hours: when necessary
(10) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.
(11) 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.
(12) I will not apply for a sidewalk café license until at least a year after beginning operation. Yes No N/A
(13) I will conspicuously post this stipulation form beside my liquor license inside of my business.
(14) I confirm that I have <u>0</u> violations from previous establishments for which I have served as a principal.
(15) I will (additionally):
(16) 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: Matt Partridge Phone Number: 646762-479
Alternate Contact: Phone Number:
I hereby certify that the information provided above is truthful and accurate based upon my personal belief. 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 + 1 +

Signed Sworm to this 24 day of March	2025	3/24/25 Dated	LISETTE GONZALEZ NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01GO6207103 Gualified in New York County Commission Expires June 8, 2025

Notary Public

A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment

designed to hold 75 persons or more

 Name of Establishment:
 CULINARY MANAGEMENT COMPANY LLC

Address: 1 Fulton Street, New York, NY 10038

(1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will make sure that noise including sound and bass vibrations cannot be heard outside of the premises of my establishment.

(2) I will take the steps outlined in the resolution and in the traffic plan to manage vehicular and pedestrian activity.

(3) I will follow and abide by the conditions set forth in the resolution regarding garbage disposal and collection. Garbage will be collected on the follows days and hours: **10pm-6am**

(4) I will have delivery of any event supplies, goods and services during the hours of <u>6am-10pm</u>

(5) Lighting that affects the security of the community and quality of life of nearby residents must be considered, and must be appropriately lit while not attracting unsavory elements (e.g. rodents, flies, mold, hazardous substances, etc.)

(6) I understand that I must submit a notice to the community board for a street activity permit for my licensed establishment at least 45 days in advance

(7) I understand that I must appear before the Licensing & Permits Committee if I am applying for an expansion onto municipal property and provide proof of receipt of the 30-day Standardized Notice form, a block plot diagram detailing the municipal space I am expanding to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the stipulations sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating.

(8) Cameras will be used for viewing the entrance and egress.

(9) I agree to follow the conditions outlined in the resolution on security oversight of the establishment to prevent noise, congestion and unruly patrons.

(10) I will (additionally):

(15) 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: Matt Partridge

Alternate Contact:

Phone Number:

Phone Number: 646 762-479

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

Signed Signed		3/24/25 Dated	LISETTE GONZALEZ NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01GO6207103 Qualified in New York County
Sworn to this 24th day of March	2025		Cutalmed in New York County Commission Expires June 8, 2025

Notary Public

- 1- Applicant Name Complete Cafe LLC
- 2- Establishment Name (Corporate & DBA) Complete Cafe LLC
- 3- Address for Proposed License
 30 Broad Street, New York, NY 10004
- 4- Type of License (Full liquor/OP, beer and wine, etc.) OP, wine, beer & cider

7.1 Type of application
New □Alteration □Change in Method of Operation, □Corporate Change, □Class Change

5- Proposed Days/Hours of Operation
 Mon - Thurs 8am - 7pm Fri - Sat 8am - 9pm Sun 8am - 8pm

4.1 What floor(s) is the establishment on? Ground Floor

6- Square Footage of Location Approx. 2,375

7- Method of Operations (bar restaurant, Catering, etc)

Restaurant

8- Outdoor Seating? \Box Sidewalk \Box Roadbed \Box Rooftop, \Box Terrace, or \Box other outside

8.1 Do you intend to apply for DOT Outdoor dining permit?
Ves
No

9- Type of Music? □ Live ⊠ Recorded □ DJ

10- Volume of Music? ⊠ Background □ Other

(no sound from events, performances or music will be heard outside the premises or by neighbors)

11- Where will the kitchen exhaust system vent to? External Exhaust Vent

12- Applicant's Previous Licensed Establishments and Addresses

n/a

- NOTORIZED 1- Applicant Name **Harley Hendrix** 2- Establishment Name (Corporate & DBA) Hall Des Lumieres 3- Address for Proposed License 49 Chambers Street New York, NY 10007 4- Type of License (Full liquor/OP, beer and wine, etc.) full liquor 7.1 Type of application □Alteration □Change in Method of Operation, □Corporate Change, New □Class Change 5- Proposed Days/Hours of Operation Sun 9AM-2AM Mon - Thurs 9AM-2AM **9AM-2AM** Fri - Sat 4.1 What floor(s) is the establishment on? Ground Level and **Basement** 6- Square Footage of Location 21,452
- 7- Method of Operations (bar restaurant, Catering, etc) Catering
- 8- Outdoor Seating? \Box Sidewalk \Box Roadbed \Box Rooftop, \Box Terrace, or \blacksquare other outside

