Manhattan Community Board 1 Liquor License Stipulations Ian Magid , as a qualified representative of <u>Alexia Hanover Sq LLC</u> located at 11 Hanover Square , New York, New York, agree to the following stipulations for the applicant's Method of Operation for their On-Premises (1) My hours of operation will be 11am-10pm Sunday, 11am-12am Monday - Thursday and 11am-1am Friday - Saturday (I understand this to mean that all patrons will be cleared from the establishment at the specified hour). Mediterranean (Greek) (2) I will operate a full-service restaurant, (please describe type of restaurant): restaurant serving, lunch, dinner & brunch with full food service until 1 hour(s) before closing. Rockwool Safe-'n'-sound soundproofing (3) I will install soundproofing (please describe type and locations) and fire resistant stone wool insulation - ground floor (4) I will have: DJs \(\text{DYes \(\text{DNo} \) Live music \(\text{DYes \(\text{DNo} \) Recorded Music \(\text{DYes \(\text{DNo} \)} \) Dancing Tyes No Promoted events Tyes No Cover fee events Tyes No Scheduled performances □Yes ♠No (5) Volume of all music, events or 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 ____Sun-Thurs and ____ Fri-Sat. I will not have French doors or windows. (7) I will have delivery of supplies, goods and services during the hours of 12pm-5pm(8) I will employ a doorman/security personnel on the following days and hours: N/A (9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. (10) 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. (11) I will not apply for a sidewalk café license until at least a year after beginning operation. The Samuel Company of the C (12) I will conspicuously post this stipulation form beside my liquor license inside of my business. (13) I confirm that I have violations from previous establishments for which I have served as a principal. (14) 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. Ian Magid 702-327-0495 Phone Number: Name: 516-353-4222 Rebecca Vargas Alternate Contact: Phone Number: I hereby certify that the information provided above is truthful and accurate based upon my personal belief. No. 01AR6189659 Qualified in Bronx County **Notary Public** Commission Expires June 30, 2

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.

Rev. 12/18

Manhattan Community Board 1 Liquor License Stipulations I, CHRISTINA CEPRUTI, as a qualified representative of Carlina ZZ LLC 111 Varick ST , New York, New York, agree to the following stipulations for the applicant's Method of Operation for their ON Premise Liquor license

(1) My hours of operation will b

(2) I will operate a full-service restaurant, (please describe type of restaurant):

(3) The following stipulations for the applicant's Method of Operation for their ON Premise Liquor license

(4) Premise Liquor license

(6) Priday - Saturday (1 understand this to mean that all patrons will be cleared from the establishment at the specified hour).

(7) I will operate a full-service restaurant, (please describe type of restaurant): with full food service until hour(s) before closing. EXISTING (3) I will install soundproofing (please describe type and locations) Dancing OYes Wo (4) I will have: DIs UYes No Live music UYes No Recorded Music Wes UNo Cover fee events LiYes No Scheduled performances UYes No Promoted events TYes No (5) Volume of all music, events or 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 1030 Sun-Thurs and 1036 Fri-Sat. DI will pot have French doors or windows. (7) I will have delivery of supplies, goods and services during the hours of (8) I will employ a doorman/security personnel on the following days and hours: (9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. (10) 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. (11) I will not apply for a sidewalk café license until at least a year after beginning operation. The Two (12) I will conspicuously post this stipulation form beside my liquor license inside of my business. (13) I confirm that I have 2010 violations from previous establishments for which I have served as a principal. (14) 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: Christina Andres - Conutti Phone Number: 248-719-4222 Phone Number: 347-833-2740 Alternate Contact: Moveno Cerutti I hereby certify that the information provided above is truthful and accurate based upon my personal belief.

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.