8.1 Do you intend to apply for DOT Outdoor dining permit?
Yes No

9- Type of Music? □ Live □ Recorded □ DJ

(no sound from events, performances or music will be heard outside the premises or by neighbors)

11- Where will the kitchen exhaust system vent to? No exhaust

12- Applicant's Previous Licensed Establishments and Addresses

Cipriani Events Glass House

loca	ted at 49 Chambers Street New York, NY 10007 , New York, New York, agree to
	following stipulations for the applicant's Method of Operation for their
(1) ! (1.a)	My requested hours of operation are <u>9AM-2AN</u> Monday – Thursday, <u>9AM-2AN</u> Friday – Saturday, <u>9AM-2A</u> Sunday 10AM-12AM CB approved hours of operation <u>Monday</u> – Thursday, <u>10AM-2AM</u> <i>(I understand this to mean that all patrons will be cleared from the establishment at the specified in Mur)</i> .
-	will operate a full-service, (please describe type of establishment): tering Hall with full food service until 1 hour(s) before closing.
(3) I	will install soundproofing (please describe type) Existing
plea	se describe location) Landmarked building- limited in ability to install soundproofing
	will have: DJs Yes No Live Music Yes No Recorded Music Yes No Dancing Yes No omoted events Yes No Cover events Yes No Scheduled performances Yes No
	olume of music, events, performances will be at background levels only. If it can be heard outside, or by neighbors, it is not ground music.
(6) I	will close all doors and windows by Mon- Thur, Fri - Sat Sun.
	✓ I will not have open doors or windows.
7) I	will have delivery of regular supplies, goods and services during the hours of 9AM-7PM
	will have garbage collected during the hours of Friday 9AM-5PM
	will employ a doorman/security personnel on the following days and hours: During load-in/out and events
10)	I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.
11)	I will not apply to the SLA for an alteration to the method of operation agreed to by this stipulation without first notifying
Com 12)	munity Board 1. 🛛
13)	
14)	I will conspicuously post this stipulation form beside my liquor license inside of my business. \square I confirm that I have 0 violations from previous establishments for which I have served as a principal
15) oper our (will year	I confirm that I have <u>0</u>
16) I he al	Residents may contact the manager/owner at the below number. Complaints will be addressed immediately and I will revisit bove-stated method of operation if necessary in order to minimize my establishment's impact on my neighbors.
lame	Harley Hendrix Phone Number: 917-647-6252
lter	nate Contact: Phone Number:
	by certify that the information provided above is truthful and accurate based upon my personal belief
her	
her	erley Hendrick Man 2 7978
her	arley Hendrix 03/21/2025 May 2, 2025 d to this 02 day of May 2025 and Lated

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These stipulations and board resolution shall supersede all other documents.

A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment designed to hold 75 persons or more

Name of Establishment: Hall Des Lumieres

Address: 49 Chambers Street New York, NY 10007

(1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will make sure that noise including sound and bass vibrations cannot be heard outside of the premises of my establishment.

(2) I will take the steps outlined in the resolution and in the traffic plan to manage vehicular and pedestrian activity.

(3) I will follow and abide by the conditions set forth in the resolution regarding garbage disposal and collection. Garbage will be collected on the follows days and hours: **Fridays between 9AM-5PM**

(4) I will have delivery of any event supplies, goods and services during the hours of **9AM-7PM**

(5) Lighting that affects the security of the community and quality of life of nearby residents must be considered, and must be appropriately lit while not attracting unsavory elements (e.g. rodents, flies, mold, hazardous substances, etc.)

(6) I understand that I must submit a notice to the community board for a street activity permit for my licensed establishment at least 45 days in advance

(7) I understand that I must appear before the Licensing & Permits Committee if I am applying for an expansion onto municipal property and provide proof of receipt of the 30-day Standardized Notice form, a block plot diagram detailing the municipal space I am expanding to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the stipulations sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating.

(8) Cameras will be used for viewing the entrance and egress.

(9) I agree to follow the conditions outlined in the resolution on security oversight of the establishment to prevent noise, congestion and unruly patrons.

(10) I will (additionally):

(15) 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: Harley Hendrix

Phone Number: 917-647-6252

Alternate Contact:

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

Harley Hendrix Signed

day of

03/21/2025

Phone Number:

Dated

Sworn to this

Notary Public

1- Applicant Name

HHC BRIDGEVIEW LLC & CREATIVE CULINARY MANAGEMENT COMPANY LLC

2- Establishment Name (Corporate & DBA)

Address for Proposed License <u>95 South Street, New York, NY 10038</u>

4- Type of License (Full liquor/OP, beer and wine, etc.) Full Liquor/OP

5- Proposed Days/Hours of Operation

Mon - Weds <u>11am-1am</u>	Thurs-Sat_11am-2am		11am-1am
	tablishment on? 3 4 Dooffor		

4.1 What floor(s) is the establishment on? **3,4, Rooftop**

- 6- Square Footage of Location 53,880 SF
- 7- Method of Operations (bar restaurant, Catering, etc)

Restaurant/Bar/Event Space

8- Outdoor Seating?
Sidewalk
Roadbed
Rooftop,
Terrace, or
other outside

8.1 Do you intend to apply for DOT Outdoor dining permit?
Yes
No

9- Type of Music?
Live
Recorded
DJ

 10- Volume of Music? I Background
 I Other

 (no sound from events, performances or music will be heard outside the premises or by neighbors)

 Existing Space at bulkhead above restaurant

- 11- Where will the kitchen exhaust system vent to?___next to cooling tower
- 12- Applicant's Previous Licensed Establishments and Addresses

Several affiliated licenses through Seaport

Manhattan Community Board 1 Liquor License Stipulations
I, Mott Portridae, as a qualified representative of HHC Bridgeview LLC & Creative Culinary
located at <u>95 South Street</u> , as a quanted representative of <u>Management Company LLC</u> , New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their <u>Restaurant On-Premise</u> license
(1) My requested hours of operation are <u>11a-1a</u> Monday – Weds., <u>11a-2a</u> Thurs. – Saturday, <u>11a-1a</u> Sunday
(1.a) CB approved hours of operation 11a-1a Monday – Weds. <u>Hursday</u> , <u>11a-2a</u> Friday – Saturday, <u>11a-1a</u> Sunday (<i>I understand this to mean that all patrons will be cleared from the establishment at the specified hour)</i> .
(2) I will operate a full-service, (please describe type of establishment): Restaurant/Bar/Event Space with full food service until <u>hour(s) before</u> closing.
(3) I will install soundproofing (please describe type) vibration isolators beneath the subwoofers
(please describe location)
(4) I will have: DJs Yes No Live Music Yes No Recorded Music Yes No Dancing Yes No
Promoted events Yes No Cover events Yes No Scheduled performances Yes No
(5) Volume of music, events, performances will be at background levels only. If it can be heard outside, or by neighbors, it is not background music.
(6) I will close all doors and windows by $\frac{N/A}{Mon-Thur}$, $\frac{N/A}{Fri}$ - Sat $\frac{N/A}{Sun}$.
I will not have open doors or windows.
(7) I will have delivery of regular supplies, goods and services during the hours of 6am - 10pm
(8) I will have garbage collected during the hours of <u>10pm-6am</u>
(9) I will employ a doorman/security personnel on the following days and hours: when necessary
(10) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.
(11) 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. \square
(12) I will not apply for a sidewalk café license until at least a year after beginning operation. Yes No
 (12) I will conspicuously post this stipulation form beside my liquor license inside of my business.
 (13) I will conspict outsy post this supilation form beside my inquot itemse inside of my outsides. (14) I confirm that I have 0 violations from previous establishments for which I have served as a principal.
 (14) Frommin and Finder Using Formations from previous establishments for which Finder served as a principal. (15) I will (additionally):
(16) 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: Matt Partridge Pho	one Number: 646 762 - 4791
Alternate Contact:	_ Phone Number:
I hereby certify that the information provided above is truthful and ac	curate based upon my perspatibility
Lisette Hagel	32425 NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01GO6207103 Qualified in New York County
Sworn to this 24th day of March, 2025	Dated Commission Expires June 8, 2025

Notary Public

A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment designed to hold 75 persons or more

Name of Establishment: HHC Bridgeview LLC & Creative Culinary Management Co. LLC

Address: 95 South Street, New York, NY 10038

(1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will make sure that noise including sound and bass vibrations cannot be heard outside of the premises of my establishment.