ROSEMARY A MCKENNA
Notary Public, State of New York
No. 01MC6385474
Qualified in Bronx County
Commission Expires January 7, 2023

Manhattan Community Board 1 Liquor License Stipulations
I, Kira Munson, as a qualified representative of Half woon,
I, Kira Munson, as a qualified representative of Half woon located at 50 Trivity Pl , New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their Full liquor license
(1) My hours of operation will be 6 aw - 12 aw Sunday - Thursday and 6 aw - 12 aw Friday - Saturday (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 restaurant, (please describe type of restaurant): \(\int \text{Mevican} \text{Volume} \text{Can} \text{Vestaurant}
with full food service untilhour(s) before closing.
(3) I will install soundproofing (please describe type and locations)
(4) I will have: DJs \(\text{DYes} \) \(\text{DNo} \) Live music \(\text{DYes} \) \(\text{DNo} \) Recorded Music \(\text{DYes} \) \(\text{DNo} \) Dancing \(\text{DYes} \) \(\text{DNo} \)
Promoted events Yes No Cover fee events Yes No Scheduled performances Yes No
(5) Volume of all music, events or 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 bySun-Thurs and Fri-Sat. 📜 I will not have French doors or windows.
(7) I will have delivery of supplies, goods and services during the hours of
(8) I will employ a doorman/security personnel on the following days and hours:
(9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.
(10) 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. ⊠
(11) I will not apply for a sidewalk café license until at least a year after beginning operation. MYes ONo
(12) I will conspicuously post this stipulation form beside my liquor license inside of my business.
(13) I confirm that I have violations from previous establishments for which I have served as a principal.
(14) I will (additionally): N/A
(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: Kira Munson Phone Number: (516) 779-4270
Alternate Contact: Nikki Macchia Phone Number (631) 317-9200
I hereby certify that the information provided above is truthful and accurate based upon my personal belief. OLD F6111777
Motory Public State of New York Qualified in Westchester County My Commission Expires 06/21/4/11
Signed Dated
Sworn to this _ Th day of BPRIL 2022 James 102 Typ
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.

Manhattan Community Board 1 Liquor License Stipulations

I, ATIF ALI , as a qualified representative of RDA ASSOCIATES CORP. ,
located at 90 CHAMBERS STREET NEW YORK NY, 10007, New York, New York, agree to
the following stipulations for the applicant's Method of Operation for their FULL LIQUOR ON PERMISES license
10AM - 10PM Sunday. (1) My hours of operation will be 10AM - 12AM Monday- Thursday and understand this to mean that all patrons will be cleared from the establishment at the specified hour). (2) I will operate a full-service restaurant, (please describe type of restaurant): FULL SERVICE RESTAURANT
SERVING PERUVIAN FOOD with full food service until 1 hour(s) before closing.
(3) I will install soundproofing (please describe type and locations)
(4) I will have: DJs Tyes No Live music Tyes No Recorded Music Tyes No Dancing Yes Tho
Promoted events Tyes No Cover fee events Tyes No Scheduled performances Yes No
(5) Volume of all music, events or 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 bySun-Thurs andFri-Sat. 🗷 will not have French doors or windows.
(7) I will have delivery of supplies, goods and services during the hours of
(8) I will employ a doorman/security personnel on the following days and hours: N/A
(9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents.
(10) 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.
(11) 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 confirm that I have violations from previous establishments for which I have served as a principal.
(14) 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:ATIF ALIPhone Number: (347)463-3507
Alternate Contact: JORGE CABRERA Phone Number: (516)576-4644
I hereby certify that the information provided above is truthful and accurate based upon my personal belief.
Signed 4/29/22 Dayled 1/29/27
Sworn to this 2 9 day of APRIL 2022 WILLIAM PICCINI Notary Public, State of New York
Notary Public No. 01PI4670301 Qualified in Qualified in Qualified Pithese 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. Commission Expires December 31, 20
3/ //2003