(2) I will take the steps outlined in the resolution and in the traffic plan to manage vehicular and pedestrian activity.

(3) I will follow and abide by the conditions set forth in the resolution regarding garbage disposal and collection. Garbage will be collected on the follows days and hours: **10pm - 6am**

(4) I will have delivery of any event supplies, goods and services during the hours of <u>6am - 10pm</u>

(5) Lighting that affects the security of the community and quality of life of nearby residents must be considered, and must be appropriately lit while not attracting unsavory elements (e.g. rodents, flies, mold, hazardous substances, etc.)

(6) I understand that I must submit a notice to the community board for a street activity permit for my licensed establishment at least 45 days in advance

(7) I understand that I must appear before the Licensing & Permits Committee if I am applying for an expansion onto municipal property and provide proof of receipt of the 30-day Standardized Notice form, a block plot diagram detailing the municipal space I am expanding to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the stipulations sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating.

(8) Cameras will be used for viewing the entrance and egress.

(9) I agree to follow the conditions outlined in the resolution on security oversight of the establishment to prevent noise, congestion and unruly patrons.

(10) I will (additionally):

(15) 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.

Phone Number: 646-762-479) Partridae Matt Name:

Alternate Contact:

Phone Number:

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

Justa A	agel J.		3/24/25 Dated	LISETTE GONZALEZ NOTARY PUBLIC, STATE OF NEW YORK Registration No. 01GO6207103 Qualified in New York County Commission Expires June 8, 2025
Sworm to this day of	Morch,	2025		

Notary Public

1- Applicant Name

Threefold Holdings LLC

2- Establishment Name (Corporate & DBA)

Threes Brewing

- 3- Address for Proposed License
 517 Clayton Road, New York, NY 10004 (Liggett Terrace, Site A)
- 4- Type of License (Full liquor/OP, beer and wine, etc.) Full liquor/Summer seasonal

 7.1 Type of application

 □New
 □Alteration

 □Class Change
 □Change in Method of Operation,

 □Class Change
 Note: regular operations will be Saturday and Sundays; the business may open Mondays through Fridays on occasion.

5- Proposed Days/Hours of Operation

Mon - Thurs <u>12 pm - 7 pm</u> Fri - Sat <u>12 pm - 9 pm</u> Sun <u>12 pm - 7 pm</u>

4.1 What floor(s) is the establishment on? Ground Floor

(Shipping Containers/Deck)

(shipping containers and

6- Square Footage of Location Approx 5,000 sq feet

7- Method of Operations (bar restaurant, Catering, etc)

Cafe & beer garden

8- Outdoor Seating?
Sidewalk
Roadbed
Rooftop,
Terrace, or Oother outside deck between)

8.1 Do you intend to apply for DOT Outdoor dining permit?
Yes 🗷 No

9- Type of Music?
□ Live
 Recorded □ DJ

10- Volume of Music?

Background

Other

(no sound from events, performances or music will be heard outside the premises or by neighbors)

11- Where will the kitchen exhaust system vent to? **N/A**

12- Applicant's Previous Licensed Establishments and Addresses

The Applicant has operated a beer garden at this location with a summer tavern wine since 2019. The Applicant also operates its brewery with a full bar (OP) at 333 Douglas Street, Brooklyn, NY 11217, a branch office with a full bar (OP) at 113 Franklin St, Brooklyn, NY 11222, and a branch office with a tavern wine license at 20 Clinton Ave, Huntington, NY 11743. A subsidiary of the Applicant also operates a craft beer wholesaler/store at Moynihan Penn Station.