Manhattan Community Board 1 Liquor License Stipulations

I, <u>John Curry</u> , as a qualified representativ	ve of United Artists Theatre Circuit Inc	
located at102 North End Avenue, New York, NY 10282	New York, New York, agree to	
the following stipulations for the applicant's Method of Operation	on for their Tavern Wine license license	
(1) My hours of operation will be 6am-2am Sunday – Thu understand this to mean that all patrons will be cleared from the estable (2) I will operate a full-service restaurant, (please describe type of restaurant)	blishment at the specified hour).	
_	with full food service until hour(s) before closing.	
(3) I will install soundproofing (please describe type and locations) _		
(4) I will have: DJs □Yes ১১ No Live music □Yes ১১ No Recorded	d Music Ayes □No Dancing □Yes ANo	
Promoted events \(\subseteq Yes \subseteq No \) Cover fee events \(\subseteq Yes \subseteq N \)	No Scheduled performances □Yes □No	
(5) Volume of all music, events or performances will be at backgrour is not background music. \square	nd levels only. If it can be heard outside, or by neighbors, it	
(6) I will close all doors and windows bySun-Thurs and	Fri-Sat. 🛮 I will not have French doors or windows.	
(7) I will have delivery of supplies, goods and services during the hot 7am-11pm	urs of	
(8) I will employ a doorman/security personnel on the following days	s and hours:	
(9) I will actively manage crowds congregating on the street at night,	, to minimize disturbances to residents.	
(10) I will not apply to the SLA for an alteration to the method of ope Community Board 1. ⊠	eration agreed to by this stipulation without first notifying	
(11) I will not apply for a sidewalk café license until at least a year af	fter beginning operation. □Yes □No	
(12) I will conspicuously post this stipulation form beside my liquor	license inside of my business.	
(13) I confirm that I have violations from previous establish	nments for which I have served as a principal.	
(14) I will (additionally):		
(15) Residents may contact the manager/owner at the below number. the above-stated method of operation if necessary in order to minimize		
Name: John Curry	Phone Number: _(865) 925-9614	
Alternate Contact: Kevin De La Cruz	Phone Number: 212-945-4370	
I hereby certify that the information provided above is truthful a		111.
	William Surella KA	RAL
Signed	Dated Dated STATE	SEE
	Dated OF TENNES NOTA	RY .
Sworn to this Hthe day of April, 2022	Heller Bras 32 PUBLISHED	COUN
Notary P Community Board 1 requests that the SLA add these stipulations to the	1/80	XPIRE
stipulations and board resolution shall supersede all other documents.	The state of the s	

Manhattan Community Board 1 Liquor License Stipulations **BB Tribeca LLC** Agib Rahman , as a qualified representative of 105 Hudson Street located at , New York, New York, agree to OP 252 the following stipulations for the applicant's Method of Operation for their (1) My hours of operation will be see below Friday – Saturday (I Sunday – Thursday and understand this to mean that all patrons will be cleared from the establishment at the specified hour). (2) I will operate a full-service restaurant, (please describe type of restaurant): upscale steakhouse with full food service until 1 hour(s) before closing. (3) I will install soundproofing (please describe type and locations) The premises will be fully soundproofed (4) I will have: DJs Mayes \(\text{DNo} \) Live music \(\text{Myes} \) \(\text{DNo} \) Recorded Music \(\text{Myes} \) \(\text{DNo} \) Dancing Tyes No Promoted events □Yes □No Cover fee events □Yes □No Scheduled performances □Yes □No (5) Volume of all music, events or 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 Sun-Thurs and Fri-Sat. 🖄 I will not have French doors or windows. (7) I will have delivery of supplies, goods and services during the hours of 8 am - 12 pm (8) I will employ a doorman/security personnel on the following days and hours: (9) I will actively manage crowds congregating on the street at night, to minimize disturbances to residents. (10) 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. (11) 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 confirm that I have violations from previous establishments for which I have served as a principal. (14) I will (additionally): operate with the following hours: Sunday: 10 am - 10 pm Monday - Thursday: 12 pm - 12 am Friday: 12 pm - 1 am Saturday: 10 am - 1 am (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: 646-484-1776 Agib Rahman 646-699-1560 Phone Number:

Name: Aqib Rahman Phone Number: 646-484-1776

Alternate Contact: Mahween Rahman Phone Number: 646-699-1560

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