Manhattan Community Board 1 Liquor License Stipulations I, Joshau Stylman, as a qualified representative of Threefold Holdings LLC, located at 517 Clayton Road, New York, NY 10004, New York, New York, agree to the following stipulations for the applicant's Method of Operation for their Summer Seasonal Liquor license (1) My requested hours of operation are 12-7 Monday - Thursday, 12-9 Friday - Saturday, 12-7 Sunday (1.a) CB approved hours of operation _12-7 Monday - Thursday, _12-9 Friday - Saturday, _12-7 Sunday (1 understand this to mean that all patrons will be cleared from the establishment at the specified hour). (2) I will operate a full-service, (please describe type of establishment):
cafe and beer garden with full food service until hour(s) before closing.
(3) I will install soundproofing (please describe type) <u>NA</u> (please describe location) shipping container with a deck and outdoor seating on Governors Island
 (4) I will have: DJs Yes No Live Music Yes No Live Music Yes No Dancing Yes No Dancing Yes No Promoted events Yes No Cover events Yes No Cover events Yes No Scheduled performances Yes No (5) Volume of music, events, performances will be at background levels only. If it can be heard outside, or by neighbors, it is not
background music. Image: Superstand state of the second stat
Use Twill close all doors and windows by
 (7) I will have delivery of regular supplies, goods and services during the hours of mornings (8) I will have garbage collected during the hours of daily (9) I will employ a doorman/security personnel on the following days and hours: N/A (10) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. ⊠ (11) 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. ⊠ (12) I will not apply for a sidewalk café license until at least a year after beginning operation. Yes No N/A (13) I will conspicuously post this stipulation form beside my liquor license inside of my business. ⊠ (14) I confirm that I have <u>0</u> violations from previous establishments for which I have served as a principal. (15) I will (additionally):
(16) 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: Zach Smith Phone Number: 510-332-4998
Alternate Contact: Phone Number: I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
Signed Sworn to this 211 day of MAY 2025 Community Board 1 requests that the SLA add these stipulations to the license of the attemption of the state of the sta

Community Board 1 requests that the SLA add these stipulations to the license stipulations and board resolution shall supersede all other documents.

Rev. 3/2024

A "large venue" as defined by the NYC Department of Building designation on public assembly is an establishment designed to hold 75 persons or more

Name of Establishment: Threefold Holdings LLC

Address: 517 Clayton Road, New York, NY 10004 (Liggett Terrace, Site A)

(1) I will follow the recommendations made by the sound engineer and outlined in the acoustical testing report. I will make sure that noise including sound and bass vibrations cannot be heard outside of the premises of my establishment.

(2) I will take the steps outlined in the resolution and in the traffic plan to manage vehicular and pedestrian activity.

(3) I will follow and abide by the conditions set forth in the resolution regarding garbage disposal and collection. Garbage will be collected on the follows days and hours: **daily**

(4) I will have delivery of any event supplies, goods and services during the hours of mornings

(5) Lighting that affects the security of the community and quality of life of nearby residents must be considered, and must be appropriately lit while not attracting unsavory elements (e.g. rodents, flies, mold, hazardous substances, etc.)

(6) I understand that I must submit a notice to the community board for a street activity permit for my licensed establishment at least 45 days in advance

(7) I understand that I must appear before the Licensing & Permits Committee if I am applying for an expansion onto municipal property and provide proof of receipt of the 30-day Standardized Notice form, a block plot diagram detailing the municipal space I am expanding to, and documentation confirming the municipal's approval to use the space. I also agree that I must sign the stipulations sheet outlining the conditions that must be adhered to for the roadbed/sidewalk seating.

(8) Cameras will be used for viewing the entrance and egress.

(9) I agree to follow the conditions outlined in the resolution on security oversight of the establishment to prevent noise, congestion and unruly patrons.

(10) I will (additionally):

(15) 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: Zach Smith

Phone Number: 510-332-4998

Alternate Contact: _

Signed

___ Phone Number: __

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

05 / 02 / 2025

Dated

May day of Sworn to this

ELKE HOFMANN Registration #02H06176688 Qualified in Kings County My Commission Expires

Notary Public

Community Board 1 requests that the SLA add these stipulations to the license of the above-mentioned applicant. These stipulations and board resolution shall supersede all other documents.

April 27, 2024 2026